How Can Wellness Tourism be Developed in Buleleng Regency?

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Abstract
This study aims to explore information about the potential of Buleleng Regency in preparing for the development of wellness tourism. Market needs for health services with a touch of hospitality implies the availability of health tourism opportunities in various forms such as medical tourism and wellness tourism. To understand the feasible wellness tourism to be developed in Buleleng Regency, it is necessary to conduct a study of the potential and things that must support the development of such tourism. This research was carried out by systematic observation methods, then followed by terrestrial surveys with GPS devices to obtain the absolute location coordinates, and interviews. After observation in twenty two villages located in three tourism areas in Buleleng Regency, the data were then followed by data reduction, data presentation and drawing conclusions or verification. The results of data analysis were presented in an informal way in a descriptive narrative form. It was found that each village observed in the three tourism areas in Buleleng Regency have potential to be developed as wellness tourism destinations. The availability of medical health personnel and non-medical health services along with the basic medical facilities are able to support the development of wellness tourism.

Keywords: Opportunity, Wellness Tourism, Buleleng Regency

Introduction
Filistianova (2017) mentions several reasons why a person would go for a tour, they are pleasure, work, travel, culinary tourism, recreation, sports and health. In its development, tourism and health have become trends in tourism activities. Especially in terms of health, its development has a long history. Pickert (2008) tells a story of the journey made by the ancient Greeks and Egyptians who visited the hot springs to bathe in large quantities to find a healing solution, and so did Europeans and Americans in the 18th and 19th centuries who sought for health solutions by visiting places that offered spa services. The development of health tourism in its implementation can be understood in various terms, including medical tourism, travel medicine, health tourism and wellness tourism. Medical tourism is an action carried out by someone or a group of people who travel outside of their area to get health care.

Medical tourism, as defined by Connell (2006a), is a form of tourism made in connection with direct medical interventions, where the results are expected to be substantial and long-term, as what has been applied by India, Thailand, Singapore and Malaysia. Those countries have successfully developed medical tourism. Next, Laing and Weiler (2008) state that there are a number of factors that influence the growth of medical tourism, they are high procedure costs, long waiting lists, aging populations in rich countries, the availability of affordable and adequate flight and travel services, the increasing development of technology and information, and there is a shift in medical care from the public sector that makes people feel more comfortable paying for medical services offered by private entities or companies, including those engaged in tourism. Connell (2006) also emphasizes that the development of medical tourism is also influenced by an important factor, that is, the belief that traveling abroad provides a sense of privacy for individuals who might conduct surgery. The recovery can occur more easily because they are far from their loved ones and from people who have the desire to find out about the patient’s progress.

Buleleng Regency is one of the districts that has become a tourist destination in Bali, and even has become the main entrance for tourists since the 1920s. This regency has a lot of potential to be developed as a wellness tourism destination in the form of rehabilitative tourism wellness such as spas and other rehabilitative therapies.

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Smith and Puczko (2009) and Dahlan (2019) explain wellness tourism as a health tourism aimed at maintaining and/or restoring health, carried out by healthy people who are not suffering from a disease, or people who are recovering using available materials or assets in an area. Spa, according to Vetitnev and Dimonce (2015) is a place that promotes health through the provision of therapies and other professional services aimed at renewing the body, mind and spirit. Since there are market trends for wellness tourism which have now been developed in Buleleng Regency such as autism therapy provided by Melka hotel management and there are potentials, it is necessary to conduct an academic study on the development of wellness tourism.

Review Of Related Literature

Explaining the concept of tourism and health, Rahma (2012) says that medical tourism has many terms namely medical health, wellness tourism, health travel, medical value health, healthcare abroad, overseas medical, overseas surgery, medical outsourcing, and offshore medical. She also explains that medical tourism has meaning as a journey undertaken by someone outside the country where he lives to seek medical treatment or called medical tourism. Furthermore, Helmy (2011) states that the development of medical tourism implies the importance of three service pillars of the service value chain, namely medical and healthcare services, tourism and travel services, and support services to develop competitive medical tourism destinations.

On the other hand, Dahlan (2019) explains wellness tourism as a health tourism aimed at maintaining and/or restoring health carried out by healthy people who are not suffering from an illness, or people who are recovering. Furthermore, Smith and Puczko (2009) say that health and wellness tourism can be developed based on available materials or assets in an area (existing assets for health and wellness tourism) or held based on needs or requests (use of existing assets). In this case, those included in existing assets for health and wellness tourism are: (1) natural healing assets, (2) indigenous healing traditions, (3) medical services, (4) nature, and (5) spiritual traditions. Those included in the use of existing assets are: (1) medical/surgical clinic or hospital, (2) medical/therapeutic hotel/clinic spas, (3) medical wellness center or spas, (4) leisure and recreation spas, (5) hotel and spa resorts, and (6) holistic retreats.

Health, as Mueller and Kauffmann (2001) explain, describes physical activity combined with relaxation of the mind and intellectual stimulation, basically a kind of physical fitness, mind and spirit, including holistic aspects. More broadly, Ardell (1986) explains wellness tourism as a state of health that displays harmony in body, mind and spirit, with oneself, responsibility, physical fitness/beauty care, nutrition/healthy diet, relaxation/the need to relieve stress/meditation, mental activity/education and environmental sensitivity/social contact as fundamental elements. Wellness tourism, in practice, is a form of health tourism aimed at creating health in the 'mind' and 'spirit', which is able to make individuals become healthier after therapies they receive.

Method

Research method on the analysis of the potential health tourism in Buleleng Regency was carried out by systematic observation and interview parties considered capable of answering questions. During observation, a terrestrial survey method with a GPS device was used to obtain absolute location coordinates from mapped objects supported by documentation in the form of photographs of related objects. In this research, observations were made on the availability of medical personnel and non-medical treatment service providers, wellness tourism support facilities, and natural and cultural resources that have the potential to be packaged into wellness tourism products in the form of physical and psychological therapies. Data visualization in map making was done by using Arcgis software by entering data from surveys and Indonesian topographical data to produce a map of the distribution of wellness tourism objects. Then the data were reduced and presented and conclusions or verification was drawn. The results of data analysis were presented in an informal way in a descriptive-narrative form.

Discussion

The Analysis of Wellness Tourism Potential in Buleleng Regency

Buleleng Regency, which has been designated as a tourist destination through national and provincial government regulations, has provided space to exploit its potential to be developed into various types of tourism that are unique and attractive to tourists.

In its application, the tourism development policy in Buleleng Regency is based on the Government Regulation of the Republic of Indonesia Number 50 Year 2011 concerning National Tourism Development Master Plan for 2010 - 2025, Bali Province Regional Regulation Number 10 Year 2015 concerning Regional Tourism Development Master Plan for Bali Province in 2015 -2029, Buleleng Regency Regional Regulation No. 1 Year 2014 concerning the Implementation of Tourism
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Bali Provincial Regulation No. 16 Year 2009 concerning the Spatial Planning of Bali Province in 2009-2029, and Buleleng Regency Regional Regulation No. 9 Year 2013 concerning Spatial Planning Buleleng Regency in 2013-2033. The National Tourism Development Master Plan (RIPPARNAS) as stipulated in Republic of Indonesia Ministerial Regulation Number 50 Year 2011 Article 1 (3) is a national tourism development planning document for a period of 15 (fifteen) years from 2010 to 2025. As national tourism development planning documents, there are several things that must be considered such as terms, meanings, and rules. One of them is article 2 (6) which explains the objectives of national tourism development. The objectives are: (a) to increase the quality and quantity of tourism destinations; (b) to communicate Indonesia tourism destinations by using marketing media effectively, efficiently and responsibly; (c) to aim at the tourism industry which is capable of driving the national economy; (d) to develop tourism institutions and tourism governance that are able to synergize the development of tourism destinations, tourism marketing, and tourism industry in a professional, effective and efficient manner. By utilizing the available potential and resources, wellness tourism can realize the national tourism development goals implemented in Buleleng Regency.

Tourism development in Buleleng Regency also refers to Bali Provincial Regional Tourism Development Master Plan (RIPPARDA) as stipulated in Bali Province Regulation Number 10 Year 2015. Article 1 (12) is the regional tourism development planning document for a period of 14 (fourteen) years from 2015 until 2029. As a tourism development planning document at the provincial level, there are several things that must be considered such as terms, meanings, and rules which must be observed, understood and used as a basis in Buleleng Regency tourism development.

As stated in Article 8, the mission of regional tourism development covers: (a) to realize safe, comfortable, and attractive tourism destinations by prioritizing the richness and diversity of potential tourism attractions with environmental concept according to Balinese culture imbued with Hinduism based on Tri Hita Karana, (b) to create tourism marketing which is synergistic, qualified, superior, and responsible to increase domestic and foreign tourist visits, (c) to realize a competitive and credible tourism industry, opening a broad and responsible space for public participation, (d) to realize provincial government and private organizations and human resources communities, and effective and efficient regulations and mechanisms to encourage sustainable tourism. Wellness tourism developed in Buleleng Regency will indirectly demand those who seem to have a minimum understanding of clean and healthy lifestyles, so that through the development of health tourism, the parties involved must prioritize a safe, comfortable and healthy atmosphere to create highly competitive destinations.

Based on the search in twenty two villages in the tourism areas of BatuAmpar, Kalibukbuk and Air Sanih, the potential to support the development of wellness tourism in Buleleng Regency was found. This is in line with the expectation that the Faculty of Medicine established in Buleleng Regency has an advantage in the field of tourism. Based on the search in three regions, there are availability of modern health facilities, the development of traditional health, and the availability of health therapy facilities provided by tourism practitioners, and these can support the development of wellness tourism in Buleleng Regency. The following map is the distribution of health facilities in three tourism areas.

Picture 1.
Map of Potential Wellness Tourism in BatuAmpar Tourism Area
In this study, the terrestrial method (Setiawan, et al: 2016) was used to find the absolute coordinates of the object in the photo as the basis for making maps. Based on the map above, it can be seen that: (1) there are two general practitioner practices, one midwife practice, one traditional health service, and one health facility managed by tourism practitioners in Sumberkima Village; (2) there are two midwife practices, one general practitioner practice, and one additional community health center (puskesmas) in Banyupoh Village; (3) there is a midwife practice and a holistic Arabia health therapy in Penyabangan Village; (4) there are two midwife practices, one dentist practice, one pharmacy, and twenty-seven tourism facilities that provide alternative health therapies in Pemuteran Village; (5) there are three midwife practices, one pharmacy, one dental nurse practice, one puskesmas, Banyuwedang hot spring, and three tourism facilities that provide alternative health therapy in Pejarakan Village. With an adequate number of doctors, regional health centers and midwife practices, this area has the potential to realize wellness tourism. However, the type of disease being treated here is not a disease handled by modern health facilities with sophisticated medical equipment.

BatuAmpar Tourism Area is already well-known by both domestic and foreign tourists as a destination with superior underwater nature (Dewi et al, 2018; Satyarini et al, 2017; Alif et al, 2017). Having the uniqueness of nature, Pemuteran Village has developed itself into a leading tourism destination, and won the 2017 Sustainable Tourism Award (Aryadji, 17 November 2017). This area began to develop in 1990 with the role of outsiders who have love for the environment and then became community leaders in Pemuteran Village. Their ideas were spread throughout Batu Ampar Tourism Area. This area has a unique natural potential that attracts tourists to do snorkeling and diving activities. Thus, tourists stay longer than a day and this provides opportunities for the development of other tourism businesses. One of the growing tourism businesses is Spa. One of the five-star hotels in the region, namely Matahari Beach Resort with its Spa program of signature 4 hands and 6 hands Royal Bali Massage (https://matahari-beach-resort.com/bali/en/17/), was developed by adopting ancient Balinese culture. Spa as one of the wellness tourism products is available in several hotels in this tourist area. As a consequence, this area has the potential to be developed as a wellness tourism destination even though it still requires improvement and development of products, markets, services, facilities and human resources.

The tourism area in central Buleleng Regency which also has the potential to be developed as a wellness tourism destination is Kalibukbuk. In this area, there are many starred inns that sell wellness tourism products such as spas and massages. Kalibukbuk Tourism Area has developed itself as a tourist destination since the 1950s (Wiarti, 2017) and is now widely known as Lovina. In its development, this place has various tourist facilities, hotels, restaurants, and others. As a follow-up in understanding the market, various tourism products were developed, including massage and spa which are wellness tourism products. The following picture is the data of potential wellness tourism in Kalibukbuk by using the terrestrial method.

**Picture 2. Potential Wellness Tourism in Kalibukbuk Tourism Area**

Based on the map above, it can be explained that: (1) there is one general practitioner practice, one dentist practice, one clinic, two midwife practices and three tourist facilities that provide alternative health therapy services in Pemaron Village; (2) there are two midwife practices, one health post, one psychologist therapy, and three traditional health services in TukadMungga Village;
(3) there is one general practitioner practice, two midwife practices, one additional puskesmas, and eleven traditional medical services in Temukus Village; (4) there are two village health centers and four traditional medical services in Tigawasa Village; (5) there is one general practitioner practice, two midwife practices and one clinic in Kalibukbuk Village; and (6) there are two midwife practices in Kaliasem Village. The location of Kalibukbuk tourism area which is relatively close to the city center has the potential to be visited by tourists who want to get health therapy. However, due to the unavailability of advanced equipment including hospitals in the city center, the region is not ready to develop wellness tourism with the concept of medical tourism. Thus, judging from the potential and supporting facilities available, wellness tourism that can be developed is a type of non-therapeutic health therapy such as meditation, yoga, spa and other types of mild health therapy.

The development of traditional health therapy in Buleleng Regency cannot be separated from the provision of space for traditional medications through Minister of Health Decree Number 1076/Menkes/SK/VII/2003 regarding the Implementation of Traditional Medicine. Based on observations by the field team, Sanih Air Tourism Area which consists of ten villages has also developed traditional medications. In the eastern regions, traditional medications using supernatural methods are quite common (Tangkas, 2018). Since the medication tradition is carried out by people for generations and is believed to heal people, the visitors continue doing this and it certainly gives economic benefits. Opportunities of traditional health service are getting better in areas far enough from modern health facilities. Several traditional health service providers have been developed in the eastern region of Buleleng Regency including massages, rituals, herbs, and spas. Below is a map of the potential wellness tourism in Air Sanih Tourism Area.

Based on the map above, it can be explained that: (1) there is one general practitioner practice, two midwife practices, one pharmacy, one additional puskesmas, and four tourist facilities that provide alternative health therapy services in Bondalem Village; (2) there is a puskesmas and four traditional medical services in Julah Village; (3) there is one additional puskesmas in Bukti Village; (4) there is one midwife practice, one health center, and one traditional health service in Pacung Village; (5) There is one general practitioner practice, three midwife practices, and two village health posts in Les Village; (6) there is one nurse practice, one midwife practice, two village health posts and two traditional health services in Penuktukan Village; (7) there are two midwife practices in Sambirenteng Village; (8) There are two health posts in the village and three tourism facilities serving alternative health therapy services in Sembiran Village; (9) there is one midwife practice, two village health posts, two traditional medication services and two tourist facilities that provide alternative health therapy services in Tembok Village; (10) there are two general practitioner practices, one dentist practice, three midwife practices, one nurse practice, and nine tourist facilities that provide alternative health therapy services. Although the number of doctors, regional health centers and midwife practices is not enough and the place is very far from the city center, in its development, this area has been visited by many tourists who want to do meditation, yoga and eco healing.

Wellness Tourism as a Tourism Opportunity for Buleleng Regency

Seeing the potential of Buleleng Regency, as explained in the previous map, wellness tourism has the opportunity to be developed by adopting the concept from literature related to wellness tourism. Mueller and Kaufmann (2001) define wellness tourists as those who travel for the purpose of vacationing to improve their health and well-being. On their way, they look for a place to stay that can provide health services, such as physical fitness, beauty care, nutrition, healthy diet, relaxation, meditation, mental activities, and education. Furthermore, Puczko and Bacharov (2006) and Smith and Puczko (2009) assert that wellness tourism is chosen by tourists who want to improve the quality of their body condition with a healthy lifestyle, which includes physical, mental and spiritual well-being and their relationship with themselves, other people and their environment.
Wellness tourism can also be implemented into mental and spiritual welfare activities. This is in line with Balinese culture that emphasizes the balance of life through understanding and implementing the principles of Tri Hita Karana. Artana (2014) explains that complementary therapy can be carried out as a supporter of conventional medical treatment without intending to replace medical treatment, where one of them is the utilization of local wisdom namely Tri Hita Karana. It is a philosophy that emphasizes the process of living by maintaining health through maintaining harmonious human relations, humans with the creator and humans with the environment. Artana (2014) and Rahman, et.al. (2018) describe that by maintaining self-harmonization of the three things, a harmonious lifestyle can stimulate the release of endorphin and enkephalin, the happiness hormones, and inhibit hormones that cause anxiety such as cortisol, adrenaline, and noradrenaline. Thus, happiness hormones circulating in the body will activate the defense system to an optimal level, and it will have an impact on increasing the body’s resistance to various diseases.

Health, in the idea of Hall (2011) and Messerli and Oyama (2004), is a balanced body, soul and mind condition, including holistic aspects such as self responsibility, physical fitness, beauty care, healthy nutrition, relaxation, mental activity and environmental sensitivity as fundamental elements. In addition, Romanova, et al (2015) also say that wellness tourists may look for treatments that are very similar to those done by medical tourists, but the aim for maintaining their health is different. The concept of health emphasizes a proactive approach in which people try to identify potential health problems and prevent further negative development by using certain activities. Therefore, people take part in recreational activities and vacations, which is in accordance with wellbeing and fitness (Dunn, 1973).

Buleleng Regency has the potential for wellness tourism such as the availability of health facilities at the villages, health resources both medical and traditional medication therapy, and also wellness therapies such as spa, massage, healing and yoga. This can be the basis for developing wellness tourism in Buleleng Regency with four health activities, they are promotive, preventive, rehabilitative and traditional health service. In its development, since the need for it is quite high, traditional health service needs a good understanding. Traditional health services consist of three types, namely empirical, complementary, and integrated traditional health services (Director of Traditional Health Services, Ministry of Health of Republic of Indonesia, 2016).

Understanding the developments that occur and the importance of interdisciplinary cooperation, integration of traditional health services which is a combination of empirical and complementary traditional health services carried out by health workers in collaboration with traditional health workers, can be a solution in the development of wellness tourism in Buleleng Regency. The idea of wellness tourism that can be developed in Buleleng Regency is illustrated in the following chart.

![Chart 1: The Idea of Wellness Tourism in Buleleng Regency](chart)

Promotive (Beaglehole R. et.al, 2008; Hall, 2011; Hubeli, 2012) is a health service that prioritizes health promotion activities, which include health education, nutrition, sanitation, maternal and child care, immunization, prevention and control of endemic diseases. In this case the aim of health promotion is to reduce the demands for curative care and rehabilitation.
Through health promotion, individuals and families build understanding on the key factors of health. Thus, individuals and families develop skills to improve and maintain their health and well-being. Preventive (Beaglehole R. et.al, 2008; Hall, 2011; Hubeli, 2012) is a health service that aims to prevent health problems or diseases. In this case, preventive interventions also include individuals with specific risks and those who do not have disease symptoms or early symptoms. Early case detection will help reduce the potential for damage by activating more successful interventions. As Pomey et al. (2000) state, prevention is any action aimed at avoiding or reducing the number or severity of injuries and illnesses, sequelae and their complications.

Rehabilitative (Beaglehole R, et.al, 2008; Hall, 2011; Hubeli, 2012) is a health service that aims to return former patients to the community, so that they can take part again as community members which is useful for themselves and for the community as much as they can. In its implementation, rehabilitation is an integrative strategy that aims to empower people with health conditions who experience disabilities so that they can achieve and maintain optimal functioning, a decent quality of life and inclusion in society. In its implementation, rehabilitative is different from curative services, especially on health conditions. Rehabilitative services focus on functions related to health conditions. In practice, they stabilize, repair or restore impaired bodily functions and structures, compensate for the absence or loss of bodily functions and structures, increase activities and participation, and prevent disturbances, medical complications and risks. The scope of rehabilitation is broad and includes psychological, assistive technology, environmental, cardiopulmonary, geriatric, neurological, orthopedic and pediatric rehabilitation. Rehabilitation involves all areas of individuals’ function. In its implementation, for some of the individuals, the boundary criteria for health care are not suitable, especially in areas related to work, social or leisure. When the main focus goes beyond health goals, services usually tailored to the needs of the individuals.

Traditional Health Service (Sigrist, 2006; Hubeli, 2012) is a health service that provides treatment with methods and medicines that refer to empirical experiences and skills that can be accounted for and applied in accordance with the norms prevailing in society. Traditional Health Service is in demand by those who need a new type of health care that utilizes traditional methods that have been made scientific.

In its practice, consumers who are in this market segment believe that traditional health care can provide healing through the application or special methods that can be justified scientifically. Some things that are also considered in the development of wellness tourism in Buleleng Regency include markets, products, services, facilities, and human resources. Market becomes very important to understand. According to Nicolaides and Grobler (2017), wellness tourism market can be divided into three activities namely spirituality, wellness tourism and quality of life. For wellness tourism, there are seven scope activities that can be developed, namely: (1) renew an invigorate body, mind and healthier; (2) heal and recuperate after medical treatment; (3) meditate, relax and self reflect; (4) escape the rat race way of life; (5) exercise and improve fitness; (6) treat self and for the peace and tranquility of the site; and (7) increase wellbeing and stress relief value (Nicolaides and Grobler, 2017: 21). Due to the extent of the scope that can be developed in wellness tourism, in practice, it takes actors who have diverse skills and knowledge and cooperate with each other including spa therapists, massage therapists, healing therapists, medical therapists, medical supervision individual care, and tourism practitioners who understand about tourism culture as well as tourism marketing.

Health Tourism Observatory as a Health Learning Model for Students in Medical Study Programs

Considering the available resources that are able to support the development of health tourism in Buleleng Regency, the existing assets for health and wellness tourism are: (1) natural healing assets, (2) indigenous healing traditions, (3) medical services, (4) nature, and (5) spiritual traditions. Health therapies such as meditation, yoga, eco-healing, spa and massage are very likely to be developed in three tourism areas in Buleleng Regency. To be well developed, it is necessary to involve academics such as the Faculty of Medicine, Ganesha University of Education.

As widely known in tourism, tourists need different treatment to get satisfaction with the tourism products that they buy. In this case, tourists also experience development, i.e., not only healthy people who travel, but also sick people, or those who become patients in a hospital. People who are sick need special services from the medical team. On the other hand, healthy people also want to get therapy to maintain their health. Understanding these needs, health tourism was developed to deal with people who are indeed sick and in need of special health services, and people who want to maintain a healthy body and to stay healthy with certain therapies.

During this time, health tourism developed has not involved many medical workers such doctors, nurses or midwives who have the skills and knowledge to understand the condition of a person's body. As for wellness tourism, listed on the EAWS website, there are criteria such as spa therapies where the therapist has to be carried out by a qualified specialist, with the aim the therapy being given is based on the needs of people.
NIMA (2013) emphasizes that the role of medical personnel is very important in the development of health tourism including wellness tourism. "Europe offers many opportunities for wellness travelers that traditionally provide healing waters and mineral baths, and are prescribed by medical doctors for rehabilitation". Based on this quote, spa activities also require the role of health workers such as giving prescription on how spa therapy can be applied to someone, especially a person who suffers from something and wants to follow the rehabilitation process with spa therapy.

Wellness tourism in its implementation which aims to maintain health conditions (Gazali, 2002), indeed requires the role of people who have knowledge and skills about health, such as doctors, nurses, and midwives in Indonesia. In Buleleng Regency, wellness tourism practices implemented in several places such as hotels, special spa therapies and massage therapies have not utilized the role of medical personnel who understand the type of therapy that should be given to someone. Thus, understanding these conditions, it is necessary to have collaboration between existing health tourism practitioners and medical personnel. One that can be developed in Buleleng Regency is wellness tourism observatory which builds the synergy of medical personnel with tourism practitioners from the beginning, and they are prospective medical workers or doctors or nurses or midwives who have applied their knowledge and medical skills in tourism objects.

Health tourism observatory meant here is a place of health practice that combines health concepts or theories with tourism. In this context, a place that has potential for health tourism such as a strategic location and the availability of facilities that support the practice is provided. The location chosen to implement the Health Tourism Observatory as a Health Learning Model for medical personnel can be built at tourist sites that have the potential to develop wellness tourism, such as having arenas for jogging tracks, and having health tourism services such as spas, massages, yoga, meditation and healing.

In the development of medical tourism, Helmy (2011) considers three pillars of services in health tourism, namely medical and healthcare services, tourism and travel services, and support services with the aim to develop competitive medical tourism destinations. In health tourism implementation, Voigt and Pforr (2014) emphasize the need for a collaborative approach with several stakeholders: the government, academics, private sector, and community. A study of observatory health tourism in the Baltic countries (M. Smith & Puczko, 2014) explains that tourism observatories for health, fitness and spa in developing health tourism strategies require cooperation especially those involved in handling health and tourism services. Through good cooperation between parties who are qualified in the field of health and tourism in health tourism observatory, it is expected that the development of wellness tourism can be implemented properly and in accordance with the needs of consumers who are market segments.

Conclusion

Through research conducted by direct observation methods in three tourism areas, Buleleng Regency has the potential to be developed as a destination for wellness tourism. The availability of medical health personnel and non-medical health services and also the facilities are able to support the development of wellness tourism.
In addition, the availability of natural resources, cultural resources and health facilities which are spread in the three tourist areas provides an opportunity for Buleleng Regency to develop health tourism in accordance with its potential, namely wellness tourism. Wellness tourism which in its implementation can also be implemented into mental and spiritual welfare activities, is in line with Balinese culture which emphasizes the balance of life through understanding and implementing the principles of Tri Hita Karana. The implications of Tri Hita Karana, which emphasizes the harmonization of life, are able to provide calmness to patients and thus improve their physical health.

The application of health tourism, whatever the form of wellness tourism therapy is, in its practice requires the role of medical personnel and tourism practitioners. In this context, medical personnel and tourism practitioners must work together with the aim to provide appropriate therapy in accordance with the needs of people who want to get a form of therapy for themselves such as spas, massages, and healing. Thus, understanding the lack of involvement of medical personnel in the development of wellness tourism in the Buleleng Regency, it is necessary to build a joint learning space from beginning between health practitioners and tourism practitioners in health tourism observatory. It is a place of health practice that combines health concepts or theories with tourism. In this context, a place that has potential for health tourism is provided, such as a strategic location and the availability of facilities that support the intended practice, and where medical personnel and tourism practitioners work together in developing wellness tourism in Buleleng Regency.

References

Ardell, D.B. (1986). High Level Wellness (2nd Ed.). Berkeley: Ten Speed Press.
Artana, I Wayan. (2014). Tri Hita Karana Meningkatkan Kualitas Modal Manusia dan Perekonomian Desa. Jurnal Pemuda.Understanding Implications of Wellness Tourism for the Development of the Three Tourist Areas. JAMK University Applied of Science.
Filitzianova, Viktor. (2011). Expanding the Potential of Cultural Village as a Model of Community Based Tourism. Journal of Physics: Conference Series 315:012072.
Ghazali, M. (2002). Travel Health Experience among international to high Altitude Destinations of Sagarmatha National Park, Nepal and Tibet, China. Unpublished Ph.D thesis, University of Otago, New Zealand
Hall, C.M. (2011). Health and medical tourism: a kill or cure for global public health?. Tourism Review, 66(1/2): 4-15
Helmy, Eman M. (2011). Benchmarking The Egyptian Medical Tourism Sector Against International Best Practice: An Exploratory Study. Tourismos: An International Multidisciplinary Journal of Tourism. Volume 6, Number 2, Autumn 2011. Pp 293-311
Filistianova, Viktoria. (2017). Medical Tourism Development of Medical Tourism between Finland and Russia. Bachelor’s thesis. Faculty Management Degree Program in Facility Management. JAMK University Applied of Science. Retrieved from https://www.thesefus.fi/bitstream/handle/10024/132074/Medical%20Tourism.pdf?sequence=1&isAllowed=y
Laing, Jennifer and Weiler, Betty. (2008). Mind, Body, and Spirit: Health and Wellness Tourism in Asia. In Asian Tourism: Growth and Change. Elsevier Ltd.
Messerli, H.R and Oyama, Y. (2004). Health and Wellness Tourism—global. Travel & Tourism Analyst August, 1-54.
Muller, H. & Kaufmann, E.L. (2001). Wellness Tourism: Market Analysis of a Special Health Tourism Segment and Implications for the Hotel Industry. Journal of Vacation Marketing,7(1), 5-17.
Nicolaides, Angelo and Grobler, Anton. (2017). Spirituality, Wellness Tourism and Quality of Life. African Journal of Hospitality, Tourism and Leisure. Volume 6 (1) - (2017) ISSN: 2223-814X Copyright: © 2017 AJHTL - Open Access- Online @ http://www.ajhtl.com
North India Management Association (NIMA). (2013). Skilling India for Health –Wellness and Medical Tourism Industry. International Conference 23rd September 2013. The Ashok Hotel, New Delhi.
Pickert, Kate. (2008). A Brief History of Medical Tourism. November 25, 2008. Retrieved from http://content.time.com/time/health/article/0,8599,1861919,00.html# on October 30, 2019
Puczkó, L. & Smith, M. (2001). Tourism- specific quality-of-life index: The Budapest model. In M. Budruk & R. Phillips (Eds.), Quality-of-life community indicators for parks, recreation and tourism. New York: Springer
Rahma, Puti Aulia. (2012). Fenomena Medical Tourism dan Potensi Indonesia Menjadi Negara Tujuan Medical Tourism. Retrieved from http://mutupelayanankesehatan.net/index.php/component/content/article/19-headline/150 on 30 Januari 2019

Rahman, Handoko Faktur. Faizatul Istiqomah. Yusri Dwi Lestari. (2018). Pengaruh Terapi Dzikir Terhadap Dismenorea Primer Pada Remaja Putri (The Effect of Dhikr Therapy on Primary Dysmenorrhea in Adolescent). Jurnal Sain Med Jurnal Kesehatan, Vol 10, No. 1, Hal 17-21

Romanova, Galina. Alexander Vetitnev. Frederic Dimanche. (2015). Health and Wellness Tourism. Retrieved from https://www.researchgate.net/publication/302140629 on 3 Oktober 2019.

Satyarini, Ni Wayan Marsha. Myzza Rahmanita. Sakchai Setarnawat. (2017). The Influence of Destination Image on Tourist Intention and Decision to Visit Tourist Destination (A Case Study of Pemuteran Village in Buleleng, Bali, Indonesia). TRJ Tourism Research Journal 2017, Vol. 1 No. 1

Setiawan, Thoriq Fajar. Yudo Prasetyo and Haniah. (2016). Analisis Deformasi dan Volumetrik Menggunakan Metode Pengamatan 3 Dimensi Unmanned Aerial Vehicle (UAV) (Studi Kasus: Brown Canyon, Semarang). Jurnal Geodesi Undip. Volume 5, Nomor 4.

Sigrist, S. (2006) Health Horizons - Guide zu den neuen Gesundheitsmärkten / Guide to the new Healthmarkets, No. 20, Gottlieb Duttweiler Institut / GDI, Zürich.

Smith, M.K. and Puczko, L. (2009). Health and Wellness Tourism. Oxford: Butterworth Heinemann.

Tangkas, Ni Made Karlina Sumiari. (2018). Pengawasan Dinas Kesehatan Kabupaten Buleleng Bali Terhadap Penyelenggaraan Pelayanan Kesehatan Tradisional dan Perlindungan Hak Atas Kesehatan Bagi Masyarakat. Tesis. Unika Soegijapranata Semarang. Retrieved from http://repository.unika.ac.id/16679/ on 13 Oktober 2019

Voigt, Cornelia and Christof Pforr. (2014). Wellness Tourism: A Destination Perspective. Routledge: New York.

Wiarti, LuhYusni. (2017). The Impact of Marine Tourism in Lovina, Bali: The Perspective of Local Community. Asean Journal on Hospitality and Tourism. Volume 15, pp 139-150.