ORIGINAL SCIETNTIFIC PAPER

SPECIFICITIES OF HUMAN RESOURCE MANAGEMENT IN HEALTH TOURISM INSTITUTIONS IN COMPARISON WITH TRADITIONAL HEALTHCARE INSTITUTIONS IN THE REPUBLIC OF SERBIA

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ABSTRACT

The subject of this paper is the specificities of human resource management in health tourism institutions in comparison with traditional healthcare institutions in the Republic of Serbia. The aim is to establish whether the situation is better in health tourism institutions compared to traditional healthcare institutions in the Republic of Serbia regarding: a) the number and qualifications of human resources, b) relationships among staff (including both employees and managers), c) staff attitudes towards assets, d) relationships between patients and staff, and e) patients' attitudes towards assets. During June and July 2024, research was conducted using a printed questionnaire. Respondents rated their agreement with the statements using a five-point Likert scale. The respondents (107) were individuals familiar with the concept and characteristics of health tourism, who additionally had either education in the field of healthcare or experience working in the healthcare sector. Generally speaking, the results showed that, in health tourism institutions compared to institutions in the field of traditional healthcare, the situation is better in terms of the number of human resources, mutual relationships among staff, staff attitudes towards assets, relationships between patients and staff, and patients' attitudes towards assets. It is concluded that the inclusion of traditional healthcare institutions in health tourism activities can lead to improvements in the state of human resources and their management. The recommendation is that healthcare institutions should be encouraged to engage in health tourism.

***Keywords**: human resource management, health tourism, traditional healthcare institutions, employees, managers, patients*

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INTRODUCTION

Human Resource Management (HRM) is characterized by specificities when it comes to activities that are based on human work, i.e. activities that are labour intensive. Such activities are, among others, tourism and healthcare, and therefore also health tourism.

Health tourism management involves the integration of two different fields of management. These are: a) healthcare management and b) tourism management. In the first case, it refers to the specificities of management in terms of striving to preserve and improve health, as well as managing human resources that include doctors, but also other medical and non-medical staff. In healthcare management, the focus is on healthcare system management. In the second case, it refers to the specificities of management resulting from the existence of different factors of tourism and hospitality. Precisely because of the complexity that characterizes tourism, the complexity of tourism management also arises. [1]

Within the framework of health tourism, based on the characteristics of health and tourism, the role of the human factor and the services provided by that factor are particularly highlighted. For the above reason, human resources and their management are singled out as a special element of the management process in tourism, and thus also in health tourism. [2]

Analysing papers on the topic of HRM in tourism and hospitality (Web of Science – WoS), it was found that among the most frequently studied topics (keywords) are "job satisfaction, hospitality, tourism, HRM, and work engagement" [3]. The growing interest in HRM in tourism and hospitality has also been established in other papers. The most important research topics are "performance", "tourism", "job satisfaction", "commitment", and "antecedent". Three clusters were also formed [4]:

- Tourism, job satisfaction, impact, attitudes, management, quality, perceptions, gender, and industry;
- Service quality, model, satisfaction, mediating role, performance, and commitment;
- Consequences, antecedents, work, emotional labour, and service.

An analysis of the Scopus database highlights the importance of the following topics – "HRM, hospitality, tourism, organizational culture, talent management, and training" [5]. Hosen et al. (2022) highlight the following "streams": "training design and work performance, individual factors and work performance, job satisfaction as a mediator, and qualitative reviews of the hospitality and tourism HRD literature" [6]. According to [7], the most significant subtopic is the "behavioural dimension". This is followed by "management and leadership" and "occupational health and safety" [7]. "Performance evaluation", "training", "development and career", "health workforce", "industry 4.0 – artificial intelligence", "communication", "job evaluation and wage management", and "bureaucratic procedures" are less present [7]. Quantitative research methods dominate [7].

Practices that affect the "well-being and mental health" of employees were also investigated. These are: "working time flexibility", "support from superiors and colleagues", "career development opportunities", "organizational justice and compensation policies", "healthy and safe work environment", "acknowledgment of achievement", and "participation and decision-making opportunities". [8]

Interest in HRM in healthcare is growing. Research topics are grouped into clusters: "performance, hospital/COVID-19, job satisfaction, human resource management, occupational/mental health, and quality of care". The most represented co-occurring keywords are: "human resource management, job satisfaction, nurses, hospitals, health services, quality of care, COVID-19, and nursing". The most important "research orientations" are: management, nursing, health policy services, and healthcare sciences services [9].

Factors influencing HRM in healthcare are: external environment ("economic conditions, government policies, industry competition, and technological advancements") and internal environment ("workforce demographics, technological advancements, and human resource quality") ([10], pp. 1229-1230). It is necessary to understand the role that HRM plays in healthcare services and adapt HRM strategies accordingly. [10]

In the mentioned field [10]:

- The main challenges are:
  - Lack of manpower;
  - Uneven distribution of healthcare workers;
  - Insufficient training opportunities.

- Key additional issues are:
  - Inadequate training programs;
  - Bureaucratic obstacles;
  - Administrative inefficiency.

Emotional intelligence (EI) is of great importance in HRM of healthcare institutions. EI should be viewed from the perspective of its impact on the competitive advantage of healthcare institutions [11]. Also, it is necessary to encourage employees to speak up [12].

Analysing the literature, Karimivand (2023) proposes a model in which job satisfaction is influenced by the nature of the job, wages, workplace conditions, human relations in the workplace, career promotion opportunities, organizational justice, and organizational climate [13]. Organizational climate is influenced by ethical climate and organizational support. There is a bidirectional influence between job satisfaction and organizational commitment. Organizational commitment influences organizational loyalty and organizational citizenship behaviour. Organizational loyalty affects organizational behaviour. Job satisfaction affects organizational loyalty and organizational citizenship behaviour.

When it comes to the situation in the Republic of Serbia, it is important to point out that human resources represent one of the sources of potential development of health tourism on its territory ([14], [15]). Also, it was established that "culture dimensions are predictors of entrepreneurial orientation dimensions" [16].

Garabinović & Nikitović (2024) analysed the number of employees in health and social work, the number of doctors, and the number of dentists based on data from the Statistical Office of the Republic of Serbia. In the period from 2001 to 2022, the number of employees in the field of health and social work in the Republic of Serbia increased by an average of 84.7, i.e. 0.1% compared to 2001. When it comes to chain changes, the number of employees increased by 79.6 on average, i.e. by 0.1% per year. The maximum change in the number of employees was recorded in 2015, when looking at the base and chain change, while the minimum change was recorded in 2020 (base), and in 2006 (chain). [1]

When discussing the number of doctors, in the mentioned period, the average total number of doctors was 20,432.6, general practitioners 3,218.4, doctors in specialist training 2,389.8, and specialists 14,824.4. The total number of doctors, general practitioners, and doctors in specialist training increased on average, while the number of specialist doctors decreased. [1]

In the period from 2006 to 2022, the average number of dentists was 1,945.9. The maximum number was recorded in the first year and the minimum in the last year of the observed period. On average, the number of dentists decreased by 546.2 per year, i.e. 22.2% compared to 2006, and by 60.2, i.e. 3.0%, when observing chain changes. [1]

The results showed that the majority of respondents who have education in the field of healthcare or work/have worked in that field, and who are also familiar with the topic of health tourism, want to work in the territory of the Republic of Serbia, in an urban area, in a state-owned institution, in an institution that provides some of the standard forms of healthcare (as opposed to health tourism), as an employee of a business entity. Health tourism as a main or additional activity is the preference of about 28% of respondents. The most important motives for working in institutions dealing with health tourism are (present in most respondents in order of decreasing importance): higher basic salary, opportunities for rest and recreation of employees, attractive location, and contact with people from other parts of Serbia and the world. They have the highest level of knowledge (high, but not very high) about spa, wellness, and aesthetic tourism, while regarding health tourism in general, as well as medical and dental tourism separately, their knowledge is neither low nor high. They rated their managerial competencies as high. Within the scope of managerial competencies, they rated their organizational competencies the highest. This is followed by planning, controlling, and leading. On a five-point scale from very bad to very good, they have only a good command of the English language. Their knowledge of German is neither good nor bad. Respondents believe that the elements of the healthcare system are highly attractive for the development of health tourism. The most important is dental practice. This is followed by institutional accommodation with medical care, specialist medical practice, hospital activities, general medical practice, and other healthcare services. According to the current state of development of health tourism in certain elements of the healthcare system, only dental practice shows a high level of development. Other elements are neither low nor high. Many non-financial effects of entering the field of health tourism have also been observed. [17]

The subject of this paper is the specificities of human resource management in health tourism institutions in comparison with traditional healthcare institutions in the Republic of Serbia. The aim of this paper is to establish whether the situation is better in health tourism institutions compared to traditional healthcare institutions in the Republic of Serbia when it comes to:

- The number and qualifications of human resources,
- Relationships among staff (this term includes both employees and managers),
- The attitude (in the following text, this term refers to the cognitive, emotional, and behavioural disposition towards the use and management of institutional assets) of staff towards assets,
- The relationship between patients and staff, and
- The attitude of patients towards assets.

METHODOLOGY

The research was based on a questionnaire that was administered to respondents in printed form. The research implementation period was June–July 2024. In addition to general questions about the person completing the survey, other questions were grouped into four units:

- Number and qualifications of human resources,
- Mutual relations among staff,
- Attitudes of staff towards assets, and
- Patients' relationships with employees and their attitudes towards assets.

The questions in the mentioned units were created in the form of statements. The respondents' agreement with these statements was determined using a five-point Likert scale:

- 1 – I completely disagree,
- 2 – I disagree,
- 3 – I neither agree nor disagree,
- 4 – I agree, and
- 5 – I completely agree.

The sample of respondents consisted of individuals who are familiar with the concept and characteristics of health tourism. In addition to the stated basic condition, respondents could be persons who additionally meet at least one of the following conditions regarding education and employment:

- Education in the field of healthcare – secondary and/or higher.
- Employment in the field of healthcare – currently and/or in the past.

The number of questionnaires that were taken into consideration was 107. Figure 1 contains data on the structure of the sample of respondents.

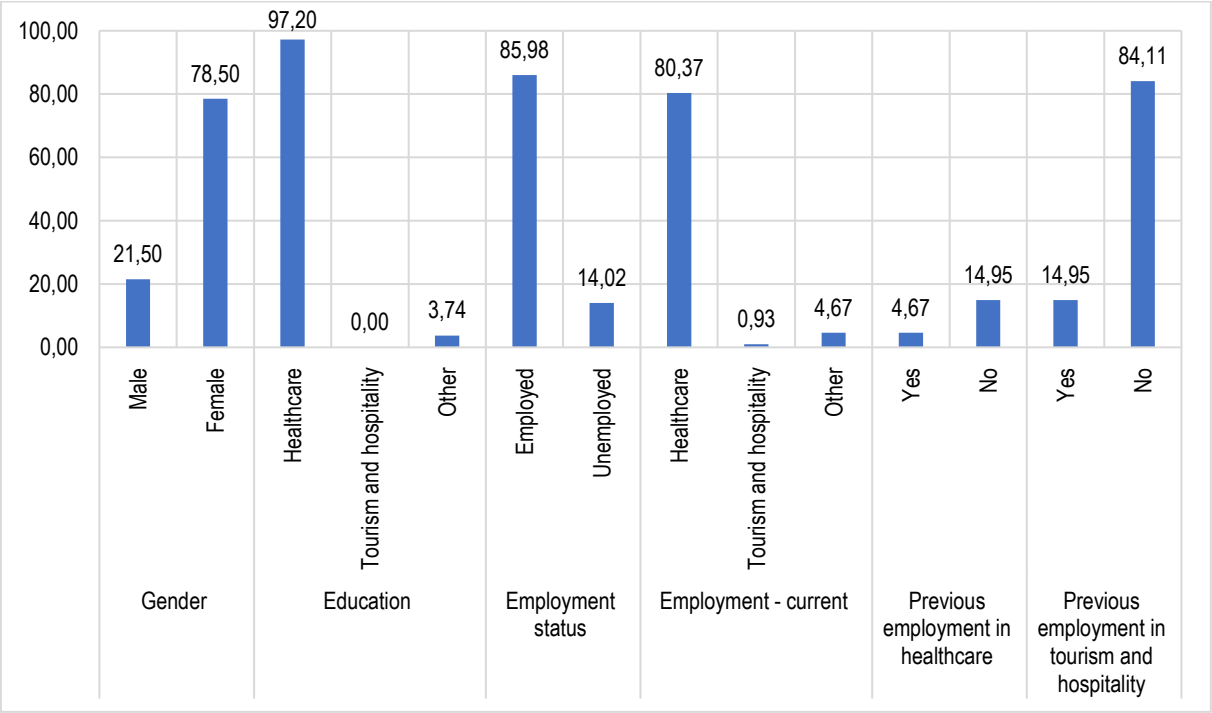


Figure 1. Sample structure of respondents (authors)

The majority of respondents have secondary/higher education in the field of healthcare (97.20%), are employed (85.98%), are currently employed in healthcare (80.37%), were not previously employed in tourism and hospitality (84.11%), and are female (78.50%).

RESULTS AND DISCUSSION

Table 1 shows respondents' agreement with statements about the number and qualifications of human resources.

Table 1. The number and qualifications of human resources in institutions dealing with health tourism are better compared to traditional healthcare institutions (authors)

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Elements*	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Description
Number of employees	4	3.74	13	12.15	24	22.43	44	41.12	22	20.56	3.63	I agree
Number of medical employees	2	1.87	9	8.41	22	20.56	49	45.79	25	23.36	3.80	I agree
Number of non-medical employees	2	1.87	11	10.28	43	40.19	35	32.71	16	14.95	3.49	I neither agree nor disagree
Expertise of employees	3	2.80	9	8.41	50	46.73	34	31.78	11	10.28	3.38	I neither agree nor disagree
Expertise of medical employees	7	6.54	8	7.48	43	40.19	40	37.38	9	8.41	3.34	I neither agree nor disagree
Expertise of non-medical employees	4	3.74	9	8.41	45	42.06	43	40.19	6	5.61	3.36	I neither agree nor disagree
Number of persons in management positions	3	2.80	6	5.61	41	38.32	44	41.12	13	12.15	3.54	I agree

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Elements*	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Description
Expertise of managers of institutions	3	2.80	7	6.54	34	31.78	48	44.86	15	14.02	3.61	I agree
Expertise of managers of organizational units	3	2.80	6	5.61	37	34.58	44	41.12	17	15.89	3.62	I agree
Notes: * The elements of human resources.												

Respondents agree that the state regarding the number of employees and, separately, the number of medical employees is better in the field of health tourism. Unlike medical employees, the respondents had a neutral opinion regarding the number of non-medical employees. When discussing the expertise of employees, the attitude of the respondents is also neutral.

Respondents agree that the number of persons in management positions, as well as the expertise of managers of institutions and managers of organizational units, is better in the field of health tourism compared to traditional healthcare institutions.

Table 2 presents the respondents' agreement with statements regarding relationships among staff in institutions involved in health tourism, in comparison with those in traditional healthcare institutions.

Table 2. Relationships among staff are better in institutions dealing with health tourism compared to traditional healthcare institutions (authors)

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Statements*	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Description
Employees	3	2.80	5	4.67	29	27.10	43	40.19	27	25.23	3.80	I agree
Medical and non-medical staff	3	2.80	11	10.28	42	39.25	37	34.58	14	13.08	3.45	I neither agree nor disagree
Medical staff	3	2.80	5	4.67	25	23.36	53	49.53	21	19.63	3.79	I agree
Medical staff of the same organizational unit	3	2.80	6	5.61	24	22.43	53	49.53	21	19.63	3.78	I agree
Medical staff of different organizational units	3	2.80	3	2.80	24	22.43	62	57.94	15	14.02	3.78	I agree
Non-medical staff	3	2.80	3	2.80	47	43.93	39	36.45	15	14.02	3.56	I agree
Non-medical staff of the same organizational unit	3	2.80	5	4.67	48	44.86	30	28.04	21	19.63	3.57	I agree
Non-medical staff of different organizational units	3	2.80	8	7.48	44	41.12	39	36.45	13	12.15	3.48	I neither agree nor disagree
Persons in management positions	3	2.80	0	0.00	30	28.04	60	56.07	14	13.08	3.77	I agree
Managers of organizational units	3	2.80	4	3.74	31	28.97	55	51.40	14	13.08	3.68	I agree
Managers of organizational units and managers of healthcare institutions	4	3.74	4	3.74	27	25.23	60	56.07	12	11.21	3.67	I agree
Persons in management positions and employees	3	2.80	3	2.80	29	27.10	48	44.86	24	22.43	3.81	I agree

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Statements*	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**Description**
Managers of organizational units and their employees	3	2.80	8	7.48	26	24.30	51	47.66	19	17.76	3.70	I agree
Managers of healthcare institutions and their employees	3	2.80	9	8.41	30	28.04	52	48.60	13	12.15	3.59	I agree
Notes: * Relationships between the specified staff elements.												

Respondents agree that the relationship between employees is better in health tourism institutions compared to traditional healthcare institutions. The position regarding the relationship between medical and non-medical staff is neutral. A better relationship is noted among medical staff, both within the same and between different organizational units. Better relations are also present among non-medical staff, especially within the same organizational unit, compared to relations between different organizational units (neutral).

The relationship between persons in management positions is better, both among managers of organizational units and between managers of organizational units and managers of healthcare institutions.

There is also progress in the relationship between persons in management positions and employees. The stated situation is better between managers of organizational units and their employees compared to the relationship between managers of healthcare institutions and their employees.

Table 3 presents the respondents' agreement with statements about staff attitudes towards assets in institutions involved in health tourism, in comparison with those in traditional healthcare institutions.

Table 3. Staff attitudes towards assets in institutions dealing with health tourism are better compared to traditional healthcare institutions (authors)

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Statements*	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**Description**
Employees – Fixed assets	3	2.80	2	1.87	30	28.04	47	43.93	25	23.36	3.83	I agree
Employees – Current assets	2	1.87	6	5.61	31	28.97	54	50.47	14	13.08	3.67	I agree
Persons in managerial positions – Fixed assets	3	2.80	2	1.87	31	28.97	53	49.53	18	16.82	3.76	I agree
Persons in managerial positions – Current assets	3	2.80	5	4.67	29	27.10	50	46.73	20	18.69	3.74	I agree
Notes: * The attitudes of different categories of staff towards various types of assets.												

Respondents agree that the attitude of employees towards fixed and current assets is better in health tourism institutions compared to traditional healthcare institutions. Also, respondents agree that the attitude of persons in managerial positions towards fixed and current assets is better in health tourism institutions compared to traditional healthcare institutions. When it comes to the attitudes of employees and managerial staff, both groups show a more favourable attitude towards fixed assets.

Table 4 presents respondents' agreement with statements regarding the relationship between patients and employees, as well as their views on patients' attitudes towards assets in institutions involved in health tourism, compared to those in traditional healthcare institutions.

Table 4. The relationship between patients and employees, and patients' attitudes towards assets in institutions dealing with health tourism are better compared to traditional healthcare institutions (authors)

	Rating of agreement with statements											
	I completely disagree		I disagree		I neither agree nor disagree		I agree		I completely agree		Average score	
Statements*	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**Description**
Patients – Employees	6	5.61	3	2.80	17	15.89	43	40.19	38	35.51	3.97	I agree
Patients – Medical employees	3	2.80	4	3.74	16	14.95	55	51.40	29	27.10	3.96	I agree
Patients – Non-medical employees	4	3.74	5	4.67	28	26.17	48	44.86	22	20.56	3.74	I agree
Patients – Fixed assets	2	1.87	5	4.67	37	34.58	43	40.19	20	18.69	3.69	I agree
Patients – Current assets	3	2.80	3	2.80	32	29.91	51	47.66	18	16.82	3.73	I agree
Notes: * The relationship between patients and the specified type of staff, as well as patients' attitudes towards the specified type of assets.												

Respondents agree that relationships between patients and employees in institutions dealing with health tourism are better than in traditional healthcare institutions. Patient relations are better with medical employees compared to non-medical employees. Respondents also agree that, in institutions dealing with health tourism, patients' attitudes towards assets are better, primarily towards current assets and then fixed assets.

CONCLUSION

The research established that staffing levels are better in health tourism institutions compared to traditional healthcare institutions. The situation is similar when it comes to medical employees, while the attitude regarding non-medical employees is neutral. When discussing the expertise of employees, respondents neither agree nor disagree. The number and expertise of managers of institutions and organizational units are better.

The relationship between employees is better in health tourism institutions compared to traditional healthcare institutions. This was observed in the relationship between medical employees within the same, but also between different organizational units. The assessment of the relationship between medical and non-medical staff is neutral. The relationship between non-medical staff is better, which is reflected in the relationship of these staff members within the same organizational unit, while the relationship between different organizational units is neutral.

The relationship between persons in management positions is better, including the relationship between managers of organizational units, as well as the relationship between managers of organizational units and managers of healthcare institutions. The relationship between managers and employees is better, especially when it comes to managers of organizational units.

The attitude of employees and managerial staff towards assets is more favourable, especially towards fixed assets.

The relationship between patients and employees (especially medical employees) is better, as is the attitude of patients towards assets (especially current assets).

It is concluded that health tourism institutions have a better situation in terms of the number of human resources, mutual relationships between employees, relationships between employees and assets, relationships between patients and employees, and relationships between patients and assets. Therefore, the subject and aim of this paper have been achieved.

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