



IQTISODIYOT & TARAQQIYOT

Ijtimoiy, iqtisodiy, texnologik, ilmiy, ommabop jurnal

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RECENT MEDICAL TOURISM RESEARCH IN THE WEB OF SCIENCE CORE COLLECTION

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Abstract: Medical tourism has entered a post-pandemic development stage. Destination competitiveness, patient satisfaction, service quality, clinical safety, the recovery of wellness tourism, and digital continuous care are increasingly seen as interconnected issues, rather than isolated market factors. This paper uses 535 articles on the topic of medical tourism retrieved from the Web of Science database between 2024 and June 30, 2026, and analyzes the knowledge structure and cutting-edge issues of recent medical tourism research using CiteSpace keyword co-occurrence maps. The results show that medical tourism research has formed a research network centered on medical tourism and health tourism, with satisfaction, healthcare, management, destination, service quality, wellness tourism, and impact as important nodes. The field is shifting from simple research on low-cost cross-border surgeries and destination marketing to a comprehensive research framework that is patient-centered and considers destination governance, healthcare quality, risk control, sustainable development, and digital continuous care. The study argues that the competitive advantage of future medical tourism destinations should not come solely from prices and hospital infrastructure, but rather from transparent service processes, auditable clinical quality, cross-cultural communication, postoperative follow-up, data security, and transnational regulatory cooperation.

Key words: medical tourism; health tourism; CiteSpace; destination management; wellness tourism; SDG3.

Annotatsiya: Tibbiy turizm pandemiyadan keyingi rivojlanish bosqichiga kirdi. Bugungi kunda destinatsiyaning raqobatbardoshligi, bemorlar qoniqishi, xizmat sifati, klinik xavfsizlik, sog'lomlashtirish turizmining tiklanishi hamda uzluksiz raqamli tibbiy kuzatuv o'zaro bog'liq omillar sifatida qaralmoqda. Ushbu maqolada 2024-yildan 2026-yil 30-iyungacha bo'lgan davrda Web of Science ma'lumotlar bazasidan olingan tibbiy turizmga oid 535 ta ilmiy maqola asosida CiteSpace dasturining kalit so'zlar ko'rinishidagi hamkorlik xaritalari yordamida zamonaviy tibbiy turizm tadqiqotlarining bilim tuzilmasi va dolzarb yo'nalishlari tahlil qilindi. Natijalar shuni ko'rsatdiki, tibbiy turizm va sog'lomlashtirish turizmi tadqiqot tarmog'ining asosiy markazlarini tashkil etadi, bemorlar qoniqishi, sog'liqni saqlash, boshqaruv, destinatsiya, xizmat sifati, sog'lomlashtirish turizmi hamda ta'sir esa muhim tugunlar hisoblanadi. Mazkur soha arzon transchegaraviy jarrohlik amaliyotlari va destinatsiya marketingiga qaratilgan yondashuvdan bemor markazli, destinatsiya boshqaruvi, sog'liqni saqlash sifati, risklarni boshqarish, barqaror rivojlanish va uzluksiz raqamli tibbiy kuzatuvni qamrab oluvchi kompleks tadqiqot konsepsiyasiga o'tmoqda. Tadqiqotda kelajakdagi tibbiy turizm destinatsiyalarining raqobat ustunligi faqat narx va shifoxona infratuzilmasiga emas, balki xizmat ko'rsatish jarayonlarining shaffofligi, audit qilinadigan klinik sifat, madaniyatlararo muloqot, operatsiyadan keyingi kuzatuv, ma'lumotlar xavfsizligi hamda transmilliy tartibga solish bo'yicha hamkorlikka tayanishi lozimligi asoslab berilgan.

Kalit so'zlar: tibbiy turizm, sog'lomlashtirish turizmi, CiteSpace, destinatsiya boshqaruvi, sog'lomlashtirish turizmi, SDG3.

Аннотация: Медицинский туризм вступил в постпандемный этап развития. Конкурентоспособность туристических дестинаций, удовлетворённость пациентов, качество медицинских услуг, клиническая безопасность, восстановление оздоровительного туризма и непрерывное цифровое сопровождение пациентов всё чаще рассматриваются как взаимосвязанные, а не изолированные факторы. В настоящем исследовании на основе 535 научных статей по медицинскому туризму, опубликованных в базе данных Web of Science за период с 2024 года по 30 июня 2026 года, с использованием карт совместной встречаемости ключевых слов в программе CiteSpace проанализированы структура знаний и современные направления исследований в области медицинского туризма. Результаты показывают, что ядро исследовательской сети формируют медицинский и оздоровительный туризм, а ключевыми узлами являются удовлетворённость, здравоохранение, управление, дестинация, качество



услуг, оздоровительный туризм и влияние. Отмечается переход от исследований, сосредоточенных преимущественно на недорогих трансграничных хирургических услугах и маркетинге дестинаций, к комплексной пациент-ориентированной исследовательской модели, охватывающей управление дестинациями, качество медицинской помощи, управление рисками, устойчивое развитие и непрерывное цифровое сопровождение пациентов. Сделан вывод о том, что конкурентное преимущество будущих медицинских туристических дестинаций должно основываться не только на ценовой политике и больничной инфраструктуре, но и на прозрачности процессов оказания услуг, возможности аудита клинического качества, межкультурной коммуникации, послеоперационном сопровождении пациентов, безопасности данных и международном регуляторном сотрудничестве.

Ключевые слова: медицинский туризм, оздоровительный туризм, CiteSpace, управление туристическими дестинациями, оздоровительный туризм, ЦУР 3.

INTRODUCTION

Medical tourism is generally understood as patients seeking planned healthcare services across borders or regions, combined with travel-related activities such as accommodation, transportation, and destination experiences. The industry has become more complex since the COVID-19 pandemic. Previous discussions primarily focused on cost-effectiveness and hospital support, but recent research has begun to examine issues related to patients before travel, during treatment, and after their return. This shift is reflected in studies on healthcare professionals' perceptions of medical tourism services (Li et al., 2024), push-pull segmentation of medical tourist markets (Cha et al., 2024), destination image scale development (Alp & Yilmaz, 2024), and the opportunities and challenges of medical tourism development in Hong Kong (Zhong & Chan, 2024).

Recent reviews indicate that medical tourism research is no longer a small branch of tourism marketing, but is gradually becoming an interdisciplinary field encompassing hospitality and tourism, public health, surgery, health policy, health communication, and digital service management. Wong et al. (2024) pointed out that this field needs more systematic research on destination management and marketing. A review of Asa et al. (2024) on medical tourism in Indonesia also reveals that medical tourism involves patient mobility, service accessibility, ethics, cost, trust, and institutional capacity. These changes indicate that the core issue in medical tourism research has expanded from "how to attract patients" to "how to attract patients while protecting the interests of patients, the community, and the healthcare system."

REVIEW OF LITERATURE ON THE SUBJECT

Recent literature can be broadly categorized into five research trends. First, destination-oriented research focuses on image, market segmentation, promotion, and behavioral intentions. The health belief model has been extended to research on psychological distance and medical tourism intentions (Jiang et al., 2026). Stereotypical content perspectives have been used to assess patients' evaluations of healthcare workers' enthusiasm, competence, and health literacy (Son, 2026). Second, service quality research emphasizes the impact of clinical quality, support services, infrastructure, trust, affordability, and institutional environment on patient experience (Kumar et al., 2025). Third, governance and sustainability research views medical tourism as a service network comprised of hospitals, travel agencies, governments, insurance institutions, communities, and digital platforms (Karadayi-Usta, 2025; Figueiredo et al., 2024). Fourth, safety and risk research focuses on medical complications, liability attribution, cross-border referrals, and the medical burden on patients after they return to their home country (Campbell et al., 2025; Dobbie et al., 2025; England et al., 2026; Mason & Ashmore, 2025; McGirr et al., 2025). Fifth, the digital research discusses the role of telemedicine, blockchain, digital marketing, and supply chain resilience in medical tourism (Ahmad et al., 2025; Babaei et al., 2026; Fatmawati & Sewu, 2026; Ikhtiyorovna & Salimovich, 2026).

The innovation of this paper lies in its focus on the latest medical tourism literature in Web of Science from 2024 to June 30, 2026, rather than simply reviewing highly cited classic literature. Through keyword co-occurrence analysis of recent literature, this paper identifies the knowledge frontiers of medical tourism research in the post-pandemic era. This approach is significant because current medical tourism is jointly shaped by demands for safety, quality of care, rehabilitation and recovery, aging populations, digital continuous care, and transnational governance.



RESEARCH METHODOLOGY

The data were retrieved from the Web of Science Core Collection using “medical tourism” as the search keyword. Publications were searched for in 2024, 2025, and 2026, and the search date was June 30, 2026, yielding 535 records. Descriptive bibliometric metrics were calculated for publication year, document type, source journal, Web of Science subject category, and author keywords. Keyword statistics used both author keywords and Keywords Plus, with minor normalization applied to spelling variations such as “healthcare” and “health care.” The keyword co-occurrence network was generated using CiteSpace v6.4.R1. The network parameters were: time slices from 2024 to 2026, one slice per year; the top 10% of terms were selected for each slice, with a maximum of 100 terms per slice; LRF = 2.5, L/N = 10, LBY = 5, e = 1.0, and Pathfinder pruning.

This paper interprets the CiteSpace graph based on its network structure and semantic clustering. The network contains 229 nodes and 410 connections, with a density of 0.0157. The largest connected component contains 220 nodes, accounting for 96% of the network. The modularity $Q = 0.5194$ indicates a moderate degree of differentiation in the topic structure; the weighted average silhouette value $S = 0.7815$ indicates good internal consistency within the clusters. Since the 2026 data only includes records available up to June 30, 2026, this paper interprets the 2026 annual count as a phase result rather than a complete annual trend (Table 1).

Table 1
Data source and bibliometric profile of the sample¹

Indicator	Value	Interpretation
Database	Web of Science	Exported full records and cited references
Search keyword	medical tourism	Topic-oriented retrieval specified by the dataset
Period	2024–June 30, 2026	Three annual slices; 2026 is a partial year
Records after merging	535	35 records from savedrecs (1) and 500 from savedrecs
Annual distribution	2024: 189; 2025: 221; 2026: 125	2025 is the highest completed year in the dataset
Main document types	Articles: 366; Reviews: 63; Early Access articles: 44	Original empirical papers dominate
CiteSpace network	$N = 229$; $E = 410$; density = 0.0157	Sparse but connected keyword structure
Cluster quality	$Q = 0.5194$; $S = 0.7815$	Moderate modularity and good cluster consistency

ANALYSIS AND RESULTS

From the perspective of publication activity, medical tourism research remains stable but shows significant recent activity. The dataset contains 189 records in 2024, 221 in 2025, and 125 in 2026. Since the search date is June 30, 2026, the 2026 figures cannot be directly compared to the full-year data. Nevertheless, the half-year data still indicates that medical tourism remained active in the first half of 2026. The document type structure is also significant: there are 366 articles, 63 reviews, and 44 Early Access Articles. This indicates that the field currently includes empirical research, conceptual research, and rapidly published emerging research findings.

The disciplinary distribution further confirms that medical tourism is an interdisciplinary field. In the Web of Science categories, Hospitality, Leisure, Sport, and Tourism had the most entries with 83; followed by Surgery with 41, Public, Environmental, and Occupational Health with 33, Medicine, General, and Internal with 24, and Health Policy and Services with 16. Major source journals included the International Journal of Tourism Research, Tourism Recreation Research, Sustainability, Aesthetic Plastic Surgery, Journal of Quality Assurance in Hospitality & Tourism, and Plastic and Reconstructive Surgery-Global Open. This pattern explains why medical tourism research simultaneously focuses on market selection, destination competitiveness, clinical outcomes, and public health responsibility (Figure 1).

¹ Source: Compiled by the author.

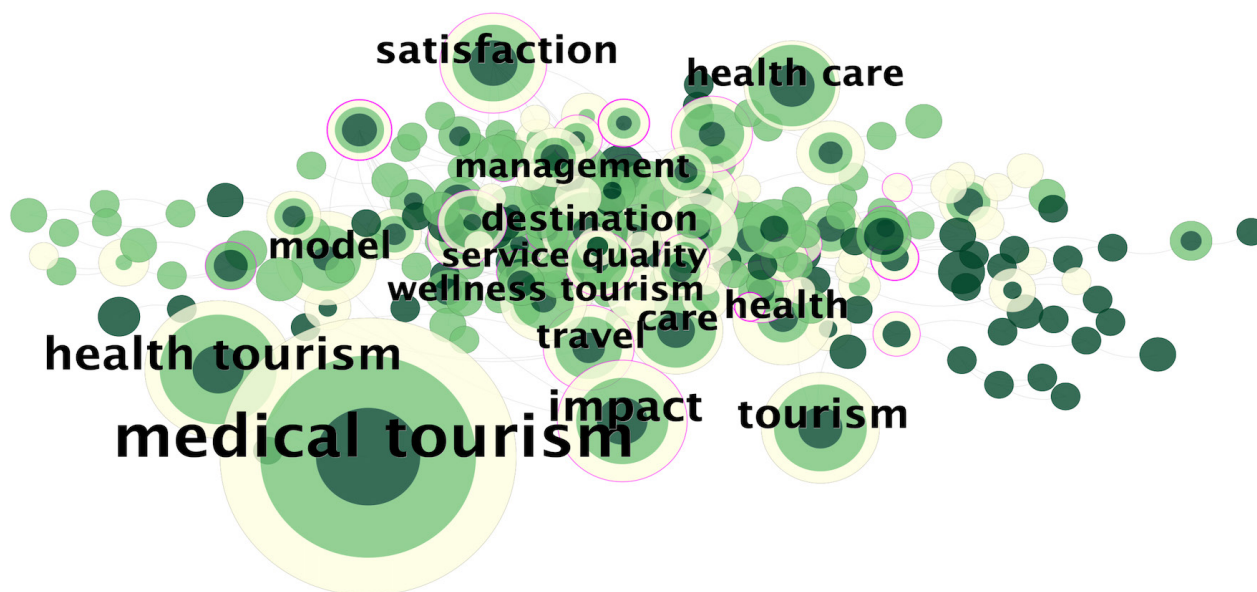


Figure 1. CiteSpace keyword co-occurrence map for medical tourism research²

As shown in Figure 1, medical tourism and health tourism are the most prominent terms, but the field is not organized around a single business concept. The central area of the graph also includes keywords such as satisfaction, healthcare, management, destination, service quality, wellness tourism, care, health, travel, and impact. From a bibliometric perspective, medical tourism is being studied as a service ecosystem. Patients are not simply purchasing a medical procedure; they also compare destinations, assess safety and quality signals, experience cross-cultural communication, use accommodation and transportation services, and may require remote follow-up after returning home (Figure 2).

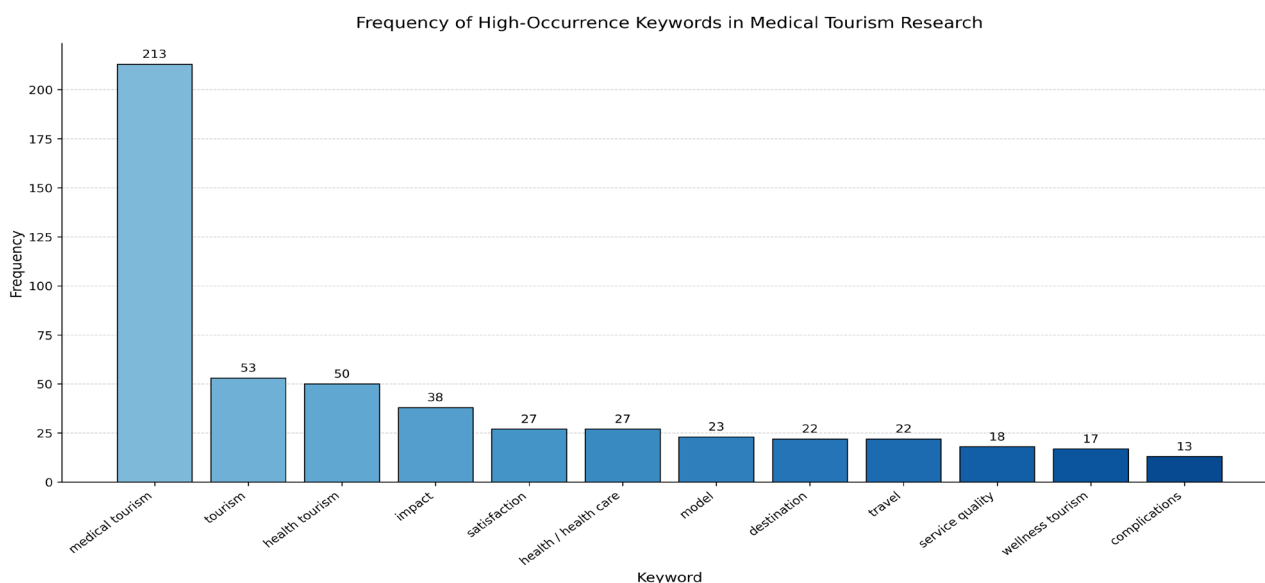


Figure 2. Frequent keywords in the Web of Science records³

Main meaning in the field:

medical tourism: Core concept linking mobility, treatment and destination choice

tourism: Broader tourism context and destination management

health tourism: Health improvement and health-service travel

² Source: Compiled by the author.

³ Source: Compiled by the author.



impact: Economic, health-system and patient-outcome consequences
satisfaction: Patient evaluation, loyalty and revisit intention
health / health care: Clinical service quality and health-system interface
model: SEM, decision models, supply-chain and behavioral frameworks
destination: Image, attractiveness, competitiveness and market positioning
travel: Mobility, international access and patient journey
service quality: Hospitality-medical integration and perceived value
wellness tourism: Preventive, rehabilitative and experience-based health travel
complications: Surgery-related risk and accountability

The first category of thematic trends focuses on destination competitiveness, image, and patient decision-making. Cha et al. (2024) demonstrates the effectiveness of market segmentation based on push–pull motives, while Alp and Yilmaz (2024) Potential and experienced medical tourists may evaluate destinations differently, therefore destination policies need to take into account patient experience levels. More recent behavioral research has further refined this approach. Zhong and Chan (2024) show that potential and experienced medical tourists may evaluate a destination differently, making destination policy sensitive to experience level. More recent behavioural research further refines this approach: Jiang et al. (2026) Destination image and health beliefs are linked to psychological distance, and Son (2026) shows that patients respond to both warm factors such as hospitality, comfort, and reception, and competence factors such as medical expertise and facility quality.

The second category of topics focuses on service quality and healthcare experience. Kumar et al. (2025) Clinical quality, support services, trust, infrastructure, affordability, and regulatory environment are key drivers influencing the medical tourism experience. Li et al. (2024) This research direction is supplemented by examining healthcare practitioners' perceptions of the importance of medical tourism services. The aforementioned studies collectively demonstrate that medical tourism cannot develop solely through tourism promotion. Competitive destinations require visible clinical quality, transparent patient information, coordinated non-clinical support, and institutional trust.

The third thematic trend is stakeholder governance and sustainability. Karadayi-Usta (2025) The concept of medical tourism is envisioned as a service network in which different service providers need to collaborate under sustainability pressures. Figueiredo et al. (2024) Extending this logic to health tourism in a broader sense, it points out that sustainable development is not only related to patients, but also to destinations and communities. Jalali et al. (2025) A comprehensive analysis of barriers and enabling factors worldwide indicates that affordability and quality alone are insufficient when governance, infrastructure, language, insurance, transportation, political stability, and destination reputation are weak.

The fourth theme is patient safety, risk, and responsibility. Medical tourism can only truly generate value when selective treatment and continuous postoperative care are safe and secure. Mason and Ashmore (2025) show the importance of risk reduction guidelines for health seekers worldwide was highlighted. Dobbie et al. (2025) put forward consensus recommendations on safe practices in European medical tourism related to weight loss and metabolic surgery. McGirr et al. (2025) This calls for stronger cross-border regulation. Clinical studies on plastic and cosmetic surgery tourism also reinforce this view. Campbell et al. (2025) summarizes the safety and outcomes of a large-scale cohort of Plastic Surgery Medical Tourism, while Hery et al. (2024) and England et al. (2026) emphasizes the complications, costs, and burdens that may transfer to the patient's home country's healthcare system after surgery.

The fifth trend is digital transformation. Digital marketing is crucial for emerging destinations because it can send quality signals and shape international demand (Ikhtiyorovna & Salimovich, 2026). At the same time, medical tourism requires secure cross-border information exchange. Ahmad et al. (2025) propose a blockchain-powered secure communication framework for telemedicine in medical tourism, while Fatmawati and Sewu (2026) discuss blockchain-based telemedicine for post-treatment care. From a supply-chain perspective, Babaei et al. (2026) developed a two-stage framework for a resilient medical tourism supply chain under uncertainty, incorporating social aspects and supplier evaluation. These studies demonstrate that digitalization is not merely a promotional tool, but is becoming an integral part of patient safety, continuity of care, and destination resilience.

A related topic is wellness, ageing and non-pharmaceutical health tourism. Liu and Wang (2025) propose integrating natural non-pharmaceutical therapies into medical tourism through a dynamic health portrait-driven model for older adults with chronic diseases. Peng et al. (2026) show how cultural symbolic experiences in wellness tourism may influence perceived health recovery. This type of literature explains why wellness tourism is close to medical tourism in the keyword network: the boundaries between treatment, rehabilitation, prevention and physical and mental well-being are becoming increasingly open (Table 2).



Table 2.
Strategic implications derived from the keyword map and recent literature⁴

Theme	Problem identified	Recommended research and policy direction
Destination image	Patients compare quality, hospitality and distance-related uncertainty	Build evidence-based destination image scales and test them across source markets
Service quality	Clinical and non-clinical services are often managed separately	Integrate hospital quality, tourism support, language services and transparent pricing
Patient safety	Complications may occur after patients return home	Create shared registries, pre-travel counselling, discharge checklists and cross-border referral protocols
Sustainability	Benefits may not reach communities and may strain local systems	Assess stakeholder networks, local access, equity, environmental pressure and governance capacity
Digital care	Marketing, consent, data exchange and follow-up are fragmented	Develop secure telemedicine, blockchain audit trails and interoperable patient information systems

Therefore, the research findings suggest that medical tourism should not be narrowly interpreted as a synonym for inexpensive overseas surgery. In current Web of Science literature, it has become an umbrella concept, encompassing patient choice, destination branding, international accreditation, healthcare system gaps, hotel and hospitality services, surgical risks, reproductive and gender affirmation medicine, wellness and rehabilitation, and technology-supported postoperative follow-up. The low network density in the CiteSpace graph indicates connections between these research flows, but they are not yet fully integrated. Future research should not rely solely on cross-sectional surveys of single countries, but rather connect these themes through longitudinal patient journey studies and comparative destination studies.

CONCLUSIONS AND SUGGESTIONS

This paper presents a graphical analysis of 535 Web of Science medical tourism records published between 2024 and June 30, 2026, and interprets the relevant CiteSpace keyword co-occurrence network. The main bibliometric finding is that recent medical tourism research is both active and interdisciplinary. While led by tourism and hospitality research, the field is closely linked to surgery, public health, healthcare administration, and health policy. The network structure confirms meaningful clustering among themes: medical tourism and health tourism are centrally located, with service quality, satisfaction, management, destination, and wellness tourism forming the most significant research neighborhoods.

The theoretical contribution of this paper lies in identifying a shift in post-pandemic medical tourism from destination promotion to patient-centered, integrated governance. Destination image, market segmentation, and promotional strategies remain important, but are no longer sufficient to explain the field in isolation. Patient safety, cross-cultural communication, trust, regulatory responsibility, sustainability, and digital continuity of care are redefining the competitive landscape of medical tourism. In practice, destinations intending to develop medical tourism should not only compete on price or hospital infrastructure, but should also establish transparent service pathways, auditable clinical standards, language and cultural intermediaries, postoperative communication mechanisms, responsible marketing practices, and mechanisms for sharing risk information between the source and destination healthcare systems.

The limitations of this study are also quite clear. The study only used Web of Science records, and the 2026 data is interim. Search keywords may have included some adjacent health and tourism studies, which are not entirely medical tourism articles. Nevertheless, this dataset is still suitable for identifying recent trends in high-visibility academic publications. Future research should compare Web of Science, Scopus, PubMed, and regional databases; differentiate specific treatment topics such as bariatric surgery, cosmetic surgery, reproductive medicine, and rehabilitation; and develop comparable indicators of patient outcomes, destination performance, and healthcare system externalities.

⁴ Source: Compiled by the author.



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