

Stakeholders' Knowledge, Attitudes and Practises towards Health Tourism Development in Zimbabwe.

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ABSTRACT

This research explored the feasibility of developing health tourism in Zimbabwe using knowledge levels, attitudes of stakeholders and current practises as barometers of the destination's potential. Researchers conducted in-depth interviews with tourism experts, hoteliers and tour operators in Harare (capital city of Zimbabwe). The major findings of the study on knowledge, attitudes and practices were that knowledge level on health tourism was high among hoteliers and tourism experts, with tour operators exhibiting little knowledge. In terms of attitude, hoteliers were quite positive about the adoption of health tourism while tourism experts were pessimistic about health tourism's potential to provide a return on investment. On current health tourism practises the study revealed that there were health packages offered by hotels to a limited extent and only as a requirement for their grading. Nevertheless, an overarching insight from the study was that development of health tourism was a possibility in Zimbabwe if marketed in tandem with existing 'anchor' attractions such as Victoria Falls and others of a similar international stature and appeal.

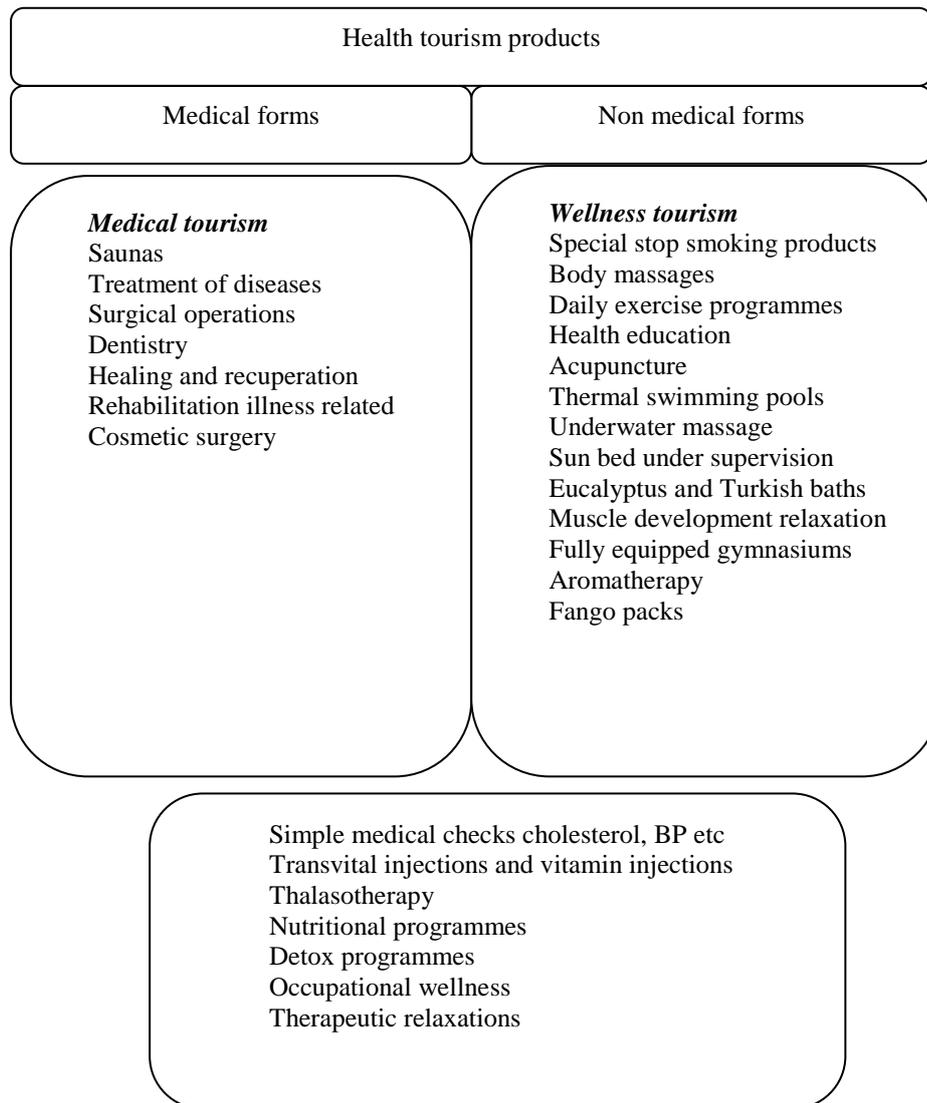
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INTRODUCTION

The world over, people are increasingly becoming health conscious, Katalin (2009) notes that feeling and looking healthy appear to be the mantra for today's fast moving generation. Most developed countries are taking advantage of this interest in healthy lifestyles to promote health tourism as a strategic tourism product. Meanwhile, very little is being done in developing economies regarding health tourism development (Tomka et al 2011).

Health tourism can be described as an all encompassing concept which refers to all activities that enhance a state of well being both internally and externally from spa and relaxation treatments, cosmetic surgery to elective surgery, which include essential procedures such as heart transplant or hip implants to remedy an injury or treat an illness (Katalin 2009). Health tourism segment is developing into two related dimensions. The first dimension involves tourists visiting other countries for treatment of diseases or to have surgical procedures such as heart transplants while the other dimension relates to those people who are not ill but visit resorts where they engage in activities which enhance their health (Pollock and Williams 2000). These two dimensions overlap and this explains why Johnston et al (2011) prefer to use the term the 'health tourism continuum'. The latter segment

has been referred to by UNWTO as non medical forms of health tourism, while Smith and Puckzo (2009) refer to this segment as wellness tourism. The diagram below is illustrative:



Researchers' own source

Health tourism products are so diverse and can be adopted by any country despite the level of economic development. Medical tourism, which caters for sick people, may be difficult for developing economies as it requires advanced medical technology and expertise. However, health tourism packages, which target the non diseased whose need is to improve and maintain good health, do not require huge investment (Spisto2008). In fact, the UNWTO recommends that countries should use the existing infrastructure and superstructure to promote health tourism, (UNWTO as cited in Velles and Becherel 1995).

Zimbabwe does not promote health tourism as one of its tourism products, yet experts predict a very high growth rate of this form of tourism globally compared to others. Scalber, et al (2011) observe that a large number of experts have predicted a disproportionately strong growth of health tourism. Similarly, the World Bank estimates that total annual receipts from health and wellness tourism is growing at an average rate of 30% per annum, while the entire tourism industry is only growing at an average of 4.5% (Caribbean Export Industry Development Agency, 2008). In addition, America has about 78 million baby boomers, and these baby boomers make up 60% of the spa market and America is one of Zimbabwe's major traditional source markets. The history of health tourism in Zimbabwe can be traced back to the late 19th century when Cecil John Rhodes the first British prime minister for the then Rhodesia initially visited the country for health reasons. Ever since then

it appears very little has been done to take advantage of this historic fact and little has been done to exploit the hot springs in the country for health tourism.

Therefore, this study sought to examine the potential of health tourism development in Zimbabwe by assessing attitudes, knowledge and current health tourism practises. Attitudes of tourism stakeholders, which are the human social capital resources, can influence the success of new products. Thus, attitude assessment can give insights on the success of health tourism as a new tourism product for the country. Katalin (2010) observes that, attitude is one of the factors which influence the acts and decisions of individuals and thus can be used to predict social phenomena. If stakeholders are knowledgeable about health tourism, this will enable them to make informed opinions about the concept and can come up with innovative health tourism products for the country. Current health tourism activities were investigated to determine whether the country had health tourism practises which could be used as a springboard for further development of this segment of tourism.

LITEARTURE REVIEW

Health tourism is defined by (Medlik 2003, p83) as taking trips and visits to health resorts and other destinations whose main aim is health treatment, ranging from therapeutic treatments for various diseases to fitness and relaxation programmes. While (Pollock and Williams 2000 p.165) define health tourism as leisure, recreational and educational activities removed from the distractions of work and home and use tourism products and services that are designed to promote and enable customers to improve and maintain their health and well being.

Health tourism in this paper shall be understood to mean the purposeful travelling of a person from their usual environment to a place where that person either seeks treatment or engages in activities that enhance their health. However, there is no one definition of health tourism, (Lee and Spisto 2007) the term is vague (Kunst and Tomiljenovic 2011), its use by various authors seems not to be consistent, and many different labels have been loosely applied to this concept of health tourism, (Dannel and Mugomba 2006). For example, some authors use the word medical tourism to refer to both dimensions of health tourism (Lee and Spisto 2006), whereas others use the term medical tourism to refer strictly to medical procedures undertaken by the medical practitioners under hospital conditions and health tourism to activities which enhances or maintains health (Pollock And Williams 2000). The other terms which have been used to describe the concept of health tourism are Spa Tourism (Vajirakachorn.2004), Health Care Tourism, (lee and Spisto 2007, Medlik 2003), Curative Tourism, (Harahsheh, 2002). According to Smith and Puczko (2009) the term health tourism is misleading and confuses the consumers. However, in this paper the term health tourism is used, as an umbrella term for activities meant to cure illnesses or to improve overall health. The term health tourism is more appealing for branding purposes and accommodates the various forms of tourism that have been in existence from the ancient times. Health tourism in this paper shall be understood to mean the purposeful travelling of a person from their usual environment to a place where that person either seeks treatment or engages in activities that enhance their health.

Health tourism provides leisure activities as well as therapeutic benefits. It offers an opportunity where leisure activities are combined with health lifestyles. Health tourism is important for two reasons, the first being that it is the clientele that is demanding it and secondly that it has the potential of raising health standard, (Becherrel and Velles 1995). This may be interpreted to mean that that destinations without health tourism products are to some extent not meeting some of the needs of their clients Furthermore, Anderton (1995:289) comments that '...health tourism has the effect of simultaneously raising health standards and developing tourism activities'. According to (Pollock and Williams 2000), health tourism offers Medical Practitioners an attractive way to encourage improved patient health. In addition they commented that the medical system in North America has been regarded as a 'sickness system' focussing more on curing disease as opposed to a health promotion system dealing with preventing illness. They also indicate that to help counteract more and more employers are beginning to see the importance of holidays to health and wellbeing as they help in counteracting the stresses associated with the increasing demands of the workplace.

RESEARCH METHODOLOGY

The study used qualitative methods of collecting data. According to Baker (1995) qualitative methods enable the researcher to carry out studies in depth and in detail because one can ask questions about all the three domains, namely the affective, the cognitive and the behavioural. In-depth interviews were used as a method of collecting data and in-depth interview guides were used as the research instrument. Thematic analysis was used to analyse the data. Since the research was seeking to establish the prospects of developing a new tourism product, the study population naturally comprised of stakeholders who collectively shape the tourism experience who were

found in the capital city, Harare. The major accommodation providers, tour operators and tourism experts were targeted. The service providers targeted for the study were hoteliers, for hoteliers the three major hotel groups in the country were chosen and the brand and marketing managers were interviewed, three major tour operators were selected and the marketing managers were interviewed. The tourism experts were represented by the tourism council and the National Tourists Organisation (NTO). The president of the tourism council was interviewed while for the national tourist organization the head of the marketing department was interviewed.

FINDINGS

The purpose of this study was to explore the feasibility of developing health tourism in Zimbabwe using knowledge levels, attitudes of stakeholders and current practises as barometers of the destination’s potential.

Table 1: Profile of the respondents

Organisation	Department	Interviewee
Hotel group 1	Marketing	Brand manager
Hotel group 2	Marketing	Marketing Manager
Hotel group 3	Marketing	Head marketing
National Tourism Organisation	Marketing	Head marketing
Tour Operator 1	Marketing	Consultant
Tour Operator 2	Administration	Admin Manager
Tour Operator 3	Administration	Marketing officer
Zimbabwe council of tourism	-	President

Stakeholder Knowledge of Health Tourism

On knowledge levels, the interviewees were asked what they understood about health tourism, its dimensions and how it could be promoted as a tourism product in Zimbabwe. Researchers also asked them about the various forms of health tourism packages they were familiar with. Those who managed to answer all or about half of the questions and gave more insights into the subject were regarded as having adequate knowledge. On the other hand, respondents who answered less than half of the questions were regarded as having little knowledge and those who managed to answer one or no question at all were regarded as having inadequate knowledge. In all, the study found that tour operators had very little knowledge about health tourism issues. Hoteliers and tourism experts were quite knowledgeable about health tourism but had mixed opinions with regards to returns on investment

Table 2: Stakeholders and Knowledge Levels of Health Tourism

Stakeholders	Number interviewed	Knowledge
Hoteliers	Three hotel groups	Adequate
National organisation	One	Adequate
Tour Operators	Three tour operators	Little
National council of tourism	1	Adequate

KEY

- Adequate knowledge: answered 50% the questions or more.
- Little knowledge: less than half the questions
- Inadequate: answered one or no question at all.

On knowledge levels the concept of health tourism among hoteliers seemed adequately known. The respondents pointed out that Zimbabwe could use the abundance of organic food in the country to promote the health benefits associated with consumption of these foods.

The knowledge levels among Tour operators were very little. However some of the activities indicated on the tour operators’ brochures such as ‘walking in the open’ are regarded by the UNWTO as non –medical forms of

health tourism. The tourism experts represented by the national tourism council and the NTO were quite knowledgeable about health tourism products and indicated further that the country had a number of hot springs which could be exploited for health tourism. The National Council for Tourism suggested that the country's climate was a health tourism asset which could be promoted especially to the traditional markets.

Attitudes towards Health Tourism

Representatives of tourism organisations had mixed feelings about the health tourism development. The National Tourism organisation (NTO) indicated that Zimbabwe had the potential to produce health tourism products, though their position was that this segment brings little returns on investment. The tour operators were quite positive about extending the current tourism product by adding health tourism. However, they were quick to point that they had very little control over products offered at a destination, as their role was to package what was on offer. The Tourism Council was also positive about the adoption of health tourism products, but indicated that there is need for the private sector to play a leading role.

The hoteliers were quite positive about the concept of health tourism, however they indicated that health tourism should be partnered with existing attractions in order for it to be viable. The marketing manager of hotel group 1 expressed interest in the idea of indicating the calorie content of the meals. He noted that the fact that local hotels offered organic food which is health and tasty could actually be used as a marketing strategy to lure tourists who are health conscious into the country. The representatives of the other two hotels indicated that health tourism was a possible option in Zimbabwe as a value addition strategy. In fact the representative of hotel group 3 indicated intentions to embark on a combined venture with another prominent hotel not included in this study to establish a Spa hotel in Victoria Falls. However, he noted that the though the country's poor economic performance was major huddle.

Practises in Health Tourism

On practises, interviewees were asked on what they were doing which was in line with health tourism. In order to make it easier for the interviewees in giving responses, the researcher provided a checklist of the non-medical forms of health tourism. Brochures were also analysed. The interviews and content analysis of the brochures revealed that the country has health related activities which can be packaged as health tourism products. Table 3 below shows some of these products:-.

Table 3: Health Related Activities Offered in Zimbabwe

Type of Activity	Prevalence of Activity
Saunas	***
Stress management activities	**
Weight reduction	***
Gymnasium	****
Thermal swimming pools	*
Beauty therapies	*****
Special diets vegetarians	*

Key; Number of stars indicates prevalence of health activities with one star indicating the lowest and 5 stars, the highest.

Hoteliers and tour operators were the major respondents though tourism experts were also interviewed. The study noted that the country had health activities which could be branded as health tourism products and these were mainly offered by local five star hotels basically as a requirement for their grading status. Other health products were being offered by independent health clubs dotted all over the city of Harare. The missing link was the lack of deliberate promotion of the existing activities as health tourism products. One of the international hotel groups in Harare had a thriving health spa though it is outsourcing the services. The spa owner indicated that the majority of clients about 95% were the affluent Harare residents. He indicated that there were very few hotel clients who sought services of the spa because the majority of them were business clients holding seminars. These normally had a tight programme and had no time for such activities.

The tour operators indicated that they do not have health tourism products in their product portfolios. However, the tour operators noted that it would boost their businesses if they highlight the health benefits which tourists could derive from visiting Zimbabwe. The National Tourism Organisation (NTO) does not include the health dimension when promoting the destination's attractions and activities, though it in its investment portfolio health tourism based on springs is provided as possible investment opportunities offered by the country. Their position was that Zimbabwe had nothing which was well developed to be offered as health tourism products.

DISCUSSION

The discussion will be tackled under the following sub-themes, stakeholder knowledge levels, Stakeholder attitudes and stakeholder practises.

Stakeholder knowledge

The high knowledge levels among hoteliers and tourism experts and the insights they gave about some of the products which the country can offer provides a good foundation for health tourism development in the country. However, doubts expressed about returns on investment by the National Tourism Organisation were an indication that this key tourism player in the country was not so much aware of the numerous benefits associated with this niche market. Smith and Kelly, (2006) noted that health tourism creates elite images of tourism sites, while Voigt and Laing, (2010) indicate that this niche market has variety of strengths, such as a diverse product offering and possible links with existing tourism products and services. Therefore the study revealed that some of stakeholders are not aware of the current trends in the health tourism sub-segment.

An observation made by The National Tourism council that nature and climate plays a significant role in health tourism development confirms the observation by (Smith & Puczkó, 2009) that Mountains are another feature which attracts health visitors. As such the Eastern highlands, a lush tourism resort in Zimbabwe with its mountains, a unique local climate and hot springs is a potential site for conventional health tourism products which are likely to appeal to both the mass market and adventurers. Zimbabwe's climate is a unique resource which the country can promote as a health tourism resource and this was indicated by the Tourism Council. The historic fact that Cecil John Rhodes initially came to the country for health reasons can be used as a marketing strategy to lure tourists from Britain which happens to be one of the country's source markets. As a result health tourism can be used as a marketing strategy. Anderton, (1995) observed that health tourism is a big business which plays a big role in the marketing of accommodation and attractions.

The low knowledge level among local tour operators about health tourism is an indication that healthy tourism is not a priority in Zimbabwe at the moment. Tour operators in most cases package what is available on the market. However, the fact that the tour operators are failing to include the few health related facilities offered mostly by hotels indicated that they see no value in health tourism products. If tour operators had a thorough knowledge about health tourism products they could be innovative in their marketing strategies and begin to illuminate the few generic health tourism products available in the country. For example the walks in the open, the saunas etc which are available in the country are some of the packages which other destinations are promoting as health tourism products. In Europe some tour operators are taking the initiative to make their clients aware of the destinations which put an emphasis on health tourism (Swarbrook and Horner 2001). As a result tour operators should find means and ways to promote the fragmented health activities offered by hotels, independent health and eco-tourism sites as health tourism packages.

Stakeholder attitudes

The indications by hoteliers that health tourism should be partnered with existing attractions to some extent indicated that the hoteliers recognised the market potential of health tourism. Intentions to establish hotel spas at resorts are an indication that hoteliers are quite positive about health tourism development in the country. Virgins and Wood (1999) stated that hotel co-operations are increasingly diversifying into related service industries including health care, cruise liners gaming and time-share. As a result local hotels which showed intentions to establish hotel spas are quite in line with current trends in the tourism and hospitality industry.

The observation by the NTO that health tourism brings little returns on investment can be a major hurdle in the development and promotion of health tourism, in view of the fact this body plays a central role in the development of a destination. These perceptions on the underestimation of the economic impact of tourism were noted by Pollock and Williams (2000:171), they indicated that 'health tourism is currently perceived as of small economic significance'. According to the social exchange theory people will only engage in a project if the anticipated benefits outweigh the cost of inputs into the project (Latkova and Vogt 2012). With such perceptions the development of health products in the country is not likely to occur in the near future if the private sector

does not take a leading role. Katalin (2010) observes that, attitude influences the acts and decisions of people and as such can be used to predict social phenomena. Negative perceptions on the viability of the health tourism can be a cause of concern if one considers the current global trends in the health tourism sector. For example health tourism has been indicated as the fastest growing sub sector in tourism according to Spisto 2008, which is growing at an average rate of 30% per annum as compared to 4.5%, Scalber (2011) also, indicates that experts have predicted a disproportionate growth of the tourism sector. As a result if the country desires to achieve product diversification and to have a strategic position in the competitive tourism global market, the country should start considering the strategies of how to adopt some of the health packages as part of the country's product offering. Pollock and Williams (2000) indicates that those destinations which will give due consideration to health tourism will probably have a competitive advantage in tomorrow's emerging market. Zimbabwe can start by illuminating the few health related services in the country through aggressive marketing to both local and international tourists.

Stakeholder Practises

The study revealed that there were a number of activities that were available in the country which could be packaged for health tourism purposes. What was lacking was the promotion of these activities as health tourism products especially by stakeholders such as the National Tourism organisation and Tour operators. Most hoteliers are increasingly seeking to exploit the growing interest in health and beauty by developing packaged holidays based on different spa treatments (Swarbrook and Horner 2001). There is need for hotels to make deliberate efforts to advertise their health packages to companies booking at the hotels.

The fact that about 95% of the spa clients were day visitors from local affluent suburbs was an indication that a potential market for health tourism products is available. What is needed is to establish spas at resort hotels in order to turn these day spa activities into tourism products. This is in line with suggestions which were made by some of the stakeholders that health tourism in Zimbabwe could thrive if partnered with existing attractions. Pollock and William (2000) observe that health practises enable managers and employees to achieve two goals at once that is taking care of their employees personal health needs while they are making productive contribution to the company. Probably there is need for the hotels to make deliberate efforts to advertise their health packages to their business tourists. Companies can offer their employees at least one health package and this can go long way in enhancing employees health and well being. Ironically the tight business meetings tend to be stressful so much that the stress reduction activities offered by the Spa are essential to the workshop participants. The inclusion of health tourism packages in the country is one such move that can add value to tourists' experiences. Tourists are no are now after looking for tourism products which add value to their quality of life. According to Swarbrook and Horner (2001), most Hoteliers are increasingly seeking to exploit the growing interest in health and beauty by developing packaged holidays based on different spa treatments. The UNWTO recommends that health tourism can be embraced by any country despite its level of economic development (UNWTO as cited in Becherrel and Velles, 1995). The national tourist's organisation seems to lack expertise on how the simple health related activities available in the country could be packaged as health tourism products.

There is need for the mother body the NTO which is responsible for crafting tourism policies and destination marketing to promote investment in health tourism. The country has the natural resources such hot springs and a favourable climate which can exploited for health tourism development. South Africa is doing well in the health and wellness industry and Southern African countries can learn from the South African experience.

CONCLUSION

The country has potential for health tourism development despite some elements of pessimism shown by the National Tourism Organization. An exploration of the state of knowledge, attitudes and practices on health tourism in Zimbabwe indicated that Zimbabwe has a fairly good foundation for the development of health tourism products. Nevertheless, the entire tourism industry needs to make a concerted effort to promote existing health tourism products, develop health activities that could serve as a draw card for tourists and educate the market on the economic opportunities wasted as a result of not exploiting the health tourism potential the country offers. In sum, stakeholders should be more proactive and make a deliberate effort to include the health dimension in the local tourism brand to ensure that the country keeps pace with global trends. Incorporating the health dimension is set to give the country a broader base of tourism offerings which enhances the country's competitiveness and participation in the global health tourism market.

REFERENCES

1. Anderton, D. (1995). *Looking at Tourism*, Hodder and Stoughton, London.
2. Caballero S. D and Mugomba, C. (2006). *Medical Tourism and Its Entrepreneurial Opportunities; a conceptual framework for entry into the industry*, Dissertation of a Master's Degree, Goteborg University.
3. Katalin, F. (2009). *New Professionalism In The Making: The Case Of Tourism Sector, The Case Of The Tourism Cornvinus*, Budapest.
4. Katalin V.C. (2010). *The Rural Development Aspects Of Sustainable Tourism As Seen Through The Example Of The North Great Plains*, PhD, University Of Debrecen.
5. Látková P and Vogt, C.A. (2011). Attitudes toward Existing and Future Tourism Development in Rural Communities. *Journal Of Travel Research*, 51(1), 50-67, Sage Publications.
6. Medlik, S. (1993). *Managing tourism*, Butterworth Heinemann, UK
7. Pollock, A. and Williams, P. (2000). *Trends in Outdoor Recreation, Leisure and Tourism*, New York, CABI Publishing.
8. Kunst, I. and Tomljenovic, R. (2011). *the role of health tourism in improving the competitiveness rural areas in the republic of Croatia, research conducted for Rea*. D.O.V.
9. Velles F. and Becherel, L. (1999). *International Tourism*, Macmillan Press LTD, London.
10. Voigt, C, and Laing, J. H. (2010). "Australian Wellness Tourism Providers: Definition, Typology and Current Status", in Puczkó, L., (ed.), *Health, Wellness and Tourism – healthy tourists, healthy business?* TTRA, Budapest, 383-409.
11. Quintela J. A., Correia A. G., Antunes J. G. (2010). Service quality in health and wellness tourism – trends in Portugal. *MultiCraft International Journal of Business, Management and Social Sciences*, 2(3), 1-8.
12. Velles, F. and Becherel, L. (1995). *International Tourism*, Macmillan Press LTD, London.
13. Virginis, S. and R. C. Wood. (1999). *Accommodation and Management Perspectives for the International Hotel Industry*, international Business press.USA