

UMGCINMATIC 2025

Development of English Listening and Speaking Skills for Communicative Purposes on Health Tourism Through the Integration of Design Thinking and Communicative Language Teaching Natthawut Promtara ^a

Ban Nako school, Phukradueng District, Loei Province 42180, Thailand

Abstract

This study aimed to develop English listening and speaking competencies in the context of health tourism through the implementation of a Design Thinking learning process integrated with the Communicative Language Teaching (CLT) approach. The participants were 23 sixth-grade students at Bannako School, under the Loei Primary Educational Service Area Office 2. Employing a Classroom Action Research (CAR) framework, the study designed and administered a learning sequence comprising five stages: (1) Empathize, (2) Define, (3) Ideate, (4) Prototype and Test, and (5) Reflection. These stages were systematically integrated with situational communicative tasks grounded in CLT principles. The results indicated a substantive enhancement in learners' English listening and speaking skills following the intervention. Students demonstrated increased accuracy, fluency, and confidence in communicating about health tourism. Moreover, they exhibited more positive attitudes toward English learning, engaged actively in instructional activities, and demonstrated an improved ability to transfer classroom learning to authentic communicative contexts. The findings suggest that the integration of Design Thinking with CLT constitutes a pedagogically viable approach for fostering communicative competence in young language learners.

Keyword: Design Thinking, CLT, Health Tourism

Introduction

Health tourism has increasingly become a vital segment of the global creative economy, driven by rising public interest in wellness, preventive healthcare, and immersive travel experiences (Smith & Puczko, 2014). Thailand has notably positioned itself as a leading destination in this sector, supported by its rich cultural traditions, abundant natural assets, and internationally recognized wellness services (Noree et al., 2016). Integrating these dimensions into educational settings—particularly within primary education—offers valuable opportunities to promote contextualized English language learning that reflects local cultural identity and authentic communicative purposes (Office of the Education Council, 2021).

Despite national policy directives promoting communicative competence, English instruction in Thai primary schools continues to rely heavily on memorization, grammar-translation methods, and minimal oral interaction (Wongsothorn et al., 2002; Kirkpatrick, 2012). Learners in rural contexts often encounter additional limitations due to reduced exposure to authentic English use, contributing to underdeveloped listening and speaking skills. These persistent issues emphasize the need for transformative instructional approaches that foreground meaningful, purposeful language use.

Design Thinking offers a promising pedagogical framework because it fosters creativity, human-centered problem solving, and iterative learning cycles (Brown, 2009). When integrated with Communicative Language Teaching (CLT), which promotes communication grounded in real-world situations (Richards & Rodgers, 2014), learners gain both structured language practice and engaging, experience-based learning opportunities. The combination of these approaches has the potential to enhance students' communicative competence while responding to the demands of contemporary education in the 21st century.

Literature Review

1. Health Tourism

Health tourism has increasingly emerged as a significant interdisciplinary area spanning tourism studies, hospitality management, and health systems research. It is broadly conceptualized as travel undertaken to promote physical, emotional, or psychological well-being through medical treatments, integrative wellness programs, or nature-based therapeutic experiences (Connell, 2016; Smith & Puczkó, 2014). Studies published from 2020 to 2025 converge on three central themes driving contemporary scholarship: sustainability, digital transformation, and economic determinants.

From a demand-side perspective, research consistently indicates that medical tourists are motivated by cross-national treatment cost disparities, limited access to specialized procedures in domestic health systems, and perceptions of superior clinical expertise abroad (Johnston et al., 2012; Ormond & Sothern, 2012). Wellness travelers, by contrast, tend to seek psychological restoration, holistic therapies, and immersive engagement with natural environments (Voigt et al., 2011). These differing motivations shape expectations related to service quality, cultural mediation, and the degree of coordinated care throughout the travel experience.

On the supply side, digital innovation has become increasingly influential in structuring health tourism services. Telemedicine-supported consultations, interoperable electronic health records, and remote monitoring systems have enhanced continuity of care and improved service coherence (Pine & Gilmore, 2019). However, such advancements also introduce concerns regarding data security, ethical governance, and the need for regulatory harmonization across jurisdictions (European Commission, 2020). Empirical evidence suggests that integrated care pathways supported by multilingual coordination and internationally accredited standards significantly enhance overall satisfaction and increase the likelihood of repeat visitation (Han et al., 2017).

Sustainability has simultaneously become a central concern, particularly in nature-based destinations where ecological degradation, resource pressure, and uneven benefit distribution pose challenges to long-term viability. Consequently, scholars advocate for participatory governance models, equitable economic benefit-sharing, and rigorous environmental monitoring to ensure ecologically and socially responsible development (Bramwell & Lane, 2011; Nepal & Saarinen, 2016). These measures are essential for preserving the natural and cultural resources that underpin wellness and nature-based tourism experiences.

Methodologically, research during the 2020–2025 period demonstrates increasing reliance on mixed-method approaches, including bibliometric analyses, qualitative case studies, and large-scale patient satisfaction surveys. Such designs provide a more comprehensive understanding of how digital, economic, and environmental forces interact to shape the evolution of the health tourism sector. Scholars also call for longitudinal and cross-national regulatory studies to advance theoretical clarity and inform evidence-based policy development (Connell, 2016).

Overall, contemporary literature conceptualizes health tourism as a multidimensional system requiring integrated policy strategies, sustainable resource governance, and patient-

centered technological innovation. Achieving long-term growth in this sector depends on balancing economic competitiveness with ethical, environmental, and regulatory imperatives. As global interest in wellness, preventive health care, and experiential travel continues to expand, health tourism is expected to remain a prominent focus of scholarly inquiry and a vital component of the worldwide service and creative economy.

2. Design Thinking

Design Thinking (DT) has gained prominence as a model for promoting creativity, innovation, and systematic problem solving across educational and professional domains. Defined by iterative phases—empathizing, defining, ideating, prototyping, and testing—DT emphasizes user-centred inquiry and collaborative solution generation (Brown, 2009; Liedtka, 2015). Its adoption in primary and secondary schools, higher education, engineering programs, and workplace training signals its expanding pedagogical relevance (Henriksen et al., 2020).

Research consistently reports that DT enhances learners' creative confidence, engagement, and ability to address ill-structured problems (Carroll et al., 2010). These benefits are most evident when DT is integrated into experiential learning activities and community-based projects. However, the success of DT initiatives remains dependent on teacher expertise, instructional scaffolding, and supportive classroom climate (Razzouk & Shute, 2012).

Recent scholarship highlights increasing efforts to embed DT within complementary pedagogical frameworks such as TPACK to strengthen technology-enhanced instruction (Koh et al., 2015). Although these hybrid models expand DT's applicability, they also challenge attempts to isolate DT-specific effects. Methodological reviews indicate that DT research continues to rely heavily on qualitative and quasi-experimental designs, underscoring the need for validated assessment tools and longitudinal investigations (Scheer et al., 2012).

Theoretically, DT is increasingly situated within socio-constructivist and experiential learning perspectives, as its iterative cycle aligns with reflective practice, formative feedback, and collaborative knowledge building (Kolko, 2015). DT also supports interdisciplinary collaboration by providing a shared framework for problem framing and solution development across diverse educational fields.

Collectively, recent literature characterizes DT as a robust pedagogical approach for cultivating innovation-oriented mindsets, provided that its implementation is accompanied by systematic professional development, structured guidance, and assessment alignment.

3. Communicative Language Teaching (CLT)

Communicative Language Teaching (CLT) remains one of the most influential approaches in second language pedagogy, grounded in authentic communication, meaningful interaction, and learner-centered instruction (Richards, 2006; Savignon, 2018). Recent studies from 2020–2025 revisit CLT in response to emerging challenges such as multilingual learning environments, digital schooling, and exam-driven educational systems (Littlewood, 2022).

Empirical research consistently supports CLT's effectiveness in improving learners' fluency, interactional competence, and pragmatic awareness, especially when instruction incorporates task-based communication, information-gap activities, and collaborative problem solving (Ellis, 2020; Zhang & Sun, 2021). However, implementation challenges persist, including insufficient teacher preparation, large class sizes, and the dominance of grammar-focused assessments (Wedell, 2009).

The shift to online learning during the COVID-19 pandemic accelerated CLT integration with digital tools. Virtual breakout rooms, collaborative writing platforms, and synchronous communication technologies were shown to sustain communicative interaction, although inequitable technological access and increased teacher workload limited consistent application (Li & Lalani, 2021).

Assessment misalignment remains a central concern. Traditional grammar-based examinations frequently contradict CLT principles, prompting scholars to advocate for performance-based assessments, communicative rubrics, and portfolios to more accurately capture communicative competence (Savignon, 2018; Fulcher, 2015).

Methodologically, current CLT research employs experimental, mixed-methods, and action research designs, though scholars highlight the need for longitudinal studies to evaluate long-term communicative development (Ellis, 2020). Overall, the literature affirms that CLT remains highly relevant when supported by sustained professional development, context-responsive instructional strategies, and assessment practices aligned with communicative goals.

4. Satisfaction Theory

Satisfaction theory, grounded in the expectancy–disconfirmation paradigm, continues to function as a central explanatory model for service evaluation across tourism, healthcare, and digital platforms (Oliver, 1980; Zeithaml et al., 2020). The theory proposes that satisfaction occurs when perceived performance meets or exceeds expectations, while negative disconfirmation generates dissatisfaction. Recent meta-analyses (2020–2025) reaffirm the model's predictive robustness, particularly when accounting for moderating factors such as cultural orientation, expectation formation, and user cognitive biases (Homburg et al., 2021).

The expansion of digital service ecosystems has led to revised models that incorporate constructs such as trust, system reliability, usability, and perceived value (Parasuraman et al., 2005; Wang & Cho, 2022). SERVQUAL and e-SERVQUAL remain prevalent measurement frameworks, consistently identifying responsiveness and information quality as key drivers of satisfaction in online environments.

In health tourism, satisfaction theory increasingly integrates patient-centric variables—perceived safety, trust in medical staff, and post-treatment support—to predict revisit intention and destination loyalty (Han & Hyun, 2015; Lee et al., 2023). Current research highlights the need for culturally adaptable instruments and longitudinal behavioural data to strengthen satisfaction modelling in digitally transformed service contexts.

Method

1. Participant

The participant for this study comprised Grade 6 students enrolled at Bannako School, under the Office of Loei Primary Educational Service Area 2, during the first semester of the 2025 academic year. A total of 23 students were included. The sample was selected through purposive sampling, as this group directly aligned with the study's objectives and matched the specific characteristics required for examining the effects of a Design Thinking learning process integrated with the Communicative Language Teaching (CLT) approach on English listening and speaking skills. The selection criterion ensured that participants had similar academic backgrounds and were accessible for participation throughout the intervention period.

2. Measure

Three primary instruments were employed to collect data:

1. English Listening and Speaking Performance Test
This assessment measured students' practical listening and speaking abilities based on task-based performance criteria consistent with curricular standards.
2. Observation Form for Learning Participation
The observation form was used to document students' behavioral engagement, interaction patterns, and participation during instructional activities.
3. Student Satisfaction Questionnaire
This questionnaire gathered data on students' perceptions and satisfaction regarding the learning experiences provided through the Design Thinking process integrated with CLT.

3. Procedure and design

The instruments were systematically developed based on the research framework, learning content, and principles of educational measurement and evaluation. The development process emphasized clarity, alignment with learning objectives, and suitability for Grade 6 learners.

Content Validity. To verify content validity, three experts in language education and instructional design independently reviewed all instruments. They examined the clarity, relevance, and alignment of each item with the study's objectives. The Index of Item-Objective Congruence (IOC) was calculated, and items with an IOC value of ≥ 0.67 were retained or revised accordingly to ensure adequate representativeness and appropriateness.

Reliability. Instrument reliability was examined through pilot testing with a group of 15 students possessing characteristics similar to the target sample. Cronbach's alpha coefficient was computed to determine internal consistency. Instruments achieving a reliability coefficient of 70.0 were deemed acceptable for use in the main study. Necessary revisions were made to ensure clarity and consistency before administration.

4. Data Collection Procedures

The intervention was conducted over eight instructional periods, each lasting 50 minutes, and followed the five-phase Design Thinking model integrated with CLT principles. The instructional sequence consisted of:

(1) *Empathize*, (2) *Define*, (3) *Ideate*, (4) *Prototype & Test*, and (5) *Reflection*.

The procedures for data collection were implemented as follows:

1. Administration of the pre-test to assess students' baseline listening and speaking abilities.
2. Implementation of the designed instructional activities informed by Design Thinking and CLT.
3. Continuous classroom observations and collection of reflective learning evidence from students in each activity.
4. Administration of the post-test to determine students' learning gains following the intervention.

5. Collection of student satisfaction data using the questionnaire.

All activities were facilitated by the researcher to ensure fidelity of implementation and consistent monitoring throughout the study.

5. Data Analysis

Data were analyzed using both quantitative and qualitative approaches:

1. Analysis of Listening and Speaking Test Scores.

Descriptive statistics, including the mean and standard deviation, were computed for pre-test and post-test scores. A dependent samples t-test was applied to determine the statistical significance of differences between the two sets of scores.

2. Analysis of Observational and Reflective Learning Data.

Qualitative data from the observation forms and student reflections were analyzed using descriptive analysis. The findings were categorized to describe patterns of student engagement, interaction, and participation during the instructional process.

3. Analysis of Student Satisfaction.

Data from the satisfaction questionnaire were analyzed using descriptive statistics, specifically the mean and standard deviation. Interpretation followed a five-point Likert scale to determine levels of student satisfaction with the instructional model.

3. Results

The results of this study are presented in accordance with the research objectives as follows:

1. Results of Developing a Pedagogical Framework for Enhancing English Listening and Speaking Skills in Health Tourism Contexts through a Design Thinking-CLT Integrated Approach

The study yielded a comprehensive instructional framework grounded in the five-phase Design Thinking process, systematically integrated with the principles of Communicative Language Teaching (CLT).

First, in the Empathize phase, an in-depth needs analysis was conducted to identify learners' challenges in using English for communicative purposes, particularly in health tourism scenarios. The analysis revealed gaps in vocabulary, confidence, and pragmatic competence, which guided the subsequent design process.

In the Define phase, the instructional focus was refined to essential communicative functions relevant to health tourism, including welcoming visitors, describing wellness services, and providing travel recommendations. These needs were transformed into clear learning goals aligned with communicative competence components.

During the Ideate phase, teachers and learners collaboratively generated ideas for authentic, context-based learning tasks. Activities were intentionally designed to simulate real-world interactions typical of health tourism environments.

The Prototype and Test phase involved developing and piloting instructional activities such as role plays, guided dialogues, listening tasks linked to service encounters, and scenario-based problem solving. Students practiced listening and speaking in progressively complex situations—for instance, greeting tourists, explaining wellness procedures, and recommending health-related attractions.

Finally, the Reflection phase allowed learners to evaluate their communicative performance, identify difficulties, and articulate strategies for improvement. This iterative reflection aligned with the experiential and performance-based nature of CLT.

Overall, the resulting pedagogical model demonstrates theoretical coherence between Design Thinking's user-centered, iterative structure and CLT's emphasis on meaningful communication, authentic interaction, and task-based activities. The framework thus provides a robust foundation for enhancing communicative competence within a specialized domain such as health tourism.

2. Results of the Development of Students' English Listening and Speaking Skills

A comparison of pre-test and post-test scores revealed a statistically significant improvement in students' English listening and speaking ability at the .05 level. Post-instruction scores were notably higher than pre-instruction scores, indicating strong learning gains attributable to the intervention.

The paired t-test ($t = 14.32, p = .000$) confirms that the Design Thinking-CLT integrated approach had a substantial effect on learners' communicative performance. Beyond quantitative gains, qualitative observations showed that students demonstrated increased willingness to speak, greater accuracy in vocabulary and sentence structures, and improved ability to adjust language use according to situational demands.

Table 1: Comparison of Pre-test and Post-test Scores in English Listening and Speaking**

Test	N	Mean (\bar{X})	SD	t-test	Sig. (p)
Pre-test	23	19.52	2.84		
Post-test	23	28.74	2.13	14.32*	0.000

These results collectively suggest that integrating Design Thinking with CLT fosters both linguistic development and communicative confidence. Students benefited from opportunities to engage in authentic interaction, iterative practice, and reflective evaluation, all of which contributed to measurable performance gains.

3. Students' Satisfaction with the Learning Experience

Student satisfaction surveys indicated that Grade 6 learners expressed the highest level of satisfaction across all evaluated aspects. Learners reported that the instructional activities were engaging, comprehensible, and relevant to real-world communication. The active learning components and authentic scenarios were particularly valued.

Table 2: Mean Scores and Standard Deviations of Students' Satisfaction

Dimension	Mean (\bar{X})	SD	Level
Interest in learning activities	4.75	0.44	Highest
Understanding and application of content	4.68	0.51	Highest
Classroom participation	4.55	0.49	Highest
Confidence in using English	4.52	0.46	Highest
Overall satisfaction	4.62	0.48	Highest

The consistently high satisfaction levels indicate that the learning approach did not merely improve performance but also enhanced learners' affective engagement, confidence, and overall attitudes toward English learning.

The results collectively demonstrate that integrating the Design Thinking process with Communicative Language Teaching produces a powerful pedagogical synergy. The approach:

- Structures learning around real user needs
- Supports authentic and meaningful communication
- Encourages creativity, iteration, and reflective learning
- Enhances students' listening and speaking proficiency
- Promotes high levels of engagement, confidence, and satisfaction

Thus, the study provides empirical support for the effectiveness of cross-disciplinary instructional models that combine innovation-driven frameworks with communicative pedagogy in developing practical English communication skills within specialized contexts such as health tourism.

4. Discussion and conclusion

Discussion

The findings align closely with existing literature across the domains of health tourism, Design Thinking, and communicative language learning. First, in the domain of health tourism, results confirm the multidimensional nature emphasized in previous research, which highlights the interconnection of health, social, and economic values (Kasperavičiūtė-Cerniauskienė et al., 2022). This study extends that understanding by demonstrating how combining health-related cultural activities with language learning further enhances perceived value and cultural immersion for both domestic and international tourists. This aligns with cluster-based analyses that emphasize sustainability-driven tourism models (Kasperavičiūtė-Cerniauskienė et al., 2023).

Secondly, the enhancement of participation and creativity through Design Thinking supports findings by Pande and Bharathi (2018), who argued that Design Thinking stimulates learner engagement through problem-centered tasks. The present study confirms that the empathy stage enabled learners to understand both personal health needs and cultural aspects of the local community, which in turn influenced the generation of innovative prototypes such as group-based activities and culturally grounded health-language tasks. These outcomes resonate with research showing that Design Thinking can effectively support communication-focused language instruction (Cai et al., 2025; Bortoluzzi & Sgaramella, 2025). Nevertheless, challenges such as participants' lack of prior Design Thinking experience mirror limitations noted by Aflatoony et al. (2024), suggesting a need for more scaffolding and exposure to diverse examples.

Thirdly, the significant improvement in communication skills reinforces prior work demonstrating the effectiveness of CLT in promoting authentic communicative competence (Al-Khresheh, 2023). By integrating CLT into health tourism activities, the present study contributes a novel instructional context in which language is used dynamically (Lazaraton, 2023). Importantly, the structural challenges of CLT identified by Gao (2024)—such as insufficient learning frameworks—were mitigated through the structure provided by the Design Thinking cycle.

Finally, the satisfaction results are consistent with the expectancy–disconfirmation paradigm (Szymanski & Henard, 2001), which posits that satisfaction emerges when perceived performance exceeds expectations. The high satisfaction rate highlights the program’s ability to deliver meaningful service quality and experiential value, echoing Irawan’s (2004) assertion that product and service quality significantly shape customer satisfaction.

Conclusion

The study concludes that integrating Design Thinking with communicative language learning within a health tourism context is highly effective in enhancing both communication skills and tourist satisfaction. The program not only supported statistically significant improvement in English communicative abilities but also fostered deep engagement through creative problem-solving and culturally embedded learning experiences. Additionally, the synthesis of health activities, local wisdom, and language learning contributed to a holistic and sustainable tourism model that responds to modern traveler expectations. These findings offer valuable insights for educators, tourism practitioners, and policymakers seeking to develop innovative, learner-centered, and culturally grounded tourism initiatives.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Develop Integrated Tourism–Education Programs

Tourism organizations should adopt a holistic model that combines Design Thinking with

CLT-based language learning. Training for tour guides should emphasize the empathy stage to ensure sensitivity to traveler needs, cultural diversity, and health-wellness expectations.

2. Incorporate AI-enhanced Learning Tools

Artificial intelligence technologies—such as interactive language tutors, AI chat simulations, and personalized learning analytics—should be integrated to support English communication practice within real health-tourism scenarios.

3. Strengthen Community Collaboration

Local communities should be empowered to co-design activities, ensuring sustainability, cultural authenticity, and mutual economic benefit.

4. Provide Scaffolding for Design Thinking

To address learner challenges, structured workshops, examples, and guided templates should be incorporated to enhance participant readiness.

5. Extend Research Across Broader Contexts

Future studies should compare different health tourism sites, include longitudinal tracking of communication skill development, and examine variations across diverse cultural or linguistic groups.

Acknowledgements

The researcher wishes to express sincere gratitude to all participants who contributed their time and insights to this study. Special appreciation is extended to the local health tourism community for their collaboration in program development and implementation. The author also acknowledges the support of academic advisors, field researchers, and program facilitators whose expertise and dedication made this research possible.

References

- Bramwell, B., & Lane, B. (2011). Critical research on the governance of tourism and sustainability. *Journal of Sustainable Tourism, 19*(4-5), 411-421.
- Brown, T. (2009). *Change by design: How design thinking transforms organizations and inspires innovation*.
- Ellis, R. (2020). *Task-based language teaching: Theory and practice*. Cambridge University Press.
- Connell, J. (2016). Redefining medical tourism. *Tourism Management, 55*, 247-256.
- Ellis, R. (2020). *Task-based language teaching: Theory and practice*. Cambridge University Press.
- Fei, C., et al. (2023). An overview of the literature on design thinking in education and educational research
- Fitriyah, I. J. (2025). *Research trends in design thinking education: A systematic literature review (2014-2024)*.
- Fulcher, G. (2015). *Re-examining language testing: A philosophical and social enquiry*. Routledge.
- Han, H., Hyun, S. S., & Kim, W. (2017). Impact of hotels' sustainability practices on guest satisfaction and loyalty. *International Journal of Hospitality Management, 63*, 120-130
- Henriksen, D., Richardson, C., & Mehta, R. (2020). Design thinking in education: A critical review of literature. *TechTrends, 64*, 349-360.
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2012). What is known about the effects of medical tourism in destination and departure countries? *International Journal for Equity in Health, 11*(1), 6.
- Judilla, G. C. (2025). A meta-synthesis on the effects of CLT in ESL and EFL contexts.
- Koh, J. H. L., Chai, C. S., Wong, B., & Hong, H.-Y. (2015). Design thinking and TPACK: Addressing the challenges of teacher technological knowledge. *Australasian Journal of Educational Technology, 31*(1), 99-116.
- Kolko, J. (2015). Design thinking comes of age. *Harvard Business Review, 93*(9), 66-71.
- Lee, Y., & Sun, L. (2021). Task-based interaction and EFL learners' communicative competence: A mixed-methods investigation. *System, 100*, 102571.
- Li, C., & Lalani, F. (2021). The COVID-19 pandemic and online learning: Implications for language teaching. *Journal of Language Teaching and Research, 12*(4), 568-576.
- Liedtka, J. (2015). Perspective: Linking design thinking with innovation outcomes through cognitive bias reduction. *Journal of Product Innovation Management, 32*(6), 925-938.
- Littlewood, W. (2022). Communicative language teaching in changing times: Challenges and opportunities. *Language Teaching, 55*(2), 123-140.
- Mardiah, A. (2023). *A systematic literature review of design thinking in education*.
- Nepal, S. K., & Saarinen, J. (2016). *Political ecology and tourism*. Routledge.
- Ormond, M., & Sothorn, M. (2012). Spectacular medical tourism: The cultural politics of health care. *Global Public Health, 7*(1), 1-5.

- Panpistharwee, P. (2024). Implementing the CLT approach in online instruction: Thai EFL teachers' perspectives.
- Parasuraman, A., Zeithaml, V. A., & Malhotra, A. (2005). E-S-QUAL: A multiple-item scale for assessing electronic service quality. *Journal of Service Research*, 7(3), 213–233.
- Pessot, E., et al. (2021). Natural resources in health tourism: A systematic review. *Sustainability*, 13(5), 2661.
- Pine, B. J., & Gilmore, J. H. (2019). *The experience economy*. Harvard Business Review Press
- Pirnar, İ. (2024). *Health tourism innovation: A systematic review*.
- Ramadhani, G. (2024). The role of CLT in teaching speaking skills: A review
- Ramasamy, G., et al. (2024). Consumer satisfaction theories: A conceptual review. *F1000Research*, 13.
- Razzouk, R., & Shute, V. (2012). What is design thinking and why is it important? *Review of Educational Research*, 82(3), 330–348.
- Richards, J. C. (2006). *Communicative language teaching today*. Cambridge University Press.
- Roman, M., et al. (2022). Health tourism: A literature review. *International Journal of Environmental Research and Public Health*.
- Savignon, S. J. (2018). *Communicative competence: Theory and classroom practice* (2nd ed.). Routledge.
- Scheer, A., Noweski, C., & Meinel, C. (2012). Transforming constructivist learning into action: Design thinking in education. *Design and Technology Education: An International Journal*, 17(3), 8–19.
- Schiebler, T., et al. (2025). Expectancy–disconfirmation and consumer satisfaction: A meta-analysis.
- Smith, M., & Puczko, L. (2014). *Health, tourism and hospitality: Wellness, medical and spa tourism*. Routledge.
- Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: In search of transformation. *Tourism Review*, 66(1–2), 16–30.
- Wedell, M. (2009). *Planning for educational change: Putting people and their contexts first*. Continuum.
- Yan, L. (2024). *Traditional health tourism: A systematic review*.