ABSTRACT

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Abstract

Health tourism is one of business sectors which has great potential for growth in an era of tertiary economy. Health tourism is such area which only benefits from the development of knowledge intensive services. Globalization and digitalization make everything interconnected. The wide spread of internet makes our living much easier and more democratic. However, individuals may feel frustrated because they feel their inability to manage their lives as successfully as they did earlier. People face more demands and constantly are under pressure. Such changes in daily routines and activities can cause a desire to work harder instead of to remain healthy. Individuals are concerned about their mental and physical well-being because they feel more responsible, first of all, for their personal happiness. Such tendency in behaviour of individuals remains strong during recent decades due to higher quality of life. Health tourism services are a great way to solve problems which individuals have currently.

A purpose of this study is to discover possible ways health tourism services may be developed until the year 2030. A main reason for choosing a shorter 15-year time horizon is a fact that health tourism companies provide certain kinds of services to their clients. It is logical to choose a shorter period if a case is about market-oriented firms. An approach to study this topic is formed out of the consistent application of various qualitative methods and tools. These qualitative methods and tools of futures research are futures scenarios, futures map and images of the future. Images of the future were collected during interviews of two groups of respondents. The first group consisted of Russian and Finnish professionals who could be considered as experts in a field of health care and health tourism. Another group of respondents was potential consumers of Russian and Finnish health care services. The next stage of a research process was to apply critical thinking towards opinions and images of the future of respondents. It helped to define the strongest trends, weak signals and influencing on health tourism until 2030 forces. Contents of the futures map was based on understanding what kind of issues may be the most important. Finally, four futures scenarios describe how health tourism services between Finland and the North-western of Russia possibly may be in 2030.

Many different events, processes, factors and trends will influence on the development of health tourism between Russia and Finland in the next 15 years. Images of the future that people create regarding the future development of health tourism between Finland and the North-western Russia depend much on their professions and their level of expertise and job experience.

Key words	health tourism, Russia, images of the future, scenarios, welfare, medicine, crisis
Further information	

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FUTURES OF THE HEALTH TOURISM BETWEEN THE NORTHWEST RUSSIA AND FINLAND 2030

Master's Thesis
in Futures Studies

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1 INTRODUCTION

At a present moment a share of a health tourism industry in the global volume of a tourism industry is only 1%. However, the share of this industry is growing due to its high profitability. An organization *Patients Beyond Borders* belongs to the most respected global stakeholders in a field of health tourism. Its aim is to connect patients with reliable hospitals. According to statistics of Patients Beyond Borders, there were more than 7,170,000 people who bought health tourism offers in 2013[1]. Globalization and modern communication technologies facilitate travelling. A global network of travel destinations will get only wider in the future.

People have become more aware and conscious as consumers. They do care about the quality of medical services provided to them. Health tourists aim at getting such health care services that satisfy completely their needs and desires, Normally, health tourists prefer to choose such a medical service provider which offer corresponds the most with the understanding of the individual how everything should be organized. Trust between the consumer and the provider of medical services is essential.

This study examines images of the future of the health tourism between the North-western Russia and Finland. Opinions expressed by respondents during interviews will be collected and analyzed as ideas regarding the possible development of health tourism between the North-western Russia and Finland until 2030. Respondents are Russian and Finnish medical professionals and potential consumers of health tourism services. All opinions of respondents will be analyzed critically further, e.g. by means of the review of sources of the relevant information. Finally, scenarios based on the futures table will be created. Discoveries done during the literature review and images of the future of respondents will be used as foundations for scenarios.

[1] According to data of the Patients Beyond Borders published in 2014. See more information at http://www.patientsbeyondborders.com

1.1 Structure of the Thesis

The first part of this thesis is dedicated to images of the future of interviewees. Interviewees are mostly experts on medical travel and potential consumers of health tourism services. Secondly, in the first stage these images of the future are analyzed. Results of this empirical stage of the study are compared with data and information presented in the scientific literature and other relevant references. The third part of this study is dedicated to formation of the futures table and creation of draft versions of scenarios. Further, different future scenarios are created in order to demonstrate how the medical travel industry can possibly function between the North-western Russia and Finland in the future. The conclusion sums up major results of this study.

1.2 Research Questions and Propositions

Research questions of this thesis are following:

- *What is the health tourism? What kind of trends are observed in the health tourism industry currently? What does motivate people to buy health tourism offers?*

The research on these questions will define what kind of drifts and trends are observed in healthcare, tourism and hospitality industries and what kind of services are offered by medical centers at the present time. Knowledge about it will be gained during interviews of aware of these issues experts and from the scientific literature and other relevant sources. The first proposition is that the health tourism industry develops intensively and will continue its growth globally until 2030.

- *How do experts and potential clients perceive the current development of health tourism between the North-western Russia and Finland? What kind of trends and tendencies influence on the development of health tourism between Russia and Finland?*

The answer to these questions will uncover what exactly interviewees from Russia and Finland imagine regarding the present and the past of the health tourism industry. Analysis of interviews will enable to do comparisons. As an example, such comparisons will clarify how contradictory and similar opinions of Finnish and Russian experts and

potential clients of clinics are. The proposition of this part is that the level of the expertise will influence the most on characteristics of individuals' images of the future.

- *What kind of images of the future of the health tourism industry will be presented by experts and potential clients of Russian and Finnish clinics? What kind of trends and processes will impact on the development of health tourism between the North-western Russia and Finland during the next 15 years? What kind of offers will be proposed by Finnish and Russian health tourism businesses to their clients in 2030?*

This step will help to collect ideas regarding the future of medicine, health care and health tourism industries. Some ideas can be found from published scientific literature and other sources. Some will be generated by Russian and Finnish experts and potential clients of Finnish and Russian clinics. Careful analysis of this information will help to define the most probable and possible forces influencing on the development of health tourism between Russian and Finland in the future. The proposition is that many different events, processes, factors and trends will influence on the development of health tourism between Russia and Finland in the next 15 years.

2 OVERVIEW OF METHODS APPLIED IN THE STUDY

2.1 Images of the Future

Futures studies is an area of research that studies possible alternative futures and driving forces that change and will change current conditions of affairs (Kuusi, Bergman & Salminen, 2013, pp. 325 - 333). On one hand, Kuusi, Cuhls & Steinmuller altogether agree with one of the most quoted futures researchers Bell that a main aim of futures studies are "to discover, invent, examine or evaluate, and propose possible, probable and preferable futures". On the other hand, Kuusi, Cuhls & Steinmuller disagree with Bell on one point. Kuusi, Cuhls & Steinmuller suggest to use *to construct* instead of *to discover*. In opinion of Kuusi, Cuhls & Steinmuller, the concept *to construct* matches better with approaches of futures research because alternative futures *are constructed* (Kuusi, Cuhls & Steinmuller, 2015, p. 3).

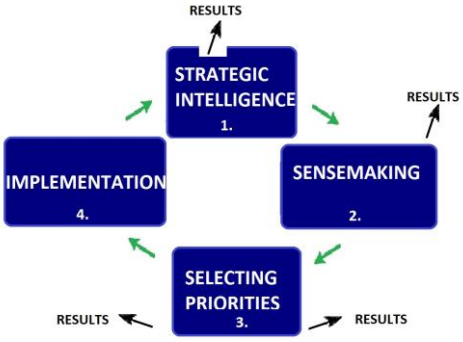
There are many different ways to classify methods of futures research and studies. For example, Cuhls developed a classification suitable for analysis of technology foresight studies. Cuhls notices that all futures studies can be divided on selective and explorative, focused on general and specific themes, on long-term and short-term and approaching participatively and analytically (Kuusi, Cuhls & Steinmuller, 2015, p. 12). Approaches of futures research are either *transdisciplinary* or *interdisciplinary*. Interdisciplinary approaches represent certain analytical and other scientific practices that are typically applied in studies of the majority of other academic disciplines. Transdisciplinary approaches represent practices of futures researchers which are focused on the search of the most holistic way to study the proclaimed by customers issue (Kuusi, Cuhls & Steinmuller, 2015, pp. 9-13).

There are several ways of evaluation the quality of studies. It can be done within a framework of philosophy, pragmatism and applicability in eyes of customers and under certain circumstances. However, all these frameworks require different tools of assessment. It is interesting that critical realists and constructivists influenced the most on formation of futures research. *The General Theory of Consistence* (GTC) has in its core such an assumption that conceptual systems maturate constantly. A fundamental

principle is that knowledge remains correct until a moment when new constructions and theories are admitted as operating well and right (Kuusi, Cuhls & Steinmuller, 2015, pp. 9-13).

Figure 1.

Elements of a Strategy Process. Phases of Foresight according to Kerstin Cuhls. (Kuusi, Cuhls & Steinmuller, 2015, p. 7)



In fact, there are many groups of scholars focused on the development of quality criteria for futures research. One of such group from Germany Netzwerk Zukunftsforschung has prepared the tripartite quality criteria *Task Force Standards*. The first part consists of recommendations that prescribe how to carry out and to lead *futures* research correctly. The second part is dedicated to information which helps to comprehend differences between profound futures *research* and non-scientific non-professional work (for example, amateurish and dilettante science-fiction). The third and the final part of *Task Force Standards* is about ways to achieve the most pertinent and impressive outcomes that improve the functioning not well enough system. Futures researchers from the Netzwerk Zukunftsforschung formulate in the quality criteria *Task Force Standards* standards of futures research:

- *Explicit definition of aims and framework conditions;*
- *Transparency and comprehensibility;*
- *Theoretical foundation: a sound theoretical basis for the construction of images of the future;*
- *Appropriate choice and combination of research methods;*
- *Conceptual quality, including procedure according to the state of art;*
- *Scientific relevance;*
- *Code of conduct.*

It is important to obey these standards of futures research. According to the quality criteria *Task Force Standards,* futures researchers need to serve following objections:

- *Practical relevance, usability and impact;*
- *The understanding of addressees, their types, roles and peculiarities;*
- *Transfer and communication: results should have a format suited to transfer;*
- *Identification of (general) lines of action;*

- *Project and process management* (Kuusi, Cuhls & Steinmuller, 2015, pp. 9-13).

A Image of the Future is one of key concepts of futures studies. The image of the future is a thought created by mind of the individual regarding a certain point in the future. The image of the future is a result of person's mental activities. To these activities belong information processing, expectations and hopes, knowledge about the past and the present, interpretations and observations, values and fears. Images of the future affect the individual both in conscious and unconscious way. Much depends on how images of the future are interpreted. If the individual's image of regarding the possible future sounds as the least probable, then such an image of the future can be classified as impossible. The rest of images of the future can be classified as possible. However, even among all possible images of futures only several images of the future can be classified as desirable and the most plausible, the most probable and preferred. The image of the future is the concept which as a concept of the futures consciousness and relates to the area of tacit knowledge. Futures consciousness is our desire to understand interrelations and interdependencies between the daily life of individuals and the past, the present and the future. Normally, knowledge can be divided into explicit and tacit. Explicit knowledge relates to everything expressible, countable and observable. Tacit knowledge is either hard or impossible to systemize or to control. Tacit knowledge is generated during person's interactions with other people and objects and during interactions with objects of culture. Tacit knowledge is divided into two groups. The first group of tacit knowledge represents technical knowledge and skills required to do something. The second group of tacit knowledge represents person's beliefs, mental schemas and models (Kuusi, Bergman & Salminen, 2013, pp. 325-333).

Bell & Mau refer in their writing "Images of the Future: Theory and Research Strategies" to scholars Frederik L. Polak and Harold D. Lasswell who both worked extensively on the term "the image of the future" and issues related to it. Bell and Mau decided that the Polak's and Lasswell's concept could be simplified and applied in futures studies as one of "key variables in the theory of the social change". Every individual has his own unique image of the future which is changing its characteristics throughout the life of this individual (Bell & Mau, 1971, pp. 12-13).

Minkkinen did a profound comparison of images of the future, scenarios and visions which aim is "to inspire and give direction". Visions are created by experts for professionals and there is no alternativeness. Individuals create their unique images of the future regarding certain points in the future. Researchers and experts in futures studies create scenarios that describe paths how something can be developed and changed until a certain point in the future (Minkkinen, 2013, pp. 22-27). Minkkinen says that *images of the future* are shared by individuals and depends on their values, attitudes and ambitions. People act in a certain way with a goal to achieve something desirable in the future. Every individual has a complex system of decision-making which makes him behave in a certain way. Interests of individuals and society are often in contradiction. Individuals act and their actions change a society. Minkkinen refers to Bell & Mau and presents a social change in a following way (Minkkinen, 2013, p. 23):

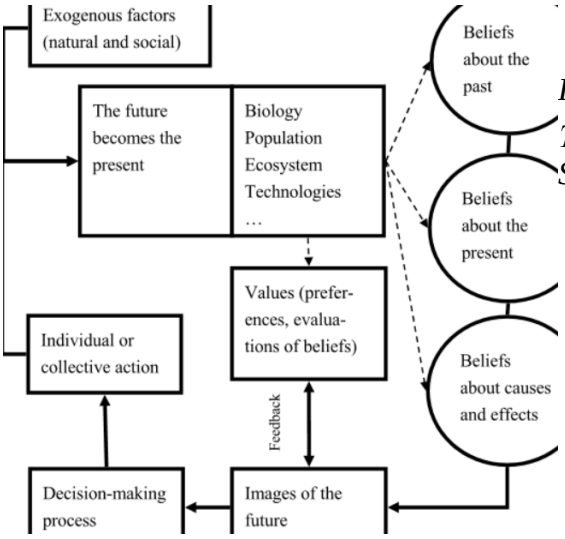


Figure 2.

The Bell's and Mau's Understanding how a Society Evolves (Minkkinen, 2013, p. 23).

Among the most well-known futures researchers who applied often images of the future in their studies was a Finnish futurist Anita Rubin. A majority of Rubin's publications were dedicated to images of the future because it was one of her favorite subjects of research. Rubin emphasizes inability of individuals to forecast the future. However, Rubin agrees with de Jouvenel that individuals share *foreknowns* that makes possible to make right choices and decisions. Individuals need to have a grasp of present trends, tendencies and powerful movements in order to form *foreknowns*. Otherwise, it is impossible to achieve certain goals in the future. Rubin explains that a beginning of the 21st century is a transition period when old operation models shift towards their new forms. One of major characteristics of a next phase is the acceleration of exchange of information and a rapid increase of the amount of data and information. Rubin believes everything to start from the individual. Individuals need to adapt to a high level of uncertainty, to transform approaches to decision-making. Concurrently organizations and institutions will automatically start to change their focus, nature and approaches to deal with the reality as well (Rubin, 2006, pp. 11- 17). There are four different types of attitudes towards the future: *proactive*, *preactiv*e, *passive* and *reactive*. Rubin presented these four attitudes with questions regarding the future, trends and examples of behavior and reactions in the following table (Rubin, 2006, p. 45):

Table 1. Attitudes (Rubin, 2006, p. 45).

Attitude towards the future	*Scenarios*	*Strategy chosen*	*Questions about the nature of future*	*Questions about the attitudes towards future*
Passive	None	Just to go with the flow	None	None
Reactive	None	Just to adapt to changes	How will the world change?	How will we adapt to the future changes? Which qualifications will we need to have in order to cope well in the future?
Preactive	Based on trends	Preventive	Will be same trends in the future? Will the new trends emerge?	How will the trend influence on our future? How can we make the trend stronger and weaker?
Proactive	Possible alternatives and weak signals in the present	Innovative	How possibly will the future worlds look like? How possibly will the future worlds look like?	How can we influence on the nature of futures? How can we achieve our goals in different possible futures?

2.2 Scenarios and Futures Map

Scenarios are one of the most broadly-applied methods of futures research. One reason to such a popularity of scenarios is they deliver information in a form of a narrative. It facilitates easy visualization of possible changes. People can understand scenarios effortlessly. We get used to such form of expression of ideas since childhood when our parents read us fairy tales. Scenarios are equal in probability of occurrence, but different in a level of reliability, desirability, popularity and likelihood. The scenario is one possible path to one certain future. By its core the future path is the coherent and logical sequence of events which emerge due to decisions and choices made earlier. Scenarios are credible and correct only if scenarios process was planned by futures researchers accurately. It is the best to use both qualitative and quantitative futures methods. Scenarios are stories about different events, trends, forces, weak signals (Kuusi, Bergman & Salminen, 2013, pp. 330-335).

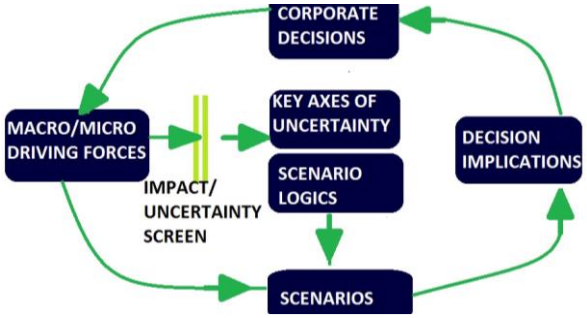


Figure 3. Scenario Development (Ralston and Wilson, 2006, p. 23).

Ralston and Wilson published a book about scenarios. In their opinion, various types of organizations can benefit differently from scenarios. Scenarios are helpful with a regard to selection and planning of a strategy in times of high uncertainty. Environment is getting more complex. New forces emerge. In order to survive in so unpredictable world, organizations need to reconsider approaches. Organizational strategy depends on views of leaders, often narrow-minded. Corporate leaders need to think in a more creative way. It is not enough when leaders base their decisions only on market forecasts. Futures scenarios are more reliable because they take into account changes, trends and new forces.

Scenarios are a sophisticated tool of anticipation and are defined in this way:

Scenarios Are Not ..	*Scenarios Are ..*
Predictions	Descriptions of alternative plausible futures
Variations around a mindset base case	Significantly, often structurally, different views of the future
"Snapshots" of endpoints (e.g., the market in 2010)	"Movies" of the evolving dynamics of the future
Generalized views of feared or desired futures	Specific "decision-focused" views of the future
Products of outside futurists	Results of management insight and perceptions

Table 2. Characteristics of Scenarios (Ralston and Wilson, 2006, p. 16).

There are four different approaches to construct scenarios: *objective*, *normative*, *intuitive* and *analytical*. It is the best when a researcher uses a more balanced approach.

Table 3. Approaches to Create Scenarios (Ralston and Wilson, 2006, p. 22).

Approach	*Description*
Objective Approach	1. To evaluate the future external environment- trends, uncertainties, "break points" and so on. 2. To see the external environment as an uncontrollable factor 3. To analyze implications 4. To seek to help an organization shift its strategy 5. To seek to improve organization's decisions to take the impacts of the environment into account
Normative Approach	1. To ask questions about alternative futures in light of company visions and points of leverage for the business in the external environment. 2. To assume that the company can influence the external environment significantly through its actions
Analytical Approach	1. To use formal models or simulations to develop both broad alternative scenarios and their details
Intuitive Approach	1. To focus on qualitative visions of the future that reflect the "mental maps" of the people developing and using the scenarios. 2. To choose intuition as a key source in the initial development.
Balanced Approach	1. To incorporate different types of approaches with the purpose to develop more balanced scenario methodology. 2. To recognize the complementary values of intuition, vision, analysis, leverage and the trully uncontrollable externalities. 3. To move towards richer methods that draw on the most useful set of the tools for particular scenario issues amd organizational cultures.

Table 4. Phases of the Development of Scenarios (Ralston and Wilson, 2006, p. 25).

GETTING STARTED --- • Developing the case for scenarios • Gaining executive understanding, support, and participation • Defining the "decision focus" • Designing the processing • Selecting the facilitator • Forming the scenario team
LAYING THE ENVIRONMENTAL-ANALYSIS FOUNDATION --- • Gathering available data, views and projections • Identifying and assessing the key decision factors • Identifying the critical forces and drivers the dynamics of "the way the world might work". • Conducting focused research on key issues, forces and drivers
CREATING THE SCENARIOS --- • Assessing the importance and predictability, or uncertainty of forces and drivers • Identifying key "axes of uncertainty" (drivers and forces with high importance and high uncertainty) to serve as logics and structure of the scenarios • Selecting scenario logics to cover the "envelope of uncertainty" • Writing the story lines for the scenarios
MOVING FROM SCENARIOS TO A DECISION --- • Rehearsing the future with scenarios • Getting to the decision recommendations • Identifying the signposts to monitor • Communicating the results to the organization

Scenarios are so popular due their soundness. Scenarios represent alternatives of the future and show key driving forces and uncertainties.

Scenarios help corporate leaders to understand what can be expected in the future because they can not see a whole picture. Such an afflatus helps to choose the best strategy for the organization and to build up the best mindset inside the organization (Ralston and Wilson, 2006, pp. 13-25). A key advantage of scenarios is that people get informed about the possibility of different outcomes. Such awareness makes people more prepared emotionally and mentally. Prepared leaders make strategic decisions more consciously because they know in advance about a range of possible outcomes in the future. They act more thoughtfully as real challenges emerge. *A Futures Map* is a related to futures scenarios concept of futures research. The Futures Map is a sum of all alternative future paths. The future path is a sequence of events that can take place in the future.

Every future path has its own unique logic. Key concepts of the Futures Map are:

- *pictures of future, backcasting,*
- *scenarios, wild cards, trends,*
- *scenario funnel,*
- *acceptable and desirable futures, accessibility,*
- *an actor's aspiration level,*
- *business-as-usual scenarios.*

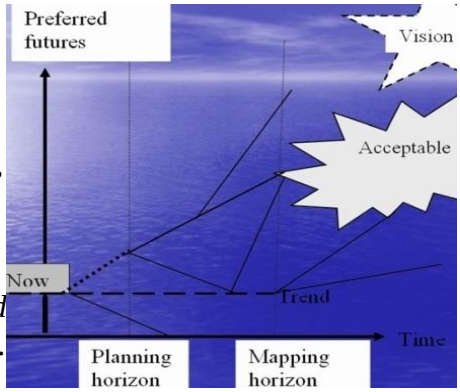


Figure 4. Scenario Path. A Trend. A Road Map.(Kuusi, Cuhls & Steinmuller, 2015, p.4).

Herman Kahn was the first one who suggested to use a term "scenario" to define a method of futures research. He said that scenarios describe how something may develop in the future. Scenarios present *"what alternatives exist, for each actor, at each step, for preventing, diverting, or facilitating the process*". Kuusi, Cuhls & Steinmuller assume that a scenario is a key concept of the Futures Map. They argue that every researcher does *backcasting* in order to create a future path from the future till the present time and to analyze probability of this scenario path. Scenarios can be *diachronic* and *synchronic.* The diachronic scenario is a developmental roadmap. Synchronic scenarios are a static picture of the future. The *scenario funnel* is a concept that describes the phenomena when a range of scenarios is growing in the course of time. The scenario path that is in the midst of all scenario paths shows the most probable alternative. The high quality Futures Map always correlates well with interests of customers (Kuusi, Cuhls & Steinmuller, 2015, pp. 1-14). An idea of the future path is to describe the alternative development of some specific areas until a certain point in the future. The future path can include events that are global, national and local (Kuusi, Bergman & Salminen, 2035, pp. 330-335).

The Futures Map is a sum of pictures of the future which differ by a level of their desirability, possibility and time of their realization. The Futures Map represents the future symbolically. Due to this fact the Futures Map can used as a platform to test existed futures methods and to design the brand new methodology. Future paths need to be understandable, usable and applicable. The Futures Map is based on generalizations and abductions and not on inductions and deductions. The Futures Map is a sum of created by futures researchers ideas regarding the future. Contrary to empirical sciences in which *a valid proposition is the best available approximation of truth*, futures mapping can be

validated internally and externally. The external side of the pragmatic validity consists of everything that concerns relevant causal processes. Outcomes of study can be analyzed by the use of the following pragmatic validity criteria:

- *To check if the scope of possible futures is relevant and acceptable;*
- *To identify the most relevant or important possible futures;*
- *To check if all causally relevant facts are covered in identified futures;*
- *To check if a number of scenarios is correct;*
- *To check if futures scenarios are usable by all kinds of stakeholders;*
- *To check if key customers can understand and benefit from futures scenarios.* (Kuusi, Cuhls & Steinmuller, 2015, pp. 1-14).

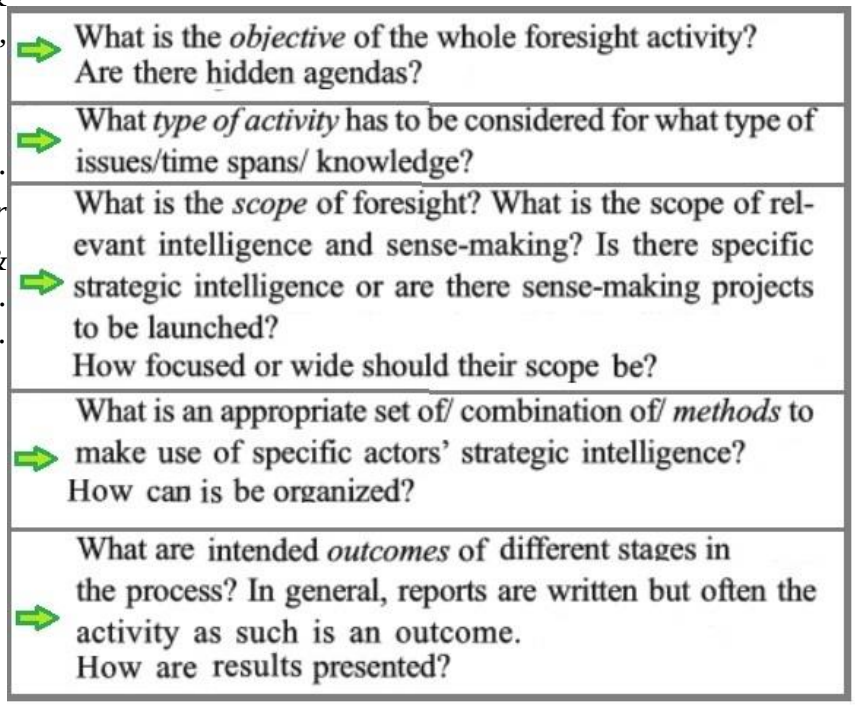


Figure 5. Issues to Consider (Kuusi, Cuhls & Steinmuller, 2015, p. 6).

2.3 Research Material

Part of research materials for this study is collected during search of information in internet and scientific sources. Part of research material is collected from qualitative interviews conducted in the Northwestern Russia and Finland. Since a subject of this study are health tourism between two countries, it is obligatory to interview representing both regions respondents. Health tourism as an industry depends on many factors. If there is a need to study development of health tourism services until 2030, then there is a need to search for forces, trends and key uncertainties that can possibly emerge until 2030.

Responses received from interviewees should be divided into two groups. The first group collects responses about the past and present development of health tourism between the North-western Russia and Finland. The second group collects responses about the future development of health tourism between the North-western Russia and Finland. Contents of responses of the second group are visionary and prognostic regardless to background, characteristics and qualities of respondents. Responses of the second group are suggestions, conjectures, guesses, speculations by their nature. It is necessary to be skeptical regarding responses of the second group because they belong to the future, to the space of unknowns. Responses of the second group need to be examined additionally by the review of scientific literature and other relevant sources. Contents of responses of the second group are based on reality assumptions. Responses depend on expertise, background, characteristics and qualities of respondents, on their awareness of how the health tourism industry functions.

Since the study is dedicated to the development of health tourism between the North-western Russia and Finland, there is a need to interview equal shares of respondents represented the North-western Russia and Finland. Moreover, since health tourism is all about services, there is a need to interview equal shares of respondents represented providers and consumers of health tourism services.

All respondents of this study's interviews can be defined in a following way:

- *25% of interviewees represent health care experts and providers of health tourism, tourism and health care services located in Finland* (3 respondents interviewed):

N. Leppänen An owner of a beauty salon *Chance* Turku	**A. Flöjt** A male nurse in a hospital Kuopio	**M. Sankari** A doctor in a private clinic Helsinki (now retired)

- *25% of interviewees represent health tourism experts and providers of health tourism, tourism and health care services located in the North-western Russia* (3 respondents interviewed):

Prof. M. Birgakov A Vice-President of an organization International Tourist Academy (based in Moscow). A co-author of a book *Introduction to Tourism Studies* (a title in Rus. *Vvedenie v turism*, publ. in 2014), St. Petersburg region	**Prof. A. Vetitnev** Doctor of Economic Sciences 2012-15 Head of the Department of Management (Sochi State University). A co-author of a book *Health tourism* (a title in Rus. *Lechebnyi turism*, publ. in 2014), Sochi	**N. Belentseva** An employee of a beauty salon *Nicol* St.Petersburg region

- *25% of interviewees represent consumers and potential consumers of Finnish health tourism services* (3 respondents interviewed):

Anna, A social worker City of Saint-Petersburg St.Petersburg region	**Maria** Temporary unemployed St.Petersburg region	**Tamara** A pensioner St.Petersburg region

- *25% of interviewees represent consumers and potential consumers of Russian health tourism services* (3 respondents interviewed:

Kirsti, A professor University of Turku Turku	**David** A doctor An *Israel Medical*-clinic Tel Aviv-Yafo, Israel	**Juha** Temporary unemployed Kajaani

The best futures research method to study future development of health tourism between Finland and the North-western Russia until 2030 is a qualitative interview because it enables an exchange of opinions and the making of discoveries. A list of open questions is prepared in advance A goal of interviews is to study a topic broadly and to get answers on

questions. Two completed in advance SWOT-analyses of Russian and Finnish health care services are used to facilitate discussions.

Figure 6.

Questions Prepared for Interviewees

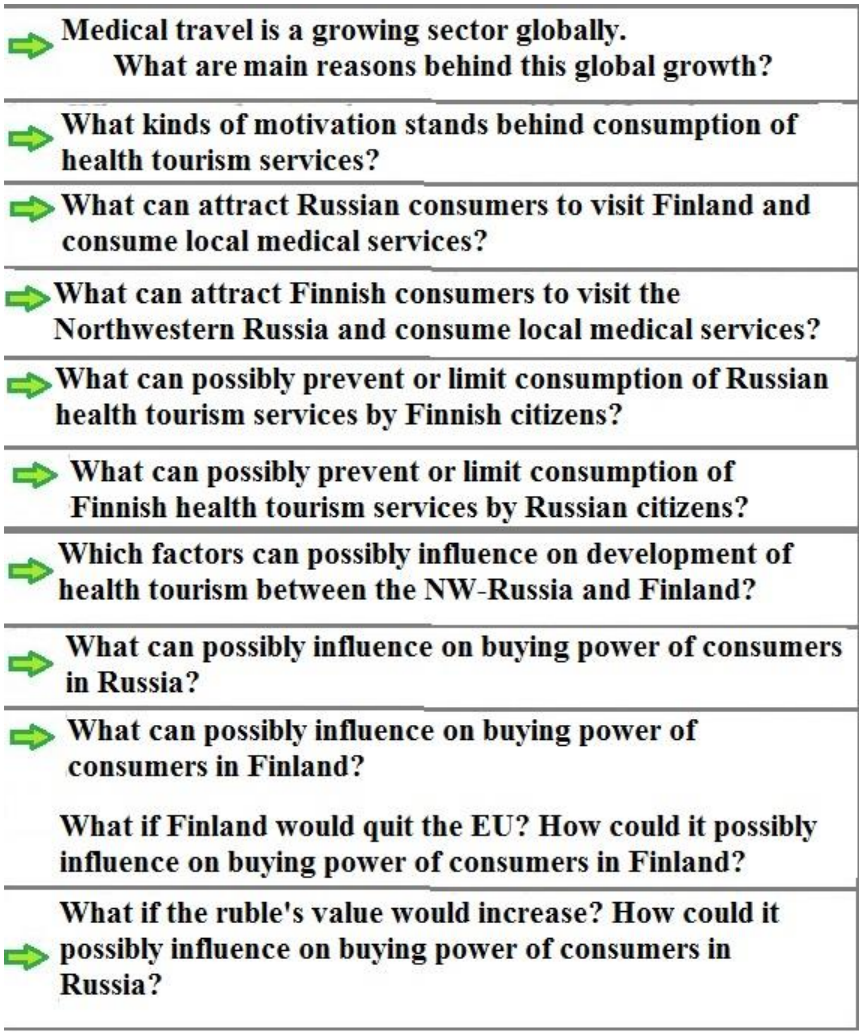


Table 5. SWOT-analyses of Russian and Finnish health care services

PART 1. SWOT-ANALYSIS OF HEALTH CARE SERVICES IN FINLAND

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Operating well system of insurance	On average each medical professional serves fewer people	Development of the senior-oriented services	Decreasing salaries and incomes so services are not affordable anymore
Well educated personnel	Small size of the target group	Development of new types of leisure activities	People prefer to do medical services abroad
Healthy lifestyles are trendy	High prices	Implementation of cheaper alternatives into practices	Decreasing quality of services
Working well control system of hygiene and sanitary	Low interest towards wellness-services	Development of sustainable and ecotourism and use them as an additional value	New taxes hardening the situation
Clear origin of products used	Sometimes too strict inflexible legislation	Emerge of new technologies and materials in the medicine	New limiting legislations issued

PART 2. SWOT-ANALYSIS OF HEALTH CARE SERVICES IN RUSSIA

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Large number of clients	Undeveloped system of insurance	Complex/ partial upgrade of some medical practices towards needs of foreign customers	Decreasing salaries and incomes so services are not affordable anymore
Wellness is trendy	Sometimes unclear an origin of products used	Emerge of new domestic technologies and equipment	Wellness and healthy lifestyles can stop to be trendy
Wide range of services	Sometimes unclear a real level of personnel's professional competency	Development of offers tailored for individual needs of customers	Implementation of cheaper alternatives instead high quality materials
Affordability	Sometimes unclean sanitation and hygiene level	Development of sustainability as trendy	People prefer to do medical services abroad
Low taxes	Defy of sanitation and hygiene prescriptions	Development of cultural tourism and use it as an additional value	New hardening the situation taxes and sanctions

3 HEALTH TOURISM INDUSTRY IN RUSSIA AND FINLAND AND FACTORS INFLUENCING ON ITS DEVELOPMENT UNTIL 2030

3.1 Definition of Health Tourism and Overview of Relevant Concepts

To the most common diseases in the world belong coronary artery disease (ischemic heart disease), stroke, chronic obstructive pulmonary disease (COPD), lower respiratory infections, trachea, bronchus, lung cancers, HIV/AIDS, diarrheal diseases, diabetes mellitus, preterm birth complications, tuberculosis (TB), malaria, measles (Pietrangelo, 2014, HealthLine). There are many definitions of health tourism. Two key Russian experts of the health tourism industry Vetitnev and Kuskov say that health tourists choose the certain provider of healthcare services and base their choice on their own free will and wish. Health tourists travel to certain destinations located not in the permanent place of their residence. Normally, the buyer of the health offer decides the duration of the stay at the medical center, the type of health care services and the travel destination. The health tourism industry can be presented in the following figure:

Figure 7. The Health Tourism Industry (Vetitnev & Uskov, 2010, p. 31).

The health tourist travels consciously with a purpose to get services from the certain health care provider. Usually health tourists buy offers which contain a complex of different healthcare services: recreation, rehabilitation, treatment, diagnostics and preventive care. Health tourism offers are created for individuals, organizations, companies. There are several ways to analyze health tourism services. Some researchers prefer to draw the line between touristic services and curing diseases services. In this case health care services are classified either as part of tourism services or as part of the public healthcare system. Other

group of researchers draws the line between rehabilitation and other health improvement and clinical treatment services. Some researchers do not draw a line between either tourism and healthcare services or rehabilitation and other health improvement services and clinic curement services. These researchers prefer to see health tourism services as a sum of different services (Vetitnev & Uskov, 2010, pp. 30-41). Every health tourism destination has its potential, a sum of touristic resources and infrastructure. Touristic resources consist of natural, cultural and socioeconomic resources.

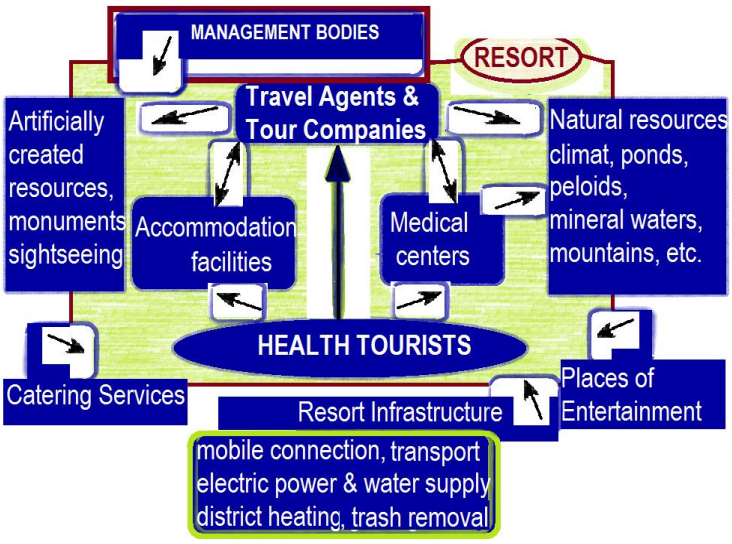


Figure 8. Structure of Resort Services (Vetitnev & Uskov, 2010, p. 261).

To natural resources belong following types of resources: *floristic*, *climatic*, *faunistic*, *orographic*, *hydrographic*, *balneological*, etc. To cultural resources belong *materialistic* and *spiritual* resources. Materialistic cultural resources are means to manufacture and materialistic values of society that satisfy sightseeing and informational needs of tourists. To materialistic cultural resources belong cultural value monuments, historical terrains, other different enterprises of all economic sectors. Spiritual cultural resources are everything done by populating tourist destination territories people in spheres of science, arts, culture and sports. *Socioeconomic resources* are characteristics of labor, information, financial management and other managerial activities (Vetitnev & Uskov, 2010, p. 206).

Recreational natural resources are a combination of all recreational natural resources holding biomedical, aesthetic and scientific value. Recreational resources are extensively, intensively and not used. Each recreational resource has its certain capacity, a sum of *anthropogenic load*-capacitance and *maximum allowable load*-capacitance. The

maximum allowable load is usually prescribed in ecological regulations that set limits to the load of health tourism resources and other natural resources. The anthropogenic load is prescribed by regulations regarding limits to the load of biogeocenosis of all zones exploited by tourists regularly. These regulations are made with a purpose to set rules how to treat the environment in a not harming ecology way.

Figure 9. Recreational Resources (Vetitnev & Uskov, 2010, p. 220).

Natural recreational resources are physical, biological and energy-informational. To physical natural resources belong geological, climatic, hydrographic and geomorphological. Energy-informational natural resources are noospheric, energetic and informational resources. Cultural resources (cultural facilities, monuments, historical terrains, ethnographic diversity, etc.) are used as means to meet recreational needs of tourists. The socioeconomic condition of the tourist destination can be considered either as the recreational stipulation or as resources for recreation. For example, tourist destinations' population can be classified as recreational reserves. Part of tourist destinations' population employed at the resort can be classified as labor resources of that certain facility (Vetitnev & Uskov, 2010, pp. 218-221).

Figure 10. Causes of Deaths in the World (WHO, 2010).

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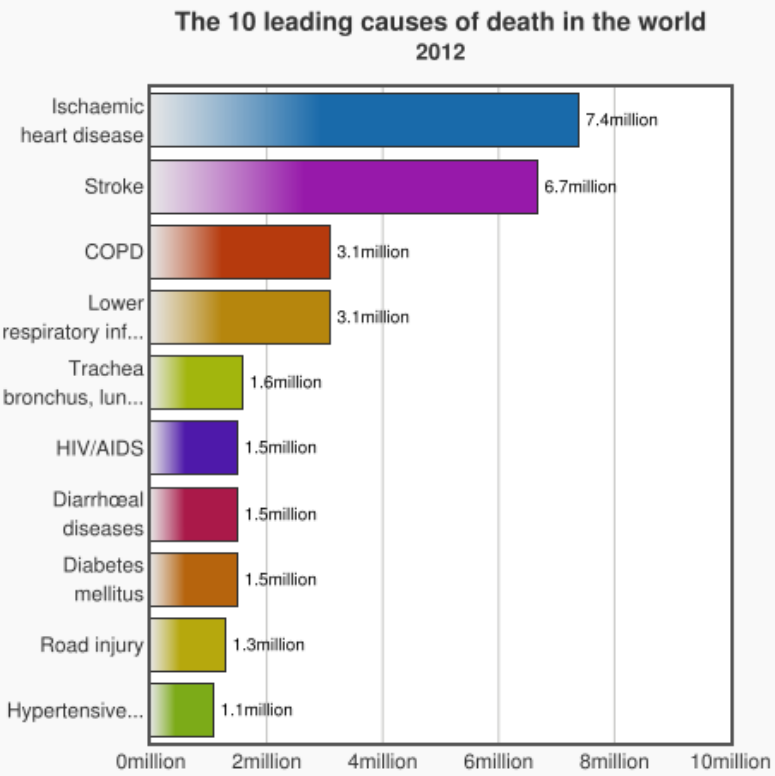


Figure 11. Examples of Prices That Private Clinics Set for Their Clients in Great Britain (Data of 2011, Infographic List).

Table 6. Stages of the Development of Health Tourism (Vetitnev & Uskov, 2010, p. 41).

Phase of development	*Characteristics*	*Services*
Spontaneous and empirical *Ancient and Middle Ages*	Health resort and spa features were used for the purpose of sanitation and hygiene. Single dispersed empirical attempts to cure disorders and diseases.	Ablutions, thermae, bathhouses. Saunas, basins, psychotherapy
Research on balneology *1500s - 1700s*	The emergence and development of scientific works on balneology. The inclusion of balneology in the practice of medicine. The emergence of the first resorts and operational models.	The prototype of all main contemporary forms of health resort business (except. for machine physiotherapy)
Commercial *1800s - 1930s*	Rapid development of private resorts. The first time when resorts started to offer entertainment services. The rapid growth of private resorts. Emergence of recreational enterprises (sanatoriums, pensions, hospitals, etc.) Balneology became an important part of medicine.	The whole range of the main methods of balneology. The emergence and development of physiotherapy
Differentiated *1940s - 1990s*	Division of the approaches to resort practices on the public and the private. The public operational model was more common in the socialist countries where resort practices are the part of the public healthcare system. The private resort practices were more common in the capitalistic countries. The more common were the private health resorts and narrowly specialized clinics.	There was the differences between the capitalistic and the socialist countries. The emphasis in the capitalistic countries was or medical infrastructure, health resorts and pensions. The emphasis in socialist countries was on creation of fully equipped sanatoriums
Market-driven *Since 2000s*	Convergence of the public and the private operational models in both socialist and capitalistic countries. The separation of heath tourism from the public healthcare system in the socialist countries. The share of the private services is growing.	The most common provider of the accommodation services is the hotel. The clinical health tourism becomes the independent branch.

Table 7. Holistic and Conventional Medicine (Robert S. Ivker, 2016).

	Holistic Medicine	Conventional Medicine
Philosophy	Based on the integration of allopathic (MD), osteopathic (DO), naturopathic (ND), energy, and ethno-medicine.	Based on allopathic medicine.
Primary Objective of Care	To promote optimal health and as a by-product, to prevent and treat disease.	To cure or mitigate disease.
Primary Method of Care	Empower patients to heal themselves by addressing the causes of their disease and facilitating lifestyle changes through health promotion.	Focus on the elimination of physical symptoms.
Diagnosis	Evaluate the whole person through holistic medical history, holistic health score sheet, physical exam, lab data.	Evaluate the body with history, physical exam, lab data.
Primary Care Treatment Options	Love applied to body, mind, and spirit with: diet, exercise, environmental measures, attitudinal and behavioral modifications, relationship and spiritual counseling, bioenergy enhancement.	Drugs and surgery
Secondary Care Treatment Options	Botanical (herbal) medicine, homeopathy, acupuncture, manual medicine, biomolecular therapies, physical therapy, drugs, and surgery.	Diet, exercise, physical therapy, and stress management.
Weaknesses	Shortage of holistic physicians and training programs; time-intensive, requiring a commitment to a healing process, not a quick-fix.	Ineffective in preventing and curing chronic disease; expensive.
Strengths	Teaches patients to take responsibility for their own health, and in so doing is: cost-effective in treating both acute and chronic illness; therapeutic in preventing and treating chronic disease; essential in creating optimal health	Highly therapeutic in treating both acute and life-threatening illness and injuries.

The infrastructure of resorts differs by the location of the resort, nutrition, logistics, the transport network and infrastructure, leisure, entertainment, other specific practices. All these factors are equally important. Personal qualities, values, hobbies and interests of health tourists influence on the choice of medical centers. For instance, a person interested in arts of the 19th century chooses Saint Petersburg as a place of destination. A person

interested in extreme sports chooses the skiing resort. A family from Iran chooses as a travel destination the Turkish resort in Antalya because Turkey is such place where that Persian family can spend time together freely in public place what is prohibited in their home country (Vetitnev & Uskov, 2010, p. 206). Resorts usually perform many different activities. Among these activities the environmental protection and the rational use of natural resources are one of the most important. Other activities are accommodation of health tourists, catering services and food supply, economic oversight, management, medicinal and prophylactic activities. Each resort has a network of assisting in services delivery agents. Resort staff prepares and executes the organization of rest and rehabilitation procedures for each health tourist personally. Rest activities and rehabilitation procedures include all kinds of medical care and rehabilitation, excursion activities, animation, recreational services. At some resorts research centers and laboratories function as well (Vetitnev & Uskov, 2010, p. 259).

3.2 Urbanization and Industrialization Processes in Finland and in Russia

Urbanization started in Russia and in Finland in the 20th century as a process of industrialization intensified. Urbanization was as a sequence of a growing working class. As industrial production volumes increased, more people moved from rural to urban areas. New problems and challenges emerged. A wide range of issues needed to be tackled. Such problems included, for example, a lack of public transportation. The life in cities does not provide the best living conditions. Urban and rural settlements and territories, in fact, are quite heterogeneous by nature. In rural areas settlements have already been reorganized due to altering realities as well.

Agriculture and fishing as the primary sector were renewed. Its functioning depends on needs and demands of urban population. These sectors of economy modified after the revolution of technology and science which transformed functionality of agricultural and fishing activities. Automated machinery was implemented in agricultural and fishing practices. It changed the social life in the countryside. Some countries, e.g., the Soviet Union during the 20th century, tend towards a centrally planned economy. In such economy everything is focused on a realization of plans. In a beginning of the 21st century the

urbanization trend remains quite strong. However, it has transformed slightly with regard to the started in the 1950s scientific and technological revolution. The peasantry and working classes have also been moving into urban areas as well. So functions of emptying rural areas, in general, and their role in economic development changed as well. Agriculture does not have features of agglomeration. Urban ways of vertical building are not typical for the countryside. The urban approach towards building vertically was an architectural response to demands of the secondary sector of economy. Spaces for the industrial production and offices required to be concentrated as close to each other as possible. The saving of as much money as possible on operating costs and other expenses was the most important (Barbat, 1974, pp. 88-98). Boldt writes that a educational and professional level of countryside and urban residents varies significantly. Rural people usually gain only vocational qualifications in low-paid and low-skilled professional areas. However, there is a problem among well-educated people to find proper job places. High-end professionals get redundant in *traditional* industries (Boldt, 1971, pp. 197-200). Urbanization worldwide in the 20th century can be presented on the following figure:

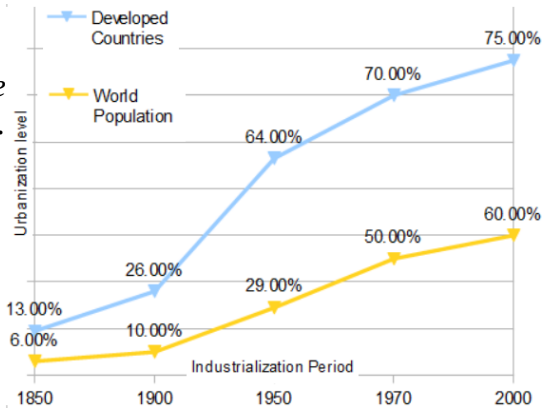


Figure 12. The Urbanization Curve (Barbat, 1974, p. 92).

People in Finland and in Russia move to cities because of attainability of services. Growing urban agglomerations are full of the developed infrastructure and contemporary technologies. Emptying out of rural areas appears worldwide. The role of villages have changed drastically. Few people prefer to live in the countryside. Rest of people prefer to come to the countryside only to spend their summer vacation. Usually only farmers live in the countryside permanently because they earn money from sales of their agricultural and fishing products. Farmers cultivate plants, crops and raise cattle. Their job is demanding and hard due to conditions of limited availability of utilities and often-underdeveloped infrastructure (Barbat, 1974, pp. 88-98).

3.3 Crisis of the Concept *Welfare State*

Having power people are designers of society. Such people can establish order in one or another way. Their actions influence on the future because their actions transform the society. Boguslaw lists actions to be undertaken by the government:

- *To study possible ways to achieve goals and set a right time span;*
- *To decide how to achieve goals with the minimum expenditure of money;*
- *To define ways how / what different stakeholders can contribute;*
- *To reconsider goals, action plans, budgets if it is necessary* (Boguslaw, 1974, pp. 251-252).

Each country is unique by its inner political, cultural and socio-economic development. For instance, key drivers for the Finnish socio-economic development are biobased products, cleantech, promotion of healthy lifestyles, digital consumption, revolution in materials, event industry, aging communities, sustainable development, the efficient use of resources. Now the fifth wave times are going on. Its key features are the revolution of communication technologies, paper industry, industrial automation, cell phones. However, there were several processes which slow down the socioeconomic progress in Finland. Among them was a started in the 2000s financial crisis. Wilenius believes that Finland has difficulties as well with coping with consequences of the world economic crisis. The increased competition in the international trade and the shortage of foreign investments are reasons for the slow economic growth in Finland. Recently emerging new competitors replace some old leaders. China and other Asian countries are examples of new global leaders. Other factors of economic stagnation in Finland are a decrease of revenues in paper and telecommunications industries. The loss of Nokia and bankruptcy of many businesses reduced the amount of taxes paid to a state budget of Finland. The most profitable traditionally industries stepped into a recession. There have not emerged yet so many businesses that could replace those industries by income in Finland. The government made series of investments into public and private projects which were not worth it. Finnish economy will gain its growth only if the government supports application of innovative approaches. New businesses will emerge only if the government

creates favorable for it conditions. There is an urgent need to resuscitate many moribund industries, former major employers and taxpayers. Wilenius says that the Finnish government should focus on the strategic economic development and to foster a restructuralization of traditional industries. Moreover, there is a need to renovate also a not performing well public service sector. For example, health care services could be renovated by the application of digital communication tools, new intelligent and smart technologies. Problems of the health care system could be solved efficiently by the further development and the application of new health care products and related to them services (Wilenius, 2015, pp. 208-209).

Esping-Andersen argues that welfare states used to undergo several crises during the second half of the 20th century. The concept *welfare state* emerged in the 1950s and then started to spread worldwide. Initially this model was considered as perfect because it guaranteed social goods, prosperity and equality. Practically such a model was impossible to fulfill. The concept *welfare* is facing continuous diverse exogenous and endogenous shortcomings and deficiencies. The further in time the concept *welfare* exists, the more related to its realization problems emerge in reality. Such issues are, e.g., social exclusion, poverty and a reducing number of available jobs. Possibly these problems could be solved by a legislative flexibility. In the 1950s-60s people believed and hoped that such a prosperity would be possible. In fact, states never achieve full employment, equality, family stability and social inclusion due to following issues:

Table 8. Signs of the Crisis in the Welfare State (Gosta Esping-Andersen, 1999, p. 2).

1950s	1960s	1970s-80s	1990s
Creates inflation	Fails to produce equality	Stagflation	Globalization
Harms growth		Unemployment	Unemployment
	Too bureaucratic	Post-materialism	Rigidities
		Government overload	Inequalities, social exclusion
			Family instability

The started in the 1990s crisis continues throughout first decades of the 21st century. A main reason for it was a megatrend of globalization. Moreover, a population is aging. There is a need to transform a social security system. Furthermore, families are becoming more

vulnerable. A fertility is decreasing. It was caused by the development of social securities and equal distribution of its services. There is a crisis of the one-man breadwinner system. The traditional division of the work and the care by genders is becoming less popular because less women choose voluntarily the role of housewives. Women prefer to do the career and to stay independent. The sole male breadwinner model is in the crisis in Finland and Russia as well (Gosta Esping-Andersen, 1999, pp. 1-4).

Developed economies stepped into a de-industrialization phase in the 1980s as companies started to move production in less economically developed states (China, India, Taiwan, etc.). A share of employed in labor-intensive industries workers dropped in advanced economies. Actually, each country has a unique structure of economy. Workforce occupations differ in industrial and postindustrial economies:

Table 9. Industrial and Postindustrial Occupational Hierarchies (Gosta Esping-Andersen, 1999, p. 107).

The industrial hierarchy	*The service hierarchy*
Managers and executives	Professionals
Administrators, supervisors	Semi-professionals, technicians
Skilled manuals	Skilled service
Unskilled manuals	Unskilled service

A term *industrial* refers to the production. A concept *service* refers to a tertiary sector.

Services are any work done for benefits of others. By its nature services are divided into *social, distributive, business (producer)* and *personal (consumer).*

Table 10. Classification of Services (Gosta Esping-Andersen, 1999, pp. 104-106).

Social services	*Distributive services*	*Business (producer) services*	*Personal (consumer) services*
Health services	Wholesale	Finance, accounting	Cleaning and laundering
Education services	Retail	Insurance, consulting, marketing	Serving food and drinks Entertaining
Child-minding	Transportation	Real estate	Cutting hair
Home-help	Communications	Engineering, design	Preparing the jacuzzi
Other care-giving services	Other public activities related to mass services	Other business-related professional services	Other services which relates to the household upkeep

A goal of distributive services is to serve needs of mass consumption and transportation since the 1940s. Distributive services are provided by workforce which share is approximately the fifth part of all employed in the tertiary sector and will be same in the future. The number of employed workers in the personal services businesses. will increase due to a growing demand for pleasure and entertainment. Social services are these services that embrace health, care-giving, education. Their share will be growing in the recent future. Authorities employ medical workers publicly in order to fulfill health care needs of citizens. Approximately 30% of all medical professionals work in public health care centers in Finland. In fact, a number of well-educated and trained medical professionals (doctors, nurses, etc.) will increase as well (Gosta Esping-Andersen, 1999, pp. 103-113).

3.4 Transformation of the Public Sphere

Bell emphasizes that sociology should be an individual- and action-oriented. If these is a need to change something, we need to understand, at first, why it is not working. According to Bell, sociology needs to be more "control- and intervention-minded". Social issues should be studied in a flexible creative way. Individuals need to be seen as someone who has a freedom to choose, acts spontaneously, makes rational decisions. Bell sees the only way to achieve real changes is to study trends (Bell, 1971, pp. 333-334). The studying of society is necessary. Each ongoing process in society is very important to analyze. Scientists and scholars can understand the issue only if they put aside their preconceptions and attitudes towards this certain issue (Hollander, 1971, pp. 229-230).

Kondratieff-waves is a convenient tool which futures researchers use to describe major developmental paths. A soviet economist Kondratieff created the theory in the 1920s. Each wave lasts 40-60 years and shows the development of society since the 1780s. According to Kondratieff, every period consists of phases when economic development goes up and down. The Soviet economist said that newly developed technologies and other scientific breakthroughs started a next cycle of an economic growth. Technological development caused changes in people. Typical for a previous wave cultural and social concepts, social institutes were disrupted partly. New values replaced old values. These processes altogether create foundations for a renewal of everything. An economist Joseph Schumpeter developed further Kondratieff's ideas

regarding cycles in 1930s and created a term *Kondratieff's waves*. The fifth "digital" wave started in 1970s. The started in the 2010s sixth wave is a period of smart and intelligent technologies, even more sophisticated digital communication technologies and efficient use of natural resources. Living during the sixth wave people will face expected and unexpected challenges, pitfalls and problems. As an example, the resource scarcity can be classified as a problem.

Wilenius presents major driving forces and the scope of their application:

Table 11. Kondratieff-waves and Key Innovative Technologies (Wilenius, 2015, p. 60).

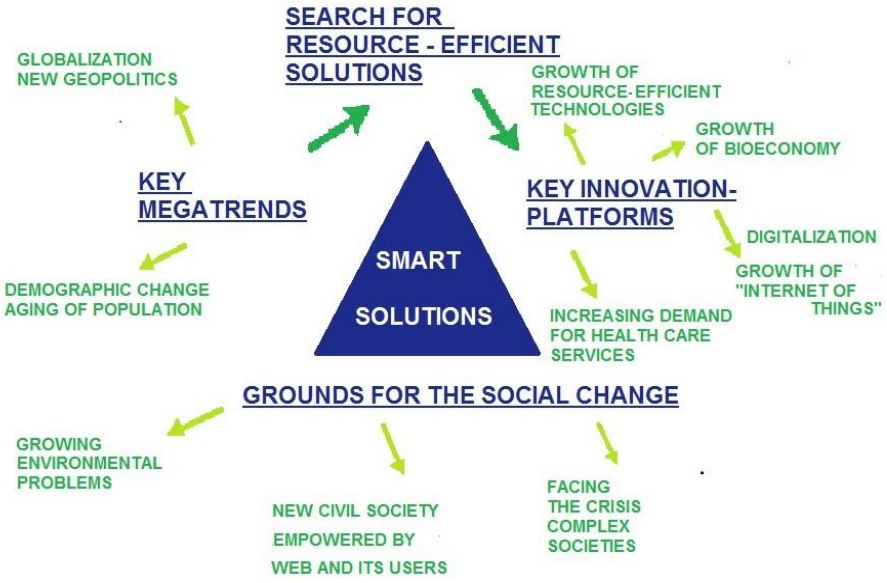
Cycles	*Years*	*Innovative technologies & Driving forces*	*The scope of application*
1st cycle	*1780 - 1830*	Steam engine	Clothing & garment industries
2nd cycle	*1830 - 1880*	Railways & steel production	Transportation & shipping
3rd cycle	*1880 - 1930*	Electrification & chemicals	Mass production
4th cycle	*1930 - 1970*	Cars & petrochemicals	Mobility of the individuals
5th cycle	*1970 - 2010*	ICT	Production of information and communications
6th cycle	*2010 - 2050*	Smart & resource-efficient technologies	Sustainable movement of materials, services and energy

The sixth Kondratieff-wave has its unique features, for example, new ways of thinking. As an example, it is reconsidered what the being successful means. Typical for post-industrial times operational models differ from operating models of an industrial age. Phenomena of the sixth wave are mass collaboration, used massively smart technologies and a next phase of globalization. Individuals, businesses, states and organizations get more interdependent. The most cherished values are openness, transparency, sharing and integrity. The most

common operating models will be various partnerships. Individuals, businesses and organizations will collaborate in order to tackle problems.

Figure 13.

Key Factors of the Sixth Wave 2010-2050 (Wilenius, 2015, p. 66).



People will demand from organizations, authorities and businesses the practical transparency. The culture of sharing is too one typical for next few decades operation model. People share information in the internet. The blogosphere formed by blogs and websites is a great platform to exchange of opinions. Available for free and for a small fee information is highly valuable and creates certain benefits for individuals. Everybody can find easily necessary information in the internet.

Integrity, empathy, authenticity and reliability are the most valuable during the period of the sixth wave. It is not socially accredited when politics, organizations or businesses try to falsify some data and information. Keeping something bad in secret from stakeholders is getting harder due to the widespread nature of social media and the internet. People are getting more skeptical regarding information presented by officials. Reasons for it are numerous discriminating officials scandals. Interdependency among individuals is rising across the globe (Wilenius, 2015, pp. 108- 114).

A socio-economic progress is intertwined tightly with an application of technologies. Lifestyles of individuals are changing significantly due to the wide spread of information technologies, internet of things, robotics, automatization. The generation Y will be 35-50 years old in 2030s. The generation Y is more fluent and advanced in the use of smart and other new technologies. Values of the generation Y will replace values which were intrinsic among representatives of the generation X. As an example, the generation Y chooses sustainability as their key priority so they do not consider an ownership of cars as a measurement and an approval of social status. Even if those individuals of the generation Y use cars and other driving vehicles, then they choose sustainable alternatives, for example, to share cars (Wilenius, 2015, pp. 127- 130).

Table 12.

Types of Generations (Careercast.com, 2016).

Century	Generation	Sub-Generations	Time Table	Notable Occurrences
20th century	Greatest Generation	G.I. Generation	1901 - 1924	*Experienced WWII in adulthood*
		Silent Generation	1925 - 1945	*Experienced WWII in childhood, Civil Rights Movement*
	Baby Boomers	Boom Generation / Hippie	1946 - 1964	*Space Exploration, First Modern "counterculture"*
	Generation X	Baby Busters	1965 - 1980	*Experienced Vietnam War/Cold War*
		MTV Generation / Boomerang Generation	1975 - 1985	*Rise of Mass Media/end of the Cold War*
	Generation Y	Echo Boom (Generation McGuire)	1978 - 1990	*Rise of the Information Age/Internet/War on Terror/Iraq War/Rising Gas and Food Prices*
21st century	Generation Z	New Silent Generation	1995 - 2007	*Rise of the Information Age/Internet/dot com bubble* *Digital Globalization*

In opinion of Wilenius, the most successful businesses of the sixth wave period are in following niches:

- *The wide spread of products, services designed and made of micro-structures, for example, nano-technologies;*
- *The age structure is changing that causes a growing demand for health care services, innovative pharmaceutical, therapeutic and biotechnological solutions. Furthermore, there is a lack of financial services related to the health care and pensions;*
- *New biomaterials and the better processing of natural materials;*
- *New sources of renewable energy in order to enhance sustainability;*
- *Services in the construction and building of wood houses, water purification and treatment, recycling, consultancy regarding the efficient and smart use of energy and materials;*
- *Services and products which ameliorate well-being and holistic care, organic products;*

- *Due to a growing demand to be flexible, secure and to resist multiple numerous risks there is a need for knowledge-intensive and digital services, online education and logistics, production and supply chain, security and games* (Wilenius, 2015, pp. 127- 130).

3.5 Growth of the Tertiary Sector of Economy

In this study future of health tourism between Finland and Russia is a subject of foresight and analysis. It is obvious that Finnish and Russian societies are different. These countries have unique approaches to organize management and logics behind everything. Finland and Russia have already stepped into the post-industrial era. Finland possesses more social democratic regime whereas modern Russia- more liberal. These two countries differ by their economic and non-economic indicators. Such an aspect as scientific and research capacities, a financial structure and the material base, a cultural and human potential, cultural codes vary in Finland and Russia as well. Iordachel claims that fundamental decisions made by politicians influence on economic and social development of nations. Each change in national indicators influences on international activities and strategies of a state as well. Certain changes in certain states may be anticipated to a certain degree (for example, a growing number of pensioners in Finland in the 2010s). However, many events lay in a field of uncertainty (Iordachel, 1974, pp. 49-51). Fortunately, Finland is a Russian neighbor and have got close relationships with it throughout decades. Hopefully, these factors enable in the future emergence of new kinds of businesses and other ways of cooperation (for example, health tourism services). Russian tourists are impressed usually by the Finnish nature, climate and activities related to it. Diverse medical services can be added as additional options to tourism offers. Such novel approach can work out especially for Finnish health centers due to complete trust of Russians in quality of Finnish services. Moreover, quite many people have already lost their jobs as a consequence of economic sanctions both in Finland and in Russia or got redundant recently. Part of such unemployed working-age people could be educated additionally, retrained and employed in the health tourism industry (Barbat, 1974, pp. 88-89).

There are several business niches with the big potential. The development of them is possible only if investors are ready to invest their money in innovative ideas and not

only focus on guaranteed benefits. When there is so much uncertainty, leaders of states, organizations and businessmen should think strategically and be stubborn in an achievement of long-term goals. Functions of the management are evolving since the industrial age. It is not enough now in order to keep your position just to execute job instructions precisely. A level of volatility and uncertainty has been rising constantly. So old operational models are often not so effective anymore and need to be updated by suitable for conditions of instability and complexity. For instance, if a strict hierarchy does not let to attain required results, it is replaced with a more democratic division of responsibilities among employees. Every company should work on the inner corporate structure and culture until results would be clearly observable. Executives and shareholders should be realistic and honest in their evaluations of the situation inside a company. Only readiness to change old habits can help individuals to adapt to post-industrial times. It is important to acquire a balance in lives. It is essential for everybody to understand that there are so many things which is out of our control. Individuals with the more proactive and persistent mindset will achieve their goals, finally. Let's take as an example a case of Finland, what is very interesting. This country has certain strengths and weaknesses currently in the 2010s. The transition from one phase of the socio-economic development to the next may seem as full of negative events in opinions of individuals. It is widely known that Finland gains money from sales of products and services made by the forest industry, tourism, shipbuilding, telecommunications companies. Officials of Finland need to create such operating environment which favors knowledge-intensive businesses and R&D-units. Currently Finland stuck and the reorganization of its economic structure is the only way out. New knowledge-intensive companies will move the Finnish economy further. Combination of the established and new innovative knowledge and skills will be the salvation for Finland in the 2010s. It will lead it to a next phase of its socio-economic development. Knowledge-intensive businesses will be companies which operate in cleantech and a sustainable use of energy resources. There are already operating in these areas companies, e.g. Metso, Wärtsilä, Outotec, VNT Management and Cleantech Invest. According to evaluation made by Wilenius, the cleantech market has got a potential size of approximately 25 billion euro. Economy of Finland could have all prerequisites to prosper if only its officials would

work on the establishment of conditions for such success. In this case Finland will step into the seventh wave more prepared for it (Wilenius, 2015, pp. 136-137).

3.6 Management and Leadership in the Postindustrial Age

Nowadays both medicine and tourism are going through the scientific-technological revolution. According to Malita, recent discoveries and improvements done in the scientific-technological field stimulate creativity. New trends emerge in each area of life. Malita presents a table which idea is to identify possible ways of invention and mutation of technologies:

Attitude (impulse)	*Approach*	*Method*	*Key-concept*
More and better	Optimizing	Operational research	Goal, criterion
The whole not the part	Global	General system theory	System
Involving large complexes	Control	Information science	Information
Promethean	Operational	Systems design	Design
Accepting randomness	Probabilistic	Probability theory	Stochastic process
Accepting uncertainty	Decision-making in conditions of uncertainty	Decision-making and game theory	Strategy
Theoretic	Simulating real phenomena	Model theory	Model
Structural analogy (structural unity of the world)	Rapid transfer of methodology	Structural-Quantitave	Mathematizing
Prospective	Anticipatory	Prospective models	Plan prognosis
Secularizing	Demythicizing Non-dogmatic	Universal technologies	Creation

Table 13. Classification of Methodological Innovations and Scientific-technological Structures (Malita, 1974, p, 17).

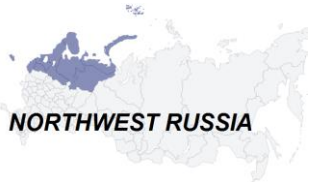
In terms of health tourism, a focus needs to be on a management of the administration, the planning, the formation of services, the sourcing, a search for new information. Every tiny detail is essential. Let's take as an example a control over information provided and shared regarding health care services. It can be hard to do because of a huge amount of information. Moreover, it can be challenging to recognize which information is worth to

consider as trustworthy and which is not. However, medical center managers can rely on publications in professional scientific journals which supposed to publish the correct information. There is always a risk that health care services either are not effective or not popular among clients. It is part of responsibilities of medical center managers to analyze as many relevant aspects as possible. Improving living standards change individual perceptions, for example, of how to measure quality of health tourism services. Evolving lifestyles lay behind a formation of clients' expectations and logics of decision-making processes. The quality of life is higher so expectations of consumers of health tourism services are higher (Malita, 1974, pp. 15-17). Improving mechanical methods and gradual development of non-mechanical methods change quality of production processes. Automated self-regulated cybernetic technologies enhance productivity. Electrification, biologization, cosmicalization, chemicalization widespread further. Roman notices that those changes in science and technologies influence on perceptions of people (for instance, what they consider as comfortable living conditions). Spiritually and mentally people have changed as well already (Roman, 1974, pp. 3-8).

3.7 Finland and the North-western Russia as health tourism destinations

Leisure tourism stopped to be something what only rich and wealthy people could afford. Today travelling is not such a big deal even for students and other people with the low income. Moreover, the social class to which consumers of tourism services belong does not influence on their destinations of their vacations anymore. The mass welfare has already achieved such a level at which a majority of people can afford at least one budget trip annually. However, there is a division on groups among consumers of health tourism offers. Wealthier people prefer to order offers whích promises them higher quality of services. A middle class prefers to consume budget offers and 3-4 stars accommodation. Low-income people prefer to travel as backpackers. Backpackers are travelers whose main principle is to spend as less money as possible. Furthermore, there is such group of travelers as bums. They travel, but spend no money at all. What is important to understand is nobody is protected from being cheated either by tourism operator or service providers. Unfortunately, there is no guarantee that after an arrival to your destination you will receive exactly same level of services for which you paid (Mustonen, 2002, p. 41). The

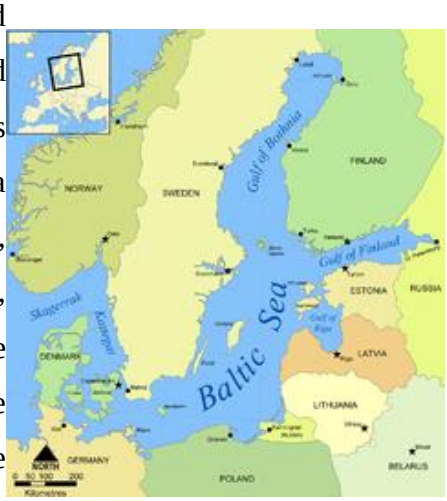
health tourism industry and resort infrastructure are not so much developed in Northern Europe in comparison with central and southern parts of Europe. The majority of clients of Nordic spa centers and resorts are local people and not health tourists from abroad. In Denmark seaside climatic and spa resorts are located in Frederikshavn, Maribo, Middelfart, Havneby, Blåvand, Løkken, Hornbæk, Skodsborg, etc. There are several seaside, mountain and lakeside resorts in Norway (in Lillehammer, Oslo, Lavrik, Hurum, Losby, Dalen, Røros) and in Sweden (for example, in Comwell Varbergs Kurort, Loka Brunn, Sunne, Leksand, Rättvik). Finnish resorts function, for instance, in Kittilä, Naantali, Kultaranta, Saariselkä and Karjalohja (Vetitnev & Kuskov, 2010, p. 89).



Approximately 5.4 million people live in Finland (approximately 20% lives in the Greater Helsinki region). Up to 70% of Finnish lands are covered by forests. There are 188,000 lakes. An Europe's biggest archipelago is located at the southwestern coast of Finland (Facts & Figures, Discovering Finland, 2016). Climate of Finland is similar to climate of Norway, Sweden. Southern parts of Finland have the weather, flora and fauna typical for a humid continental climate zone and northern parts- a subarctic climate zone. Climate limits a range of possible activities done during warmer and colder seasons of a year. Swimming is possible only one-two months in summer in southern parts of Finland. The tourist season lasts normally 3-5 months in a year. In colder times of a year rivers and lakes in Finland get frozen due to low temperatures. Finland as a tourist destination has such a strength as safety and developed infrastructure to receive tourists coming from abroad. If someone, for example, from St.Petersburg decides to visit the located in Kerimäki rehabilitation center *Herttua*, it will be no problem to get a tourist visa and to get to a place of accommodation safely. The most popular in Finland indoor and outdoor activities are skiing, cycling, camping, grilling, fishing, hiking, hunting, horse riding, golf, ice hockey,

water activities, extreme sports, different recreation activities, sauna, safari, farming, agriculture, aquaculture and picking up mushrooms and berries, etc. Factors mentioned above are health tourism resources of Finland (What to Do, Discovering Finland, 2016).

Among resorts of the North-western Russia the most popular are resorts located in Serjogovo, Sortavala, Martsialnyje vody, Tot'ma, Solonikha, Sol'vychegodsk, Zelenogradsk, Otradnoe, Svetlogorsk, Kurschskaja Kosa, Luga, Staraja Russa, Valdaj, Khilovo, Vyborg, Sestroretsk, Solnechnoe, Repino, Komarovo, Zelonogorsk, Ushkovo, Serovo, Molodezhnoje, Smoliachkovo, Chjornaja Rechka. A majority of climatic spa and other types of resorts are located in Kaliningrad, Novgorod and St.Petersburg regions and in Karelia Republic. These regions have a whole range of mineral waters and peloids that are used for therapeutical purposes broadly at local resorts. Especially resort areas nearby Vyborg, Sestroretsk and St.Petersburg develop intensively regardless to a fact that living conditions are quite harsh there. The average temperature in July is 20–23°C. The average temperature in February is –8.5 °C. Resources used therapeutically at climatic spa and other types of resorts of that region are ferruginous mineral waters, slightly sulphidic muds, sulphidic turf and sludge, radon waters in the state of low salinity, chlorides of the sodium and the sodium sulphate -containing mineral waters, climate, pure air and unique flora. These resources are used, for example, in such a types of treatment as heliotherapy, aerotherapy, hydrotherapy, and thalassotherapy. Among different diseases and disorders cured at the North-western Russian resorts are cardiovascular and kidney diseases, diseases of a peripheral nervous system, diseases of digestive, respiratory and musculoskeletal systems, anemia, gynecological diseases, tuberculosis. The infrastructure is developed well and local resorts are fully equipped. One more fact that needs to be mentioned is that St.Petersburg region and southern parts of Finland are located on a northern coast of the Gulf of Finland. The Gulf of Finland has been in use of people for ages what impacted extremely negatively on the condition of its waters and surrounding areas. The coastline of the Gulf of Finland never was a



pleasant place for living and exploration due to its geographical location, humid continental climate, forests and swamps. The average temperature of the gulf's waters in August is 15–17 °C and usually is frozen from the beginning of December to late April. So the low temperature of gulf's waters makes possible for people to swim only during a short period in summer. The intensive exploitation of the Gulf and surrounding areas made a situation even worse. There are many settlements of different size on the coast which pollute the gulf. Almost every settlement has a problem of wastewater and how to clean it. Agriculture, the extraction of gravel and sand, engineering and hydraulic works affected irreversibly the condition of waters of the Gulf of Finland and surrounding areas as well. The harm caused by the perennial exploitation is impossible to measure and is impossible to neutralize. Moreover, there are thousands of various objects on the bottom of the gulf. Among them are mines, tanks, bombs and torpedoes. All environmental issues of the Gulf of Finland and its coastline limit much the development of the health tourism industry. The further in time, the harder it will be to organize certain types of health tourism services. Let's take bathing as an example. Currently there is left no public places to swim in Saint-Petersburg due to the not enough satisfactory quality of waters of Neva River and Neva Bay. Air in St. Petersburg are quite polluted as well. A cleaning of wastewaters of St. Petersburg started already in 1979. Its volumes and efficiency are growing constantly (Berezow, 2014, RealClearScience.com).

Table 14. Phases of Development of the Health Tourism Industry and Balneology in Russia (Vetitnev & Kuskov, 2010, p. 51).

Phase of development	*Characteristics*
Initial *1700s - 1800s*	Search of natural resources and other factors that can be used therapeutically at resorts. Nobel people travelled abroad to get the treatment of their diseases.
Entrepreneurial *1850s - 1917*	The emergence and development of the network of Russian resorts and their infrastructure (mainly privately owned) The emergence of research on balneology .
Soviet *1917 - 1991*	Resorts operate as the part of the public healthcare system. Natural resources are owned by the state. Resorts socialize people. Profound research on balneology .
Contemporary *Since 1992*	Transformation and differentiation of forms and principles of the operations of resorts. The formation of the market of the health tourism services .The emergence and active development of the health spa and clinical health tourism.

4 FUTURES TABLE

SCEN 1 SCEN 2 SCEN 3 SCEN 4	Value 1	Value 2	Value 3	Value 4
Finland and NATO-states Relations between them	A Member Bad relations	Not a member Bad relations	Partner Good relations	A member Good relations
Finland and EU-states Relations between them	A Member Bad relations	Not a member Bad relations	Not a member Good relations	A member Good relations
Relations: Finland and Baltic states	Worse	Same	Slightly better	Much better
Relations: Finland and Scandinavian states	Worse	Same	Slightly better	Much better
Relations: Northern Finland & North of NW Russia	Worse	Same	Slightly better	Much better
Relations: Southern Finland & Northwest Russia	Worse	Same	Slightly better	Much better
Relations: EurAsEC & Northwest Russia	Worse	Same	Slightly better	Much better
Holistic medicine services: popularity & demand	Decrease	Same	Slightly better	Much better
Traditional medicine services: popularity & demand	Decrease	Same	Slightly better	Much better
Interest and trust of citizens of Finland in Russia	Decrease	Same	Slightly better	Much better
Interest and trust of citizens of Finland in Sweden	Decrease	Same	Slightly better	Much better
Interest and trust of citizens Finland in Estonia	Decrease	Same	Slightly better	Much better
Interest and trust of Northwestern Russians in Finland	Decrease	Same	Slightly better	Much better
Growth of prices for healthcare services in Finland	Decrease	Same	Slight	High growth
Growth of prices for healthcare services in NW Russia	Decrease	Same	Slight	High growth
Quality of healthcare services in Finland	Decrease	Same	Slightly better	Much better
Quality of healthcare services in NW Russia	Decrease	Same	Slightly better	Much better
Quality of life in Finland	Decrease	Same	Slightly better	High growth
Quality of life in Northwest Russia	Decrease	Same	Slightly better	High growth
Income in Finland	Decrease	Same	Little growth	High growth
Income in Northwest Russia	Decrease	Same	Little growth	High growth
Needs for healthcare services in Northwest Russia	Decrease	Same	Little growth	High growth
Needs for healthcare services in Finland	Decrease	Same	Little growth	High growth
Trável costs for citizens of Finland visiting Russia	Decrease	Same	Little growth	High growth
Trável costs for citizens of Finland visiting Sweden	Decrease	Same	Little growth	High growth
Trável costs for citizens of Finland visiting Estonia	Decrease	Same	Little growth	High growth
Trável costs for citizens of Russia visiting Finland	Decrease	Same	Little growth	High growth
Value to stay healthy among citizens of Finland	Decrease	Same	Little growth	High growth
Value to stay healthy among citizens of Russia	Decrease	Same	Little growth	High growth
Popularity of environmentalism in Russia	Decrease	Same	Little growth	High growth
Popularity of environmentalism in Finland	Decrease	Same	Little growth	High growth
Effectiveness of actions to protect ecology	Decrease	Same	Little growth	High growth

5 SCENARIOS

5.1 Scenario -=“*When a rift between two parties goes so far*”=-

Economic collaboration is the most intensive between Russian St. Petersburg and Kaliningrad regions and southern regions of Finland. However, cooperation in all industries between southern regions of Finland and Russia has been gradually slowing down due to increasing political contradictions and military tensions. Finland on the state and society level has been oriented for years towards the EU and NATO, especially on development of the diversified collaboration with Baltic states. Finland becomes a full member of NATO in 2025. In general, national geopolitical interests win over economic interests constantly, what makes the return to the so well-known old world order highly unlikely. Inside EU-states there are strong anti-immigrant moods and growing in size national debts, what slows down development of European economies. The Finnish media describes everything what happens in Russia negatively and in Europe positively. It creates in minds of population of Finland the negative image about Russia and the positive image about Baltic and other EU-states. Estonia becomes the main target of the investment flow from Finland. In 2030 VAT is 10% in Russia, 30% in Finland and 24% in Estonia. In general, development of economy has been positive in Russia and in Finland. Inflation is moderate: 3,5% in Russia, 5,7% in Estonia and 5,4% in Finland in 2030. Services offered by Estonian companies operating in pharmaceutical, wellness and healthcare industries are still on demand among citizens of Finland. Estonian services and products remain more profitable in comparison with Finnish services and products. The marine transportation works well in Baltic sea. Ship transport is still a quite common way to deliver people and various categories of cargo. The trip from harbors of the southern Finland to Estonian harbors lasts not long. Moreover, there is no need to spend money on the visa if people want to travel from one country to another within the Schengen area. All these factors influence significantly on the consumer behavior of Finnish citizens. They prefer to visit mainly Estonia and consume healthcare, pharmaceutical and wellness services and goods offered by Estonian private clinics, spa resorts and beauty salons. The cooperation in the area of medical and pharmaceutical research becomes more

coordinated within EU-states. Due to the success of the EU Research and Innovation programme scholarship program “Horizon 2020” research activities of European Union researchers became multilateral and more efficient. Investors from Finland support many pharmaceutical and medical research projects conducted in Estonia because it is cheaper. As a consequence of everything taking place in Finland and other European countries tourists from Russia consider European countries less and less attractive as destinations of their trips. Finland is not an exception. Health tourists from Russia prefer to consume health tourism services in countries located in Middle East and Asia (for example, China, Israel and Turkey). One key factor is that China, Israel, Russia and Turkey have been members of the Eurasian Economic Community. The EurAsEC members signed the agreement about the visa-free regime with the EurAsEC in 2023. The visa-free regime enhanced the mobility within the EurAsEC. Citizens of EurAsEC-states prefer to travel within the EurAsEC. Health tourists from Russia prefer to consume mostly healthcare, pharmaceutical and wellness services and goods offered by Russian private clinics, spa resorts and beauty salons because they are more profitable. Finland is not a target of the investment flow from Russia, especially the Finnish health tourism industry. However, the academic mobility and cooperation between Finland and the North-western Russia is growing. There is a slight increase in amount and quality of pharmaceutical and medical studies conducted on the bilateral basis by Finnish and Russian researchers. However, none significant breakthrough was done in the field of pharmaceutical and medical research.

5.2 Scenario -=“*North wins South*”=-

Cooperation becomes tighter between northern Finnish regions Northern Ostrobothnia, Kainuu, Lapland and Russian Murmansk and Arkhangelsk regions and Republic Karelia. The established in 1996 Arctic Council has become the key force that unites regions located in the north around Arctic Ocean. In 202l member-states of the Arctic Council signed the agreement which prohibits the industrial production in regions located in the north around Arctic Ocean. Population of surrounding Arctic Ocean states was concerned about climate change, its influence on environment and melting of ice. In December 2019 member-states of the Arctic Council had the closing the year 2019 session as

representatives of states-members of the Arctic Council decided to add into the 2020 agenda discussions on environmental issues of Arctic Ocean and surrounding it territories. Moreover, the EU, the government of Finland and the Arctic Council negotiated in 2018 that the area of the Northern Finland should become a world center for arctic medical sciences. Science parks were located in suburbs of Oulu and Rovaniemi in 2020. The research at the Oulu science park is focused on the longevity. The research at the Rovaniemi science park is focused on the gaining of expertise related to the ecotourism and other environmentally friendly forms of entertainment, healthcare and recreation. Russian city Murmansk and Finnish city Rovaniemi, Russian city Arkhangelsk and Finnish city Oulu are sister cities. Due to it authorities of Murmansk, Oulu, Arkhangelsk and Rovaniemi signed in 2021 a multilateral agreement on cooperation of medical, life sciences and pharmaceutical research. In 2022 one arctic life sciences hub was founded in Arkhangelsk and one arctic innovation hub dedicated to enhancement of pharmaceutical and medical technologies was founded in Murmansk. Since that moment working in arctic centers Finnish and Russian researchers study multilaterally each research topic. It enables the development of interdisciplinary and transdisciplinary scientific approaches and as a result a series of discoveries defined as breakthroughs in pharmacy. health care and diagnostics for diseases. Another facilitating development of health tourism factor was the increasing participation and engagement of indigenous people in academic, political, business and cultural activities. Due to it it was possible to develop such health tourism offers which include not only typical for that climatic zone recreational and entertaining activities, but also alternative ways to treat diseases that are common among indigenous people. All these factors make northern regions of Finland and Russia the favorite destination for health tourists interested in holistic medicine. However, the development of health tourism between southern areas of Finland and of the North-western Russia was not so rapid in comparison with northern regions. Health care services are expensive in Finland what makes Finland not so attractive destination in eyes of health tourists from the North-western Russia. On the other hand, health care services are cheaper in Russia what makes the North-western Russia attractive destination in eyes of health tourists from Finland. To sum up, Finland and the North-western Russia are destinations which attract the most fans of ecotourism.

In 2030 VAT is 13% in Russia, 30% in Finland and 26% in Estonia. In general, development of economy has been less stable in Russia and more stable in Finland and in Estonia. Inflation is moderate: 5,5% in Russia, 5,7% in Estonia and 5,4% in Finland in 2030.

5.3 Scenario -="*After a Death of Baltic Sea*"=-

Finland has joined NATO in 2021, but membership felt disappointing according to opinions of citizens of Finland. Contradictions between Finland and other NATO-states was so intense that authorities of Finland consider to quit the NATO until 2035. The EU collapsed in 2022 due to insuperable contradictions among the member-states which intentions to integrate and national interests were often in contradictions with national interests of other countries. As a result, many important initiatives started by the EU earlier lost their supporters. Many initiatives were eliminated because they lost their key source of financial aid that mainly came from the EU earlier. One among abolished projects was a project of enhancement of Baltic Sea waters and the fight against hypoxia. When the EU existed, it issued many legislations and restrictions regarding Baltic Sea which idea was to minimize the negative impact of intensive and extensive exploitation of it and to prevent the deterioration of its state. After the collapse of the EU all its initiatives related to Baltic Sea became impossible to fulfill because they were so costly that even collected by means of crowdsourcing money was not enough. Algae supplanted other typical for Baltic Sea species of flora and fauna which natural habitat has been shrinking and shrinking contrary to the habitat of algae. The further forward we see in time, the more Baltic Sea transforms into the repository for all kinds of litter. A disaster happened to Baltic Sea because its exploitation was always overly intensive. Treating their diseases in Baltic resorts health tourists value especially that these resorts are modern, fully equipped and located in woods. Virtually, suffering in cities from the lack of privacy, silence, clean air and untouched nature people are happy to spend time far from cities. Unfortunately, such a bad environmental condition of Baltic Sea and its beaches influenced inevitably on the popularity of Baltic resorts among health tourists from Finland and the North-western Russia. The marine transportation works still well in Baltic sea. Among operating in Baltic sea cruiseferry brands are “Silja Line”, “Tallink”,

“Finnlines” and “Stella Lines”. However, some operating in Baltic sea cruiseferry brands went bankrupt until 2030. Among such a brands are “Viking Line”, “Eckeroline” and “SuperSeaCat”. Moreover, after the collapse of the EU and of the eurozone development of Finnish economy has been stagnating. In 2024 a government of Finland chose a strategy to save money by reduction of a national budget’s share which was earlier spent on the public healthcare services. Due to it the government of Finland changed national health policies in Finland radically. The main reason for it was a need to save part of Finnish budgetary funds in order to pay off national debts. According to a renovated in 2025 public healthcare system, the number of publicly-employed health care and social workers was halved. Instead of it to every citizen of Finland was guaranteed a right to apply for a state insurance policy. Literally it means that citizens of Finland decide by themselves where to cure their health problems. An insured by the state citizen needs only to do a certain treatment at a chosen medical center and then to report to the Social Insurance Institution KELA. KELA afterwards refunds to the insured citizen spent on the treatment earlier money. Such a change in the Finnish public healthcare system was a key reason why citizens of Finland started to visit actively such a neighbor-countries as Sweden, Estonia, the North-western Russia and do their treatments there. VAT was 10% in Russia, 27% in Sweden, 24% in Estonia and 29% in Finland. Therefore, health tourists from Finland prefer to consume treatment services in Republic of Karelia, St. Petersburg and Kaliningrad region medical centers located close to a Finnish-Russian border. Russian health tourism offers are chosen by consumers representing different income groups of population of Finland. Only the most prosperous most prosperous strata of Russian population come to Finland and consume only such a medical services high quality of which is the most important and which price does not matter much. Cooperation in medical and pharmaceutical research is more active between Sweden and Finland rather than between the North-western Russia and Finland.

5.4 Scenario -=“*Integrating Scandinavians*”=-

Finland is still a member of the EU and only a partner of NATO, and its partnership felt satisfying according to opinions of citizens of Finland. VAT was 17% in Russia, 18% in Sweden, 33% in Estonia and 34% in Finland. Therefore, health tourists from Finland prefer to consume treatment services in Scandinavian states, mainly in Sweden. Sweden has become a popular health tourist destination due to its familiarity to the population of Finland. Moreover, Swedish people are very similar to Finnish people. For instance, the population of these two countries share similar values regarding sustainability, geopolitics, democracy and social issues, common history. However, in Finland the internet and telecommunication technologies have won, and it was a key factor why Finnish enterprises of all labor-intensive industries went bankrupt before 2024. Finnish government was helpless. Its attempts to get investment from abroad were not successful. Then it tried to apply for a loan from European Bank for Reconstruction and Development, but the request was declined. So the increase of tax rates was the only possible solution which was recognized as satisfying by authorities of Finland. People were not satisfied and concurrently started to spend as less money as possible because they wanted just to save as much money as possible. Daily people in Finland spend their money only on most necessary goods, e.g., food, cleaning and hygiene-products, so almost 90% of Finnish people are not ready to pay high prices for anything anymore. Finnish people consume services not when they want it. People consume services only when there is an urgent need for it. In these conditions the economy of Finland starts to suffer even more. Finnish citizens cannot afford to cure their diseases anymore in private clinics even if they would like to do it. Instead Finnish people started to consume local recreation services which are much more affordable. Similarly, in Russia telecommunication technologies and internet influenced on the life and consumers behavior, but not so significantly as it was in Finland. Russian government works hard and intensively on the diversification of economy. Until 2030 Russian economy became much more transparent and resilient. An average income of the citizen of Russia has just grown as well as their opportunities to buy different services and goods as soon as they want. Health tourism services of the North-western Russia are consumed mainly by inhabitants of the North-western Russia. Random visitors come sometimes from other parts of Russia. People who live permanently in cities St. Petersburg and Kaliningrad

region prefer to choose such a heath tourism offers which include accommodation in rural areas of Republic of Karelia and Novgorod region.

6 CONCLUSION

The main purpose of this study was to define which paths the development of health tourism between the North-western Russia and Finland may possibly take until 2030. Qualitative interviews were chosen to gather from interviewees images of the future at the first stage. The questionnaire consisted of open questions in order to give interviewees an opportunity to express their thoughts openly and spontaneously. By virtue of this approach interviewees were able to comment and to reflect upon their statements and opinions. Due to the application of such a method, the required reliable information was collected for further analysis. One assumption of this study is that responses collected empirically reflected the level of expertise of interviewees in healthcare, medical research, leisure and health tourism industries. The less aware of these service sectors respondents were, the more subjective and stereotypical their responses were. However, such assumptions need to be made only regarding the current development of the health tourism industry. No such interdependency between a respondents' level of the expertise and the subjectivity of their responses was observed in a part dedicated to the future development of health tourism between the North-western Russia and Finland. It needs to be assumed regarding the future of this industry that images of the future and responses of all interviewees were highly subjective.

Finland and Russia are two close neighbors with the long history of bilateral relations. All events in social and economic sectors, geopolitical and technological fields of these two countries can strongly affect the development of health tourism between the North-western Russia and Finland. The main purpose of health tourists is the successful treatment of their health issues. Individuals cover medical services with their own money so they try to find the best available the market can offer. The majority of patients do not trust advertisements given in the media. Normally, the final choice where and how to cure the disease is based only on recommendations of the doctor and feedback received from other cured patients. Personal aspirations, beliefs, stereotypes, financial and other factors influence on the choice of the medical service provider as well. Every case is unique. Ways

how patients approach and process the choice of service providers are so different and highly subjective. Only thorough analysis of cases of different health tourists enabled this research to originate insights regarding their ambitions and motives within the process of the decision-making.

Finally, it is important to remember that in the next fifteen years' various trends and unexpected events will emerge in all spheres of life. Such brand new and existing currently forces will change current systems of healthcare, medical research and leisure industries. Concurrently health tourism will undergo its transformation. Finland and Russia will be not the exception in this sense.

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