Mapping Research on Health Tourism Policies: A bibliometric Analysis via VOSVIEWER

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Abstract

This study provides a comprehensive bibliometric analysis of health tourism policies for the last twenty years. The objective of the study is to reveal prominent topics, recent research trends, influential authors and popular documents. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed to carry out the study. A Boolean search of the Web of Science (WoS) Core Collection was utilized to identify published documents upon health tourism policy. A total of 144 published documents published in WOS between 2006 and 2024 were analyzed via VOSVIEWER. The study uncovers a multidisciplinary field with five main clusters such as health tourism, research and development, medical destination brand, medical facility and quality. Furthermore, the study points out that there is a change in research trends upon health tourism policy. While current studies in the scope address health management and medical tourist as recent topics, relatively recent studies seem to display focus on medical destination brand, equity, satisfaction, research and development, medical facility and policy. Moreover, health tourism is realized to hold powerful interconnections with some of those author keywords such as medical destination brand and policy. Presenting a meticulous review of the literature, this study contributes insights to literature a lot. Furthermore, it functions as a guide for researchers, scientists and policy makers to set up or improve theories, policies and studies.

Keywords: Health tourism policy, bibliometric analysis, co-occurence of words, voswiewer.

JEL Codes: I18, L83, O38

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1. Introduction

Politics takes over a pivotal task of health issues since it plays a crucial role in elucidating health matters or conflicts for legal authorities and citizens while carrying out public health obstacles or interferences (Oliver, 2006). Thus, establishing health policy is essential to carry out operations for all fields of health to create a positive effect on population health, (Leeuw et all, 2014). In other words, constructing an operative health policy along with relavant policies, such as tourism, is indispensable to enhance public health (Hafizan et all, 2018; Hunter, 2003). Being an interdisciplinary research scope, health tourism has always attracted studies from a variety of research areas. It consists of various relations such as medical, economic, social and political factors (Horowitz, 2007). Therefore, it is possible to come across a number of studies to handle health tourism with respect to various topics. However, it is a bit challenging to discern a number of studies or research on health tourism policy. Some studies clarify that point with disparate aspects. Vaezi et all (2018) underline some problems confronted during the legislation and fulfillment process of health tourism in Iran. On the other hand, Johnston et all (2015) put forward some policy implications to enhance health tourism in Jamaica. Nevertheless, the scope of health tourism policy maintains its peculiarity since it still remains as a particular field with insufficient effort and regulations by policy makers, governments or legal authoritieis, which creates undiscovered points in the research field. In this study, the author asks to notice the points by identifying key topics, prevailing research trends, major authors and documents. The research questions to illuminate the study field stand as follow:

1. What are the current topics and research trends on health tourism policy research?
2. What are the prominent authors and documents on health tourism policy research?
3. What are the encouraging points for future research on health tourism policy?

2. Method

A bibliometric review was conducted to investigate the literatüre relevant to health tourism policy via VOSVIEWER, a bibliometric software tool utilized in the research. For this study, Flow chart (Figure 1) clarifies various stages in the PRISMA methodology, a structured literature review, utilized for identification, screening, eligibility and inclusion of published scientific studies in a detailed way.

3. Research Design

Research design was primarily based on determining bibliographic database, creating search

strategy, adopting a methodology for systematic literature review and a software tool in the analysis process in accordance with the study. As a first step, data were retrieved using advanced search techniques in Web of Science Core Collection database (WOS). Known as the first international bibliographic database, WOS is a cross-disciplinary database with a number of specific indexes to be used during bibliometric analysis and assessment process (Pranckute, 2021). Thus, it is deemed to be one of the most popular research databases for bibliometric reviews.

Secondly, a comprehensive topic based search strategy was held to reveal studies relevant to health tourism policy. Thus, a wide range of terms in the Boolean search string were utilized as follow: " health polic* OR healthcare polic* OR medical polic* OR wellness polic* OR thermal polic* OR SPA polic* OR health related polic* OR health care polic* OR treatment polic* OR international health polic* OR international healthcare polic* OR international medical polic* OR international wellness polic* OR international thermal polic* OR international SPA polic* OR international health related polic* OR international health care polic* OR international treatment polic* OR cross border health polic* OR cross border healthcare polic* OR cross border medical polic* OR cross border wellness polic* OR cross border SPA polic* OR cross border health related polic* OR cross border health care polic* OR cross border treatment polic* OR overseas health polic* OR overseas healthcare polic* OR overseas medical polic* OR overseas wellness polic* OR overseas thermal polic* OR overseas SPA polic* OR overseas health related polic* OR overseas health care polic* OR overseas treatment polic* OR health regulat* OR healthcare regulat* OR medical regulat* OR wellness regulat* OR thermal regulat* OR SPA regulat* OR health related regulat* OR health care regulat* OR treatment regulat* OR international health regulat* OR international healthcare regulat* OR international medical regulat* OR international wellness regulat* OR international thermal regulat* OR international SPA regulat* OR international health related regulat* OR international health care regulat* OR international treatment regulat* OR cross border health regulat* OR cross border healthcare regulat* OR cross border medical regulat* OR cross border wellness regulat* OR cross border thermal regulat* OR cross border SPA regulat* OR cross border health related regulat* OR cross border health care regulat* OR cross border treatment regulat* OR overseas health regulat* OR overseas healthcare regulat* OR overseas medical regulat* OR overseas wellness regulat* OR overseas thermal regulat* OR overseas SPA regulat* OR overseas health related regulat* OR overseas health care regulat* OR overseas treatment regulat* OR health gover* OR healthcare gover* OR medical gover* OR wellness gover* OR thermal gover* OR SPA gover* OR health related gover* OR health

care gover* OR international health gover* OR international healthcare gover* OR international medical gover* OR international wellness gover* OR international thermal gover* OR international SPA gover* OR international health related gover* OR international health care gover* OR international treatment gover* OR cross border health gover* OR cross border healthcare gover* OR cross border medical gover* OR cross border wellness gover* OR cross border thermal gover* OR cross border SPA gover* OR cross border health related gover* OR cross border health care gover* OR cross border treatment gover* OR overseas health gover* OR overseas healthcare gover* OR overseas medical gover* OR overseas wellness gover* OR overseas thermal gover* OR overseas SPA gover* OR overseas health related gover* OR overseas health care gover* OR overseas treatment gover* OR health strateg* OR healthcare strateg* OR medical strateg* OR wellness strateg* OR thermal strateg* OR SPA strateg* OR health related strateg* OR health care strateg* OR international health strateg* OR international healthcare strateg* OR international medical strateg* OR international wellness strateg* OR international thermal strateg* OR international SPA strateg* OR international health related strateg* OR international health care strateg* OR international treatment strateg* OR cross border health strateg* OR cross border healthcare strateg* OR cross border medical strateg* OR cross border wellness strateg* OR cross border thermal strateg* OR cross border SPA strateg* OR cross border health related strateg* OR cross border health care strateg* OR cross border treatment strateg* OR overseas health strateg* OR overseas healthcare strateg* OR overseas medical strateg* OR overseas wellness strateg* OR overseas thermal strateg* OR overseas SPA strateg* OR overseas health related strateg* OR overseas health care strateg* OR overseas treatment strateg* AND touris* OR trip* OR travel* OR mobil* ”.

Third, PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed to carry out the study. Created in 2009, PRISMA has a wide recognition for researchers to address systematic reviews and extensive analysis (Khurma et all, 2024). It provides an organized and meticulous review of literature, enabling the transparency of the scientific studies. With regard to PRISMA methodology procedure, identification, screening, eligibility and inclusion processes were carried out as shown in Figure 1.

In order to handle the literature of health tourism policy in a comprehensive way, 2.397.608 documents were identificated at first. Then, several filters were utilized to ensure the peculiarity and relevance of the research. Given that the author asked to investigate the literature published for the last 20 years, 508.947 documents published before 2005 were

excluded. Then research categories with health policy services, political science, health care sciences services were selected to examine. Thus, 1.850.792 documents were excluded. In order to reveal more focus on the research, medical travel and medical tourism were selected as micro citation topics. Therefore, 37.680 documents were excluded. A language filter was also used to address documents published in English language. Hence, 2 documents were excluded. In order to verify the accuracy and relevancy of the research, manual eligibility was carried out. 43 documents deemed to be irrelevant to the research were excluded. Finally, 144 documents were included for biblometric analysis. Figure 1 verifies PRISMA merhodology procedure for literature selection process.

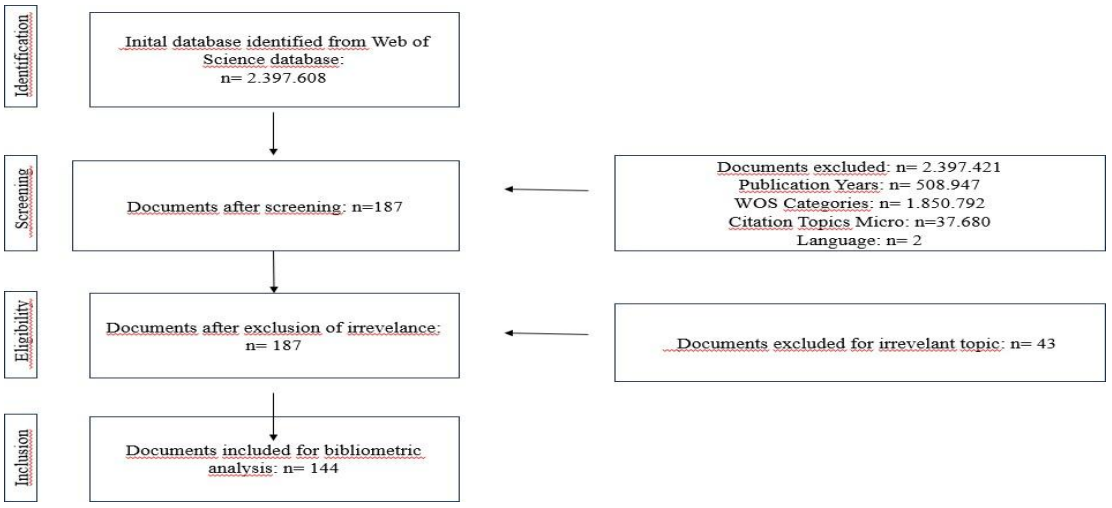

Figure 1: Flow chart of PRISMA methodology procedure for literatüre selection process

4. Data Analysis

A detailed data cleaning process was conducted to verify accuracy and reliability of the research. A thesure file was created to standardize terms before analysing via VOSVIEWER. In order to ensure the accuracy, views of two health tourism specialists were taken into consideration during this process (Figure 2). After the data cleaning process, co-word occurence maps were constructed via VOSVIEWER. Table 1 illustrates data standardization process in a detailed way.

Table 1. Data Standardization Process

Terms	Standardization
medical tourism, medical travel, health-care travel, medical travels, health travel, patient mobility, international medical travel, cross-border care, cross-border health care, cross-border medical care, cross-border patient care, medical treatment overseas, outbound medical tourism, transnational healthcare,	health tourism

transnational health care, treatment abroad, treatment overseas, eu border region patient mobility, medical mobilities, patient migration, medical treatment abroad, travel for care, surgical trip, international healthcare, internationalization of health care, transnational healthcare, transnational health care, global healthcare, global health, cross-border healthcare and therapeutic tourism	
international healthcare services, international medical service, global health services, health services globalization, health care services, health services and healthcare services	health service
trade in health services, trade in services, health-care consumers, health service export, international trade in health services, international trade, health service export, exports and imports, free trade port, health care commodification, trade in healthcare services, unique segment motivations, export ventures and trade in health services	trade
medical tourism marketing, markets, hospital marketing, direct to consumer health marketing, health-care marketing, medical marketing, health travel global market, medical tourism market size and estimation	marketing
health finance, free economic pilot zones, health economics, international economics, economic development, economic sociology, asean economic integration, financial toxicity, healthcare costs, medical costs, cost of ivf services, cost-facit, supply side stakeholders, low-income countries	economics
public health, health care, hospital care, medical care, delivery of healthcare, health care optimization, healthcare-seeking behaviour, medical treatment, well-being, delivery of health care, orthopaedic treatments, in-vitro fertilization, sex reassignment surgery, traditional medicine, oncology, dialysis	healthcare
covid-19, covid-19 pandemic, post-covid-19	covid 19
medical tourists' perceived risks, perceived risks, perceived travel risks, legal risk, legal risks, risk communication, ethical risks, medical risks	risk
united states, united states of america, north america	usa

quality of health care, quality health service, quality of care, healthcare quality, health-care service quality, brand perceived quality, hospital quality, medical quality	quality
health policy, health policies, health tourism policy, global health policy, public health policy, healthcare politics, health system, health systems, healthcare system, health systems development, healthcare reform, health care reform, healthcare reforms, health care regulation, health reform, framework, policy review, policy transfer, policymakers, regulation, regulation and oversight, evidence-based policy, strategy, conceptual framework, global health diplomacy, self-determination theory, human rights	policy
health inequities, health inequality, health inequity, healthqual, health equity, regional disparity in healthcare, global health equity	equity
public-private partnerships, private healthcare, private sector, public-private partnership	privatisation
eastern europe, eastern european people, european court of justice	europe
eu enlargement, eu	european union
medical destination, medical tourism destination, advocacy of medical destination, boao lecheng ınternational medical tourism pilot zone, brand authenticity, brand awareness, brand loyalty, brand promotion, destination cognitive and affective image, country image , affordable care act, waiting time, united kingdom, developing countries, Africa/South Africa, South Africa, South Asia, Singapore, Thailand, Asian doctors, India, Eastern India, Mexico, Taiwan, the United Arab Emirates, Barbados, Iran, Spain, State of Kuwait, Switzerland, Mongolia, Kolkata, Guatemala, Romania, Atlas, entrepreneurial opportunity, the entrepreneurial state, China	medical destination brand
international accreditation, hospital accreditation, certification	accreditation
western patients, patient choice, patient information, patient needs, patient protection, patient reported outcome, patient retention, patient safety, physician-patient communication, cancer patient, patient reported outcome	patients
medical travellers, medical traveler, medical tourists	medical tourist
international patients	international patient
sustainable development goals, sustainable, sustainable value, sustainable tourism, travel, travel blogging, travel constraints, tourism destination	tourism

medical tourist satisfaction, user satisfaction, patient satisfaction	satisfaction
patient travel motivations, medical tourist's profile medical travel motivation, travel motivations	travel motivation
tourism industry, medical tourism industry	industry
well being perception, patient perception	medical tourist perception
globalization, transnational, cross-border, border, polish-german border area, social media internationality, international competence, cross-border contracting, international collaborations	globalisation
cosmopolitanism, cultural and migration links, migrants	migration
preferential access	access
development, organizational development, regional development, empirical research, medical research, qualitative, qualitative methods, qualitative research, health services research, social network analysis (sna), thematic analysis, stakeholder analysis, health sciences	research and development
organizational performance	performance
catchment area, latin american and caribbean region, offshoring, caribbean	regionalism
legal standards	legal
mpv medical procedure vacation safe acceptance	medical procedures safety
professional mobility	professionalisation
medical tourism company, medical travel facilitator, role of facilitators	mediators
academic medical centers, academic medical center, hospital, hospitals, artificial kidney unit	medical facility
medical tourism management, hospital efficiency, governance, efficiency, human resources, health human resources, health planning, stakeholders involvement	health management
personal narratives, telemedicine, health on the net	sources of medical tourism information
smart hospital, e-hospital, innovation	medical technology
nurse practitioner	continuing medical education

5. Findings and Discussion

This section presents a summary of key themes, research trends, popular documents and

influential authors in the research. It is obviously perceived that the number of documents published on health tourism policy is significantly lower when compared to the number of scientific studies on health tourism. Researchers of health tourism does not usually situate their studies on health tourism policy. Figure 2 demonstrates 10 authors with the most records on health tourism policy. Crooks with 8 records seem to possess the most records on health tourism policy.

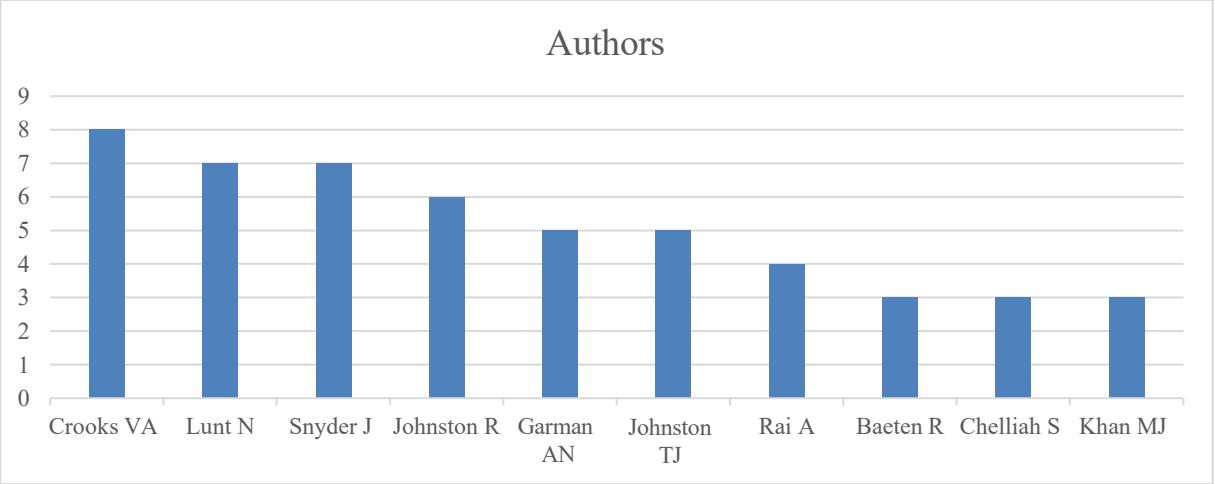

Figure 2. 10 authors possesing the most records based on analysis results of WOS

Table 2 points out the most influential authors as well as the most popular documents to be reckoned with total citations. Table 2 does not only present total citations of documents but it also demonstrates the avarage annual citation rate. Table 2 clarifies the influential scientific studies and authors determining current research trends through annual citation frequency. While Crooks et all attarack attention with 205 total citations, Hopkins et all seem to possess 191 total citations. The most popular scientific study called "What is known about the patient's experience of medical toursim? A scoping review" seems to be the most influential one once its avarage annual citation rate, 12.81, has been taken into account.

Table 2. The most popular 10 documents and influential authors based on citation analysis of WOS

Document Title	Author	Source Title	Total Citations	Average per year
What is known about the patient's experience of medical tourism? A scoping review	Crooks et all 2010	BMC Health Services Research	205	12.81
Medical tourism today: What is the state of existing knowledge?	Hopkins et all 2010	Journal of Public Health Policy	191	11.94
Patients without borders: The emergence of medical tourism	De Arellano 2007	International Journal of Health Services	188	9.89
	Smith et all	Health Policy	88	5.87

Medical tourism: A review of the literature and analysis of a role for bi-lateral trade	2011			
Quality in health care and globalization of health services: accreditation and regulatory oversight of medical tourism companies	Turner 2011	International Journal for Quality in Health Care	88	5.87
Medical tourism: The trend toward outsourcing medical procedures to foreign countries	York 2008	Journal of Continuing Education in the Health Professions	86	4.78
Medical tourism and the state in Malaysia and Singapore	Lengh 2010	Global Social Policy	84	5.25
Patients beyond borders: A study of medical tourists in four countries	Alsharif et all 2010	Global Social Policy	70	4.38
How health insurance inhibits trade in health care	Mattoo and Rathindran 2006	Health Affairs	69	3.45
Medical Tourism Services Available to Residents of the United States	Alleman et all 2011	Journal of General Internal Medicine	58	3.87

Figure 3 demonstrates the total number of selected publiched documents between 2006 and 2024. Although the author asks to review the documents for the last 20 years, there seems to be no documents published before 2006. Thus, the author has examined the documents published for the last 19 years. It is clear that the most increase in the number of published scientific publications have been perceived in 2010, 2014, 2015 and 2020.

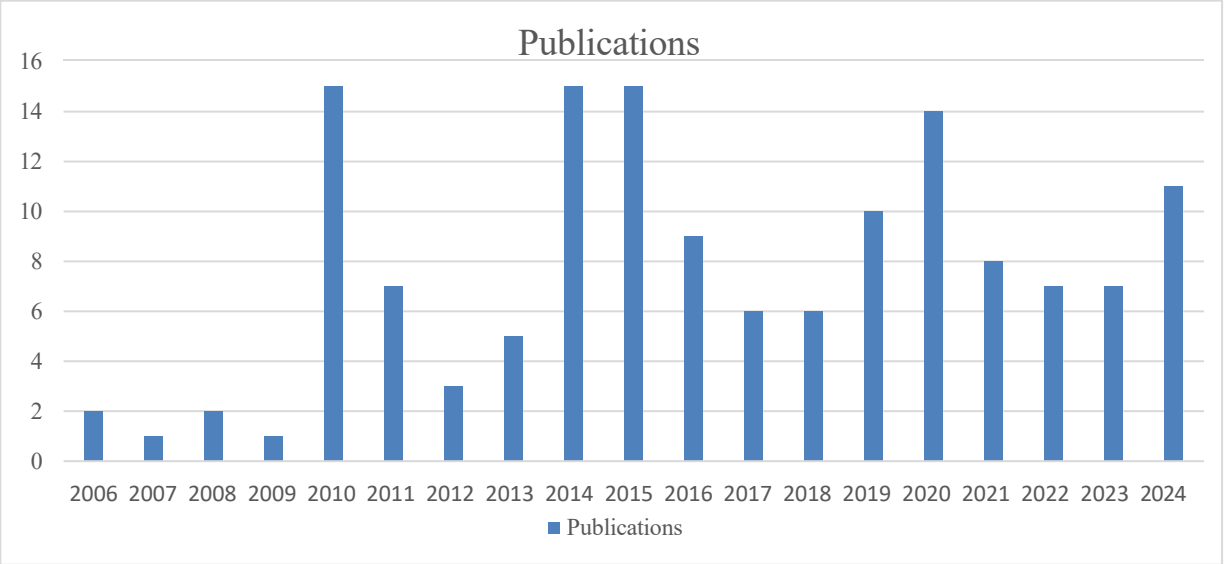

Figure 3. Distribution of selected published documents based on analysis results of WOS

Figure 4 performs the co-occurence of 25 author keywords network map. Being a text-mining technique, co-word analysis is popular to review the co-occurence of keywords in the documents (Narong & Hallinger, 2023). In this study, co-occurence of keywords analysis was applied to identify recent research trends and corresponding topics on health tourism policy. Thus, co-occurence of keywords utilized at least 5 times or more in 144 publications, obtained from the WOS database, were analyzed via VOSVIEWER. There seems to be 25 items, 5 main clusters, 167 links and a total link strength of 179. Once the frequency of keyword usage in scientific studies have been taken into consideration, health tourism is recognized to be the most utilized one by the authors. Then medical destination brand and policy are noticed to be prominent keywords in the literature. Research and development, trade, healthcare, health service, economics, marketing, quality, equity, globalisation, health management, tourism and patient are also other main keywords focused on the research. Therefore, it is realized that the field has been extremely multidisciplinary and displays a powerful affiliation with a variety of key words. It is obvious that co-occurence of author keyword analysis has produced five main clusters such as health tourism, research and development, medical destination brand, medical facility and quality as well. Each colour represents a cluster in the network map. Of all words in clusters, the most frequently utilized words have been determined as cluster titles in order to emphasize subject categorization.

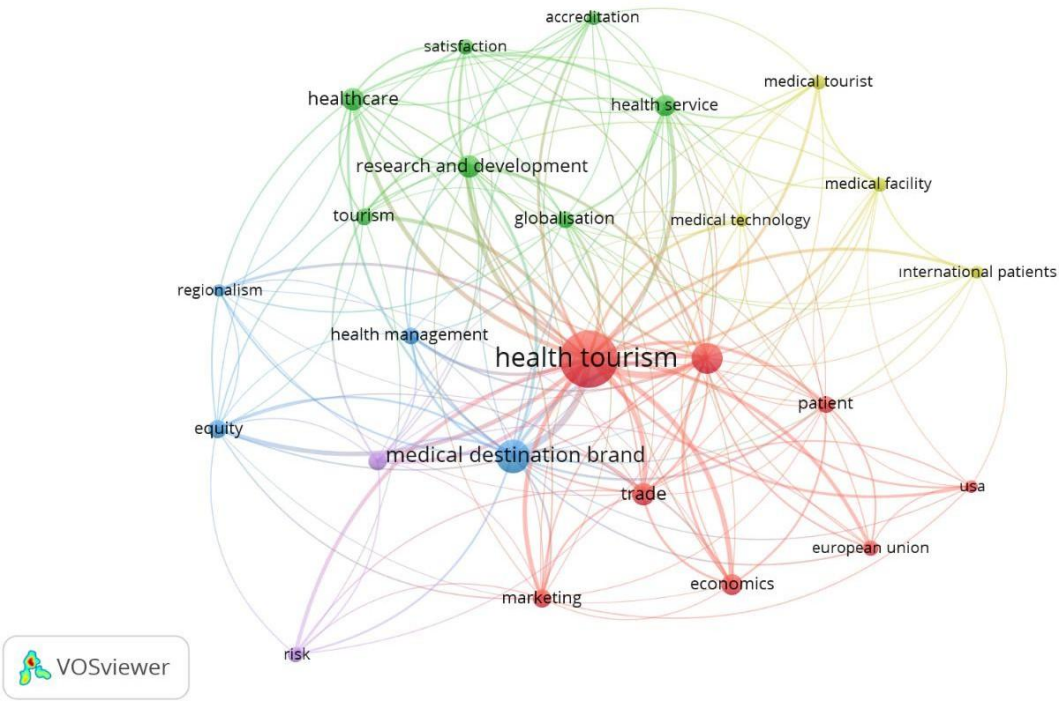

Figure 4: Co-occurence network map of author keywords created via VOSVIEWER

Figure 5 illustrates the first main cluster titled health tourism and its interconnections. It has been realized that health tourism cluster consists of keywords such as policy, economics, marketing, trade, patient, European Union and the USA, which stresses the multidisciplinary and complex field of the study. Moreover, it stands as the most prominent one obtaining numerous links with other clusters as well. Health tourism cluster involves 24 links with a total link strength of 95. However, the strongest co-occurence link is identified between health tourism and medical destination brand with a link strength of 11.50. On the other hand, once the co-oocurence link between health tourism and policy has been examined, the second strongest link with a strength of 10.50 is clearly apparent. Thus, it may be conclued that the first cluster has more focus on medical destination brand. However, policy stands as a prominent topic on this cluster as well.

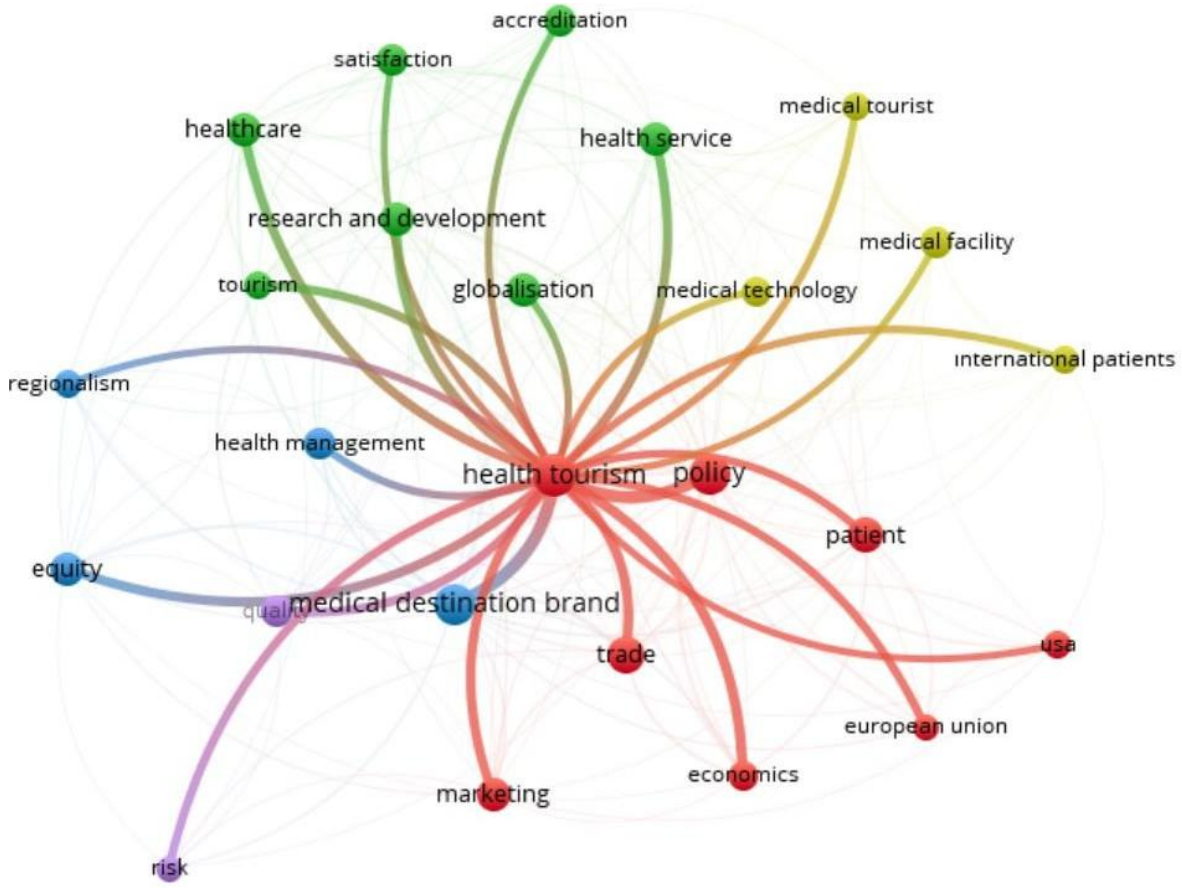

Figure 5. The First Cluster Titled Health Tourism

Figure 6 clarifies the second main cluster titled research and development and its interconnections. It seems that research and development cluster consists of keywords like healthcare, globalisation, tourism, satisfaction, accredidation and health service, which shows the versatile topics of the study field. It seems like a distinctive cluster with its links to prominent keywords, too. Research and development cluster includes 15 links with a total link strength of 16. Even though they belong to disparate clusters, it is possible to see the strongest co-occurence link between research and development and health tourism with a link strength of 5.45. Moreover, the second strongest co-occurence link is realized between research and development and policy with a link strength of 2.33. Then, a new co-occurence link between research and development and medical destination brand is noticed with a link strength of 2.17. Therefore, one can infer that the second cluster has more focus on health tourism but it takes some interest in other topics such as policy and medical destination brand.

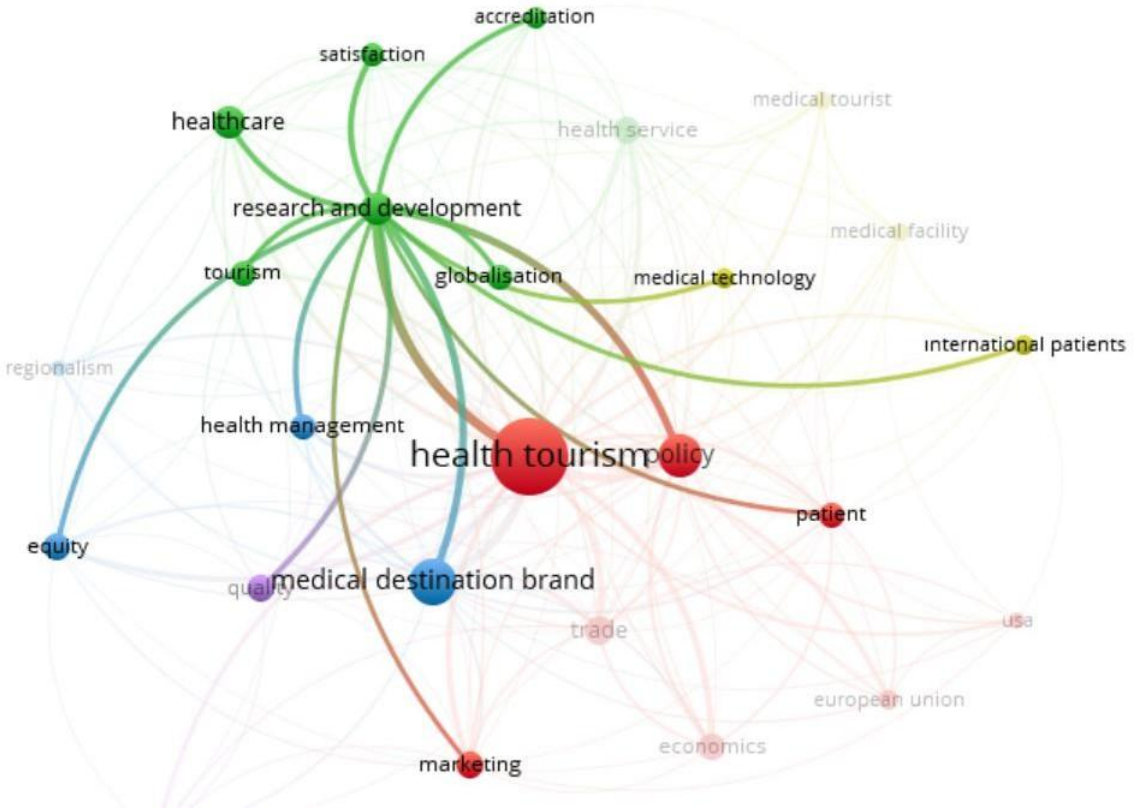

Figure 6. The Second Cluster Titled Research and Development

Figure 7 indicates the third main cluster titled medical destination brand and its interconnections. It is clear that medical destination brand cluster involves keywords such as health management, regionalism and equity, which emphasizes the interdisciplinary topics of the study field. It also functions as a crucial cluster with its links to other clusters and notable keywords. Medical destination brand cluster holds 21 links with a total link strength of 34. Even though they belong to diverse clusters, the strongest co-occurence link takes place between medical destination brand and health tourism with a link strength of 11.50. The second strongest co-occurence link is viewed between medical destination brand and policy with a link stregnth of 3.25. Then, the next co-occurence link between medical destination brand and trade is observed with a link strength of 2.33. Finally, a co-occurence link between medical destination brand and research and development is noted with a link strength of 2.17. Therefore, one can deduce that the third cluster has been centered upon health tourism. It also possess major focus on policy. On the other hand, trade and research and development are other topics relevant to the cluster.

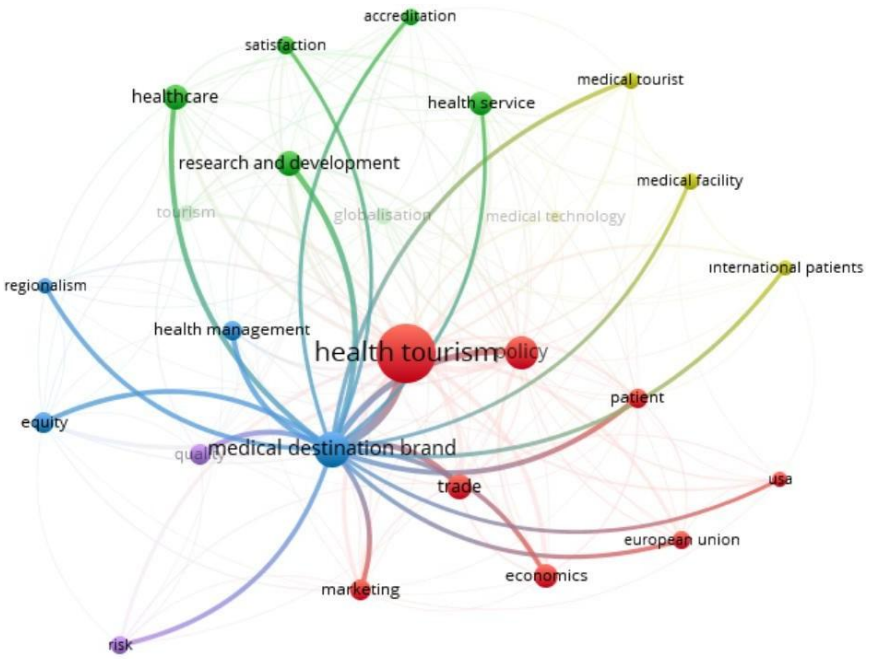

Figure 7. The Third Cluster Titled Medical Destination Brand

Figure 8 elucidates the fourth main cluster titled medical facility and its interconnections. It is evident that medical facility cluster comprises of keywords such as medical technology, medical tourist and international patients, which stress the multidisciplinary toics of the study field. It also plays a vital role as a cluster with its links to pre-eminent keywords. Medical facility cluster possesses 2 links with a total link strength of 6. Even though they belong to seperate clusters, a co-occurence link is realized between medical facility and health tourism with a link strength of 1.70. Other keywords in the cluster do not possess a link strength with each other. It can be conclued that the fourth cluster has a focus on health tourism. However, more studies are required to establish relationship with keywords and clusters.

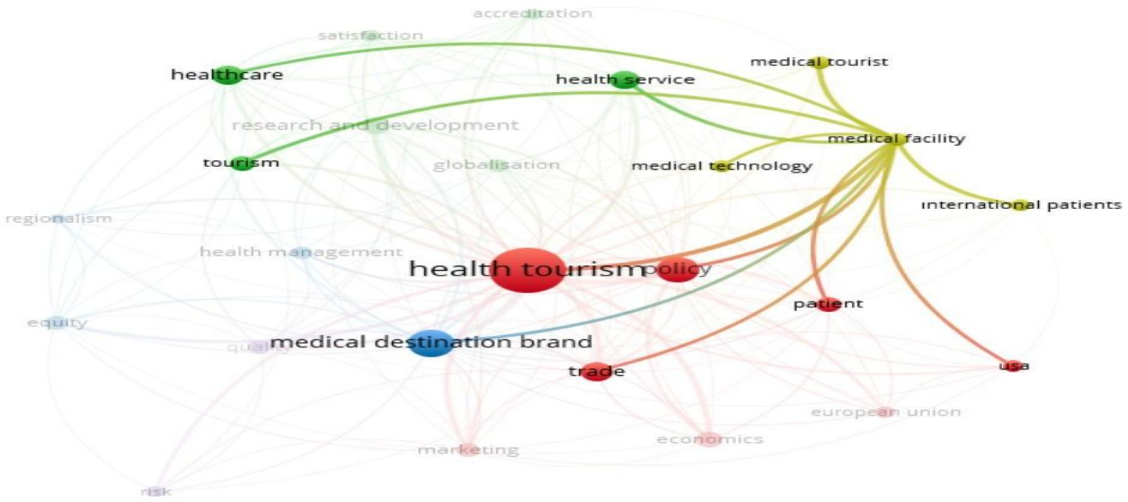

Figure 8. The Fourth Cluster Titled Medical Facility

Figure 9 delineates the fifth main cluster titled quality and its interconnections. It's obvious that quality cluster involves only a keyword named risk. Quality cluster owns 12 links with a total link strength of 10. Even though they belong to seperate clusters, a strong co-occurence link is identified between quality and health tourism with a link strength of 4. The keyword risk in the cluster does not possess a link with quality. However, a strong co-occurence link is viewed between risk and health tourism as well. Therefore, it can be said that the fourth cluster has a focus on health tourism. However, more studies are essential to establish relationship with keywords and clusters.

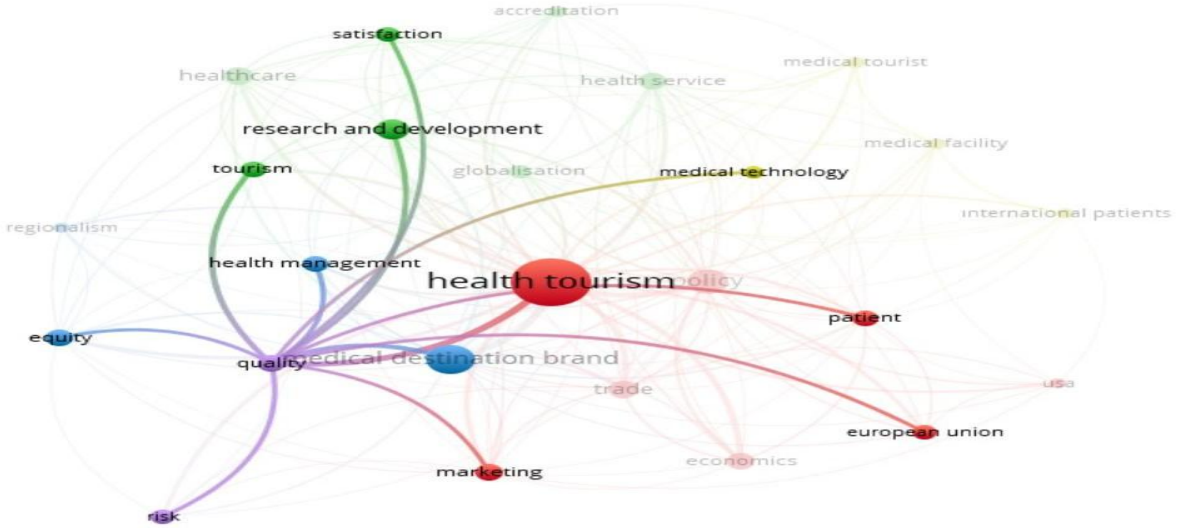

Figure 9. The Fourth Cluster Titled Quality

Figure 10 displays an overlay visualization of the keywords to illustrate topics and trends in the study field. Thus VOSVIEWER provides an overlay visualization to present futher information via base maps to assist readership of the study field (Zahedi & Van Eck,

2015). While reviewing the study field of health tourism policy with regard to keywords such as medical destination brand, equity, satisfaction, research and development, medical facility and policy, it is realized that all these keywords have been relatively based on recent past research. However, keywords like health management and medical tourist are realized to be current study fields. Thus, health management and medical tourist represent current topics and recent trends in the study field.

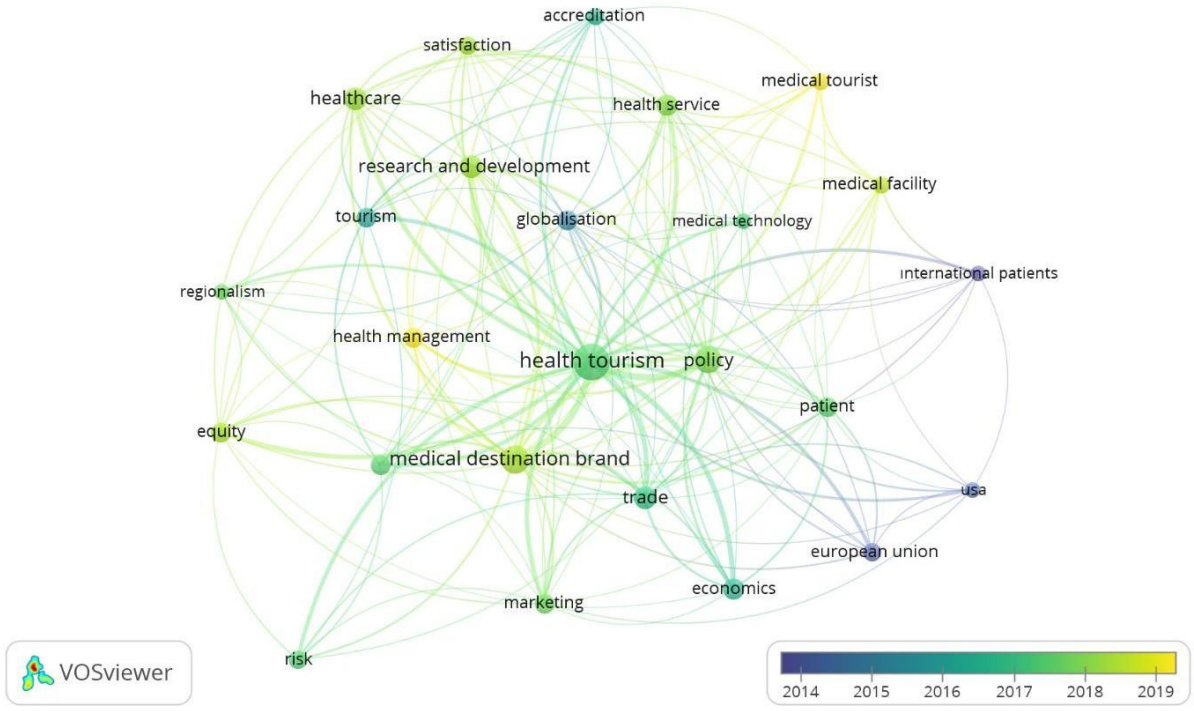

Figure 10. Overlay Visualization of Keywords created via VOSVIEWER

Figure 11 indicates a density visualization of keywords created via VOSVIEWER. It is a software displaying density visualization maps to uncover links among various networks (Hatami et all, 2022).While the most frequently utilized and pertinent keywords in this study field are demonstrated with yellow, less used but pertinent keywords are illustrated with green & blue. Health tourism possesses the brightest colour in accordance with the highest occurence values in its cluster. It stands as the most focused keyword in the study field. Thus, it is possible to say that health tourism is the most frequently discussed topic. Similarly, medical destination brand and policy maintain brighter colour in turn. However, they do not seem as bright as health tourism. Thus, it can be concluded that, medical destination brand and policy are other major topics to be frequently discussed. An intersting point is that keywords such as health tourism and policy seem to be centralized and possess close relationship with keywords such as medical destination brand, patient, health management, globalisation and medical technology in comparision to other keywords. Keywords like research and development, tourism, healthcare, globalisation, accreditation, satisfaction and health service appear to have

closer relations as well. Similarly, keywords such as trade, marketing, economics, medical destination brand and european union stand as if they were closely in relation to each other. Thus, it seems that all those closer keywords in the density map may be related to the same article.

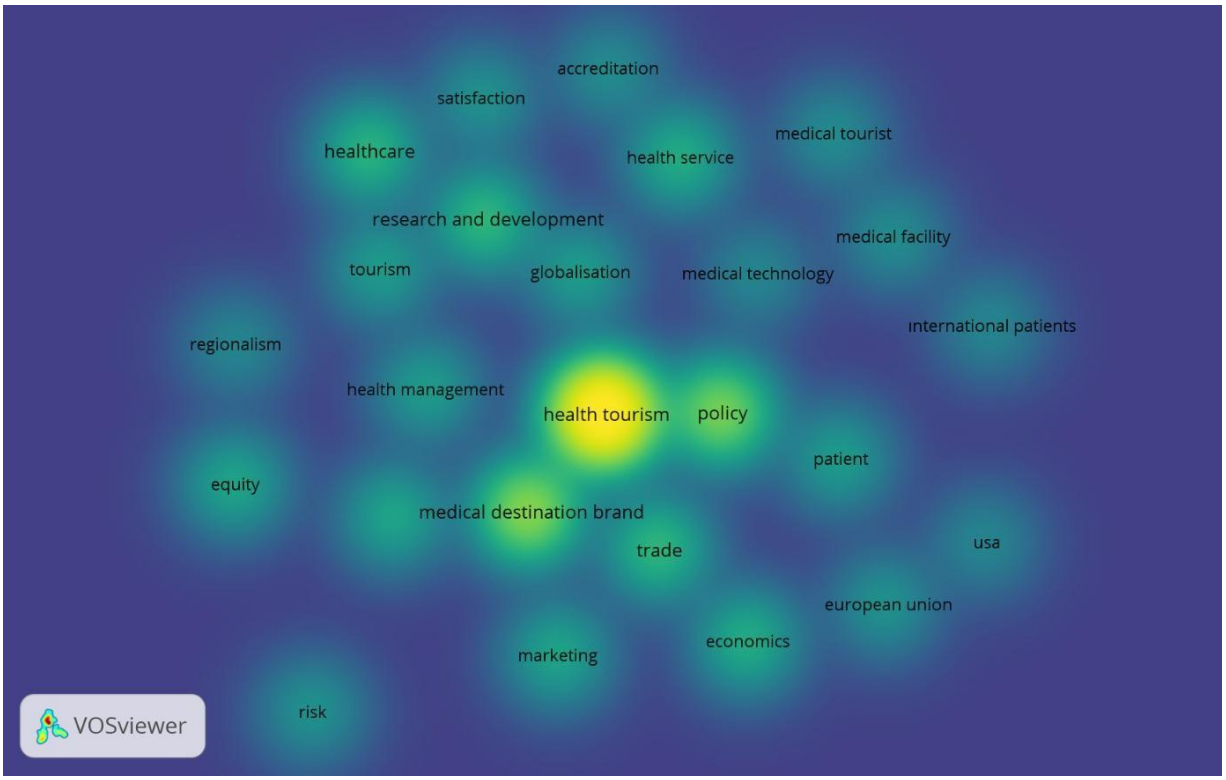

Figure 11. Density Visualization of Keywords via VOSVIEWER

6. Conclusion

The present study provides a comprehensive review for health tourism policy literature between 2006 and 2024. In this study, a bibliometric anaylsis was conducted to analyze prominent topics, recent research trends, influential authors and popular documents on health tourism policy. In order to analyze the results, WOS database and VOSVIEWER software were utilized. By operating WOS, information on distrubition of documents, influential authors and popular documents were obtained. Thanks to VOSVIEWER, network maps, overlay visualisation maps and density visualization maps were created to comprehend the relationship between the co-occurence of author keywords and clusters.

Once the literature has been examined, there seems to be a number of studies conducted on bibliographic analysis of health tourism and its types. Zhong et all (2021) investigate the literature on health, medical and wellness tourism between 1970 and 2020. After literature analysis on WOS and Scopus, main themes such as markets, destinations and improving environments have emerged. The study reveals that health, medical and wellness tourism

will integrate with alternatice care branches and become related to policy making process. The study is extremely significant to provide guidance for future research. However, it does not address current literature and studies upon health tourism policy. Aluculesei et all (2021) discern past trends from disparate perspectives to expect prospective research trends in medical spas. In this regard, studies conducted between 1997 and 2001 were scrutinized for co-word analysis by VOSVIEWER. The study demonstrates that medical spas have started to gain more popularity since 2015 thanks to interest of financing entities. Moreover, former studies focused on topics such as industry, tourism industry and treatment ways. However, research trend on medical spa has changed since 2020. Researchers have focused on using medical spa destination to heal people suffering from COVID-19 pandemic since then. The results of the study are highly crucial since they give hints for policy makers and researchers to adapt medical spa with its new trend into healthcare system. The study emphasizes current points but it does not interfere with issues of health tourism policy. Moreover, it is limited to the utilization of medical spas and does not meet health tourism as a whole. On the other hand, there seems to be no abundant studies or research on bibliographic analysis of health tourism policy. The research carried out by Virani et all (2020) stand out as a recent research to investigate the policy issue in medical tourism literature. It examines the subject to what extent researchers implement policy theories in their research and adopts the policy necessities of their research. While it contributes to literature a lot in many aspects, it is restricted to only medical tourism literature published until 2020. Furthermore, it does not handle interconnections between author keywords and keyword clusters in a detailed way.

This study has uncovered that research trend in health tourism policy has witnessed an essential shift towards health management and medical tourist. Namely, current studies are noticed to focus on those topics. Furthermore, it is realized that author keywords like medical destination brand, equity, satisfaction, research and development, medical facility and policy address to recent past research. However, health tourism still possesses strong interconnections with some of those author keywords such as medical destination brand and policy. As a result, it seems essential that health management strategies, and various issues about medical tourists should be taken into account before making a new research or study upon health tourism policy. In addition, it will be beneficial to refer keywords such as regionalism and equity in medical destination brand cluster, a distinctive one with many links and powerful link strength, while implementing a new study in the field. Thus, this study will help researchers, scientists and policy makers to gain new perspectives while constructing or improving theories, policies, and studies. Moreover, it enlightens the research field by addressing current topics and

interconnections of health tourism policy in a detailed way.

Although this study provides significant contribution to literaure, it is only limited to studies or research focusing on health tourism policy published in WOS between 2006 and 2024. Moreover, various filters have been applied in WOS during the research process. One of them includes restrictions with research categories such as policy services, political science, health care sciences services. The other one is utilized for micro citation topics such as medical travel and medical tourism. Then, documents published only in English language has been selected as a filter to enhance the reliability and validity of the study.

Declaration of Research and Publication Ethics
This study which does not require ethics committee approval and/or legal/specific permission complies with the research and publication ethics.

Researcher's Contribution Rate Statement
The authors declare that they have contributed equally to the article.

Declaration of Researcher's Conflict of Interest
There is no potential conflicts of interest in this study.

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