

Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 102-119, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

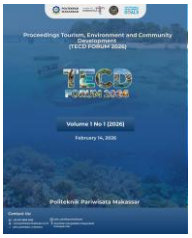
Rebranding Sanur as a Medical and Wellness Tourism Hub: A Policy and Planning Analysis of Tourism Transformation in South Denpasar, Bali

I Gede Pandega Wirasatya
Master of Applied Tourism, Bali Tourism Polytechnic, Indonesia
Email: pandega.wirasatya@gmail.com

ABSTRACT

This paper examines the policy-led transformation of Sanur, Bali, into a medical and wellness tourism destination, focusing on how health-oriented development is strategically articulated within national and regional planning discourses in the context of tourism diversification and post-pandemic recovery. Drawing on an interpretive policy analysis of key planning, regulatory, and strategic documents, the study explores how medical and wellness tourism is mobilized not merely as a response to shifting market demand, but as a governance instrument intended to reposition a mature coastal destination beyond volume-based leisure tourism. The findings demonstrate that policy discourse frames medical and wellness tourism as a mechanism for economic upgrading, spatial reconfiguration, and institutional coordination through the Special Economic Zone framework, discursively reconstructing Sanur as a controlled, standards-driven destination aligned with international healthcare norms and investment logics. At the same time, the analysis reveals strategic silences within policy narratives, particularly concerning socio-spatial implications, regulatory complexity, and the long-term integration of health services within an established tourism area. By foregrounding both policy narratives and their silences, this study contributes to tourism governance literature by showing how destination transformation in mature tourism contexts is shaped through selective planning rationales that legitimize particular development pathways while marginalizing alternative futures, underscoring the need to understand medical and wellness tourism development as a fundamentally political and spatial process rather than a purely market-driven phenomenon.

Keywords: medical and wellness tourism; tourism governance; policy discourse analysis; destination transformation; special economic zones.



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

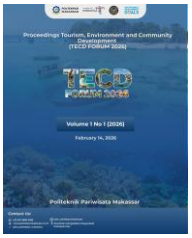
Tourism, Environment and Community Development: TECD Forum 2026

INTRODUCTION

Over the past two decades, Bali has consolidated its position as one of Southeast Asia's most mature and internationally recognized tourism destinations. This maturity, however, has generated a set of structural challenges that increasingly constrain future development. The long-standing reliance on volume-based leisure tourism has intensified spatial concentration along coastal areas, heightened environmental pressure, and reinforced economic dependency on international mobility. These vulnerabilities became particularly evident during the COVID-19 pandemic, when the sudden collapse of global travel exposed the fragility of a tourism model driven primarily by mass consumption and short-stay leisure markets. In response, national and regional authorities have sought to recalibrate Bali's tourism development trajectory toward diversification, resilience, and higher value-added activities, positioning medical and wellness tourism as a strategic alternative within post-pandemic recovery planning.

Sanur occupies a distinctive position within this broader transformation agenda. As one of Bali's earliest planned beach destinations, Sanur represents a mature tourism area characterized by relatively stable visitation, aging tourism infrastructure, and increasing competition from newer destinations offering more contemporary leisure experiences. Rather than allowing Sanur to experience gradual stagnation or unregulated redevelopment, policymakers have deliberately framed the area as a pilot site for tourism transformation through the integration of healthcare services and wellness-oriented facilities. This repositioning has been formally institutionalized through the designation of the Sanur Special Economic Zone, which links tourism development with healthcare investment, regulatory incentives, and spatial restructuring. The transformation of Sanur is therefore not merely a branding exercise, but a policy-led intervention intended to reconfigure the destination's economic role, governance framework, and symbolic identity within Bali's tourism system.

Despite the growing prominence of medical and wellness tourism in planning and policy discourse, its adoption as a development strategy raises critical research problems that remain insufficiently examined. Much of the existing literature and policy discussion tends to conceptualize medical and wellness tourism as a market-driven niche responding to global demand for affordable healthcare services and lifestyle-oriented wellbeing experiences. Such perspectives often prioritize competitiveness, service quality, and international branding, while overlooking the political, institutional, and spatial dimensions through which destinations are transformed. In the context of Sanur, this raises fundamental questions regarding how medical and wellness tourism is discursively constructed within policy and planning



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

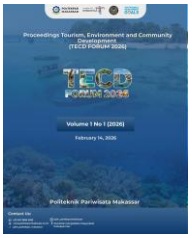
Tourism, Environment and Community Development: TECD Forum 2026

documents, which development rationales are foregrounded and legitimized, and which socio-spatial implications are marginalized or rendered invisible. Without addressing these questions, analyses risk normalizing medical and wellness tourism as a neutral diversification strategy rather than interrogating its role in reshaping power relations and development priorities.

This study is grounded in the insight that tourism development, particularly within mature destinations, is inseparable from governance processes embedded in policy frameworks and regulatory instruments. In Sanur, medical and wellness tourism is mobilized not simply as a response to shifting tourist demand, but as a governance mechanism aimed at achieving multiple objectives simultaneously. These objectives include economic upgrading through higher-spending and longer-stay visitors, spatial control through zoned and regulated development, and institutional coordination across the tourism, health, and investment sectors. At the same time, such policy-driven transformations generate inherent tensions, including regulatory complexity, potential exclusion of local actors, and uncertainties regarding the long-term integration of health services within an established tourism landscape. Examining these tensions requires moving beyond promotional narratives toward a critical analysis of how policy discourse shapes permissible development pathways.

Accordingly, the main objective of this research is to analyze how medical and wellness tourism is articulated within national and regional policy and planning discourse as a mechanism for transforming Sanur into a controlled and standards-driven destination. More specifically, the study aims to examine the dominant policy narratives that frame medical and wellness tourism as a solution to the limitations of mass tourism, to identify the governance rationales embedded within planning instruments such as the Special Economic Zone framework, and to critically assess the strategic silences within policy texts concerning socio-spatial impacts, regulatory integration, and long-term sustainability. Through these objectives, the research seeks to contribute to a deeper understanding of destination transformation in mature tourism contexts.

The expected contribution of this study is both analytical and practical. Analytically, the research advances tourism governance scholarship by demonstrating how medical and wellness tourism functions as a political and spatial project rather than a purely market-oriented phenomenon. By foregrounding both policy narratives and their omissions, the study reveals how particular development futures are legitimized while alternative trajectories are marginalized. Practically, the findings are expected to inform policymakers and planners about the governance challenges associated with integrating healthcare-oriented development within established tourism areas, particularly in terms of regulatory coordination and spatial planning.



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

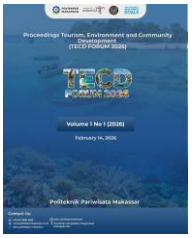
Tourism, Environment and Community Development: TECD Forum 2026

The study is informed by several interconnected theoretical perspectives. Tourism governance theory provides a foundation for understanding the role of state actors, regulatory frameworks, and policy instruments in shaping destination development beyond market dynamics. Literature on destination transformation and tourism restructuring offers insight into how mature destinations respond to saturation, environmental constraints, and shifting policy priorities through selective upgrading strategies. In addition, *policy discourse analysis* offers a critical lens for examining how language, narratives, and silences within planning documents construct particular development rationales while excluding others. Together, these perspectives enable a comprehensive examination of medical and wellness tourism as a governance-driven process embedded within broader political and spatial contexts. This emphasis on upgrading and functional differentiation in mature destinations reflects long-standing arguments within destination transformation literature, which conceptualizes tourism change as a selective process shaped by policy intervention, spatial restructuring, and evolving governance priorities rather than linear lifecycle decline (Shaw and Williams, 2004). From this perspective, transformation is not an automatic market correction, but a politically mediated strategy that privileges certain development pathways over others.

This research adopts a qualitative interpretive design, with the researcher positioned as the primary research instrument responsible for interpreting policy meanings and discursive patterns. The research subjects consist of national and regional policy and planning documents related to tourism development, healthcare services, investment regulation, and the establishment of the Sanur Special Economic Zone. These documents constitute the primary data sources and are complemented by relevant academic literature on tourism governance, medical tourism, and destination transformation. Data were collected through systematic document review over a defined post-pandemic policy consolidation period. Data analysis was conducted through iterative coding, thematic categorization, and interpretive comparison across policy texts to identify dominant narratives, governance rationales, and strategic silences. To ensure validity and trustworthiness, the study applied triangulation across policy levels, reflexive engagement with researcher positionality, and transparent documentation of analytical procedures. Through this approach, the research seeks to produce a rigorous, credible, and critical account of Sanur's rebranding as a medical and wellness tourism hub.

RESEARCH METHODS

This study employs a qualitative interpretive research design aimed at understanding how medical and wellness tourism is constructed, legitimized, and governed through policy and planning frameworks in the context of destination transformation. The research is grounded in an interpretive epistemological stance, which assumes that policy texts are



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

not neutral technical instruments but socially produced documents that reflect particular values, priorities, and power relations. Accordingly, the study does not seek to measure causal relationships or test hypotheses, but to interpret meanings, rationalities, and silences embedded within official policy discourse related to the transformation of Sanur as a medical and wellness tourism hub.

The research design is structured as a qualitative policy study using *policy discourse analysis* as the main analytical approach. This design is appropriate given the research focus on governance, planning rationales, and destination reconfiguration within a mature tourism area. The unit of analysis is not individual actors or tourists, but policy narratives as articulated in formal documents that shape tourism development trajectories. The study is framed as a case study of Sanur, South Denpasar, which allows for an in-depth and context-sensitive examination of how national and regional development agendas are operationalized at the destination level.

The population of this research consists of official policy and planning documents produced by government institutions at the national, provincial, and municipal levels that are directly related to tourism development, healthcare services, investment regulation, and spatial planning in Bali, with particular relevance to Sanur. From this population, a purposive sample of documents was selected based on their strategic role in shaping medical and wellness tourism development. These include tourism master plans, spatial planning regulations, healthcare and investment policies, and documents related to the establishment and governance of the Sanur Special Economic Zone. The analysis draws on publicly available national and regional policy and planning documents related to medical and wellness tourism in Indonesia, which are treated as discursive texts rather than empirical datasets, consistent with interpretive policy analysis. The selection criteria emphasized policy relevance, institutional authority, and temporal alignment with the post-pandemic recovery period, ensuring that the documents reflect current governance priorities and development rationales.

The researcher functions as the primary research instrument in this qualitative study. This involves active engagement with policy texts through close reading, interpretation, and reflexive analysis. No mechanical or automated analytical tools were employed. The primary materials used in this research consist of textual policy documents in digital and printed formats. These materials include legal documents, strategic planning reports, and regulatory frameworks. Their selection is based on their formal status, scope of influence, and relevance to the research objectives. Secondary materials, such as peer-reviewed academic literature on tourism governance, medical tourism, and destination transformation, are used to support interpretation and contextualization but do not constitute primary data.

Data collection was conducted through systematic document review. Documents were collected from official government repositories, institutional publications, and authorized planning sources. The data collection process followed a structured procedure involving document identification, verification of authenticity, and classification according to policy level and sectoral focus. The research was conducted over a defined period corresponding to the consolidation of post-pandemic tourism and health policy initiatives, allowing the study to capture policy coherence and shifts over time. Given the documentary nature of the data, no field interviews or direct observation were conducted, and no human informants were involved in the data collection process.

Data analysis was carried out through an iterative interpretive process. Initially, documents were read holistically to identify overarching narratives related to tourism diversification, medical and wellness development, and destination upgrading. This was followed by thematic coding to identify recurrent concepts, policy rationales, and discursive patterns. Particular attention was given to how medical and wellness tourism is framed as a development solution, how governance mechanisms such as the Special Economic Zone are justified, and how spatial and institutional coordination is articulated. In addition to explicit narratives, the analysis also examined *strategic silences*, defined as the absence or marginalization of issues such as socio-spatial impacts, regulatory complexity, and the integration of tourism-oriented healthcare with local public health needs. Interpretive comparison across documents and policy levels was used to identify consistencies, contradictions, and hierarchical relationships within the policy discourse.

To ensure the validity and trustworthiness of the research findings, several qualitative verification strategies were applied. Triangulation was conducted across policy levels and sectors to reduce the risk of single-document bias and to enhance analytical robustness. Reflexivity was maintained throughout the research process by explicitly acknowledging the researcher's interpretive role and analytical positioning. An audit trail was established through systematic documentation of data sources, coding decisions, and analytical steps, enabling transparency and replicability of the research process. The credibility of interpretations was further supported by continuous engagement with relevant theoretical literature, ensuring that empirical readings remained analytically grounded.

The research location is defined analytically rather than physically, focusing on Sanur, South Denpasar, as a policy-constructed destination within Bali's tourism system. The duration of the research encompasses the period of policy formulation and consolidation following the COVID-19 pandemic, which is particularly relevant to the emergence of medical and wellness tourism as a strategic development pathway. Through this qualitative and interpretive methodological approach, the study seeks to

produce a rigorous and credible analysis of how policy discourse shapes the transformation of Sanur into a medical and wellness tourism hub.

RESULTS AND DISCUSSION

Results and discussion in this article focus on revealing and interpreting how policy discourse shapes the transformation of Sanur into a medical and wellness tourism destination. The section presents the empirical findings derived from qualitative interpretive analysis of national and regional policy and planning documents, and critically examines how these findings answer the research problems and objectives. Rather than reporting procedural aspects of analysis, this section concentrates on substantive results, showing how medical and wellness tourism is framed as a development solution, how governance instruments are mobilized, and how particular development pathways are legitimized while others are marginalized. The discussion integrates these findings with established knowledge in tourism governance and destination transformation literature, and uses them to refine existing theoretical understandings of policy-led change in mature tourism destinations.

Policy Construction of Medical and Wellness Tourism as a Solution to Structural Tourism Vulnerability

The findings indicate that medical and wellness tourism is discursively constructed within national and regional policy frameworks as a strategic response to structural tourism vulnerability in Sanur. Policy and planning documents consistently frame vulnerability not as a consequence of uneven development, socio-spatial pressure, or long-term destination saturation, but as a deficit of quality, diversification, and regulatory integration. Within this representation, the perceived limitations of mass leisure tourism are positioned as the central problem, thereby legitimizing medical and wellness tourism as a corrective development pathway aligned with post-pandemic resilience narratives (Hall, 2011).

This policy framing reflects a broader shift in tourism planning discourse toward resilience-oriented and value-based development strategies. Rather than addressing vulnerability through redistribution or structural reform, policy texts emphasize upgrading destination functions through specialized tourism segments that promise higher economic yield, lower visitor volume, and stronger institutional control. Medical and wellness tourism is thus positioned as a form of strategic diversification that aligns with international competitiveness while minimizing exposure to demand volatility, a logic consistent with contemporary destination transformation theory (Shaw and Williams, 2004).

The analysis further demonstrates that vulnerability is selectively defined through technocratic indicators such as market positioning, service standards, and investment readiness. By foregrounding these dimensions, policy discourse abstracts vulnerability from its social and spatial

contexts and reframes it as a managerial challenge. This abstraction enables policy coherence and administrative clarity, but simultaneously marginalizes alternative interpretations that locate vulnerability in labor precarity, informal economies, and uneven access to coastal space. Such framing practices align with critical policy perspectives that emphasize how problem definitions delimit the scope of legitimate policy responses (Bacchi, 2009).

Within this discursive construction, medical and wellness tourism functions not merely as an economic diversification strategy, but as a governance instrument. Policy documents link the development of this tourism segment to enhanced regulatory oversight, cross-sectoral coordination, and standardized service provision, thereby reinforcing the governability of the destination. This finding supports tourism governance scholarship that identifies policy-led transformation as a process driven by institutional rationalities rather than market dynamics alone (Dredge & Jenkins, 2011). In this context, the appeal of medical and wellness tourism lies in its compatibility with formal regulatory regimes and its perceived capacity to discipline tourism development.

Importantly, the framing of medical and wellness tourism as a solution to vulnerability also performs a legitimizing function for spatial and functional reconfiguration within the destination. By associating resilience with specialized, high-value tourism services, policy discourse implicitly justifies the reallocation of coastal and urban spaces toward regulated healthcare and wellness infrastructures. This reconfiguration is presented as a necessary adaptation to global tourism uncertainty, despite limited engagement with its long-term implications for destination accessibility and social equity. The absence of such considerations highlights the normative assumptions embedded within policy-led destination transformation.

From a theoretical perspective, these findings confirm and extend destination transformation literature by demonstrating how vulnerability narratives operate as policy tools rather than neutral diagnoses. The case of Sanur illustrates that transformation is not solely a response to external shocks, but a politically mediated process shaped by how problems are framed and solutions are legitimized. Medical and wellness tourism emerges as a policy-constructed solution that aligns economic objectives with governance priorities, reinforcing a model of transformation grounded in control, standardization, and institutional coordination (Hall, 2011; Dredge & Jenkins, 2011).

Multi Level Policy Integration and Institutional Alignment in Medical and Wellness Tourism Development

The results indicate that the construction of medical and wellness tourism as a development priority is reinforced through multi level policy integration and institutional alignment across national, regional, and destination scales. Policy and planning documents demonstrate a strong emphasis on vertical and horizontal coordination,

positioning medical and wellness tourism as an arena in which fragmented tourism governance can be reassembled through cross sectoral collaboration. This integration is framed as essential for ensuring regulatory coherence, investment certainty, and service standardization, particularly in a mature destination context characterized by institutional complexity and overlapping mandates (Hall, 2011).

At the national level, medical and wellness tourism is embedded within broader development narratives related to economic upgrading, health sector modernization, and international competitiveness. These narratives are subsequently translated into regional planning frameworks that emphasize destination specialization and functional differentiation. The alignment between national strategic visions and regional spatial and tourism plans reflects an intentional effort to synchronize development priorities and reduce policy dissonance. In this process, medical and wellness tourism operates as a bridging concept that connects tourism policy with health governance and investment regulation, thereby expanding the scope of tourism planning beyond traditional sectoral boundaries (Dredge & Jenkins, 2011).

The findings further show that institutional alignment is not merely administrative, but discursive in nature. Policy documents consistently frame coordination as a prerequisite for credibility and effectiveness, portraying fragmented governance as a risk to destination resilience. By emphasizing integrated planning and interagency collaboration, policy discourse constructs medical and wellness tourism as a domain that necessitates centralized oversight and formalized institutional arrangements. This framing legitimizes the concentration of decision making authority and the standardization of procedures across tourism, health, and investment institutions.

However, the emphasis on institutional alignment also reveals an underlying assumption that coordination inherently produces better development outcomes. Policy texts rarely interrogate potential tensions between sectoral objectives or power asymmetries among participating institutions. Instead, alignment is presented as a technical solution to governance challenges, rather than as a negotiated political process. This depoliticization of coordination reflects a broader tendency within tourism governance to privilege managerial efficiency over deliberative engagement, thereby limiting the visibility of contestation and conflict within policy implementation (Bacchi, 2009).

From an applied perspective, the integration of medical and wellness tourism into multiple policy domains contributes to the redefinition of destination governance structures. Tourism authorities are positioned as facilitators rather than sole regulators, while health and investment agencies gain increased influence over destination development trajectories. This redistribution of institutional roles underscores how policy led transformation reshapes governance configurations, extending destination transformation theory toward a more institutional and policy

centered understanding of change (Shaw and Williams, 2004). This coordinated governance logic aligns with broader tourism planning scholarship that highlights the role of formal policy instruments and regulatory frameworks in structuring destination development and reducing uncertainty in complex tourism systems (Dredge & Jenkins, 2016). In this context, institutional alignment functions not merely as an implementation mechanism, but as a constitutive element of destination transformation itself.

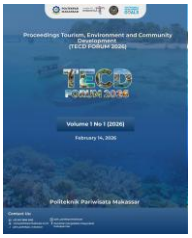
Theoretically, these findings refine existing tourism governance frameworks by demonstrating that policy integration functions not only as an implementation mechanism, but as a constitutive element of destination transformation. In the Sanur case, medical and wellness tourism enables the articulation of a coordinated governance logic that aligns economic, regulatory, and spatial objectives. This alignment reinforces a transformation pathway that prioritizes institutional coherence and regulatory capacity, while simultaneously narrowing the range of development alternatives considered legitimate within formal planning processes.

Discursive Emphasis on Quality, Regulation, and International Standards

The findings show that policy discourse on medical and wellness tourism in Sanur is strongly organized around narratives of quality assurance, regulatory control, and alignment with international standards. Across national and regional policy and planning documents, medical and wellness tourism is consistently associated with accreditation regimes, clinical governance, service certification, and compliance with globally recognized healthcare benchmarks. This framing differentiates medical and wellness tourism from conventional leisure tourism, which is frequently portrayed as fragmented, informal, and difficult to regulate within mature coastal destinations. By constructing quality and regulation as defining characteristics of the tourism segment, policy discourse positions medical and wellness tourism as inherently compatible with state oversight and institutional governance (Hall, 2011).

Within this construction, quality standards operate as normative devices rather than neutral technical requirements. Policy texts repeatedly link international accreditation and certification to destination credibility, risk mitigation, and investor confidence, thereby framing standards as prerequisites for global market participation. Sanur is discursively repositioned as a destination where predictability, reliability, and institutional legitimacy are prioritized over volume based growth. This repositioning aligns with destination transformation literature that emphasizes upgrading strategies as responses to saturation and declining competitiveness in mature destinations (Shaw and Williams, 2004).

The analysis further reveals that regulatory discourse serves a legitimizing function for expanded institutional intervention and cross sectoral coordination. References to quality assurance frameworks justify the integration



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

of tourism policy with health regulation and investment governance, reinforcing centralized oversight and formalized procedures. Regulation is presented not as a constraint on development, but as an enabling mechanism that aligns tourism growth with healthcare governance and international expectations. This finding is consistent with tourism governance scholarship that highlights the increasing reliance on regulatory rationalities and standardization to manage uncertainty and competitiveness in globally oriented destinations (Dredge & Jenkins, 2011).

At the same time, the emphasis on international standards functions as a boundary setting mechanism within destination development. Policy discourse implicitly privileges actors capable of complying with complex regulatory and accreditation requirements, such as large scale healthcare providers and internationally connected investors, while marginalizing smaller local enterprises and informal tourism actors. In this way, quality narratives operate as instruments of power that define which practices and stakeholders are recognized as legitimate within medical and wellness tourism development. From a policy discourse perspective, this reflects a problem representation that prioritizes control and governability, while rendering alternative development logics less visible (Bacchi, 2009).

To synthesize these relationships, Figure 1 conceptualizes how quality and regulatory standards mediate between policy objectives, governance arrangements, and destination repositioning. The figure does not present empirical data, but integrates the qualitative findings by illustrating how standards translate abstract policy goals related to resilience and competitiveness into concrete regulatory mechanisms and institutional configurations. By visualizing this discursive logic, the figure clarifies how regulation functions as a central connective element in policy led destination transformation.



Figure 1. Discursive Role of Quality and Regulatory Standards in Repositioning Sanur as a Medical and Wellnes Tourism Destination.

The figure depicts a sequential relationship in which policy objectives focused on

destination upgrading and resilience are operationalized through international quality and accreditation standards. These standards enable regulatory governance mechanisms across tourism, health, and investment domains, which in turn facilitate institutional coordination among relevant authorities. The outcome of this process is the controlled repositioning of Sanur as a regulated and standards driven medical and wellness tourism destination.

From a theoretical standpoint, these findings confirm and refine destination transformation theory by demonstrating that quality and regulation are not secondary responses to market demand, but primary instruments through which policy shapes development trajectories. The Sanur case illustrates that international standards function as governance technologies that structure institutional behavior, delimit participation, and legitimize spatial and functional reconfiguration within mature destinations. This reinforces the argument that policy led transformation must be understood as a discursive and institutional process, rather than as a purely economic or market driven adjustment (Hall, 2011; Dredge & Jenkins, 2011).

Strategic Silences and Socio Spatial Implications of Policy Led Destination Transformation

The findings further reveal that the policy construction of medical and wellness tourism in Sanur is characterized not only by explicit emphases on regulation and standards, but also by systematic silences that shape the boundaries of legitimate development discourse. These silences are analytically significant, as they indicate how policy selectively frames tourism vulnerability and transformation while marginalizing alternative interpretations and impacts. In this context, what is omitted from policy narratives functions as a governing mechanism that stabilizes particular development pathways and forecloses others (Bacchi, 2009).

One prominent silence concerns the socio economic consequences of destination transformation for local communities and small scale tourism actors. While policy documents articulate in detail the need for institutional readiness, service quality, and investor confidence, they provide limited discussion of labor transitions, skills adaptation, or livelihood restructuring for workers embedded in existing leisure tourism economies. The absence of explicit strategies for integrating informal or small scale actors into the medical and wellness tourism framework suggests an implicit assumption that market mechanisms or regulatory upgrading will naturally absorb these groups. This assumption reflects a technocratic orientation that prioritizes governability over social inclusion, a tendency widely noted in critical tourism governance literature (Hall, 2011). Similar patterns of selective visibility and omission have been widely discussed in critical tourism governance studies, particularly in relation to power asymmetries, trust, and the marginalization of local actors

within formal planning processes (Bramwell & Meyer, 2007; Nunkoo, 2017).

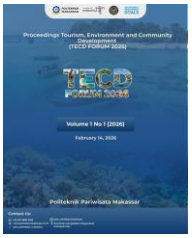
Spatial implications constitute another major area of silence. Policy texts promote medical and wellness tourism as a resilience strategy without substantively addressing its potential effects on land use, urban density, and access to coastal space. In a mature destination such as Sanur, where spatial saturation and competing land uses have historically shaped tourism dynamics, this omission is particularly consequential. By treating spatial reconfiguration as a neutral or inevitable outcome of upgrading, policy discourse obscures the distributive consequences of destination transformation, including the potential displacement of existing uses and the revaluation of coastal and urban land (Shaw and Williams, 2004).

These silences contribute to a stabilized problem representation in which tourism vulnerability is framed primarily as a matter of insufficient quality, weak regulation, and limited international integration. Alternative framings that locate vulnerability in structural inequality, uneven development, or socio spatial exclusion are rendered peripheral to formal planning discourse. Following Bacchi's problem representation approach, this narrowing of interpretive space limits the range of policy responses considered legitimate and reinforces a development logic centered on technical solutions rather than negotiated social change (Bacchi, 2009).

From a theoretical perspective, the identification of strategic silences extends destination transformation scholarship by highlighting the discursive limits of policy led change. While existing theories emphasize coordination, regulation, and institutional capacity, the Sanur case demonstrates that transformation processes are equally shaped by what policies choose not to address. Medical and wellness tourism emerges not only as a development strategy, but as a discursive filter that privileges certain futures while marginalizing others. This finding refines tourism governance theory by foregrounding the role of absence and omission in shaping destination trajectories (Dredge & Jenkins, 2011).

Collectively, the results suggest that policy led destination transformation, when oriented primarily toward control, standardization, and international alignment, may reproduce new forms of vulnerability even as it seeks to resolve existing ones. The Sanur case illustrates that resilience oriented tourism strategies must be evaluated not only through their capacity to reposition destinations in global markets, but also through their socio spatial inclusiveness and responsiveness to local realities. This insight provides a critical contribution to applied tourism scholarship by emphasizing the need to integrate governance effectiveness with social and spatial justice in the assessment of destination transformation outcomes.

Synthesis of Findings and Implications for Destination Transformation Theory and Policy Practice



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

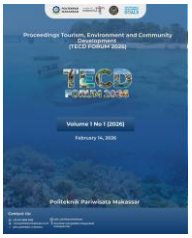
Tourism, Environment and Community Development: TECD Forum 2026

The cumulative findings demonstrate that the transformation of Sanur through medical and wellness tourism is best understood as a policy led and discursively governed process rather than a market driven adjustment. Across the analyzed documents, transformation is produced through interconnected mechanisms of problem framing, institutional alignment, regulatory standardization, and selective visibility. Together, these mechanisms construct medical and wellness tourism as a rational and legitimate solution to structural tourism vulnerability, while simultaneously delimiting the range of alternative development pathways considered acceptable within formal planning frameworks.

From a theoretical standpoint, the findings refine destination transformation theory by foregrounding the central role of policy discourse and governance rationalities. Existing scholarship has emphasized upgrading strategies, diversification, and lifecycle dynamics in mature destinations, often attributing transformation to shifts in demand or competitive positioning (Shaw and Williams, 2004). The Sanur case extends this perspective by showing that transformation is actively engineered through policy narratives that define vulnerability, prescribe solutions, and authorize specific institutional arrangements. Medical and wellness tourism functions as a policy device that translates abstract goals of resilience and competitiveness into concrete regulatory and spatial interventions, reinforcing the argument that transformation is a politically mediated process shaped by governance logics (Hall, 2011).

The study also contributes to tourism governance literature by demonstrating how multi level policy integration and standardization operate as constitutive elements of destination change. Rather than serving solely as coordination tools, institutional alignment and quality standards actively restructure governance relations and redistribute authority across tourism, health, and investment domains. This finding supports and extends arguments that contemporary tourism governance increasingly relies on regulatory instruments to enhance governability and reduce uncertainty, particularly in destinations facing saturation and complexity (Dredge & Jenkins, 2011). In this sense, medical and wellness tourism operates as a governance technology that enables tighter control over development trajectories while enhancing institutional legitimacy.

At the same time, the identification of strategic silences introduces a critical corrective to policy led transformation narratives. By foregrounding quality, regulation, and international alignment, policy discourse marginalizes socio economic adjustment processes and socio spatial consequences that are less amenable to standardization. This selective framing stabilizes a problem representation that privileges technical and managerial solutions, while constraining deliberation on equity, access, and local participation. Drawing on Bacchi's problem representation approach,



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

the findings highlight how policy effectiveness must be evaluated not only through achieved outcomes, but through the scope of issues rendered visible or invisible within governance processes (Bacchi, 2009).

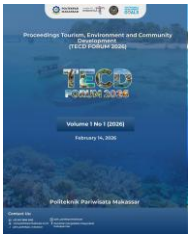
In applied terms, the results carry important implications for tourism planning and policy practice. While medical and wellness tourism offers a viable pathway for repositioning mature destinations, its effectiveness as a resilience strategy depends on the inclusiveness and adaptability of the governance frameworks that support it. Policies that prioritize institutional coherence and regulatory capacity without parallel attention to social and spatial impacts risk reproducing new forms of vulnerability. The Sanur case suggests that policy led transformation should be complemented by mechanisms that explicitly address labor transitions, community integration, and spatial equity to ensure that upgrading strategies contribute to sustainable and socially grounded destination futures.

Overall, this study advances applied tourism scholarship by integrating destination transformation theory with critical policy analysis. It demonstrates that medical and wellness tourism is not merely a sectoral innovation, but a discursive and institutional strategy through which destinations are reimagined, reorganized, and governed. By revealing the policy logics and silences that underpin this process, the findings provide a more nuanced understanding of how transformation unfolds in practice, offering both theoretical refinement and practical insight for policymakers navigating the challenges of restructuring mature tourism destinations.

CLOSING

This study demonstrates that the development of medical and wellness tourism in Sanur represents a policy led and discursively constructed response to structural tourism vulnerability rather than a market driven or organic transformation. The findings confirm that vulnerability is framed within national and regional policy documents as a deficit of quality, diversification, and regulatory integration, which legitimizes medical and wellness tourism as a rational and strategic solution. Through this framing, destination transformation is oriented toward upgrading, resilience, and international alignment, while being embedded within governance rationalities that prioritize control, standardization, and institutional coherence.

The analysis further shows that destination transformation in Sanur is produced through the interaction of policy discourse, multi level institutional alignment, and regulatory standardization. Medical and wellness tourism functions not only as an economic diversification strategy, but also as a governance instrument that restructures institutional roles and reinforces destination governability. Quality assurance systems, accreditation frameworks, and cross sectoral coordination mechanisms operate as central devices through which abstract policy objectives are translated into concrete regulatory and spatial arrangements. This



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

finding refines destination transformation theory by demonstrating that transformation is actively engineered through policy narratives and governance logics, rather than emerging solely from shifts in demand or competitive positioning.

At the same time, the study reveals that policy led transformation is characterized by strategic silences, particularly in relation to socio economic adjustment processes and socio spatial implications. The limited articulation of labor transitions, local capacity integration, and spatial redistribution suggests that policy effectiveness is assessed primarily through regulatory alignment and investment readiness, rather than through social inclusiveness or spatial equity. These silences indicate that while medical and wellness tourism is promoted as a resilience strategy, it may simultaneously generate new forms of vulnerability if social and spatial dimensions remain outside the policy gaze.

Based on these findings, this study argues that the long term effectiveness of medical and wellness tourism as a destination transformation strategy depends on the capacity of governance frameworks to move beyond technocratic upgrading. Policy interventions should be complemented by explicit mechanisms that address workforce transition, local participation, and spatial balance, ensuring that upgrading strategies do not marginalize existing tourism actors or intensify spatial exclusion. In theoretical terms, the study contributes to applied tourism scholarship by integrating destination transformation theory with critical policy analysis, emphasizing the need to understand transformation as a discursive, institutional, and political process.

Overall, this research highlights that medical and wellness tourism is not merely a sectoral innovation, but a policy constructed pathway through which destinations are reimagined, reorganized, and governed. By revealing both the governing logics and the silences embedded within policy discourse, the study provides a more comprehensive understanding of destination transformation in mature tourism contexts and offers a critical foundation for more inclusive and reflexive tourism planning practices.

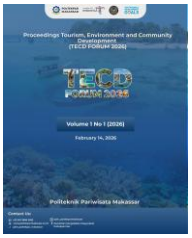
BIBLIOGRAPHY

Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Pearson Education. https://doi.org/10.4324/9781446201175

Bramwell, B., & Lane, B. (2011). Critical research on the governance of tourism and sustainability. *Journal of Sustainable Tourism, 19*(4–5), 411–421. https://doi.org/10.1080/09669582.2011.580586

Bramwell, B., & Meyer, D. (2007). Power and tourism policy relations in transition. *Annals of Tourism Research, 34*(3), 766–788. https://doi.org/10.1016/j.annals.2007.03.009

Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management, 34*,



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

1–13. https://doi.org/10.1016/j.tourman.2012.05.009

Connell, J. (2020). Medical tourism: Concepts and realities. *Tourism Management, 76*, 103970. https://doi.org/10.1016/j.tourman.2019.103970

Dredge, D., & Jenkins, J. (2011). *Stories of practice: Tourism policy and planning*. Ashgate. https://doi.org/10.4324/9781315602675

Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon, & P. Miller (Eds.), *The Foucault effect: Studies in governmentality* (pp. 87–104). University of Chicago Press. https://doi.org/10.7208/chicago/9780226028811.001.0001

Hall, C. M. (2011). Policy learning and policy failure in sustainable tourism governance. *Journal of Sustainable Tourism, 19*(4–5), 649–671. https://doi.org/10.1080/09669582.2011.555332

Hall, C. M., & Jenkins, J. (1995). *Tourism and public policy*. Routledge. https://doi.org/10.4324/9780203011919

Healey, P. (1997). *Collaborative planning: Shaping places in fragmented societies*. Macmillan. https://doi.org/10.1007/978-1-349-25538-2

Jessop, B. (2002). *The future of the capitalist state*. Polity Press. https://doi.org/10.1017/S0047279403006727

Laws, E., Richins, H., Agrusa, J., & Scott, N. (2011). *Tourist destination governance: Practice, theory and issues*. CABI. https://doi.org/10.1079/9781845936610.0000

Müller, M. (2015). Assemblages and actor–networks: Rethinking socio-material power, politics and space. *Geography Compass, 9*(1), 27–41. https://doi.org/10.1111/gec3.12192

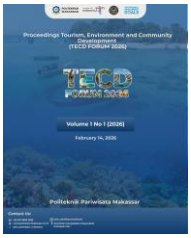
Nunkoo, R. (2017). Governance and sustainable tourism: What is the role of trust, power and social capital? *Journal of Sustainable Tourism, 25*(5), 702–719. https://doi.org/10.1080/09669582.2016.1263299

Peck, J., & Theodore, N. (2015). *Fast policy: Experimental statecraft at the thresholds of neoliberalism*. University of Minnesota Press. https://doi.org/10.5749/minnesota/9780816687204.001.0001

Shaw, G., & Williams, A. M. (2004). *Tourism and tourism spaces*. Sage Publications.

Smith, M., & Puczkó, L. (2014). *Health, tourism and hospitality: Spas, wellness and medical travel* (2nd ed.). Routledge. https://doi.org/10.4324/9780203794461

UNWTO. (2018). *Tourism and health: Addressing public health emergencies*. World Tourism Organization. https://doi.org/10.18111/9789284419876



Proceedings Tourism, Environment and Community Development: TECD Forum 2026, Pages 1-14, Volume 1 No.1 (2026)

Received: February / Revised: February / Accepted: February / Published: March

Tourism, Environment and Community Development: TECD Forum 2026

Yeoman, I., & McMahon-Beattie, U. (2018). *The future past of tourism: Historical perspectives and future evolutions*. Channel View Publications. https://doi.org/10.21832/YEOMAN7424