



Mapping the Knowledge Structure of Revisit Intention in Medical Tourism: A Scientometric Analysis (2001–2026)

Akash Singh

Ph.D. Scholar, Department of Management Studies, Central University of Haryana, Jant-Pali,
Mahendergarh, Haryana-123029, E-mail Id: Akash230467@cuh.ac.in

Prof. (Dr.) Sunita Tanwar

Professor, Department of Management Studies, Central University of Haryana, Jant-Pali, Mahendergarh,
Haryana-123029, E-mail Id: sunitatanwar@cuh.ac.in

DOI : <https://doi.org/10.5281/zenodo.23100533>

ARTICLE DETAILS

Research Paper

Received: 16-07-2026

Accepted: 15-08-2026

Published: 25-09-2026

Keywords:

*medical tourism, revisit
intention, bibliometric
mapping, satisfaction,
service quality,
scientometrics.*

ABSTRACT

Objective. Medical tourism has become a multidisciplinary field at the intersection of healthcare and tourism, and revisit intention has emerged as a key measure of patient loyalty and destination competitiveness. This study maps the intellectual structure, thematic development, and research patterns of the revisit-intention literature in medical tourism.

Research design and methods. Bibliographic records were retrieved from Scopus for 2001–2026, yielding 495 documents after filtering and relevance screening. Bibliometrix (R), within the Biblioshiny interface, was used to analyse publication performance, co-word networks, co-citation structure, and thematic evolution; cluster solutions were validated using modularity, silhouette, density, and centrality indicators.

Findings. Output has grown rapidly since 2015, peaking in 2021 and 2025. Contributions are led by the United States, Malaysia, the United Kingdom, India, South Korea, China, and Iran, indicating a globally distributed, Asia-prominent field. Co-word analysis identifies clusters spanning service quality, satisfaction and behavioural intention, trust and perceived value, destination image, and emerging cross-border themes,

Disclaimer: The opinions, interpretations, conclusions, recommendations, analyses, and statements expressed in this research article are solely those of the author(s) and do not reflect the views, policies, or positions of the Publisher, Chief Editor, Editors, Editorial Board, Reviewers, or their affiliated institutions. The author(s) are solely responsible for ensuring the originality, authenticity, and integrity of the manuscript and for ensuring that it is free from plagiarism, AI-generated content, copyright infringement, data falsification, and any other form of academic misconduct.

with satisfaction and trust acting as bridging constructs. **Contribution and value.** The contribution is methodological rather than conceptual. Although satisfaction, service quality, and loyalty have been examined jointly in prior empirical and review work, this is, to our knowledge, the first scientometric mapping focused specifically on the revisit-intention stream in medical tourism, providing an objective, reproducible map that informs scholars, healthcare providers, and policymakers.

1. Introduction

Tourism is a multifaceted socio-economic phenomenon in which tourists travel to and stay in a place outside their normal surroundings for recreational, business, health or other reasons. Over the last few decades, it has become a very diversified international industry, with increased mobility, technological advances and changing consumer desires (Connell, 2013). This has created the industry-specific forms of tourism such as medical, wellness, eco, adventure and culture-based tourism and each has specific motivators and expectations of services (Fetscherin & Stephano, 2016; Singh & Tanwar, 2025).

Medical tourism is a one of the fastest growing areas in this spectrum. It is described as the voluntary international transfer of patients for non-emergency medical treatment and sometimes with recovery and relaxation (Bookman & Bookman, 2007; Li, 2010). Medical-travel decisions are far more complex than standard travel and patients must consider clinical competency, safety, cost, and destination attributes at one time. Global disparities in health care costs, long waiting lists in OECD nations and internationalization of hospital services (Debata et al., 2015) all encourage this mobility.

This expansion is supported by a variety of structural forces. There are significant price differences, and many surgical, dental, and fertility treatments are available for much less than the same services in North America and Western Europe, with the added reassurance of the world-renowned hospital accreditation systems in Asia and the Middle East (Li, 2010; Cham et al., 2021). Demand has been strengthened by the delay in public health systems, the liberalisation of trade in health services and the increasing number of specialist private hospitals catering to international patients (Bookman & Bookman, 2007). Patient migration is now increasingly transnational with well-established corridors from the Middle East, Africa and from South Asia to hub destinations like India, Malaysia and Thailand. Several governments have actively welcomed medical tourism as a foreign exchange and job creator by providing special visa categories, marketing assistance and quality assurance mechanisms. To stand out in a highly competitive market, many

now offer a combination of treatment packages along with hospitality and wellness programs, which may include traditional treatments and complementary therapies as well as contemporary medical care (Singh & Tanwar, 2025).

In addition to clinical, medical tourism has an economic aspect. It brings foreign income to destination countries, spawns other industries like hospitality, transport and insurance, etc., and has turned healthcare into a strategic export industry for many governments. In this cutthroat market, it is extremely costly to acquire a new patient compared to a patient's intent to return for subsequent treatment and to recommend the destination to others; this is of particular concern to hospitals, policymakers and tourism authorities. So, it is essential to study the factors influencing revisit intention for both theoretical development and the long-term viability and competitiveness of medical-tourism destinations.

This growth has been particularly evident in Asia, where internationally accredited hospitals provide procedures in significantly reduced prices in comparison to the Western markets such as India, Malaysia, Thailand and South Korea. The field is also internationally spread out and significant numbers of practitioners and scholars are located in the United States, the United Kingdom, Canada, and Türkiye. The COVID-19 crisis disrupted medical travel and intensified competition between destinations, making patient retention and repeat visitation critical to sector survival (Abbaspour et al., 2021).

In tourism studies, revisit intention is regarded as a major measure of loyalty and long-term competitiveness (Baker & Crompton, 2000). Research consistently shows that satisfaction links service quality, perceived value, destination image, trust, and perceived risk to revisit behaviour (Han & Hyun, 2015; Kim & Lee, 2020; Rahman, 2019). However, evidence on these relationships in medical tourism is dispersed across tourism, health-management, and consumer-behaviour fields, and few syntheses map how the constructs are connected (Alp & Yilmaz, 2024). Such dispersed knowledge can be consolidated through bibliometric and scientometric methods, which reveal the intellectual structure of a field by examining publication performance, citation networks, and thematic structures (Aria & Cuccurullo, 2017).

Conceptually, revisit intention in medical tourism is shaped by a network of interrelated antecedents. Service quality, encompassing both the technical competence of treatment and the functional quality of the care experience, shapes patients' overall evaluations, which in turn inform satisfaction (Ghosh & Mandal, 2018; Rahman, 2019). Satisfaction is widely regarded as the proximal driver of loyalty, mediating the influence of perceived value, destination and hospital image, and trust on the decision to return or to recommend a destination (Han & Hyun, 2015; Kim & Lee, 2020). Because medical procedures are high-involvement and largely irreversible, perceived risk and trust assume a more central role than in

conventional leisure tourism, and these constructs gained renewed prominence after the COVID-19 pandemic, when safety and infection-control perceptions became decisive (Abbaspour et al., 2021). Despite this rich body of evidence, the constructs have been examined in fragmented, discipline-specific ways across tourism, marketing, and health-management research.

This fragmentation is precisely what scientometric methods are designed to address. By quantitatively analysing publication output, citation networks, co-word structures, and thematic evolution, bibliometric mapping makes visible the intellectual organisation of a field, its most influential works and outlets, and the trajectories along which its themes develop (Aria & Cuccurullo, 2017). Such approaches have been applied productively to medical and health tourism more broadly (de la Hoz-Correa et al., 2018; Yadav & Tamta, 2025) and to revisit-intention research in hospitality and tourism (Zulfiqar et al., 2024). Prior reviews of the regional literature have likewise highlighted a disjointed research landscape marked by disciplinary silos and limited integration across tourism types and locations (Singh & Tanwar, 2025). However, no study has yet isolated the revisit-intention and behavioural-loyalty stream within medical tourism and mapped its knowledge structure in a systematic, reproducible way. Doing so is important not only for organising existing knowledge but also for supporting cumulative theory-building and evidence-based decision-making by providers and policymakers.

Objectives and Scope

Despite a growing medical-tourism literature, no scientometric study has isolated the revisit-intention and behavioural-loyalty stream and mapped its knowledge structure. This study addresses that gap. It aims to (i) examine the growth of publications, authors, journals, and countries; (ii) identify thematic clusters linking satisfaction, service quality, destination image, trust, and risk; and (iii) trace thematic evolution and emerging research fronts, including the post-COVID period. The novelty of the study lies in its scientometric mapping technique applied to this specific stream, rather than in the conceptual combination of these constructs, which earlier empirical and review studies have already addressed.

2. Literature Review

2.1 Revisit Intention in Tourism Research

Revisit intention is a strategic measure of loyalty and sustainability for tourism destinations. Classical models view it as a post-consumption evaluation in which perceived performance is compared with prior expectations (Baker & Crompton, 2000). In medical tourism, the construct is more complex, owing to perceived high risk, clinical consequences, and the ethical sensitivity of decisions; patients weigh hospital



accreditation, professionalism, and safety alongside experiential features (Han & Hyun, 2015; Cham et al., 2021).

2.2 Satisfaction as a Focal Construct

Satisfaction always is the most crucial factor in determining revisit intent. In medical tourism it refers to cognitive-affective evaluation of clinical and non-clinical experience (Rahman, 2019), and it can be differentiated between technical quality (diagnostic accuracy, treatment outcome) and functional quality (empathy, responsiveness, administrative efficiency) (Kim & Lee, 2020). The literature refers to the term satisfaction in different ways as either an antecedent, mediator variable or an outcome and therefore a systematic mapping of the conceptual role is required (Debata et al., 2015).

2.3 Loyalty Determinants in Medical Tourism

Medical tourism is a service that integrates excellence in clinical care with excellent service delivery, with medical studies on service quality based on SERVQUAL research focusing on reliability, assurance, empathy, responsiveness and tangibles (Ghosh & Mandal, 2018); Asian studies concentrate on the administrative coordination, language assistance and post-treatment support (Cham et al., 2021). The psychological security arises from the image of the destination, coupled with international accreditation and national reputation (Li, 2010; Debata et al., 2015). Trust is fundamental and much of medical procedures is irreversible, according to Post-COVID research, perception of infection control and travel safety is becoming a key factor (Abbaspour et al., 2021).

2.4 Regional Context

The Asia region has the largest number of medical tourists with India, Malaysia, Thailand and South Korea building competitive medical tourist packages with trained physicians, accreditation and lower costs (Li, 2010; Cham et al., 2021). This satisfaction–quality–loyalty nexus is explored in the Middle East and elsewhere in a growing body of scholarship, including studies of satisfaction and loyalty in Jordan (Bader et al., 2023), satisfaction and quality in Egypt (Abdul-Rahman et al., 2023), a comparative study of satisfaction, quality, and loyalty across Poland, Türkiye, and Jordan (Boguszewicz-Kreft et al., 2021), and satisfaction–quality–loyalty in Saudi Arabia (Alruwaili, 2026). The present mapping contextualises the Asian evidence in the broader international literature.

2.5 Scientometric Perspectives

Scientometric techniques quantify fragmented domains through publication performance, citation networks, and thematic evolution (Aria & Cuccurullo, 2017). Bibliometric studies of medical and health tourism have grown steadily: de la Hoz-Correa et al. (2018) used co-word analysis to identify six thematic clusters, while Habibi et al. (2021) and Campira et al. (2021) mapped publication trends, and subsequent studies recovered clusters around service quality, satisfaction, destination competitiveness, and digital health (Dhakate & Joshi, 2023; Fauzi, 2024; Lukose, 2024; Mo, 2025; To, 2025). None, however, isolates the revisit-intention stream and the conceptual prominence of satisfaction, which this study does.

3. Methodology

3.1 Research Design

This study uses a bibliometric research design to map the intellectual structure and thematic development of the revisit-intention literature in medical tourism. The approach is appropriate when a field is dispersed across disciplines and an objective synthesis is required (Aria & Cuccurullo, 2017). It combines performance analysis, science mapping, and network visualisation.

3.2 Database and Search Strategy

Scopus was selected as the primary source for its broad coverage of tourism, healthcare, and management literature, high-quality citation indexing, and compatibility with bibliometric software. A structured Boolean query was developed after pilot testing:

TITLE-ABS-KEY (("medical tourism" OR "health tourism" OR "treatment tourism" OR "medical travel" OR "health travel" OR "medical tourist" OR "cross-border healthcare" OR "cross-border health care") AND ("revisit intention*" OR "re-visit intention*" OR "return intention*" OR "repeat visit*" OR "behavioral intention*" OR "behavioural intention*" OR "loyalty" OR "patient retention" OR "satisfaction" OR "service quality" OR "patient experience" OR "perceived value" OR "destination image" OR "trust" OR "intention to recommend" OR "word of mouth"))*

Filters were applied for document type (articles and reviews), English language, the period 2001–2026, and the subject areas Business/Management, Social Sciences, Medicine, and Health Professions. The search retrieved 747 records; after screening titles, abstracts, and keywords for relevance to behavioural intention in medical tourism, 495 documents were retained for final analysis.

3.3 Inclusion and Exclusion Criteria

Studies were included if they (i) focused on medical or health tourism; (ii) examined revisit intention, loyalty, repeat visitation, or related behavioural-intention outcomes; or (iii) addressed satisfaction, service quality, trust, or perceived value as antecedents or mediators of these outcomes. Both empirical and conceptual papers were eligible. Studies were excluded if they (i) dealt with purely clinical or biomedical aspects of treatment without any behavioural or experiential focus; (ii) concerned wellness, spa, or leisure tourism unrelated to medical treatment; (iii) were not written in English; or (iv) were conference notes, editorials, or records lacking complete citation metadata. Applying these criteria reduced the 747 retrieved records to the 495 documents retained for analysis.

3.4 Analysis Tools, Software Versions, and Parameters

All analyses were conducted using Bibliometrix package (version 5.2.1) within the Biblioshiny interface, under R version 4.5.2, which provides publication-performance indicators, conceptual-structure and co-word mapping, co-citation and co-authorship network analysis, and thematic-evolution analysis (Aria & Cuccurullo, 2017). For the co-occurrence and co-citation networks, association-strength normalisation and Louvain clustering were applied with a clustering resolution of 1.00 and a minimum cluster size of five nodes; a minimum occurrence threshold of five was set for keywords and ten citations for cited references, consistent with prior scientometric practice (Kumar et al., 2024).

3.5 Author-Name Disambiguation and Reliability

Author-name disambiguation was performed in two stages. First, the raw Scopus export was processed in Bibliometrix, which consolidates records using Scopus Author Identifiers where available. Second, the author field was manually reviewed to merge name variants arising from inconsistent transliteration, abbreviated versus full given names, and hyphenation (for example, "Cham T.H." and "Cham, Tat-Huei"), and to separate homonyms by cross-checking affiliation, co-author networks, and subject area. Keyword variants and synonyms (for example, "behavioural" and "behavioral" intention; "service quality" and "SERVQUAL") were harmonised using a controlled thesaurus applied identically across tools. Only secondary bibliographic data were used; no human-subject approval was required.

4. Results and Discussion

The analysis of 495 Scopus-indexed documents (2001–2026) reveals a rapidly maturing, internationally distributed research field in which satisfaction and trust function as the central constructs linking service quality, destination image, and perceived value to behavioural-loyalty outcomes. The corpus comprises 495



documents from 275 sources and 1,553 authors, with 12,768 total citations (an average of 25.8 per document), 341 single-country and 145 multiple-country publications (Table 1).

Table 1. Main information about the data

Description	Value
Timespan	2001–2026
Documents	495
Sources (journals)	275
Document types	Article 461; Review 34
Total citations	12,768
Average citations per document	25.8
Authors	1,553
Single-authored documents	63
Co-authors per document	3.55
Single-country publications (SCP)	341
Multiple-country publications (MCP)	145
MCP ratio	0.30

4.1 Publication Growth and Productivity

Annual output was minimal through the 2000s, rose steadily from 2011, and accelerated after 2015, peaking at 52 documents in both 2021 and 2025; the apparent fall in 2026 reflects partial-year indexing (Figure 1). This trajectory mirrors rising competition among medical-tourism hubs, a growing scholarly focus on satisfaction as a loyalty driver, and the post-COVID research surge into safety, trust, and resilience. Author productivity follows Lotka’s law: about 91% of authors contributed a single document, while a small core accounts for a disproportionate share of output, indicating a concentrated but cohesive research base.

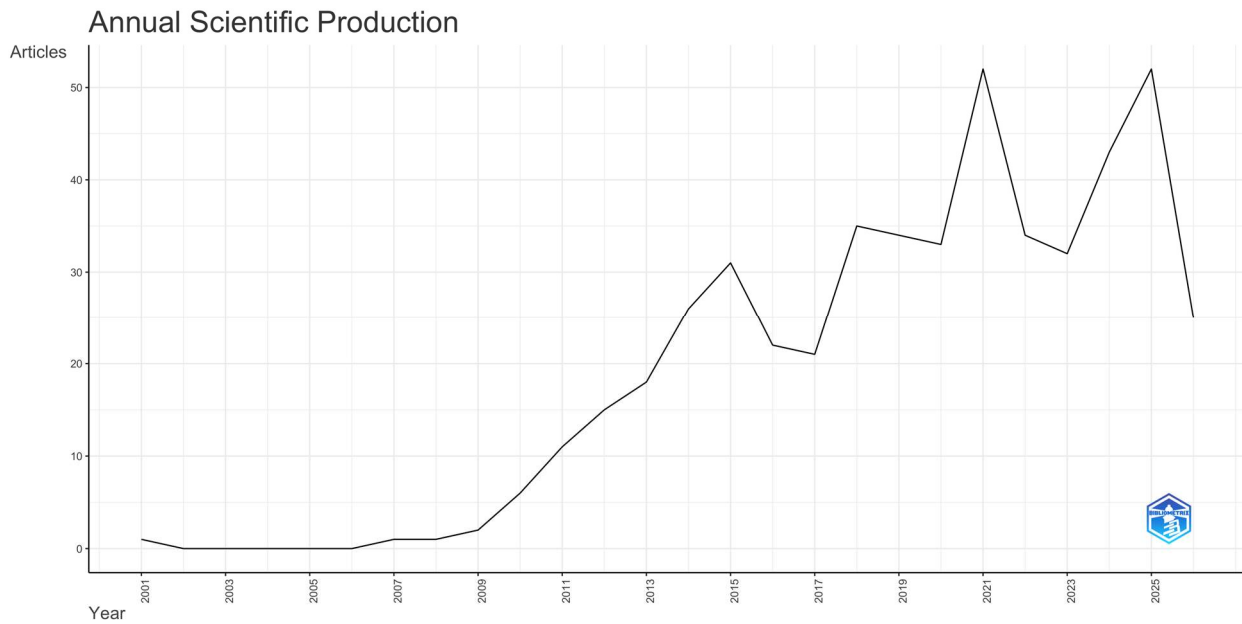


Figure 1. Annual scientific production

Source analysis shows concentration in a small set of core journals, consistent with Bradford's law. The leading outlets are Sustainability, the International Journal of Pharmaceutical and Healthcare Marketing, the International Journal of Environmental Research and Public Health, the Journal of Quality Assurance in Hospitality and Tourism, and Tourism Management, the last carrying the highest citation impact. The most-cited authors by total citations are Han H., Abubakar A.M. and Ilkan M., Hyun S.S., and Connell J., reflecting the influence of satisfaction–loyalty and word-of-mouth research (Table 2, Panels A and B).

Table 2. Leading journals, authors, and countries

#	Journal / Author / Country	Docs	Citations	h-index
A. Top 10 sources (journals): journal, documents, citations, h-index				
1	Sustainability (Switzerland)	17	409	12
2	Int. J. of Pharmaceutical and Healthcare Marketing	14	237	8
3	Int. J. of Environmental Research and Public Health	12	294	8
4	J. of Quality Assurance in Hospitality and Tourism	11	224	7
5	Tourism Management	10	2,148	10



6	J. of Travel and Tourism Marketing	9	526	9
7	Asia Pacific J. of Tourism Research	9	262	6
8	Int. J. of Tourism Research	9	215	6
9	J. of Hospitality and Tourism Insights	8	300	7
10	Int. J. of Spa and Wellness	8	89	5
B. Top 10 most-cited authors: author, total citations, h-index				
1	Han H.	-	942	6
2	Abubakar A.M.	-	666	2
3	Ilkan M.	-	666	2
4	Hyun S.S.	-	568	3
5	Connell J.	-	535	1
6	Snyder J.	-	509	7
7	Crooks V.A.	-	483	6
8	Johnston R.	-	414	3
9	de la Hoz-Correa A.	-	329	2
10	Muñoz-Leiva F.	-	329	2
C. Top 10 countries: country, documents, SCP, MCP				
1	USA	74	42	32
2	Malaysia	65	35	30
3	United Kingdom	43	20	23
4	India	41	34	7
5	South Korea	41	22	19
6	China	33	6	27
7	Iran	28	20	8
8	Thailand	24	13	11
9	Australia	24	7	17
10	Taiwan	23	15	8

Note: country counts are affiliation-presence based; the corresponding-author figures from Biblioshiny may differ slightly. For sources and authors, columns report documents, total citations, and h-index respectively.

4.2 Geographic Distribution

Country analysis confirms a globally distributed field. By scientific production the leading contributors are the United States (74 documents), Malaysia (65), the United Kingdom (43), India and South Korea (41 each), China (33), Iran (28), and Thailand and Australia (24 each) (Figure 2; Table 2, Panel C). While Asian hubs remain central to both practice and scholarship, the strong presence of the United States, the United Kingdom, Canada, and Türkiye indicates that the field is not exclusively Asian. The high share of single-country publications among Asian contributors signals strong domestic capacity, while multiple-country publications-particularly involving the United States, Australia, and Europe-reflect growing international collaboration.

Country Scientific Production

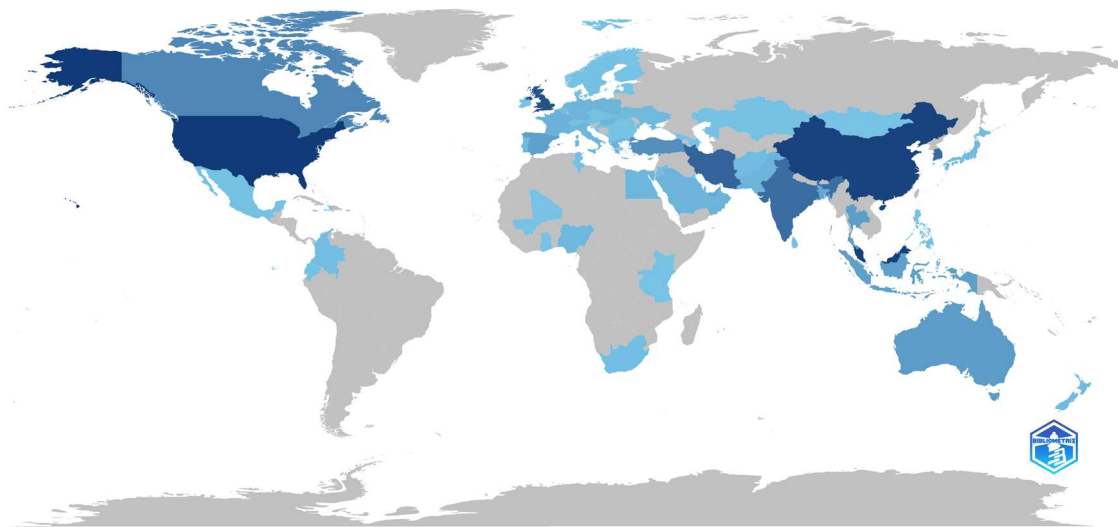


Figure 2. Country scientific production

4.3 Thematic Structure

The author-keyword co-occurrence network (Figure 3) places medical tourism at the centre, densely connected to service quality (35 occurrences), behavioural intention (25), trust (24), destination image (22), patient satisfaction and satisfaction (20 each), and perceived value (17) (Table 3). The results of betweenness-centrality analysis further substantiate that the major bridging nodes include medical tourism (0.65), health tourism (0.089), trust (0.062), patient satisfaction (0.044), and behavioural intention (0.042), highlighting the importance of trust and satisfaction in linking the perceptual antecedents to the loyalty

outcomes. The 49-node network has a density of 0.165, modularity (Q) of 0.65 and a positive mean silhouette value of 0.11, which suggests well-separated and internally coherent clusters.

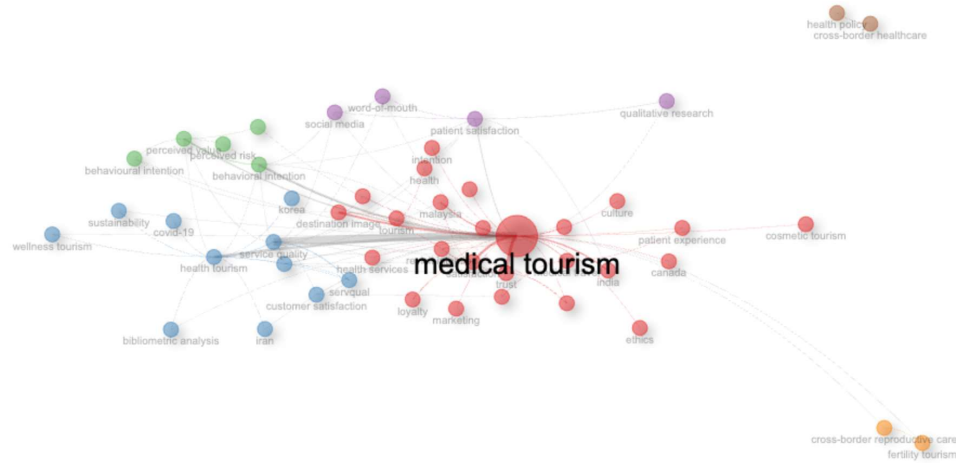


Figure 3. Keyword co-occurrence network

Table 3. Twenty most frequent author keywords: frequency and betweenness centrality

#	Keyword	Occurrences	Betweenness
1	medical tourism	222	0.654
2	health tourism	45	0.089
3	service quality	35	0.018
4	behavioral intention	25	0.042
5	trust	24	0.062
6	destination image	22	0.009
7	patient satisfaction	20	0.044
8	satisfaction	20	0.025
9	perceived value	17	0.003
10	tourism	15	0.014
11	healthcare	14	0.020
12	medical travel	14	0.015
13	india	12	0.007

14	malaysia	12	<0.003
15	revisit intention	11	0.019
16	medical tourists	10	<0.003
17	wellness tourism	10	<0.003
18	customer satisfaction	9	0.029
19	thailand	9	<0.003
20	cross-border reproductive care	8	0.000

Note: betweenness centrality (normalised) computed on the author-keyword co-occurrence network.

Network-quality indicators (indexing term "medical tourism" excluded as non-discriminating; 49 nodes):
density = 0.165; modularity $Q = 0.65$; mean silhouette = 0.11.

The thematic map (Figure 4) indicates that the themes of service quality, satisfaction, behavioural intention and perceived value are well developed and central themes, while the themes of medical tourism, trust, destination image and revisit intention are considered basic, foundational themes. The themes of protection-motivation and culture-related are emerging or declining, and the theme of cross-border reproductive care is a niche theme. This architecture reinforces the satisfaction–loyalty connection as the central axis for which this field is evolving.

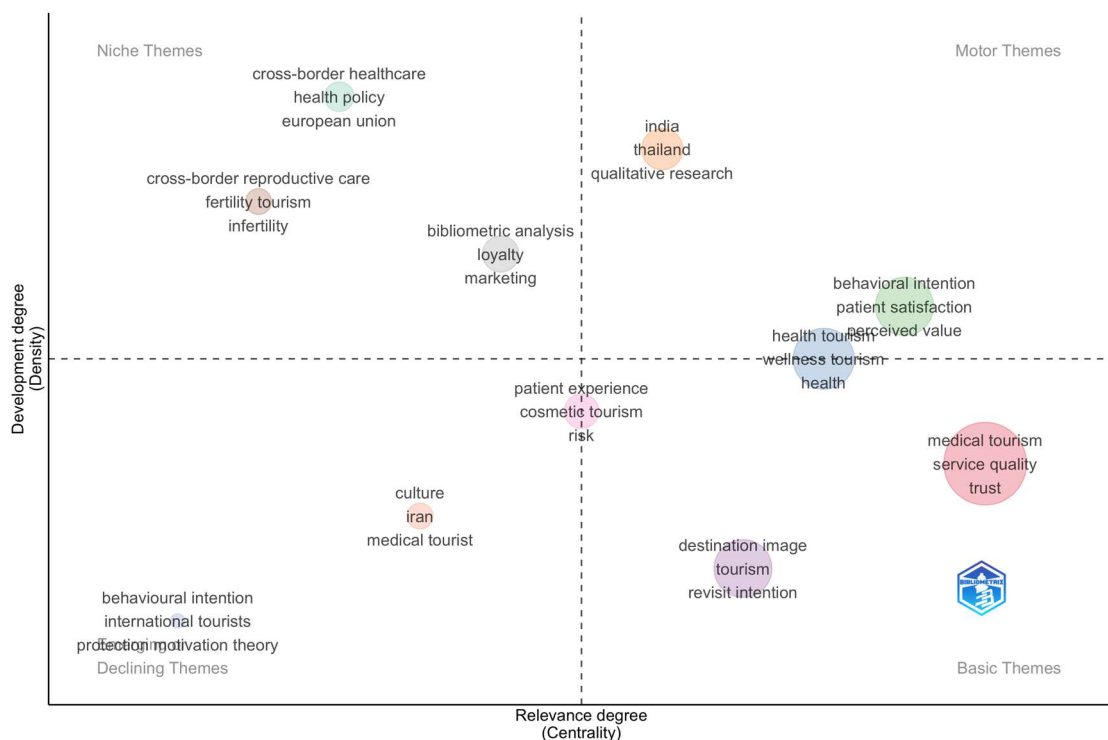


Figure 4. Thematic map (strategic diagram)

4.4 Thematic Evolution

Thematic evolution across three periods (Figure 5) shows a coherent progression. In 2001–2017 the field was organised around service quality and destination-specific work, notably on Malaysia and medical tourism. In 2018–2020 it diversified into behavioural intention, destination image, trust, perceived value, and India-focused studies. In 2021–2026 it consolidated around destination image, behavioural intention, patient satisfaction, trust, and health tourism-the post-COVID, loyalty- and satisfaction-centred phase. Trust persists across all three periods, and the service-quality → satisfaction → behavioural-intention pathway is sustained throughout.

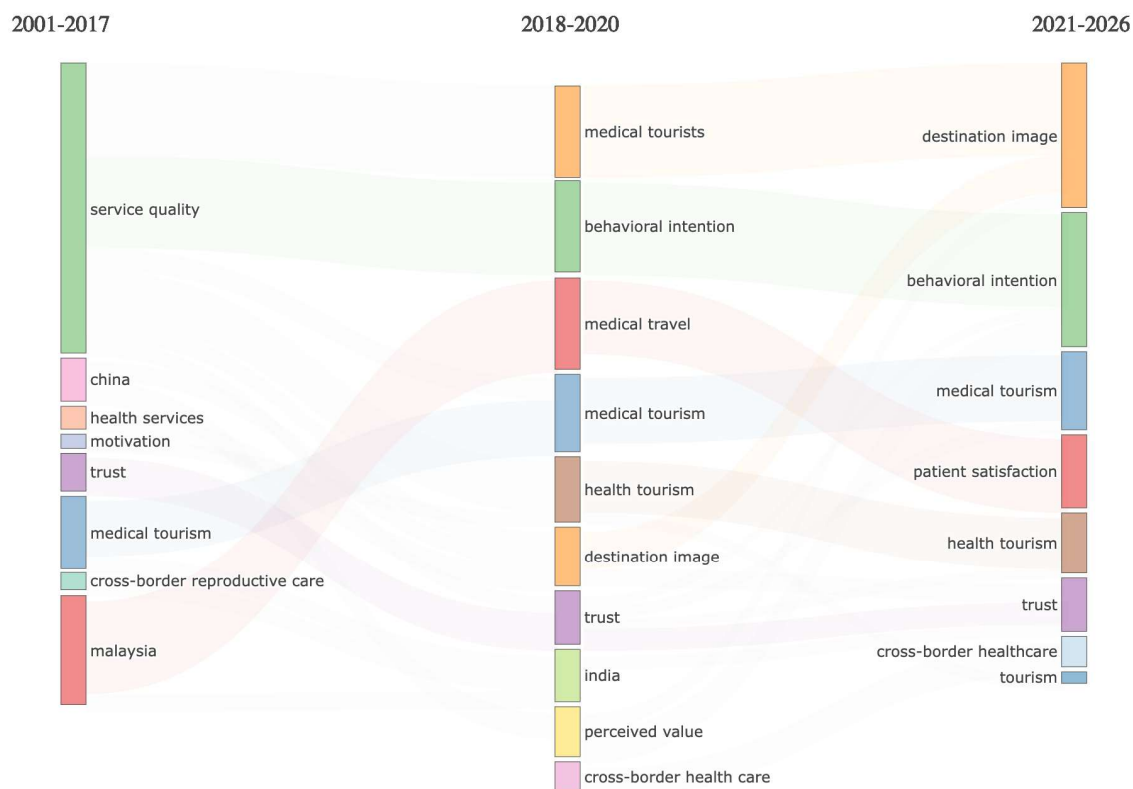


Figure 5. Thematic evolution

4.5 Intellectual Foundations (Co-citation)

Co-citation analysis of cited references locates the field’s intellectual foundations across three streams: planned-behaviour and loyalty theory, including the customer-retention models of Han and colleagues (Han & Hyun, 2015; Han et al., 2018); service-quality measurement in the SERVQUAL tradition (Ghosh &

Mandal, 2018); and the conceptualisation and competitiveness of medical tourism (Connell, 2013). The prominence of these works confirms the multidisciplinary convergence of marketing, healthcare management, and consumer psychology in revisit-intention research.

4.6 Comparison with Prior Bibliometric Studies

These findings align with, and extend, prior bibliometric work. The clusters recovered here echo those of de la Hoz-Correa et al. (2018), Habibi et al. (2021), Dhakate and Joshi (2023), Fauzi (2024), Lukose (2024), Mo (2025), and To (2025), each of which identifies service quality, patient satisfaction, destination competitiveness, and post-2020-digital health as central, and the global scientometric overview of medical tourism by Yadav and Tamta (2025). Within the customer-loyalty domain specifically, the present results parallel Zulfiqar et al.'s (2024) bibliometric analysis of revisit-intention research across hospitality and tourism, while differing in their narrower focus on the medical-tourism stream and in foregrounding satisfaction and trust as the bridging constructs. Convergence across independent datasets and software pipelines strengthens confidence in the stability of the thematic structure.

5. Conclusion and Implications

This study mapped 495 Scopus-indexed documents (2001–2026) on revisit intention in medical tourism. Output has grown rapidly since 2015 across a globally distributed field led by the United States, Malaysia, the United Kingdom, India, and South Korea. Co-word and thematic analyses identify a stable structure organised around service quality, satisfaction, behavioural intention, trust, destination image, and perceived value, with satisfaction and trust acting as the central bridging constructs; thematic evolution shows a shift from cost- and quality-oriented work toward safety, trust, and patient-centred themes after 2020.

Theoretical implications: This study brings together a scattered body of research, shows that satisfaction and trust sit at the heart of the revisit-intention literature, and offers a clear, repeatable way to identify the field's main research themes and its emerging directions.

Practical implications: The results point to clear, practical steps for the main players in medical tourism. Hospitals and clinics should earn and advertise international accreditation and share their treatment results, because trust is the biggest reason patients return for high-risk care. They should also stay in touch with patients after treatment, using telemedicine for follow-up, offer language help and guidance for visitors from key countries, and regularly ask patients about their experience so that problems can be fixed quickly. Governments can help by setting and enforcing clear quality standards for hospitals, making medical visas and follow-up care across borders easier, putting patient-protection rules in place to lower the sense of risk,

and funding joint research between countries. Tourism boards and destination managers should build a destination image that combines medical credibility with a clear message of safety (Demir, 2025), promote health and tourism together rather than separately, and reach out to patients in nearby regions and diaspora communities with information tailored to them (Boguszewicz-Kreft et al., 2021).

Limitations and Future Research

The analysis relies on a single database (Scopus), which, although comprehensive, may underrepresent regional journals and non-English literature. Bibliometric mapping reveals intellectual structure and thematic trends but does not establish causal relationships among satisfaction, trust, and revisit behaviour. The keyword strategy, though pilot-tested, may omit studies using divergent terminology, and the 2026 records represent partial-year indexing. Future research could use multi-database searches, comparative regional analyses, and longitudinal or mixed-method designs to validate the mapped relationships, and could incorporate telemedicine, AI-assisted care, and post-pandemic behavioural change into network-based scientometric analysis.

Acknowledgement and Declarations

Conflict of Interest. The authors declare no conflict of interest.

Funding. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions. Conceptualisation, methodology, software, formal analysis, data curation, original draft preparation, and visualisation, Akash Singh; writing-review and editing and supervision, Dr. Sunita Tanwar. Both authors have read and agreed to the published version of the manuscript.

Data Availability Statement. The bibliographic records analysed in this study were retrieved from Scopus and are available subject to subscription. The processed dataset and analysis files are available from the corresponding author on reasonable request.

References

1. Abbaspour, F., Soltani, S., & Tham, A. (2021). Medical tourism for COVID-19 post-crisis recovery? *Anatolia*, 32(1), 140–143.
2. Abdul-Rahman, M. N., Khalifa, G. S. A., Abuelhassan, A. E., & Ali, H. E. (2023). Responding to tourists' intentions to revisit medical destinations in the post-COVID-19 era through the promotion of their clinical trust and well-being. *Sustainability*, 15(3), 2399.



3. Alp, G., & Yilmaz, Y. (2024). Medical tourism destination image: Scale development. *Journal of Tourism Research*. Advance online publication.
4. Alruwaili, K. (2026). Why do international patients come back? An S-O-R explanation of service quality, trust, and satisfaction in Saudi hospitals. *Veredas do Direito*. Advance online publication.
5. Aria, M., & Cuccurullo, C. (2017). bibliometrix: An R-tool for comprehensive science mapping analysis. *Journal of Informetrics*, 11(4), 959–975.
6. Bader, M., Al-Gasawneh, J. A., Daoud, M. K., & Alqaied, B. (2023). Factors influencing the satisfaction and revisit intention of Jordanian medical tourists. *Academica Turistica*, 16(2).
7. Baker, D. A., & Crompton, J. L. (2000). Quality, satisfaction and behavioral intentions. *Annals of Tourism Research*, 27(3), 785–804.
8. Boguszewicz-Kreft, M., Sokół, J., & Cymanow-Sosin, K. (2021). The assessment of domestic and foreign medical services and the intents to participate in medical tourism. *European Research Studies Journal*, 24(2B), 945–962.
9. Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. Palgrave Macmillan.
10. Campra, M., Riva, P., Oricchio, G., & Brescia, V. (2021). Bibliometrix analysis of medical tourism. *Health Services Management Research*, 35(3), 172–188.
11. Cham, T. H., Lim, Y. M., Sia, B. C., Cheah, J. H., & Ting, H. (2021). Medical tourism destination image and its relationship with the intention to revisit. *Journal of China Tourism Research*, 17(2), 163–191.
12. Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, 1–13.
13. de la Hoz-Correa, A., Muñoz-Leiva, F., & Bakucz, M. (2018). Past themes and future trends in medical tourism research: A co-word analysis. *Tourism Management*, 65, 200–211.
14. Debata, B. R., Patnaik, B., Mahapatra, S. S., & Sree, K. (2015). Interrelations of service quality and service loyalty dimensions in medical tourism. *Benchmarking: An International Journal*, 22(1), 18–55.
15. Demir, Y. (2025). Destination image as a mediator between hospital perceived value and revisit intention in medical tourism. *Scientific Reports*, 15.
16. Dhakate, N. N., & Joshi, R. (2023). Current knowledge and future research directions of medical tourism: Insights from a bibliometric analysis. *Asia Pacific Journal of Tourism Research*.
17. Fauzi, M. A. (2024). Medical tourism in South East Asia: Science mapping of present and future trends. *Asian Education and Development Studies*.



18. Fetscherin, M., & Stephano, R. M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, 52, 539–556.
19. Ghosh, T., & Mandal, S. (2018). Medical tourism experience: Conceptualization, scale development, and validation. *Journal of Travel Research*, 58(8), 1288–1301.
20. Habibi, A., Mousavi, M., Jamali, S. M., & Ale Ebrahim, N. (2021). A bibliometric study of medical tourism. *Anatolia*, 33(2), 1–14.
21. Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, 46, 20–29.
22. Han, H., Kim, W., & Hyun, S. S. (2018). Growing competition in the healthcare tourism market and customer retention in medical clinics. *Current Issues in Tourism*, 21(7), 818–837.
23. Kim, M., & Lee, S. (2020). The influence of medical tourism destination attributes on revisit intention: The mediating role of satisfaction and trust. *Asia Pacific Journal of Tourism Research*, 25(8), 912–925.
24. Kumar, A., Armah, L. K., & Malik, G. (2024). Tourism and hospitality research trends in South Asia: A bibliometric analysis. *Journal of Scientometric Research*, 13(1), 123–136.
25. Li, X. (2010). Medical tourism in Asia: Thailand, Singapore, Malaysia, and India. In *Medical tourism* (pp. 123–145). Springer.
26. Lukose, A. (2024). Exploring the frontiers of health tourism: A bibliometric analysis of research themes and trends. *Cureus*, 16(5).
27. Mo, J. (2025). Medical tourism research: Trends, themes, and future directions through bibliometric analysis. *Journal of Smart Tourism*, 5(1).
28. Rahman, M. K. (2019). Medical tourism: Tourists' perceived services and satisfaction—lessons from Malaysian hospitals. *Tourism Review*, 74(3), 739–758.
29. Singh, A., & Tanwar, S. (2025). A systematic literature review of tourism typologies in Northern India. *Journal of Research in Business and Management*, 13(9), 95–101.
30. To, H. (2025). A bibliometric analysis of medical tourism experiences. *Journal of Development and Integration*.
31. Yadav, S., & Tamta, P. (2025). Global medical tourism research: A scientometric overview. *Journal of Scientometric Research*, 14(1), 1–15.
32. Zulfiqar, U., Abbas, A. F., Aman-Ullah, A., & Mehmood, W. (2024). A bibliometric and visual analysis of revisit intention research in hospitality and tourism. *Journal of Tourism Futures*.