ECONOMIC ANALYSIS OF FACTORS AFFECTING THE DEMAND FOR DESTINATION DEVELOPMENT

Svetlana Ignjatijević[1]; Jelena Vapa Tankosić[2];

Abstract

The subject of the research is to determine which respondents' perceptions regarding the main features of legal, economic, sociological, cultural, historical and natural characteristics of the Republic of Serbia predict the selection of Serbia as a desirable destination for providing medical tourism services. In this paper, a survey method was used on a sample of 365 respondents. The majority of respondents in the sample were at the age group of 41-50 years of age, almost equally represented by men and women, with the highest percentage of the average income ranging from €2,001-4,000, who finished secondary school and faculty, married, speaking mostly English, Norwegian, Italian and German. The statistical method applied was Paired Paired-Samples T Test, Factor analysis, and Logistic Regression. An analysis of the above findings points to the conclusion that foreign patients, users of medical tourism services, are not sufficiently informed about Serbia as a medical tourism destination, having mostly negative or insufficiently positive perceptions. The findings indicate that perceptions of the quality of human resources in tourism, such as medical staff politeness, quality education, and good living conditions can positively influence the desirability of Serbia as a medical destination.

Key Words: *consumer's perceptions, medical treatment in Serbia, consumption of medical tourism services, medical tourism*
JEL classification: *I15, L83, Z32*

[1] Svetlana Ignjatijević, Ph.D., Associate Professor, Faculty of Economics and Engineering, Management, Cvećarska 2, 21000 Novi Sad, Serbia, ceca@fimek.edu.rs
[2] Jelena Vapa-Tankosić, Ph.D., Associate Professor, Faculty of Economics and Engineering, Management, Cvećarska 2, 21000 Novi Sad, Serbia, jvapa@fimek.edu.rs

Introduction

Medical tourism attracts growing attention all over the world and in the countries of Westrn Balkans. As a separate distictive branch of tourism, with a surprising trend of growth and development in the world, the demand for medical tourism services is constantly raising. More and more young people are using these services, especially in the area of medical tourism (aesthetic surgery and sex change). Countries with medical tourism potential must respond quickly to the needs of this market and pursue destination development through understanding medical tourists' expectations. Due to low prices of hospitality and medical services in Serbia, health tourism is developing and in the last couple of years it has registered positive results. The majority of respondents, in addition to using medical services, came to Serbia to visit a friend or relatives and decided to use medical services in Serbia at the recommendation of friends and relatives, while the rest of them have decided on the basis of the Internet updates (Ignjatijević et al., 2017).

In the Strategy of Tourism Development of the Republic of Serbia for the period of 2016 - 2025 medical tourism has been outlined as one of the promising strategic tourism products (Ministry of Trade, Tourism and Telecommunications, 2016, p. 28). The assistance of international expert bodies in developing a Strategy of medical tourism would be highly recommended. The national government agencies and policy initiatives have sought to stimulate and promote medical tourism in their countries. The Polish and Hungarian governments have in recent EU accession tried to capture the potentials of medical tourism positioning as the medical tourism destinations that are cheaper than European medical facilities (Lunt et al., 2010). Medical tourism as a major component of international trade in health care attracts the attention of many actors of the medical profession, the agency for the promotion of tourism, health analysts and policy makers. As the services are offered in developing countries the slogan "first-class treatment at Third World prices" may be emphasized (Čavlin & Ignjatijević, 2014).

The results of the research (Ignjatijević & Vapa-Tankosić, 2018) show that respondents highly value the institution of conducted medical treatment and medical service. In the process of selection of a country or institution for medical services the authors have identified the most important factors of medical tourism in Serbia: Cost savings, High quality care, After-treatment assistance provided, Doctor's Recommendation;

Speed of treatment delivery abroad, Confidentiality and privacy guaranteed and High standard of hospital accommodation. The answers provided indicate that culture, infrastructure, good rest, or non-medical content were not so important to patients. Also the results of the same research have pointed out that the respondents have graded with the lowest rating the following facts: Nontraditional treatment, Treatment of persons with special needs (disabled), Stable political situation and healthy legal system, Good infrastructure and Similarity of culture.

On the other hand, qualitative research on Canadian medical tourists have shown that the key factors in the process of deciding on medical treatment abroad are reliable information about the surgeon's reputation abroad as well as the testimonies of other patients who stayed in hospital. Access to this type of information is bound to increase confidence in consumers' decision-making (Crooks et al., 2012). Generally, synthesis of existing evidence (Exworthy & Peckham, 2006, p. 279) indicates that the following factors shape "willingness to travel' (WTT)" for the use of medical services outside the country: specialist health care is associated with higher WTT; a good reputation increases WTT especially among groups with higher incomes; emergencies associated with higher WTT; frequent users of the service may exhibit lower WTT; Men show higher WTT than women; older people (over 60 years of age) are associated with lower WTT; high status (especially income) is associated with a higher WTT; parents or guardians of minors are associated with lower WTT; connection is poor or lower WTT is associated with some minority ethnic groups; and limited comparative evidence WTT in rural and urban areas.

Smith and Forgione (2007) define the factors of medical tourism that act on a wider scale than the US market that play a major role in the presentation of medical tourism in the world market. Several factors are defined that influence patients to choose medical tourism as replacement for a classic medical service. For example, patients from America are willing to travel across the ocean in search of medical services that match their budget. In his work, Palvia (2007) divides these factors into two groups: external and internal. The influence of each of the factors individually cannot be fully responsible for the patient's decision. Therefore, these factors are divided into two groups: the choice of country/location and the selection of a medical institution. The first group includes external factors, such as economic stability, political stability, social behavior and regulatory standards. Internal factors are another group of factors, as costs, accreditation, quality of care and doctors'

training. Krajnović et al. (2013) point to the importance of establishing a system monitoring and control monitoring quality at national level in all countries that have developed medical tourism, as well as a system of destination management level for tourist destinations on the principles of IQM (Integrated Quality Management).

A key driver for the UK individuals to seek health care abroad is low-cost medical care and after-care services, followed by desire to avoid long waiting times for certain medical procedures, or to consume a particular medical treatment for which there are no eligible professionals in their home country (Lunt et al., 2013).

As such medical tourism attracts the attention of many actors of the medical profession, medical tourism facilitators, medical tourism agencies, health analysts and policy makers. On-line information providers offer the latest information technology solutions in medical tourism and there is an emergence of specialized Internet sites. One of the key determinants of the modern development of medical tourism globally is to develop an internet platform that provides users with up-to-date information and easy access to abundance of medical information provided by different providers. An analysis of over 78 portals specialized in medical tourism (Vapa-Tankosić & Ignjatijević, 2018) has pointed out that they can be grouped in several categories (although some of the sites can have more than one function). What is common for most of them is the description of treatments (photos or videos), details of the establishment, staff qualifications and professional experience, technology (virtual tours of facilities), accreditation, and very often also patient testimonials and recommendation for patients.

Research methodology

The research was conducted in several cities at the territory of Vojvodina. The survey sample was presented by 365 respondents, i.e. patients who stayed for a certain period of time in Vojvodina in order to receive an appropriate medical service. The research was carefully prepared. The survey of the respondents is clearly and precisely defined. Clear, accurate and sufficiently detailed instructions were prepared for respondents. The survey was modeled according to various previous scientific sources. The survey was conducted using the survey method created in Google questionnaire so respondents responded directly to the questionnaire. All entered data in the Google questionnaire are automatically recorded in a

unique Excel table, making it easier to process data. The poll was anonymous. A list of specially formulated questions was prepared for the survey in accordance with the set goal of the research.

The first questions were supposed to serve to see whether patients - users of medical tourism services had come to Serbia earlier, whether they went to other countries and how they decided now. The second part of the question concerned the basic geographical, demographic, economic and sociological characteristics of consumers. The questions were open and closed, depending on the degree of precision of the information we wanted to obtain. After the survey was completed, a questionnaire analysis was performed. In Google questionnaire, no question can be skipped and that all questions have to be filled in according to the instructions set, therefore there was no need for editing, or for rejecting individual questionnaires because all responses were automatically entered correctly and all the questionnaires were filled in correctly. Google questionnaire enabled automatic data entry into a unique excel table, which enabled the use of the SPSS program for statistical data processing. For open questions numerical encoding had to be done in order to perform statistical processing. Descriptive statistics and SPSS program were used for a detailed analysis of phenomena. Furthermore we tried to assess the parameters that respondents evaluated before and after the arrival. We asked them to rate 22 statements regarding the main features of legal, economic, sociological characteristics of Republic of Serbia, which were supposed to give a grade of 1-5. We calculated the mean values for each analyzed factor and standard deviation as an indicator of how much values deviate from the mean value. We classified the values in the following way: Less important factors (from 0 to 3.5), moderately important factors (from 3.5 to 4.5) and Very important factors (from 4.5 to 5). The statistical method applied was Paired Paired-Samples T Test, Factor analysis, and Logistic Regression.

Research results

Descriptive analysis

The respondents in the age group of 41-50 years of age were the most represented age group in the sample of surveyed users of medical tourism services. Their participation in the sample is 50.7%, while the age group of 31-40 years of age is represented by 22%. The sample of surveyed users of medical tourism services is equally represented by men and

women, with a slightly higher percentage of women than men (50.7%). In the sample of surveyed users of medical tourism services, the highest percentage of respondents has an average income ranging from €2,001-4,000 (41.1%) and €4,001-6,000 (32.9%), which accounts for 74% of the respondents. Respondents in the categories of an average income below €2,000 and over €6,000 are equally represented. The majority of respondents has completed secondary school and has a faculty degree. These two groups of respondents account for a total of 64.4%, while respondents with the lowest level of education account for as much as 15.1%. Regarding the marital status of the respondents, the married users of medical tourism services are dominant (60%), while the participation of those who are not married is rather significant (28.8%). In the sample of surveyed users of medical tourism services, the largest percentage of respondents have insurance based on employment (46.6%) and 28.8% of respondents do not have any kind of insurance. The respondents stated that they speak mostly English, Norwegian, Italian and German and other languages. The results of the research show that 54% of the respondents had been in Serbia before, and 46% of them were in the country for the first time. Of the total number of respondents, 70.4% have not used medical services so far, that is, they are now coming for the first time in order to receive a certain medical service.

A decision to use the medical service in Serbia has been made under the influence of friends, family and doctors. We conclude that the friends' recommendation, the suggestion of a doctor or their family was crucial for the respondents to reach such a decision and come to Serbia, for the first time, in order to consume a certain medical service. The negligible percentage of respondents has not used medical services in other countries, while others have used medical services in Turkey, the USA, Germany, Poland, and Russia. The research showed that of the total number of 54.8% respondents really are true users of medical tourism. Respondents used private sector medical services (90.9%).

Testing the difference between the attitudes of the respondents before and after the arrival by Paired Paired-Samples T Test

The Paired-Samples T Test in SPSS Statistics determines whether means differ from each other under two conditions. This test has been used to assess whether there are mean differences when the same group of people have been assessed twice, before and after. Thus we wanted to find out if a medical intervention had an impact on the respondents' perception of

statements describing main features of legal, economic, sociological cultural, historical and natural characteristics of the Republic of Serbia regarding Serbia as shown in Table 1.

Table 1: *Paired Samples Test*

Paired Samples Test		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Sebia_is_a_country_with_stable_political_situation - Serbia_is_country_with_stable_political_situation_1	-0.78	1.51	0.18	-1.13	-0.43	-4.41	72.00	**0.00**
Pair 2	Serbia_is_country_with_pronounced_corruption_crime_violence - Serbia_is_country_with_pronounced_corruption_crime_violence_1	0.03	1.12	0.13	-0.23	0.29	0.21	72.00	0.84
Pair 3	Serbia_is_country_with_reliable_police_service - Serbia_is_country_with_reliable_police_service_1	-0.90	1.23	0.14	-1.19	-0.62	-6.30	72.00	**0.00**
Pair 4	Serbia_is_democratic_country - Serbia_is_democratic_country_1	0.12	0.96	0.11	-0.10	0.35	1.10	72.00	0.28
Pair 5	Serbia_is_prowestern_oriented_country - Serbia_is_prowestern_oriented_country_1	-0.56	1.16	0.14	-0.83	-0.29	-4.16	72.00	**0.00**
Pair 6	Serbia_is_multicultural_country - Serbia_is_multicultural_country_1	-0.41	1.22	0.14	-0.70	-0.13	-2.87	72.00	**0.01**
Pair 7	Serbia_is_economically_developed_country - Serbia_is_economically_developed_country_1	-0.21	1.03	0.12	-0.45	0.03	-1.71	72.00	0.09
Pair 8	Serbia_is_a_country_of_high_living_standards - Serbia_is_a_country_of_high_living_standard_1	-0.23	1.05	0.12	-0.48	0.01	-1.90	72.00	0.06
Pair 9	Working_conditions_in_Serbia_are_safe - Working_conditions_in_Serbia_are_safe_1	-0.36	1.17	0.14	-0.63	-0.08	-2.60	72.00	**0.01**

Pair 10	Workers_in_Serbia_are_well_paid - Workers_in_Serbia_are_well_paid_1	-0.11	0.88	0.10	-0.31	0.10	-1.07	72.00	0.29
Pair 11	Workers_in_Serbia_are_reliable_and_hardworking - Workers_in_Serbia_are_reliable_and_hardworking_1	-0.45	1.03	0.12	-0.69	-0.21	-3.76	72.00	**0.00**
Pair 12	Workers_in_Serbia_are_well_educated - Workers_in_Serbia_are_well_educated_1	-0.56	1.08	0.13	-0.81	-0.31	-4.44	72.00	**0.00**
Pair 13	Serbia_is_a_country_with_a_high_quality_road_infrastructure - Serbia_is_a_country_with_a_high_quality_road_infrastructuru_1	-0.18	1.18	0.14	-0.45	0.10	-1.29	72.00	0.20
Pair 14	Serbia_is_a_country_with_safe_road_infrastructure - Serbia_is_a_country_with_a_safe_road_infrastructure_1	-0.29	1.33	0.16	-0.60	0.02	-1.85	72.00	0.07
Pair 15	Serbia_is_a_country_of_famous_sportsmen - Serbia_is_a_country_of_famous_ sportsmen _1	-0.18	0.69	0.08	-0.34	-0.02	-2.19	72.00	**0.03**
Pair 16	Serbia_is_a_country_of_famous_scientists - Serbia_is_a_country_of_famous_scientists_1	-0.29	1.03	0.12	-0.53	-0.05	-2.38	72.00	**0.02**
Pair 17	Serbia_is_a_country_desirable_for_life - Serbia_is_a_country_desirable_for_life_1	-0.53	1.03	0.12	-0.77	-0.29	-4.44	72.00	**0.00**
Pair 18	Serbia_is_a_country_of_great_natural_values - Serbia_is_a_country_of_great_natural_value_1	-0.38	1.20	0.14	-0.66	-0.10	-2.74	72.00	**0.01**
Pair 19	Serbia_is_a_country_in_concern_for_environment - Serbia_is_a_country_in_concern_for_environment_1	-0.06	1.13	0.13	-0.32	0.21	-0.42	72.00	0.68
Pair 20	Serbia_has_a_rich_cultural_heritage - Serbia_has_a_rich_cultural_heritage_1	-0.63	1.24	0.15	-0.92	-0.34	-4.34	72.00	**0.00**
Pair 21	Serbia_is_a_country_of_very_polite_people - Serbia_is_a_country_o	-0.55	1.12	0.13	-0.81	-0.29	-4.19	72.00	**0.00**

	f_very_polite_people_1								
Pair 22	Serbia_is_a_desirable_touristic_destination - Serbia_is_a_desirable_touristic_destination_1	-0.52	1.02	0.12	-0.76	-0.28	-4.38	72.00	**0.00**
Pair 23	The_treatment_of_persons_with_special_needs - The_treatment_of_persons_with_special_needs_disabilities_is_good	0.21	1.19	0.14	-0.07	0.48	1.48	72.00	0.14

Source: *authors' analysis*

There was a statistically significant decrease in scores from Time 1 to Time 2, p<. 0005 (two-tailed) in the following statements: Serbia is a country with a stable political situation, Serbia is a country with reliable police service, Serbia is a pro-western oriented country, Serbia is a multicultural country, Serbia is a country with safe working conditions, Serbia is a country with reliable and hardworking workers, Workers in Serbia are well educated, Serbia is a country of famous sportsmen and scientists, Serbia is a country desirable for life, Serbia is a country of great natural values and rich cultural heritage, Serbia is a land of very polite people and Serbia is a desirable tourist destination for medical tourism.

The analysis of the above findings on Serbia points to several problems. The identified issues point to the conclusion that foreign patients, users of medical tourism services, are not sufficiently informed about the country and that their preconceptions of the country are negative or insufficiently positive. On the other hand, the respondents perceptions reflect the unfavorable macroeconomic situation in the country, i.e. poor business conditions.

Analysis of the perceptions of respondents about Serbia as a destination for medical tourism - factor analysis

In the continuation of our reserch, we proceeded from the assumption that the respondents perception of the Republic of Serbia, before arrival and after arrival, do not differ significantly, so we performed a factor analysis. The data were processed in the statistical package SPSS for Windows, version 22. In order to examine the latent structure of the Questionnaire for measuring the perception of respondents about Serbia as a destination for medical tourism, factor analysis, the Principal Component Analysis

(PCA) method, was applied. As the Kaiser-Meyer-Olkin measure of Sampling Adequacy was satisfactorily high (KMO =.804), and Bartlett's sphericity test was significant ($\chi^2 = 6110.05$, $p < .000$) we proceeded to the analysis. Using the Cattell's scree test, five factors were retained. In order to achieve a simple structure, the factors are rotated in the Varimax rotation. After implementing the Varimax rotation and the established factor scores, we calculated Cronbach's reliability coefficient for each factor. Cronbach reliability coefficients are: 0.935; 0.893; 0.859 and 0.789; 0.776. The general rule of thumb is that a Cronbach's alpha of.70 and above is good,.80 and above is better, and.90 and above is best.

Table 2: *Factors matrix*

	Factors				
	Basic indicators	Democracy and corruption	Nature, culture, education and kindness	Famous persons	Corruption and crime
Serbia_is_prowestern_oriented_country_1	0.82				
Serbia_is_a_country_with_a_high_quality_road_infrastructuru_1	0.76				
Serbia_is_multicultural_country_1	0.75				
Serbia_is_country_with_stable_political_situation_1	0.75				
Serbia_is_economically_developed_country_1	0.73				
Serbia_is_country_with_reliable_police_service_1	0.73				
Serbia_is_a_country_desirable_for_life_1	0.71				
Serbia_is_a_country_of_great_natural_value_1	0.68		0.43		
Serbia_is_a_country_of_high_living_standard_1	0.65				
Serbia_is_a_country_in_concern_for_environment_1	0.65		-0.41		
Serbia_is_a_desirable_touristic_destination_1	0.65				
Workers_in_Serbia_are_reliable_and_hardworking_1	0.65				
Serbia_has_a_rich_cultural_heritage_1	0.64		0.55		
Serbia_is_a_country_with_a_safe_road_infrastructure_1	0.64		-0.52		
Serbia_is_a_country_of_very_polite_people_1	0.60		0.55		

Workers_in_Serbia_are_well_educated_1	0.59		0.43		
Workers_in_Serbia_are_well_paid_1	0.57				
Serbia_is_a_country_of_famous_sportists_1				0.42	
Serbia_is_democratic_country_1		0.73			
Serbia_is_country_with_pronounced_corruption_crime_violence		0.68			0.45
Working_conditions_in_Serbia_are_safe_1	0.50	0.63			
Serbia_is_a_country_of_famous_scientists_1				0.46	
Initial Eigenvalues	8.60	2.59	2.20	1.28	1.06
Percentage of variation Cumulative	39.08	11.75	10.00	5.80	4.83
Cumulative Percentage	39.08	50.83	60.83	66.64	71.47
Crombach's alphas	0.94	0.89	0.86	0.79	0.78
Extraction Method: Principal Component Analysis.					
a. 5 components extracted.					

Source: *authors' analysis*

The 22 items were subjected to Principal Component Analysis (PCA) using SPSS Version 15. Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of.3 and above. The Kaiser-Meyer-Oklin value was.80, exceeding the recommended value of.6 (Kaiser 1970, 1974) and Bartlett's Test of Sphericity (Bartlett 1954) reached statistical significance, supporting the factorability of correlation matrix. Principal component analysis revealed the presence of five components with eigenvalues exceeding 1, explaining 39%, 11.7%, 10 %, 5.8% and 4.8% of the variance, respectively. The two-component solution explained a total of 48.2% of the variance, with Component 1 contributing 31.25% and Component 2 contributing 17.0%.

Taking into account the saturation shown in Factors matrix (Table 2), the obtained factors are interpreted as, or grouped in 5 totals: the first factor - General conditions; the Second factor combines the influence and perception of democracy and corruption in society; The third factor is the natural and cultural heritage and education of the workforce. The fourth factor is related to famous persons in Serbia, the fifth factor is corruption.

The conducted factor analysis shows that all respondents group the indicators on Serbia in General i.e. Socio-economic, Sociological

(democracy and corruption), Cultural, Historical and Natural, and Famous persons. Interestingly, this factor has been singled out as a separate factor affecting medical tourism. Such a structure actually defines the areas of action in creating a strategy for the development of medical tourism in Serbia.

Analysis of the perceptions of respondents about Serbia as a desirable destination for medical tourism – logistic regression

In an effort to discover which perceptions of respondents predict the selection of Serbia as a desirable destination for providing medical tourism services, we conducted a regression analysis. The coefficient of determination (R-Sq) has a value of 0.863. This indicates that changes in the perception of Serbia as a tourist destination for medical tourism is explained in a high percentage by the variations of the stated findings.

Table 3: *Model Summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.863[a]	.745	.632	.576	.745	6.623	22	50	.000
b. Dependent Variable: Serbia_is_a_desirable_touristic_destination_1									

Source: *authors' analysis*

The constant 0.919 shows the hypothetical value of Perception of Serbia as a desirable medical tourism destination when all factors are equal to zero. By empirical analysis we have established the probability of correlation. The empirical F level distribution is 6.623 higher than the critical value (Significance F – 0.000) F distribution. The obtained value indicates that the high value of F distribution is not random, and that the equation of regression is applicable when predicting the Perception of Serbia as a medical tourism destination. T statistics determine the usefulness of each coefficient in predicting the Perception of Serbia as a medical tourism destination.

Table 4: *ANOVA*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	48.384	22	2.199	6.623	.000[b]
	Residual	16.603	50	.332		
	Total	64.986	72			

Source: *authors' analysis*

Simple regression was conducted to determine the best linear combination of a number of statements for predicting respondent's perception of Serbia as a medical tourism destination. This combination of variables significantly predicted respondent's perception of Serbia as a desirable medical tourism destination F (22.50) =6.62, p <.001, with all four variables significantly contributing to the prediction. The adjusted R squared value was.63. This indicates that 63% of the variance in respondent's perception of Serbia as a desirable medical tourism destination was explained by the model. According to Cohen, this is a large effect. The analysis of the data in Table 5 shows that only 4 statements have a statistically significant impact on the dependent variable of Serbia as a desirable medical tourism destination: Serbia is a democratic country, Serbia is a country of very polite people, Workers in Serbia are well educated and Serbia is a country desirable for life. As shown in Table 1, only four of the independent variables made a unique statistically significant contribution to the model.

Table 5: *Coefficients table*

	Coefficients	Std. Error	t	Sig.
(Constant)	0.92	0.63	1.47	0.15
Serbia_is_country_with_stable_political_situation_1	0.15	0.13	1.14	0.26
Serbia_is_country_with_pronounced_corruption_crime_violence_1	0.15	0.09	1.70	0.10
Serbia_is_country_with_reliable_police_service_1	0.10	0.19	0.52	0.61
Serbia_is_a_democratic_country_1	-0.38	0.13	-2.92	**0.01**
Serbia_is_prowestern_oriented_country_1	-0.16	0.17	-0.94	0.35
Serbia_is_multicultural_country_1	-0.04	0.14	-0.31	0.76
Serbia_is_economically_developed_country_1	-0.01	0.12	-0.05	0.96
Serbia_is_a_country_of_high_living_standard_1	0.22	0.13	1.74	0.09
Working_conditions_in_Serbia_are_safe_1	-0.10	0.14	-0.73	0.47
Workers_in_Serbia_are_well_paid_1	-0.16	0.10	-1.59	0.12
Workers_in_Serbia_are_reliable_and_hardworking_1	0.21	0.14	1.51	0.14
Workers_in_Serbia_are_well_educated_1	0.36	0.14	2.50	**0.02**
Serbia_is_a_country_with_a_high_quality_road_infrastructure_1	0.14	0.16	0.88	0.39
Serbia_is_a_country_with_a_safe_road_infrastructure_1	0.00	0.14	0.02	0.98
Serbia_is_a_country_of_famous_sportists_1	0.13	0.12	1.02	0.31
Serbia_is_a_country_of_famous_scientists_1	-0.13	0.08	-1.59	0.12
Serbia_is_a_country_desirable_for_life_1	0.28	0.13	2.27	**0.03**
Serbia_is_a_country_of_great_natural_value_1	-0.10	0.14	-0.71	0.48
Serbia_is_a_country_in_concern_for_environment_1	0.01	0.11	0.04	0.97
Serbia_has_a_rich_cultural_heritage_1	0.12	0.14	0.86	0.40
Serbia is a country of very polite people _1	0.36	0.13	2.69	**0.01**

Source: *authors' analysis*

The strongest predictor of respondent's perception of Serbia as a medical tourism destination was Serbia is a democratic country, recording an odds ratio of - 0.375. This indicated that respondents who perceived Serbia as a democratic country were over -0. 37 times more likely to perceive Serbia as a desirable medical tourism destination. The following significant statement Serbia is a country of very polite people predicts Serbia as a desirable medical tourism destination, recorded an odds ratio of 0.361. This indicated that respondents who perceived Serbia is a country of very polite people were over 0.36 times more likely to perceive Serbia as a desirable medical tourism destination. Next significant statements are Workers in Serbia are well educated and Serbia is a country desirable for life, recording an odds ratio of 0.359 and 0.283, respectively, indicated that respondents who perceived that workers in Serbia are well educated were over 0.36 times more likely to perceive Serbia as a desirable medical tourism destination. Those who perceived that Serbia is a country desirable for life were over 0.28 times more likely to perceive Serbia as a desirable medical tourism destination. The following findings indicate that perceptions of the quality of human resources in tourism, such as medical staff politeness, and quality education, good living conditions can positively influence the desirability of Serbia as a medical destination.

Conclusion

It is interesting that medical tourism is a mix of tourism and medicine, and according to respondents, we can conclude that their country-related parameters play a very small role in deciding on the destroying of the use of the service. They offer state-of-the-art medical services in major cities of Serbia and Vojvodina, but at prices that are considerably below prices in the countries of service users origin. All this confirms the premise that the medical service is "a premium quality service at the prices of the third world". The above answers indicate that users of these services are consumers who are more important in terms of a patient than a tourist. Patients stay briefly, tourist facilities are less important to them, they come only for the intervention, the quality of service and prices are important. The conducted factor analysis shows that the respondents all group the indicators on Serbia in: General i.e. Socio-economic factor, Sociological (democracy and corruption), Cultural, Historical and Natural, and Famous persons. Regression analysis shows that only four predictors have a statistically significant impact on the dependent variable Serbia as a desirable medical tourism destination: Serbia is a democratic

country, Serbia is a country of very polite people, Workers in Serbia are well educated and Serbia is a country desirable for life.

In order to develop medical tourism, improving a comprehensive management system, knowledge and information exchange and capacity building should be a priority. A special area that contributes to the sustainable development of tourism is the management of environment, natural and cultural resources, the improvement of communication and the improvement of the coordinated work of the public and private sector. The development of the service sector in many ways shall contribute to the economic development of Serbia as a desirable destination of medical tourism. For the purpose of economic development of a destination, it is necessary to create an institutional framework and a favorable investment environment, to work on the development of entrepreneurial competences, new technologies and innovative solutions in medical tourism, on linking educational and scientific-research institutions with the real economy.

The destination concept of development implies the development of public utility and tourist infrastructure, raising the level of quality of infrastructure of medical institutions, improving international connectivity of Serbia by air, maritime and railway traffic and facilitated customs and police formalities. In order to develop a destination, it is necessary to ensure the quality functioning of all security services, which will affect the quality of life of local communities. The biggest challenge is to recognize and exploit the competitive advantages of a destination. Accordingly, it is necessary to devise and apply marketing activities, to harmonize the wishes and needs of tourists, i.e. respond to tourist demands. It is necessary to further develop destination management and destination marketing, to create a unique IT platform for the marketing of medical tourism services and to establish an efficient system of coordination of activities between all entities.

Finally, the results of the research indicate an increase in the number of medical tourists and the countries which have the best prices, high quality of services and equipment will win in the competition. Countries in which medical tourism is at an early stage of development should, with the help of the competent state authorities, by fiscal policy measures and other incentives, create the perception of Serbia as a desirable destination country for medical tourism services.

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