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Sand, Surf, Spa and Spirituality? Examination of a Scoping Study of Medical and Wellness Tourism in Australia

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Abstract

The strong growth of medical and wellness tourism around the globe is the result of a number of factors, such as the desire of many travellers to try new experiences and escape from increasingly busy lives, the rising health costs in the developed world and the number and diversity of medical and wellness tourism products now available. Australia is no exception to this trend, with the realisation that there is great potential for promoting the destination around the medical and wellness tourist experience or as a supplement to the traditional attractions of the Outback, the Reef and food and wine. However, the paucity of research that currently exists in relation to this industry needs to be addressed, if full advantage is to be taken of this worldwide growth. To this end, a scoping study of Australian medical and wellness tourism was commissioned by the Sustainable Tourism Cooperative Research Centre, to analyse the current state of play and identify future research needs requiring more in-depth investigation. A secondary aim was to compare Australia’s current offerings with international examples. Key findings of this study include identification of the broad range of Australian medical and wellness tourism products in existence, exploration of the potential of Australia to provide niche medical tourism offerings, and identification of key success factors and barriers for the Australian medical and wellness and medical tourism industries. The paper concludes by suggesting some future research avenues.

Introduction

Australia has traditionally positioned itself as a destination based on natural attractions such as the Outback, Uluru, and the Great Barrier Reef, as well as more the recent highlighting of its lifestyle and culture to potential international visitors (Craik, 2001). In the wake of a global growth in medical and wellness tourism products and services, there is interest in exploring the potential for Australia to promote health and wellness tourism to inbound tourists, as an element of a suite of product offerings. These forms of tourism might be argued to be complementary to the image of Australia as a healthy destination, offering a relaxed lifestyle amid natural beauty (Ross, 1993).
While wellness tourism in Australia is reasonably well-developed, with the number of spas growing by 129 percent since 2002 (Intelligent Spas, 2008a, 2008b) and at least 10-12 percent of Australians having been to a destination spa or lifestyle resort in 2007 (Research International, 2009), Australia has yet to develop a niche in the lucrative medical tourism market. There have been calls for Australia to remedy this state of affairs (ABC, 2008; ATEC, 2008). Reasons given for Australia to become more involved in offering medical tourism services to international visitors include: (1) the fact that there is a successful model to be followed in the $10 billion Australian educational tourism industry; (2) excess capacity in our private health system, which could be utilised by international medical tourists, leading to a reduction in fees and private health fund costs for Australians; (3) the ageing profile of key international visitor markets; (4) Australia’s existing tourism infrastructure and strong brand image as a quality tourist destination; (5) the quality and high standard of Australian medical care; (6) Australia’s world-class reputation in a number of niche medical fields such as fertility treatment, particularly IVF, and heart surgery; (7) the comparatively low-cost of medical treatment compared to major markets such as the United States, even with an unfavourable exchange rate and (8) cultural similarities and ties with the U.S. and Asia (Australia Health Tourism, 2009; Hingerty, Woodbridge & Wilson, 2008; Jones, Lang, LaSalle, 2008; Towart, 2008). One of the barriers to development of this market is however the lack of research about the potential for Australia to develop medical tourism services. Even the strongly-growing Australian wellness tourism market has yet to be examined in detail from a research perspective (Voigt, 2008; Voigt et al., in press).

To this end, a scoping study of Australian medical and wellness tourism was commissioned by the Sustainable Tourism Cooperative Research Centre, to analyse the current state of play and identify future research needs. This paper provides an overview of the findings of this scoping study. It commences with a brief overview of the literature, including definitions and the historical development of medical and wellness tourism in Australia, followed by a market and industry analysis. This paper concludes by suggesting some future research avenues.

**Literature Review**

There is a lack of consistency in the definitions of wellness and medical tourism across the literature and their link with health tourism. It would appear however that health tourism is the overarching term used to describe both medical tourism and wellness tourism (Müller & Lanz Kaufmann, 2001; Smith & Puczkó, 2008). In this study, we focus on medical tourism and wellness tourism as two distinct categories of health tourism, both of which are of interest to the Australian tourism industry. The concept of wellness is defined as ‘a positive, psychological state of well-being which is the result of practising a wellness lifestyle based on the belief in self-responsibility for one’s own health and well-feeling’ (Voigt et al., in press). Wellness tourism is defined as ‘the sum of all the relationships resulting from a journey by people whose primary motive is to maintain or promote their health and well-being and who stay at least one night at a facility that is specifically designed to enable and enhance people’s physical, psychological, spiritual and/or social well-being’ (c.f. Voigt, 2008). Wellness tourist experiences can be undertaken at three types of facilities – spas, lifestyle resorts and spiritual retreats (Voigt, 2008). While research has been carried out into the beauty spa sector (Mak, Wong & Chang, 2009; Spivack, 1998; Henderson, 2003), there has been little research to date on the lifestyle resort and spiritual retreat, including the type of tourist that may seek out these experiences.

Health-related tourism has its roots in ancient times, with travel to hot springs and baths, sacred sites or places enjoying more favourable climatic conditions (Douglas, 2001). The
Grand Tour across Europe saw the rise of interest in ‘taking the waters’ at thermal or mineral spas (Aron, 1999; Lempa, 2008). In Australia, this trend resulted in the development of baths and spa facilities by European immigrants during the nineteenth century, in places such as Daylesford and Hepburn Springs in Victoria (Gervasoni, 2005). This region in Victoria’s Central Highlands is known as ‘Spa Country’ and contains over 80% of Australia’s mineral water reserves. While there was a decline in the fashion for spas and accordingly diminishing interest in visiting spas over much of the twentieth century, the 1980’s saw a rejuvenation of the industry in Daylesford, assisted by growing government efforts to promote the region as a spa destination and an escalating array of wellness tourism products, including beauty spas, health and yoga retreats and spiritual services such as tarot readings and reflexology (Lawrence & Buultjens, 2009; Voigt et al., in press). Its recent revival and growth can also be partly attributed to societal concerns about mitigating stress and burnout and an interest in alternative health therapies. Most of these visitors are daytrippers or domestic tourists. In the year 2008, the Daylesford and Hepburn Springs region attracted an estimated 234,000 domestic overnight visitors and 520,000 day visitors. International visitation to the destination was estimated at 4,651 visitors (Tourism Research Australia 2009). Other destinations around Australia that have focused on wellness as a source of competitive advantage include Palm Cove in Queensland (Scott & Harrison, 2006) and the Mornington Peninsula in Victoria (Laing, 2009). Palm Cove offers an up-market spa experience, while the Peninsula markets its natural hot springs to visitors. The Peninsula Hot Springs operation opened in 2005 and provides visitors with two sources of natural mineral water for bathing, together with an ancillary facility for beauty treatments, many of which incorporate indigenous healing techniques or use products that are based on local and natural ingredients (Laing, 2009).

Despite the fact that Australia has experienced an increase in health-related tourism products and services during the late twentieth and early twenty-first centuries, very little is known about the structure of the market from both a supply and a demand perspective, as well as an understanding of future needs to underpin strategic planning and development.

Medical tourism is also an under-researched phenomenon (Connell, 2006a; 2006b), particularly from the demand side. From an Australian perspective, it could be argued that travel for medical reasons has a long history. Strang (2005, p. 107) refers to Kowanyama Aboriginal sacred sites associated with water on the Cape York Peninsula of Australia, where women would travel to a particular water source in the belief that ‘spirit children generated by the ancestral forces held within the landscape [would] ‘jump up’ from the water and enliven the foetus in a woman’s womb’. In this study, however, we focus on international travel for medical purposes, rather than domestic travel for medical purposes (see Abdullah and Ng, 2006 and Garg, 2008). Medical tourism is thus defined as ‘the sum of all the relationships and phenomena resulting from a journey by people whose primary motive is to treat or cure a medical condition by taking advantage of medical intervention services away from their usual place of residence, while typically combining this journey with a vacation or touristic elements in the conventional sense’ (Voigt et al., in press). Few tailored products or packages are available to international medical tourists wishing to avail themselves of medical treatment in Australia, although this has changed with the recent opening of the Cairns Fertility Clinic in October 2009.

The Clinic is a purpose-built facility in central Cairns that incorporates a two theatre day hospital, pathology and ultrasound services, a scientific laboratory, medical consulting suites, allied health services such as acupuncture, and massages, on-site serviced apartments, a day spa, retail outlets, and a restaurant and deli (Yek, 2009). The second theatre will be available to local surgeons, adding to the medical facilities that are available to local residents in
Cairns, which has been suffering from a shortage of operating theatres and is expected to experience a 21% growth in its population by 2021. In addition to IVF services, patients will be able to access medical services such as cosmetic surgery, ophthalmology, urology, gynaecology and general surgery through the day hospital. This will provide holistic and personalised services in a discreet and comfortable environment (Yek, 2009). The destination was chosen in part for the broad range of activities and attractions available, including proximity to the Great Barrier Reef, and the relaxed tropical climate and lifestyle, given the role stress plays in the outcome of IVF treatment (Voigt et al., in press). The opportunities afforded by this kind of facility to foster medical tourism in Australia require further examination (Voigt et al., in press), including the role played by location and climate and the importance of leveraging off a prominent field of Australian medical expertise – IVF and reproductive services.

Methods
The study involved a literature review, stakeholder interviews, analysis of secondary data, a survey of medical and wellness tourism providers and in-depth case studies of (1) medical tourism, (2) destination development, focusing on two Australian destinations closely associated with medical and wellness tourism (Daylesford/Hepburn Springs, Byron Bay) and an emerging destination seeking to develop and expand current product offerings (Margaret River), and (3) the most successful wellness tourism brand in Australia – the Golden Door. This paper focuses on the interview and secondary data.

Stakeholder Interviews
Long interviews were conducted with stakeholders, being individuals or representatives of organisations that are ‘interested in or affected by’ wellness and medical tourism, such that they had a ‘legitimate interest’ in the outcome of the study (Freeman, 1984; Sautter & Reisen, 1999). Interviews were conducted with representatives of 18 stakeholder organisations, who were selected on the basis of a set of criteria developed by the project team. All but one of the 13 criteria was satisfied by at least one stakeholder. The criteria for selection of stakeholders is detailed in Table 1:

Interviews were semi-structured and ranged between 30 minutes and 1 hour. They took place in a location of the participant’s choosing – normally a local cafe or the participant’s workplace. This ensured a casual atmosphere that encouraged participants to feel relaxed and thus made the interviews potentially less intrusive (Richards, 2005). All interviews were recorded and later transcribed. Identities of participants were de-identified for the purposes of confidentiality.
Table 1: Medical and Wellness Tourism Stakeholders Interviewed

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government - (F) Federal Government, (S) State Government or (L) Local Government.– F/S/L</td>
</tr>
<tr>
<td>2</td>
<td>Medical/Lifestyle Retreat</td>
</tr>
<tr>
<td>3</td>
<td>Tourist Attraction focused on medical and wellness tourism (i.e. hot springs facility)</td>
</tr>
<tr>
<td>4</td>
<td>Tourist Attraction associated with medical and wellness tourism activity (i.e. winery with spa attached)</td>
</tr>
<tr>
<td>5</td>
<td>Accommodation provider offering spa facilities</td>
</tr>
<tr>
<td>6</td>
<td>Spiritual retreat</td>
</tr>
<tr>
<td>7</td>
<td>Commercial business associated with medical and wellness tourism (i.e. specialist travel agent, spa treatments and products, spa brand, industry magazine)</td>
</tr>
<tr>
<td>8</td>
<td>Medical and wellness tourism industry association</td>
</tr>
<tr>
<td>9</td>
<td>Medical tourism provider</td>
</tr>
<tr>
<td>10</td>
<td>Commercial business associated with medical tourism (i.e. specialist travel agent, industry magazine)</td>
</tr>
<tr>
<td>11</td>
<td>Facility offering medical tourism services (i.e. hospital)</td>
</tr>
<tr>
<td>12</td>
<td>University offering courses on medical and wellness tourism/medical tourism/wellbeing</td>
</tr>
<tr>
<td>13</td>
<td>Destination development organisation</td>
</tr>
</tbody>
</table>

Analysis of Secondary Data

The interview data was supplemented by an analysis of secondary data, encompassing: (1) International Visitor Survey (IVS) (Tourism Research Australia, 2009b); (2) National Visitor Survey (NVS) (Tourism Research Australia, 2009c); (3) Assorted results from the Holiday Tracking Survey (HTS) (Roy Morgan Research, 2009); (4) The ISPA 2008 Global Spa Consumer Study (Research International, 2009); (5) The Global Spa Economy (Global Spa Summit, 2008); (6) Assorted results published by the market research company Intelligent Spas (Intelligent Spas, 2006, 2008a, 2008b); and (7) Medical Tourism: Consumers in Search of Value (Deloitte, 2008).

Results

This section of the paper provides a market and industry analysis and discusses potential areas for future research.

Market Analysis - Medical Tourism

Australia currently offers very little in the way of targeted medical tourism services, although the NVS, the most conservative estimate, suggests that over a three year period 2006 – 2008 there was an average of 1.04 million domestic overnight trips per annum that were health related, while the IVS provides an estimate of 7,000 inbound trips per annum on average over this period which were for medical reasons. It was suggested by one participant that the market potential for medical tourism could be massive in Australia:

*I don’t know of another industrial opportunity in Australia that could provide $7 billion to the GDP, if we took a two to three per cent share of an Asian corridor stake in a market. That’s data that’s 12, 18 months old now, and the game has moved on*
significantly from there, so if the market’s double the size, the opportunity [could be also].

Some of the potential opportunities for developing this market, identified in the stakeholder interviews, include focusing on niche medical strengths such as fertility treatments, bariatics (lapband surgery) and cardiology. This is the approach adopted by the Cairns Fertility Clinic, with its IVF services. Australia’s quality medical care extends ‘up and downstream’, including services such as pathology, radiology and physiotherapy (Towart, 2008).

Other important success factors identified through the stakeholder interviews include developing purpose-built private facilities and infrastructure, such as the Cairns Fertility Clinic, and promoting the quality, rigorous standards and patient-focus of the Australian health system to an international audience, particularly from the United States, where the culture is similar to that of Australia and prices are lower, even with the recently strong exchange rate of the Australian dollar against the US dollar. As one participant observed, there might be a parallel with the growing popularity of Australia as a destination for higher education:

Where are the main people coming [to Australia] for education [from]? China, India and other areas. Why are they coming here? Perceived value, safety, personal safety, cultural safety … So I think those are messages that North Americans will resonate to.

Potential barriers to success include lack of government support and community misconceptions that this type of industry might reduce local access to public healthcare services. The marketing effort, both domestically and internationally, needs to be consistent and coordinated, as illustrated by the following quote:

I would love to see a parallel to the education industry, where we’ve got a funded body that goes out and competes with other government sponsored entities. SingaporeMedicine has been set up by the Singaporean Government. It’s got input from the tourism and medical industries and the Government. It’s entire [focus] is to go out there and promote Singapore as a holistic [medical tourism] package. What we have right now [in Australia] are all these well intentioned private initiatives that … collectively aren’t working together to go and do it. So it has to be coordinated.

Industry Analysis – Medical Tourism
Australia does not yet offer medical tourism services in a systematic and organised way, unlike established medical tourism destinations such as India, Thailand and Singapore in Asia and Hungary in Europe (Henderson, 2003; Laing & Weiler, 2008; Smith & Puczkó, 2008). Towart (2008) suggests that Australia should focus on developing ‘centres of excellence’ around specialisations. These services could be offered by distinct facilities as a ‘one-stop shop’. A few niche product offerings currently exist in Australia, as identified in this study. For example, some hotels have collaborated with hospitals for post-natal care, such as the Little Luxuries program run by the Crowne Plaza Coogee Beach in conjunction with the Prince of Wales Private Hospital (Voigt & Laing, in press). The Cairns Fertility Clinic has built its own accommodation within the medical facility, but has also developed packages for medical tourists with local accommodation providers such as the Rydges and Shangri-La hotels (Carter, 2009).
Industry strengths include price differentials with countries such as the United States and the quality of the medical services provided by the industry:

Whilst there's great economic value in [medical tourism], ultimately there's got to be a product of integrity and I don't believe that we have to create that in Australia - I believe it's already [in existence].

Development of a medical tourism industry in Australia may be supported by the strong legal system, which will give international tourists (and their insurers where they are involved) recourse to legal remedies in the case of malpractice or negligence. This peace of mind may not be available in some developing countries, where legal action may be protracted and expensive (Bookman & Bookman, 2007; Towart, 2008).

Market Analysis – Wellness Tourism
In comparison to medical tourism, Australia currently has a stronger foothold in the wellness tourism market, with a diverse array of different providers identified in the scoping study across the three dimensions of spas, lifestyle retreats and spiritual retreats. The most conservative estimate of the size of the domestic market can be derived from the NVS data, which proposes that only 0.3 per cent of all domestic tourists visited a ‘health spa or sanctuary/wellbeing centre’ between 2006 and 2008. The RMR profile estimates that 1.3 per cent of domestic tourists engaged in a ‘health resort / spa holiday’ in 2008. These studies are limited by the fact that the term ‘spa’ has not been defined, and may not capture the full spectrum of health tourism experiences. The size of the international market is also difficult to quantify, with the IVS data estimating that an average of 152,000 international visitors to Australia per annum between 2006 and 2008 took part in health spa’ activities. This suggests that numbers of tourists engaging in health tourism is still relatively low, although the market may be larger than these numbers suggest and there is potential for further growth based on global trends. It is also unlikely that health and wellness services were the primary trip motivation, although more research needs to be undertaken in this regard.

Key success factors identified in this study include the range of treatments and therapies available in Australia. As one participant noted:

Australia has adopted bits from everyone. We are a melting-pot because we are so multicultural. It’s hard to identify our spa culture – we adapt to all things. We often use our own local ingredients and adapt treatments to the location– spas in alpine areas using red wine or warm treatments; or hot springs. In the Yarra Valley, they use wine too. Companies like Li’Tiya use local flora in products and they are doing well overseas.

The links with Australia’s image as a destination were also commented upon, although it was felt that Australia needed to do more to promote this to international visitors:

Australia is not known as a spa destination. We are mainly known for beauty, nature, clean air, good food and wine and social population. If we have a good health and wellness product, this adds something to the mix and is complimentary to these things. Australians are seen as healthy people. We could incorporate health and wellness into our promotion – this could help to meet existing needs, as a mix of many elements.
Other factors raised by participants include the importance of focusing on a particular market segment and developing links with other regional offerings, such as food and wine.

The motivations for visiting the different wellness tourism operations were also noted by participants. Pampering appeared to be the prime reason for visiting beauty spas, as illustrated by the following quote:

*I think it’s about pampering themselves and spoiling themselves. I think probably people that are burnt out is probably only 10 or 20 per cent. I would say most of them are here because they want something luxurious, they’ve saved their pennies and they just want to spoil themselves and feel like a queen for a weekend and they’re happy to spend the money.*

The spiritual retreats and lifestyle retreats were more attractive for those seeking stress relief or health benefits, whether physical, mental or emotional. As one participant noted: ‘I think there’s more of a natural search, I suppose, for [holistic] cures and potions and things for their bodies, instead of having to get antibiotics and things all the time’. A participant from a spiritual retreat referred to the trend of the ‘worried well’ visiting their retreat, being people who are concerned with their long-term health, rather than people who are actually suffering from existing ailments or diseases.

**Industry Analysis – Wellness Tourism**

Daylesford and Byron Bay were mentioned as some of the leading Australian wellness tourism destinations, with a range of wellness tourism providers, particularly spiritual retreats and those providers who offer more alternative, holistic wellness services. Future industry growth however may potentially be limited by the lack of an industry accreditation scheme and the lack of a strong industry voice or lobby group. There have been several attempts by the Australian-based Australasian Spa Association (ASpa) to develop an accreditation scheme for the wellness industry, but so far these attempts have failed.

Other barriers to success mentioned by participants include staffing shortages and burnout rates. As one participant observed: ‘There is a huge increase in businesses within this sector in Australia and I believe more time and money needs to be invested in the ongoing training, support and development for the staff or there will be a big drop in the quality of services on offer’. The burnout rate might be attributed to the emotionally and spiritually challenging nature of wellness industry-related jobs, including the use of ‘feigned intimacy’ by therapists, the level of physical effort that is required to be expended in such a tactile experience (Dobson, 2005), the sensitivities of dealing with the naked human body (Paterson, 2005) and negotiating sexual boundaries (Dobson, 2005), as well as the exposure to confidential information (Sass, 2000) and potential for over-involvement (Williams, 2001). This link between spa tourism and emotional labour is a potential issue for exploration in future research.

**Conclusion**

The study upon which this paper is based attempts to fill some of the gaps in knowledge about medical and wellness tourism in Australia. The scoping study is a first step towards a more detailed examination of Australia’s health tourism industry and the future directions such an industry might take, including the implications for Australian tourism development more broadly.
Some of the potential opportunities for developing the medical tourism industry in Australia, identified in the stakeholder interviews, include focusing on niche medical strengths that are already associated with Australia, developing purpose-built facilities for medical tourists, promoting the quality of the Australian health system and price benefits compared to US or European destinations for medical services and emphasising the legal protection inherent in undertaking procedures in Australia, in comparison with some developing countries. Potential barriers to success might however include limited support from government for developing this industry and the need to overcome community concerns, albeit misguided, that offering these services to medical tourists might lead to reduced access to healthcare services by the resident population. The focus on medical tourism as a niche offering concords with the views of Bookman and Bookman (2007, p. 41), who are blunt in their assessment of medical tourism as a ‘niche’ offering: ‘Such tourism does not draw masses but rather it appeals to a select number of people whose demand is big enough to generate sufficient business’.

The wellness tourism industry in Australia has various strengths identified in this study, such as a diverse product offering and links with existing tourism products and services, as well as a destination image that is associated with health and relaxation. Barriers to development and growth however include the lack of industry accreditation and high turnover of staff, attributed to burnout.

Areas of future research identified through this study include the need to understand the medical tourist in greater depth, including their motivations; the role played by lifestyle resorts and spiritual retreats in tourism; the development of a profile of tourists who engage in medical and wellness tourism activities; the use of medical and wellness tourism as a context for destination branding and development; exploring the potential and prevalence of health tourism as the prime focus for international visitation and examining the potential link between emotional labour and burnout of therapists. Many of these areas of research are important in a global context, in addition to a focus on the particular issues and factors pertinent to Australia.

References


