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ABSTRACT

This research investigates the emerging phenomenon of medical tourism in the context of South Korea. In particular it explores the key success factors of South Korean medical tourism by an investigation into the key elements of customer-perceived value associated with benefits and sacrifices. The new proposed model provides a holistic view of medical tourism in terms of the decision-making processes influenced by beneficial and sacrificial customer perceptions, as well as the interaction between the two perspectives of industry and consumers.

The interpretive case study within the thematic units of analysis is employed to achieve the aim of this study. Multiple methods of document reviews, in-depth interviews and qualitative surveys are employed to illuminate the case. The unit investigation and unit of analysis through iterative hermeneutic circles is conducted to generate insight into this phenomenon of medical tourism within the industry and its consumers in a deep perspective.

The key findings of this study reveal that there is some degree of confusion in using the term ‘medical tourism’ in today’s society from the points of view of both providers and consumers, and this suggests the need for a tight definition for the increasingly globalised and industrialised medical tourism industry as it develops in the future.

South Korean medical tourism industry stakeholders highlight their ‘high-quality medical services’ but point out the need for improvements in ‘promotions’, ‘medical tourism infrastructure’, ‘human resources’, as well as the significance of ‘government support’. On the other hand, the prospective medical tourists perceive ‘medical quality’, ‘cost’ and ‘travel’ as the main beneficial elements of medical tourism, and ‘cost’, ‘distance’ and ‘language’ as the main sacrificial elements. More importantly, this study reveals ‘medical quality’, ‘cost’, ‘reputation’ and ‘safety’ as the most important key factors to be considered in choosing a medical tourism destination. However, in the South Korean context, it appears that ‘information’ and ‘familiarity’ are of greater importance than ‘distance’ with regard to the destination.

The new model supported by empirical evidence can provide a good example for any emerging medical tourism stakeholders or government that desire to develop this industry.

Keywords:

Medical tourism, customer-perceived value, perceived benefits, perceived sacrifices, destination choice, key success factor, South Korean medical tourism, interpretive case study, unit of analysis, thematic analysis

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of this thesis has been submitted as part of any other academic award. The thesis has not been presented to any other educational institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed

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PUBLICATIONS RELATED TO THIS RESEARCH

Parts of some works in this thesis have been presented in a conference and published in a book chapter. I do appreciate all your support.

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- Sung, E. & Ozuem, W. (2015). Customer-perceived value of medical tourism. In: Cooper, M. Vafadari, K. & Hieda, M. (Eds.). *Current issue and emerging trends in medical tourism*. USA: IGI Global, pp. 58-78.
- Sung, E. & Wilson, J. (2016). Investigating the phenomenon of medical tourism: South Korean context, *Euro-Asia Tourism Studies Association Conference*, pp. 597-608, 27th-30th June, 2016, Lisbon, Peniche and Coimbra, Portugal.
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ABBREVIATIONS

CPV: Customer-perceived value

JCI: Joint Commission International

KSF: Key success factor

KTO: Korea Tourism Organization

KHIDI: Korea Health Industry Development Institute

MT: Medical tourism

MTD: Medical tourism destination

MTDC: Medical tourism destination choice

PB: Perceived benefits

PS: Perceived sacrifices

SKMT: South Korean medical tourism

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CHAPTER ONE

INTRODUCTION

1.1 The rise and significance of medical tourism

The globalisation of healthcare has given rise to a new form of tourism that is commonly known as health tourism. Medical tourism within the health tourism arena is the fastest growing sector in recent years (Heung et al., 2011). Medical tourism is generally understood to refer to people who go abroad for medical treatment, which enables patients to quickly and conveniently receive medical services through travel, at lower prices and at better quality than they could in their native countries (Connell, 2006, 2011; Deloitte, 2008; Heung et al., 2011; Ye et al., 2011; Yu and Ko, 2012). The number of people travelling abroad to seek medical treatment has increased in recent years. It is now a growing global trend and considered to be a new type of tourism.

Patients Beyond Borders, a publisher of international medical travel guidebooks, claims that about 7 million people grab their passports and fly abroad looking for quality, affordable medical care for most medical procedures from dental work to weight-loss surgery and cancer treatment every year (Bloomberg, 2013). One of the main reasons why medical tourism has gained popularity is the cost, with better quality advantages between the destination country and the consumer. Apart from cost-savings, there are also other reasons for the migration such as long waiting times, uninsured procedures or patients, unavailability of certain procedures due to ethical reasons, and specialised skills due to home demand (Connell, 2006; Horowitz and Rosensweig, 2007; York, 2008).

In particular, Connell (2006) and Bookman and Bookman (2007) indicate that medical tourism is one of the promising industries as it has significant economic potential with trade in services, representing the union of at least two divisions: medical treatment and tourism. Connell (2006) points out that the interest in developing tourism related to the medical industry has increased globally, and it is now even marketed as a niche product that encompasses both medical services and tourism packages. Ramirez de Arellano (2007) also supports the significance of medical tourism development in the nation and even in the world, pointing out that the investment in this sector is a means

of increasing income, improving services, generating foreign exchange earnings, creating a more favourable balance of trade, and boosting tourism generally. Looked at more closely, medical tourism currently generates annual revenues up to US\$60 billion, and is growing by 20 per cent every year (Heung et al., 2011). According to the World Travel and Tourism Council (WTTC), it contributed 9 per cent of global GDP (more than US\$6 trillion) and accounted for 255 million jobs in 2011 (Grout, 2013).

Following recognition of the rise and significant benefits of medical tourism to the public and other nations, many countries have seized the business opportunities to provide their own medical services. In particular, the *Asia Medical Tourism Analysis and Forecast to 2015*, a report by Renub Research published in October 2012, confirmed the healthy state of Asia's medical tourism market, predicting more than 10 million medical tourists with an 80 per cent share of the global market in the three countries of Thailand, India and Singapore by 2015 (Mintel, 2013).

South Korea is also listed as an emerging destination with a remarkable growth in numbers over the past few years. However, its ranking among the major Asian destinations is still relatively low despite South Korea's global medical standards and the high technical proficiency of the doctors in the medical services (Yu and Ko, 2012). While there is evidence of potential growth in this area, my research focused on how South Korea could develop this industry to become a major player worldwide.

1.2 Motivation for research

South Korea's push into the medical tourism industry was launched in 2007 with 16,000 foreign patients. By the year 2014, following the legislation passed in May 2009 which allowed hospitals and clinics to seek out foreign patients, the number of medical tourists reached 266,501 (KHIDI, 2015). However, this figure is still relatively very small compared to other major Asian medical tourism destinations as mentioned earlier. It reveals the negative aspects or unsettled status of this emerging industry in South Korea as well as worldwide, while it also clearly shows the positive aspects.

In particular, the major current issues in South Korea's move into medical tourism are listed below based on the literature (Kim et al., 2013; Yu et al., 2011), and this has motivated further in-depth investigation:

- low brand image and global awareness of South Korean healthcare facilities;
- lack of South Korean medical tourism infrastructure;
- no unified governance in the nation;
- lack of legal protection for medical tourists.

Firstly, although South Korean medical tourism is believed to offer a high quality of service at competitive prices, the global awareness and brand image of South Korean healthcare facilities remain low.

Secondly, while many South Korean healthcare professionals recognise medical tourism as a vital growth industry, the infrastructure expected by consumers in South Korea has not yet been set up compared to other major international medical tourism markets, comprising a lack of foreign language capability, medical tourism products, accommodation and tourism service.

Thirdly, the critics point out that there has been no unified governance and little regulatory support within the South Korean medical tourism sector even though it is considered an important industry. This might have led to a lack of standardisation and little control over the outcomes of South Korean medical tourism.

Finally, the lack of legal protection for medical tourists is revealed, particularly in cosmetic surgery. Although South Korea is trying to develop this industry through change in the regulations, it appears that there is a lack of legal protection for foreign patients. Considering the rate at which medical tourism is developing, the lack of a legal system that would be able to protect foreign clients is worrying. The BBC World Service broadcast confirms this view through its survey of foreign patients seeking medical service abroad (Medical Tourism Boom in South Korea, 2013).

In short, people travel abroad seeking their own benefits from medical services. However, the negative aspects and problems in such a new industry are also revealed, and this raises the concern for the subject of this study.

1.3 Research problem

International trade in health services and its most high-profile component, medical tourism, has been attracting increasing attention from health analysts, the medical profession, public health policy makers, and trade and tourism promotion agencies in recent years (OECD, 2009; 2011). Yu and Ko (2012) indicate that medical tourism is a new form of tourism and a new market segment as a result of the changing times and perceptions (p. 81). In addition, Hall (2011) points out that approximately 60 per cent of all journal articles on medical tourism have been written in the period 2010-11 based on the Scopus database 1963-2011 (p. 5), and in particular on subjects related to economics, health policy and marketing issues (An, 2014).

However, there is still little academic research carried out in this field using empirical and theoretical evidence (Han, 2013; Heung et al., 2011; Ko, 2011; Wongkit and Mckercher, 2013; Ye et al., 2011; Yu and Ko, 2012). In particular, Ko (2011) points out that the medical field has been more active in research in medical tourism than the tourism field. Moreover, even though there is growing academic research on medical tourism in South Korea, none of previous studies have focused on an in-depth understanding of CPV (customer-perceived value) regarding the PB (perceived benefits) and PS (perceived sacrifices).

Looked at more closely, previous marketing and tourism literature has emphasised the important concept of perceived value, confirming that perceived value influences customer intention and customer satisfaction (Chen and Chen, 2010; Cronin et al., 2000; Dodds et al., 1991; Duman and Mattila, 2005; Gallarza and Sura, 2006; Hutchinson et al., 2009; Tam, 2004; Zabkar et al., 2010). As the customer is one of the key elements in measuring the success of a business operation in the tourism and hospitality industry, the literature in regard to medical tourism is primarily concerned with the customer aspect rather than industry (Han, 2013; Wongkit and Mckercher, 2013; Ye et al., 2011; Yeoh et al., 2013; Yu and Ko, 2012; Zhang et al., 2013).

However, despite the important concept of customer-perceived value, only a limited number of studies have taken an interest in the concept within a framework of medical tourism (Hallem and Barth, 2011; Han and Hwang, 2013; Wang, 2012). Furthermore,

even less investigation has been undertaken using perceived benefits and perceived sacrifices, in which the customer would always consider the associated positive and negative aspects before making a decision to engage in medical tourism (Wang, 2012). More importantly, no studies have focused on understanding the concept in depth from the perspectives both of industry and consumers.

Thus, this current study proposes to investigate an in-depth understanding of the basic concept of 'CPV' in marketing within the context of the emerging phenomenon of 'medical tourism' from the perspectives of both industry and consumers. Understanding the key elements of CPV from both sides will be the key success factor of such a new industry.

1.4 Reflexivity

I am a full-time PhD student in the UK, who grew up in South Korea and has been living in the UK for several years with an academic background in tourism in both countries. I graduated with a Master's of Art in tourism business administration in the UK and a Bachelor's degree in tourism management in South Korea. With the harmonisation of my lived experiences between both countries, this research context underlies the emerging phenomenon and industry of medical tourism in South Korea.

Considering the evidence presented and the existing literature, the current study posits the following arguments:

- Medical tourism is a type of tourism in which people go abroad for medical treatment, but do not necessarily participate in tourism activities as travelling abroad itself can be a part of tourism.
- Medical tourism should be well facilitated by each medical, tourism and support service.
- The nature of value perception is subjective and individual based on experience, job description or biographical data. In particular, customer-perceived value is judged by a trade-off between overall perceived benefits and perceived sacrifices.
- The perceived benefits are the advantages based on consumers' perception of what they should receive from medical tourism providers, while the perceived sacrifices consist of what consumers could give up in order to receive these perceived benefits.

- As I am a part of the research instrument, it is necessary to interpret and analyse the meanings through the voices or contexts of the research participants using my language and lived experiences in both the UK and South Korea.

Based on the research position, the following presents the aim, objectives and research questions.

1.5 Aim and objectives

The aim and objectives are established to fulfil this study based on the recognition of gaps in the field.

Aim

To develop a model of customer-perceived value (CPV) as key success factor (KSF) in South Korean medical tourism, using the concept of perceived benefits (PB) and perceived sacrifices (PS).

Objectives

1. To review the literature on medical tourism and the extent of theoretical frameworks of customer-perceived value.
2. To understand the definition of medical tourism from both providers' and prospective customers' perspectives.
3. To evaluate the current position and key success factors of South Korean medical tourism from the providers' perspective.
4. To identify the perceived benefits and perceived sacrifices of medical tourism, and the key factors of destination choice of medical tourism from prospective customers' perspectives.
5. To examine the perceptions of South Korean medical tourism from prospective customers' perspectives.

1.6 Research questions

The following five research questions were generated to explore the conceptual framework, and discussed with the key literature and findings from the unit investigation and the unit of analysis.

Research questions

1. How is medical tourism defined and understood?
2. How do medical tourism providers and prospective customers understand the benefits and sacrifices associated with medical tourism?
3. What are the key factors that underpin medical, tourism and support services with regard to the choice of destination?
4. What are the contributing factors that counteract and undermine aspirational and preferential decision-making by prospective customers?
5. What are the most significant key success factors driving medical tourism, which are unique to South Korea's medical tourism services?

1.7 Research significance

As the medical tourism industry continues to grow, the companies, organisations and countries involved, such as South Korea, India, Malaysia, Singapore and Thailand, have begun to focus on this sector of travel (OECD, 2009, 2011; Kim et al., 2013; Lunt, 2014). It will also become more critical for those involved in the supply side of the medical tourism industry, with the need to consistently deliver a high level of service while differentiating between their positions in the marketplace to satisfy the needs and motives of the various types and growing numbers of medical tourist consumers (Jyothis and Janardhanan, 2009; Mueller and Kaufmann, 2001). Those medical tourism providers that do not provide high-quality services or maintain excellent customer satisfaction ratings will find it more and more difficult to remain sustainable in an increasingly competitive market environment (Turner, 2011).

The South Korean government is also trying to develop this sector as it is one of the fastest growing emerging tourism industries in Asia. To attract more international medical tourists to South Korea, the government and service providers first need to understand the key value perceptions or drivers affecting potential customers' intentions regarding medical tourism.

Thus, this research is particularly useful to identify the key positive and negative perceptions or drivers affecting the behavioural intentions of the destination choice in this new industry. More importantly, it tries to understand the perspectives of both industry and consumers, in particular from the points of view of multinational customers based in the UK considering medical tourism services in South Korea. The harmonisation between the two groups of industry and consumer contributes to the

theoretical and managerial aspects by revealing the key success factors of the medical tourism industry in South Korea as well as in other emerging markets.

1.8 Structure and overview of the thesis

This thesis follows the structure in Figure 1 based on the title of each chapter.

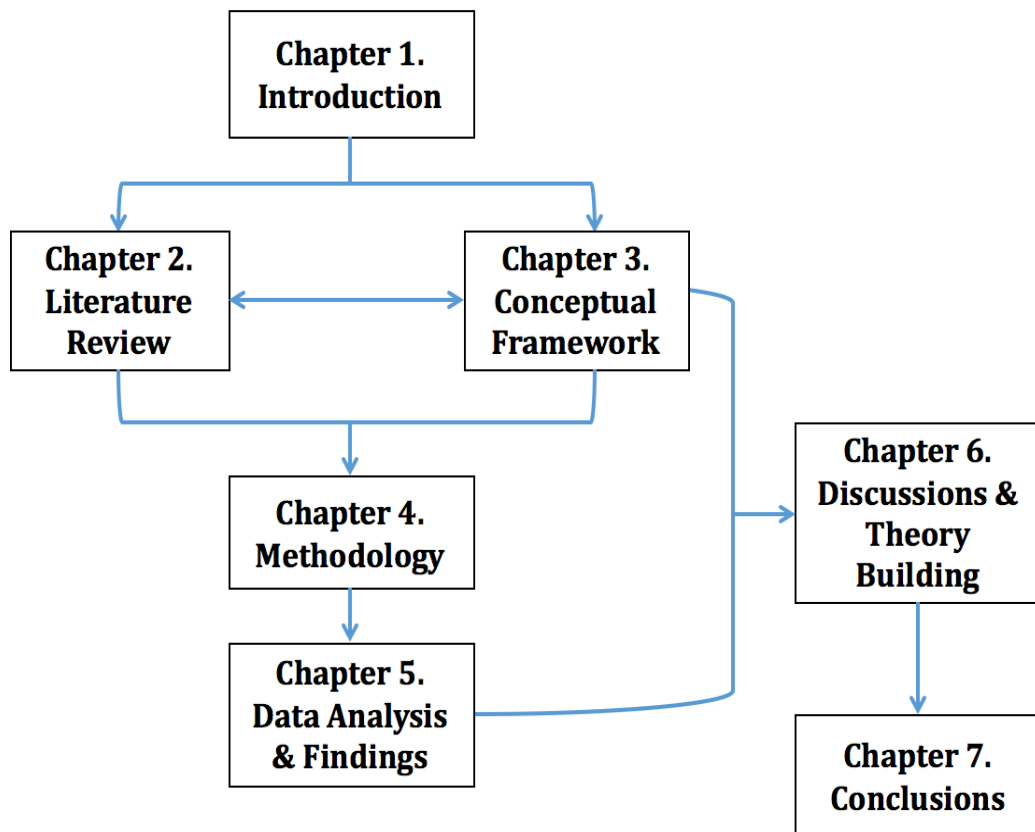


Figure 1 Structure of the thesis

Chapter One: Introduction provides the overall background of this study: the rationale, what and how phenomena were investigated, with the indication of the significance of this research.

Medical tourism is an emerging and growing phenomenon in recent years. People travel abroad for medical treatment to have benefits such as cost savings, better medical quality, shorter waiting times and availability. However, the literature also reveals the negative aspects of medical tourism. With the recently growing numbers

of medical tourists visiting South Korea, the nation is trying to promote this industry; while some countries such as the UK, Canada and the US appear to be an attractive market of outbound medical tourism due to long waiting times or cost savings under their home healthcare systems.

This study has thus begun to explore this phenomenon in the context of South Korea.

Chapter Two: Literature Review presents the critical review of existing knowledge in the research area of medical tourism based on the theoretical concept of CPV. This has focused on reviewing marketing and tourism literature to identify the research gaps.

Even though the definition and concept of CPV regarding a trade-off between the overall evaluations of perceived benefits and perceived sacrifices are widely described, the literature apparently reveals a lack of investigation using this concept in both the marketing and tourism literature, and even far less in the context of medical tourism. Moreover, no studies have openly questioned in depth this important concept of what and how consumers in general have perceived medical tourism in the present society, or even considered both aspects of industry and the consumer.

Chapter Three: Conceptual Framework provides the main idea with key elements for this research. It proposes to investigate the key elements of CPV associated with the benefits and sacrifices based on the identified gaps. This is a guide to focus exploration of the research problem.

The conceptual framework is developed based on a critical literature review. The two key research models are adopted from Heung et al. (2011) for the industry perspective and from Wang (2012) for the consumer perspective. In particular, this study is concerned with the perceived benefits (PB) in terms of medical services (cost-savings, better quality, shorter waiting times, better accessibility or availability), tourism services (accommodation and food, tourism activities, transportation), support services (policies and regulations, promotions, experts/manpower, government attitude, infrastructure/superstructure), perceived sacrifices (PS) in terms of perceived fees (extra travel cost), perceived uncertainty (patient safety and follow-up care,

ethical and legal issues, language and cultural differences), and perceived inconvenience (distance) to both industry and consumer.

Chapter Four: Methodology provides the overall research design with justification of the chosen interpretive research paradigm, the embedded case study strategy, and the multiple methods chosen for document reviews, in-depth interviews and qualitative survey. The chapter also indicates the data collection and analysis procedures.

An interpretive case study with the thematic units of analysis is chosen for an in-depth understanding of this research problem as well as for answering the research questions. The multiple methods of document reviews, in-depth interviews and qualitative surveys are employed to illuminate the case. The case ‘An investigation into CPV as KSF in SKMT’ is determined and the social units are considered as KTO (Korea Tourism Organisation) and KHIDI (Korea Health Industry Development Institute), medical tourism industry stakeholders, and prospective medical tourists. The unit of analysis is presented as CPV of MT and the factors that influence MTD, KSF of MT in South Korea and CPV as KSF. This unit investigation and unit of analysis through iterative hermeneutic circles generates insight into this phenomenon of medical tourism within the industry and consumers in rich depth.

Chapter Five: Data Analysis and Findings presents the results from the research participants containing real contexts based on my constant interpretations and evaluations on the unit investigation and the unit of analysis.

The first unit of analysis for consumers is to explore the CPV of MT and the factors that influence MTD, and the major themes emerge as medical quality, cost, travel, uncertainty, reputation and safety. The second unit of analysis for industry is to explore the KSF of MT in South Korea, and the major themes emerge as medical quality, tourism infrastructure, human resources and promotions. The final unit of analysis, CPV as KSF, is conducted by integrating the two units, and the major themes emerge as medical quality assurance, medical tourism infrastructure and promotions. However, the importance to the major themes of support services by government is highlighted.

Chapter Six: Discussions and Theory Building answers the research questions and proposes the research models based on the unit investigation and unit of analysis. They are discussed through the constant comparison and interpretations with the key theoretical models of Heung et al. (2011) and Wang (2012) and other key literature. It then finally reveals the model of this case study, by integrating the two research models of industry and consumers. The case study model is also evaluated by another existing integrated model to enhance the reliability.

There currently appears to be some confusion over the usage of the term medical tourism with wellness and health tourism, and it is suggested that there should be an agreed term and meaning to be used globally in the future. Importantly, this current integrated model provides a holistic view of medical tourism in terms of decision-making processes influenced by beneficial and sacrificial customer perceptions. However, this comprises the interaction between the two perspectives of industry and consumers. In other words, efficient government support can improve consumer perceptions by minimising the perceived sacrifices and maximising the perceived benefits.

Chapter Seven: Conclusions finally summarises the research problem and results in the achievement of the aim of this study, and proposes the contributions to new knowledge. However, some limitations still remain and suggestions for further research are recommended.

This study proposes the case study model of CPV as KSF in South Korean medical tourism. This model can provide a good example to any emerging medical tourism industry stakeholders or government that desire to develop this emerging industry.

1.9 Chapter summary

This first chapter has presented an overview of this study. The rise and significance of medical tourism with motivation for the research was indicated, and then research problems with the identified academic gaps were addressed. The research position, research questions, aim and objectives with the research significance were also followed to examine the specific inquiries in this study.

The following chapter provides the critical review of existing knowledge in the particular research area of medical tourism based on the theoretical concept of customer-perceived value in marketing and tourism literature to identify the gaps.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

To achieve the aim and objectives of this study it is necessary to review a selection of the previous literature containing the information, ideas, data, and evidence of a variety of authors. This literature review provides a platform to identify the gaps and the material for the later discussion chapter (Hart, 2001; Levin, 2005). This chapter examines two subjects in particular – the research context of medical tourism and the theoretical aspect of customer-perceived value – from the existing knowledge in the tourism and marketing literature and indicates the theoretical and empirical weakness in the research area. It is also beneficial for the further development of the conceptual framework based on the research gaps that have been identified. This chapter addresses clearly the following issues.

Firstly, it presents how and what literature has been collected in a systematic manner, providing the research strategy with the overall literature review procedure and taxonomy of key papers. To achieve an understanding of the phenomenon of medical tourism and the theoretical aspect of perceived value, it also reviewed the basic concepts and definitions of health, wellness, medical tourism, value and perceived value as well as the history and recent developments to answer the questions of when, how and why, where and who, and what.

Secondly, the key literature on medical tourism in this study is conceptualised by the main subjects of growing trends, risks, equity and ethics, policy and regulation, and tourism and marketing. In particular, based on the purpose of this study, tourism and marketing literature related to medical tourism – and South Korean medical tourism in particular – were examined in depth to identify the gaps, considering the different perspectives of industry and the consumer. Furthermore, it reviews the theories related to customer-perceived value, and how these theories have been used and examined in the marketing and tourism literature.

Finally, the critical review has focused on the key literature of this study regarding

customer perceptions of medical tourism and the development of medical tourism, with the identification of and justification for the requirements of further research.

2.2 Literature review strategy

This study examines an increasing phenomenon of medical tourism based on the perspective of customer-perceived value and the development of this industry in the context of South Korea. As a starting point, the basic literature review strategy with the further data collection strategy is presented in Figure 2.



Figure 2 Literature review strategy

Medical tourism is an emerging phenomenon that has been on the increase in recent years, and is now a more globalised industry which the public has come to regard as a new type of tourism. South Korea is trying to promote this industry and has seen a remarkable growth in the number of medical tourists. However, there is still a lack of research in general and more so specifically in the field of tourism. Since my academic background and interest lie in this emerging tourism-related field, this study particularly focuses on the subject of customer-perceived value within the medical tourism context from a marketing and tourism perspective. Thus, this study has critically reviewed the two phases of medical tourism and customer-perceived value based on the criteria shown in Table 1.

Table 1 Criteria for selecting articles (numbers of papers and ABS ratings)

Criteria	Description	
Access to title	Medical tourism and South Korean medical tourism	Perceived value, customer-perceived value and customer value
Access to Academic journal	<ul style="list-style-type: none"> • <i>Tourism management</i> (20/★★★★), <i>Annals of Tourism Research</i> (3/★★★★), <i>Journal of Travel Research</i> (1/★★★) and other tourism related journals (12) 	<ul style="list-style-type: none"> • <i>Journal of Marketing</i> (3/★★★★), <i>Journal of Marketing Research</i> (2/★★★★), <i>Industrial Marketing Management</i> (8/★★★), <i>Industrial Journal of Research in Marketing</i> (1/★★★), <i>Journal of Academy of Marketing Science</i> (1), <i>Journal of consumer Research</i> (1/★★★★), <i>Journal of Retailing</i> (5/★★★★) • <i>Tourism management</i> (9/★★★★)
Other additional literature	<ul style="list-style-type: none"> • Google Scholar cited over 100 (10) • Useful and related papers from the references based on the Tourism Journals (33) • Medical tourism magazine and journals 	
Date of the article	<ul style="list-style-type: none"> • Within 10 years old 	<ul style="list-style-type: none"> • Within 25 years old
Audience	<ul style="list-style-type: none"> • Sophisticated reader 	
Purpose	<ul style="list-style-type: none"> • To review the existing literature to identify the gaps • To develop the conceptual framework based on the gaps 	<ul style="list-style-type: none"> • To review the use of the concept
Last updated	<ul style="list-style-type: none"> • In March 2017 	

2.2.1 Literature review procedure on medical tourism

As a starting point, the approach to the tourism literature was based on the ABS (The Association of Business Schools) Academic Journal Guide 2011 for the quality of journals. The three highly regarded top journals carrying a 4(★★★★) or 3(★★★) rating – *Tourism Management*, the *Annals of Tourism Research* and *Journal of Travel Research* – were mainly reviewed. As a result of searching for the title ‘medical tourism’ in the journal of *Tourism Management* by Science Direct, *Annals of Tourism Research* by SAGE Publications, and *Journal of Travel Research* by Science Direct accessing their online library, a total 328 journals were returned for *Tourism Management*, 236 for *Annals of Tourism Research*, and 186 for *Journal of Travel Research*.

However, not all the papers were genuinely related to medical tourism, while not all the titles of some papers applied to the field of medical tourism. As a result of selection, 24 papers overall, including three papers related to health tourism were critically reviewed after applying the filters (Appendix 1).

With such limited resources in tourism literature and more focused study related to the context of South Korean medical tourism, the other seven tourism-related journals carrying a 2(★★) or 1(★) rating from *International Journal of Tourism Research*, *International Journal of Hospitality Management*, *Journal of Travel and Tourism Marketing*, *Journal of Hospitality and Tourism Management*, and five others related to the subject considered to be important and useful to this study were also added (Appendix 2).

However, medical tourism should also concentrate on the medical perspective as the main purpose of travelling is to receive some kind of medical treatment. Accordingly, to extend the variety and diversity of the field under review, around 33 papers were added as major sources (Appendix 3), following up the references from the reviewed journals. Google Scholar has been also considered as another source of resources. In particular, 365,000 articles came out dated in May 2015, and ten sources that were cited over 100 times were selected (Appendix 4).

The journal papers related to the subject of medical tourism in the tourism literature were presented, including journal name, author and year, title, the context, method and key findings to review the gaps (Tables 10-13 in section 2.7.5), while the remaining papers were presented with journal name, author and year, title, citation, and key issues to reveal the particular subjects and present the taxonomy of the key papers of this study (Appendices 3 and 4).

2.2.2 Literature review procedure on CPV

As another research subject and theoretical aspect of customer-perceived value, the various resources were available within different industries and contexts in the marketing literature since value and customer-perceived value are basic concepts in marketing. To establish the quality of the literature under review, the selections were based on the subject of perceived value, customer-perceived value and customer value in the marketing field, based on ABS ranks ranging from one to four (Appendix 5). How they were examined was also reviewed in the tourism literature. The three- and four-star journal papers in the marketing field were mainly reviewed (Appendix 6), while the available four-star journal papers from *Tourism Management* (Table 14) were also reviewed. These were grouped by journal name, author and year, construct and items, research method and context to review how customer-perceived value has been examined in the literature.

2.3 Taxonomy of key papers

After the various fields of literature concerning medical tourism had been reviewed, all the relevant papers in this study were grouped by subjects such as growing trends, risks, ethics and equity, policy and regulation, and tourism and marketing (Table 2). They were presented in section 2.7. In particular, the literature in terms of tourism and marketing was presented from perspectives of the consumer and industry for further in-depth review (Table 3). Finally, they were filtered into the key subjects of this study with regard to customer perception and medical tourism development, which were the most relevant to this study (Table 5). They were presented again in section 2.9 for critical review to identify the existing gaps in the literature.

In addition, the key literature regarding the subject of customer-perceived value was divided into the marketing and tourism fields (Table 4) and presented in section 2.8 on

how customer-perceived value has been examined in the literature.

These subject groups help not only to understand the overall body of existing knowledge or literature for this study, but also to examine the gaps in the identified key literature and to present the conceptual framework in the next chapter.

Table 2 Literature on medical tourism by subject (62)

Subject	Key Authors on Medical Tourism
Growing trends	Connell (2006), Newman (2006), Horowitz and Rosenweig (2007), Ramirez de Arellano (2007), Lagace (2007), Leahy (2008), York (2008), Deloitte (2008; 2009), Crooks, Kingsbury, Snyder and Johnston (2010), Lunt and Carrera (2010), Horton and Cole (2011), Lunt et al. (2011), Connell (2013), Chuang, Liu, Lu and Lee (2014)
Risks	Barclay (2009), Birch, Vu, Karmali, Stoklossa and Sharma (2010), Hall (2011), Hall and James (2011)
Ethics & Equity	Pennings (2002; 2004), Borman (2004), Kokubo (2009), Cohen (2010; 2013), Hopkins, Labonté, Runnels and Packer (2010), Johnston, Crooks, Snyder and Kingsbury (2010), Connell (2011), Snyder, Crooks and Johnston (2012), Snyder, Crooks, Turner and Johnston (2013), Synder, Crooks, Johnston and Kingsbury (2013)
Policy (4)	Burkett (2007), Cohen (2010), Crooks and Synder (2010), Turner (2011)
Tourism & Marketing	Hunter-Jones (2005), Reddy, York and Brannon (2010), Heung, Kucukusta and Song (2010; 2011), Cormany and Balogu (2011), Hallem and Barth (2011), Ko (2011), Moghimehfar and Nasr-Esfahani (2011), Ye, Qiu and Yuen (2011), Yu, Lee and Noh (2011), Chen, Kung, Huang, Chen and Pei (2012), Wang (2012), Lee, Han and Locker (2012), Yu and Ko (2012), Kim, Lee and Jung (2013), Han and Hwang (2013), Wongkit and McKercher (2013), Han (2013), Zhang, Seo and Lee (2013), Yeoh, Othman and Ahmad (2013), Viladrich and Baron-Faust (2014), Han and Hyun (2014), An (2014), Woo and Schwartz (2014), Guiry and Vequist (2015), Lee and Fernando (2015), Moghavvemi et al. (2017), Skountridaki (2017)

Table 3 Key literature on medical tourism by perspective (27)

Perspective	Key Authors focused on Tourism & Marketing
Consumer	Reddy, York and Brannon (2010), Hallem and Barth (2011), Ye, Qiu and Yuen (2011), Moghimehfar and Nasr-Esfahani (2011), Lee, Han and Locker (2012), Yu and Ko (2012), Han (2013), Han and Hwang (2013), Wongkit and McKercher (2013), Yeoh, Othman and Ahmad (2013), Zhang et al. (2013), An (2014), Pan and Chen (2014), Han and Hyun (2015), Han and Hyun (2014), Guiry and Vequist (2015)
Industry	Heung, Kucukusta and Song (2010; 2011), Cormany and Balogu (2011), Yu, Lee and Noh (2011), Ko (2011), Kim, Lee and Jung (2013), Woo and Schwartz (2014), Viladrich and Baron-Faust (2014), Lee and Fernando (2015), Moghavvemi et al. (2017), Skountridaki (2017)

Table 4 Key literature on customer-perceived value in marketing and tourism (50)

Literature	Key Authors on Customer-perceived value
Marketing	Dodds et al. (1991), Bolton and Drew (1991), Kerin et al. (1992), Cronin et al. (1997), Ruyter et al. (1997), Zeithaml (1998), Grewal et al. (1998), Shinha and Desabro (1998), Sweeney et al. (1999), Cronin et al. (2000), Teas and Agarwal (2000), Parasuraman and Grewal (2000), McDougall and Levesque (2000), Parasuraman (2001), Woodruff (2001), Sweeney and Soutar (2001), Flint and Woodruff (2001), Ulaga and Chacor (2001), Ulaga (2001; 2003), Baker et al. (2002), Yang and Peterson (2004), Keith et al. (2004), Lam et al. (2004), Toften and Oslen (2004), Lindgree and Wynstra (2005), Gao et al. (2005), Cretu and Brodie (2007), Gounaris et al. (2007), Hansen et al. (2008), Marimon, et al. (2009), Kim and Niehm (2009), Hu et al. (2009), Chahal and Kumari (2011), Boksberger and Melsen (2011), Ritter and Walter (2012), Keränen and Jalkala (2013), Prior (2013), Ma et al. (2013), Alden et al. (2013), Arslanagic-Kalajdzic and Zabkar (2015)
Tourism	Murphy et al. (2000), Duman and Mattila (2005), Gallarza and Saura (2006), Sanchez et al. (2006), Lee et al. (2007), Chen and Tsai (2007), Hutchinson et al. (2009), Chen and Chen (2010), Zabkar et al. (2010)

Table 5 Key literature of this study (12)

Subject	Key Authors
Customer perception of medical tourism	Hallem and Barth (2011), Wang (2012), Yu and Ko (2012), Han and Hwang (2013), Han (2013), Zhang, Seo and Lee (2013), Han and Hyun (2014), An (2014), Woo and Schwartz (2014)
Development of medical tourism	Heung, Kucukusta and Song (2010, 2011), Kim, Lee and Jung (2013)

2.4 Overview and conceptualisation of the literature review

This section presents an overall review and conceptualisation of this particular body of literature for this chapter and connects with the conceptual framework for the next chapter.

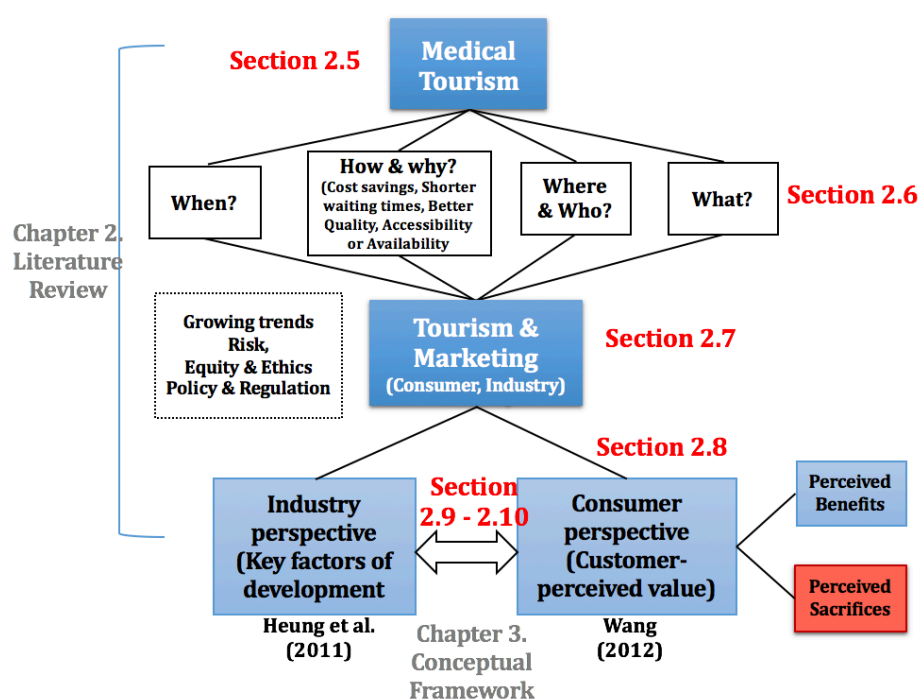


Figure 3 Overview of literature review

The literature review and development of the conceptual models followed this outline:

Section 2.5 Description of definitions of medical tourism.

Section 2.6 Review of the development of medical tourism using six basic questions: when, how and why, where and who, and what.

Section 2.7 Review of the conceptualised literature by subject such as growing trends, risks, equity and ethics, policy and regulation, and tourism and marketing; in particular, an examination of tourism literature with the different perspectives of industry and the consumer.

Section 2.8 Review of the theories related to customer-perceived value, and examination of the use of that concept in marketing and tourism literature.

Section 2.9 Examination of the key literature on customer-perceived value and the development of medical tourism.

Section 2.10 Identification of gaps.

Chapter 3 Presentation of the conceptual models of industry and the consumer based on the identified gaps and description of the components to be considered based on the models.

Again, this study has separately reviewed each concept of medical tourism and customer-perceived value in order that the existing literature may be examined more broadly as shown in Figure 4. Firstly, the medical tourism literature was conceptualised in terms of growing trends, risk, ethics and equity, policy and regulation, and tourism and marketing. The theories related to customer-perceived value were also addressed, while how they were used in marketing and tourism literature was examined in particular.

Finally, the key literature related to customer-perceived value and the development of medical tourism was examined to identify the gaps.

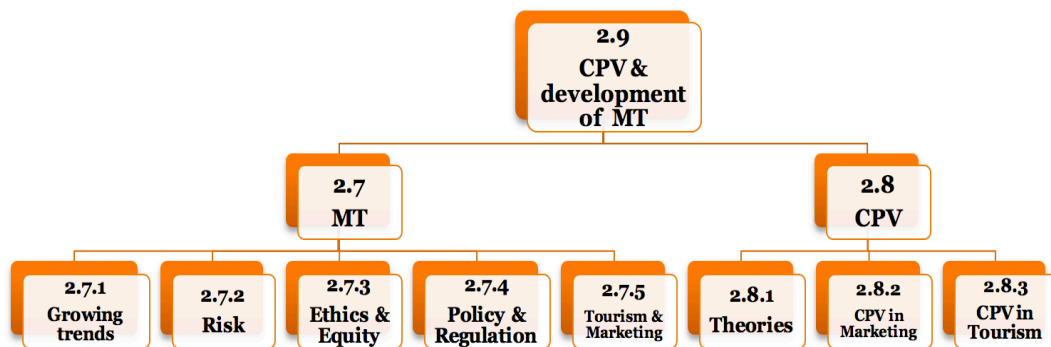


Figure 4 Conceptualisation of the literature

2.5 Critical review of definitions and concepts

In this section, the basic concepts and definitions of this study are first presented and described for a clear understanding of the research context.

Health tourism has been included to chart the history of medical tourism from the first forms it took, while wellness tourism has been distinguished from medical tourism as a part of health tourism. Also, the medical tourist is defined for potential research participants, while value and perceived value have been addressed as they are important for the theoretical aspects of this study.

2.5.1 Health, wellness and medical tourism

In the literature, there is a clear distinction between the terms ‘health’, ‘wellness’ and ‘medical tourism’ (Muller and Kaufmann, 2001; Smith and Puczko, 2009), but the definitions of each are unclear and subject to change (Cormany and Baloglu, 2011; Hall, 2013; Reddy et al., 2010; Snyder et al., 2013). In particular, Reddy et al. (2010) indicate that the definitions for medical tourism vary and are sometimes unclear or too restricted, while Cormany and Baloglu (2011) maintain that the terminology in this new industry is currently unsettled. More recently, Snyder et al. (2013) have pointed out that, despite having been a regular source of inspiration for legal reviews, journal articles and news items alike over the past decade, the phenomenon of medical tourism has remained a poorly defined and under-examined trade practice (p. 233). Importantly, Hall (2013) mentions that the terms of wellness tourism, health tourism and medical tourism mean different things in different countries and cultures as well as in different fields of study.

Accordingly, drawing on these authors, a review of the definitions was undertaken to consider the popularity and differences in the usage (Bookman and Bookman, 2007; Connell, 2006; Deloitte, 2008; Yu and Ko, 2012). The industry research report by Global Spa Summit (2011) was also added and its views taken into consideration.

Medical tourism is found to be a derivative of health tourism when its history is examined (Muller and Kaufmann, 2001; Smith and Puczko, 2009; Ko, 2011). From the first definition of the IUTO (International Union of Official Travel Organizations) in 1973 to the present incarnation as UNWTO (United Nations of World Tourism Organization), it has been stated that health tourism is ‘... the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate’.

Many definitions of medical tourism (Connell, 2006, 2013; Cormany and Balouglu, 2011; Deloitte, 2008; Yu and Ko, 2012), health tourism (Goodrich and Goodrich, 1987; Goodrich, 1993) and wellness tourism (Muller and Kaufmann, 2001; Voigt et al., 2010) exist in the literature as shown in Table 6.

Author and year	Definition
Goodrich and Goodrich (1987)	Health-care tourism is ‘an attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health-care services and facilities’ (p. 217).
Muller and Kaufmann (2001)	Wellness tourism is the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health (p. 7).
Voigt et al. (2010)	Wellness tourism can be defined as ‘the sum of all the relationships resulting from a journey by people whose primary motive is to maintain or promote their health and well-being and who stay at least one night at a facility that is specifically designed to enable and enhance people’s physical, psychological, spiritual and/or social well-being’ (p. 34).
Connell (2006)	Medical tourism as a niche has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense (p. 1094).
Carrera and Bridges (2006)	Medical tourism is defined as the organised travel outside one’s natural healthcare jurisdiction for the enhancement or restoration of the individual’s health through medical intervention (p. 447).
Newman (2006)	It is the attempt by many Americans to save money by travelling to other countries for their medical needs (p. 581).
Bookman and Bookman (2007)	As travel with the aim of improving one’s health, medical tourism is an economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism (p. 1).
Edelheit (2008)	Patients travelling to another country for more affordable care, or care that is higher quality or more accessible (p. 10).
Deloitte (2008)	Medical tourism refers to ‘the act of travelling to another country to seek specialised or economical medical care, well-being and recuperation of acceptable quality with the help of a support system (p. 6).
Smith and Puczko (2009)	Medical tourism is ‘travel to destinations to undergo medical treatments such as surgery or other special interventions’ (p. 101).
Cohen (2010)	The travel of a patient from their home country to another for the primary purpose of seeking medical treatment (p. 11).
Yu and Ko (2012)	Medical tourism, the act of travelling overseas for treatment and care, is an emerging phenomenon in the health care industry. It enables patients to quickly and conveniently receive medical services through travel, at lower prices and, oftentimes, at better quality than they could in their native countries (p. 80).
Connell (2013)	It uses as an umbrella term where improved health is a key component of travel overseas, and involves invasive procedures (and also medical check-ups), rather than the more passive processes of health and wellness tourism (p. 2).

Table 6 Definitions of health, wellness and medical tourism

The literature regarding medical tourism seems to have first appeared in 2006, specifically mentioning the US (Carrera and Bridges, 2006; Newman, 2006). This is because the US had already recognised the increasing numbers leaving for medical tourism due to the high cost of the healthcare services at home and the absence of health insurance among the majority based on their healthcare system. In more detail, Newman (2006) points out that an estimated 46 million Americans do not have health insurance according to US Census data, and of the estimated 250 million who do, many have policies that do not cover the cost of certain medical procedures. Based on the recognition of engagement in medical tourism by this particular nation due to the high cost of medical care, it is now gaining more attention worldwide with various purposes such as quality, waiting times, availability and accessibility.

The basic idea of medical tourism in the literature is the same as travelling to another place or overseas for medical treatment. However, while some put the value on the tourism aspect or holiday (Connell, 2006; Bookman and Boookman, 2007), others attach more specific emphasis to aspects of the medical treatment such as cost, quality and accessibility (Edelheit, 2008; Deloitte, 2008; Newman, 2006; Yu and Ko, 2012).

The analysis of a special health tourism segment for the hotel industry first appeared in the literature by Muller and Kaufmann (2001) in particular, but it applies in general as shown in Figure 5.

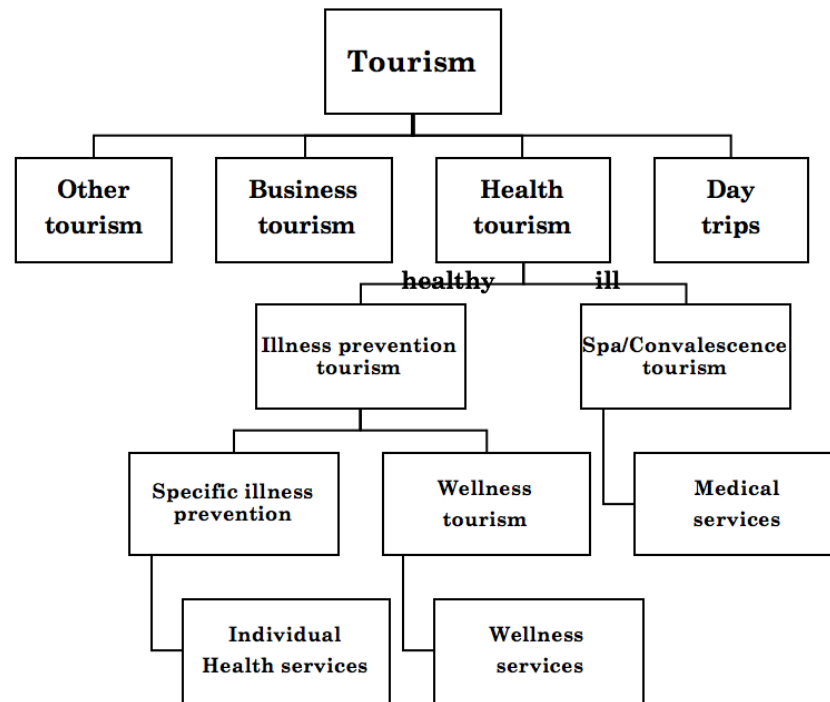


Figure 5 Demarcation of wellness tourism in terms of demand
Adopted by Muller and Kaufmann (2001)

Muller and Kaufmann (2001) defined wellness tourism (Table 6) and illustrated the above demarcation (Figure 5) based on the examination of the concept of wellness by the American doctor Dunn (1959) and English-language authors such as Ardell (1986), Travis (1984), Benson and Stuart (1992), and Greenberg and Dintiman (1997). Starting with the main types of tourism, health tourism was divided along the boundary of healthy and ill. However, while the term medical tourism did not appear at this stage, it was confirmed with the appearance of its definition in 2006.

To come more specifically up to date, the three subsets of medical, medical wellness and wellness tourism were classified under the wide spectrum of health tourism and discussed by Smith and Puczko (2009) as seen in Figure 6. They distinguished between medical tourism and wellness tourism, placing these two concepts under the broader term of health tourism, but interestingly they included medical wellness centrally below medical and wellness tourism. They have drawn clearly a whole picture of health tourism and facilities. However, this current study does not include medical wellness to avoid any possible confusion as medical wellness is a term

considered only in Germany and is not fully embraced by all academics and practitioners who see it as too narrow (Smith and Puczko, 2009, p.5).

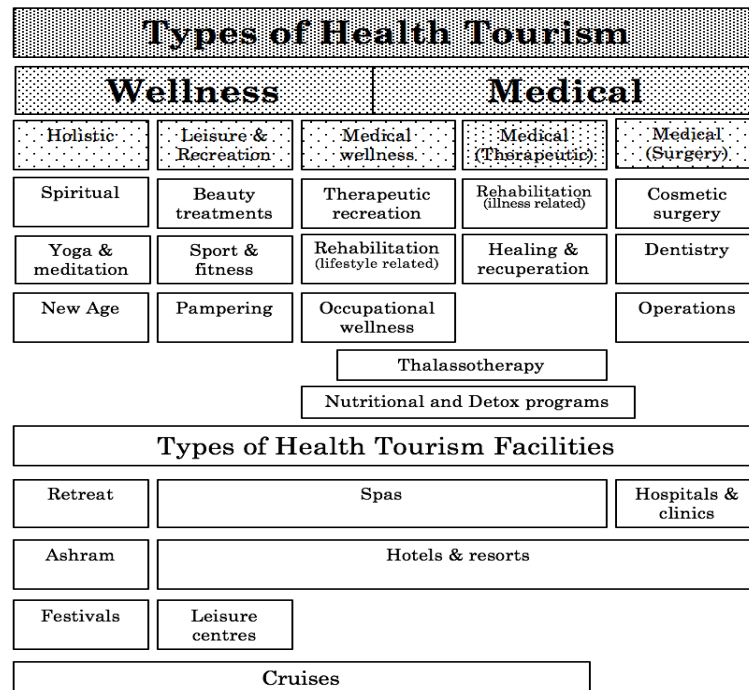


Figure 6 Spectrum of health tourism
Adopted by Smith and Puczko (2009)

Smith and Puczko (2009) also take into consideration the fact that there are clearly different historical, cultural and linguistic understandings of health and wellness, and irrespective of terminology, health and wellness as concepts clearly mean different things in different countries and cultures (pp. 5-6). In the same way, drawing on Hall (2013), medical tourism also has different meanings in different cultures and nations. Thus, as a starting point, this research has questioned how people in the today's society understand the definition of medical tourism.

The important point here is that both these sets of authors (Muller and Kaufmann, 2001; Smith and Puczko, 2009) agree with the view that wellness tourism is an attempt to prevent diseases and illness whereas medical tourism involves restoring health, and health tourism involves attempts to do both. This view is also supported by an industry research report from Global Spa Summit (2011).

This industry survey was undertaken with 206 responses from spa and wellness industry executives across 12 countries, who were asked to provide their own definitions for ‘medical tourism’, ‘wellness tourism’ and ‘health tourism’ in an open-ended format. Strikingly, roughly 25 per cent of survey-takers either left a blank, answered ‘don’t know’ or said these terms were ‘not defined in their country’ in response to the question on the definition of medical tourism and wellness tourism. Furthermore, 66 per cent left the ‘health tourism’ definition blank or answered ‘don’t know’. This data reveals that there is a high level of confusion around the concepts of ‘medical tourism’ and ‘wellness tourism’, even among core industry players, and that the confusion around ‘health tourism’ is especially acute.

Overall, as can be seen from the literature and the industry survey, there exists confusion between ‘place’ and ‘point of view’. Some literature refers to ‘travelling to other countries’, while other literature refers to a ‘different place’. Does this mean including travel elsewhere in the same country to receive medical services? Also, what is the point of view on medical tourism: medical services or medical services with tourism activities? Does medical tourism in South Korea have a clear definition and what is the point of view? What do we actually need in order to consider the point of view?

In particular, the tourism and medical industries take different views. While the tourism industry views medical tourism as a type of tourism and a combination of medical services and tourism services, the medical industry is less optimistic regarding the combination of medical and tourism services. For example, in South Korea the Ministry of Health and Welfare sees foreign patients focusing on the medical services, while the Ministry of Culture, Sports and Tourism sees medical tourists focusing on the medical services together with tourism activities.

A chartered marketing, management and health tourism consultant from Dubai, United Arab Emirates, writing for the *Medical Tourism* magazine, Dr Jagyasi (2008) points out that health professionals prefer not to mix the word ‘medical’ with ‘tourism’, believing that the word ‘tourism’ reduces the value of the decision which is primarily made for medical service and arguing that not every patient gets involved in tourist activities. However, Dr. Jagyasi (2008) importantly argues that if a patient travelled

abroad, he or she would certainly be exposed to the culture, environment, food, heritage, leisure or other various aspects of a destination's activities. This can be considered part of the tourism activities. Connell (2006) also supports this argument that tourism is certainly an integral part of medical tourism.

Furthermore, Eman (2011) suggests that medical tourism is the combination of medical and healthcare services, tourism and travel services, and support services for the other service aspects.

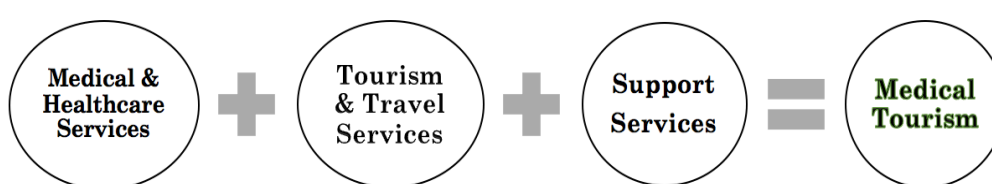


Figure 7 The medical tourism equation
Adapted by Eman (2011)

Although the development of an advanced healthcare sector is a prerequisite for offering compatible medical services, all destinations have to consider the development of the other two main elements to be able to compete in the international market of medical tourism: the support services, as well as the complementary travel and tourism services (Eman, 2011, p. 296). With this in mind, drawing on Eman (2011), this present research approaches the combination of the medical services, tourism services and support services within the South Korean medical tourism context.

As a starting point, it examines how both industry and consumers understand the term of medical tourism considering the different views that exist today.

2.5.2 Medical tourists

In addition to the different views of the term medical tourism discussed in the previous section, the term medical tourist is also reviewed and defined for potential research participants. The motivation for medical tourists is to gain access to therapies or treatments intended as a cure for a specific medical issue, condition or problem, whereas an individual who engages in wellness travel is overall in good health and

seeks treatments and experiences to maintain their well-being, as mentioned earlier (Smith and Puczko, 2009).

The medical profession adopts a narrower definition and argues that travelling abroad for medical procedures cannot be considered a vacation, so its members prefer the term patient to that of tourist, as mentioned earlier in the definition of medical tourism. In the same respect, Cohen (2008) refers to 'vacationing patients' and 'mere patients' as those who visit either mainly or solely for medical treatment with incidental holiday or no holiday opportunities.

However, Wongkit and Mckercher (2013) point out that the definition of a medical tourist depends on the perspective of the stakeholder doing the defining. Connell (2006) and Heung et al. (2010) suggest that the medical tourist can be either a traveller intent on receiving medical treatment or one who includes an element of pleasure tourism in their trip alongside medical treatment. Johnston et al. (2010) also include the more specific purposes of crossing national borders to access care, motivated by health service issues such as high costs, lengthy waiting times and a lack of accessibility in their home systems. The following definition of medical tourists has been adopted by the US-based Medical Tourism Association (2014):

People who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are travelling for medical care because of affordability, better access to care or a higher level of quality of care.

Thus, this present research defines medical tourists as people who travel to specific destinations to seek medical help or treatment and this forms the primary purpose of their trip (Wongkit and Mckercher, 2013).

However, considering the purpose of this study, the research participants who are prospective customers include medical tourists who have travelled for medical treatment and whose perceptions or experiences can be noted. The study also looks at those who have no experience of medical tourism but could become customers of this industry in the future. Thus, prospective customers who both have and have not

experienced medical tourism are included to understand their perceptions and what may be considered the key factors in the choice of a medical tourism destination.

2.5.3 Value and perceived value

‘How do you define value? Can you measure it? What are your products and services actually worth to customers?’ These were the questions with which Anderson and Narus (1998) started their article in the *Harvard Business Review* (p. 53).

Everyone has a different idea of the value of certain products or services. With the globalisation of the medical tourism industry, we need to understand how both service providers and customers understand the value of medical tourism. In particular, the industry should know what unique services and products to offer that customers actually want. When it offers the same valuable services or products that the customer is considering, both will achieve satisfaction and this can be one of the key success factor for running a business. Thus, this study reviews and understands the basic key theoretical concept of value and perceived value.

Sánchez-Fernández and Iniesta-Bonillo (2007) and Boksberger and Melsen (2011) in particular emphasised that the notion of ‘values’ and ‘value’ must be distinguished. According to Boksberger and Melsen (2011), while value refers to the preferential judgement of a single transaction or an ultimate end-state which is the outcome of an evaluative judgement, values refer to the standards, rules, criteria, norms, or ideals that serve as a basis for any preferential judgement (p. 230).

This study looks particularly at value as an ultimate end-state, which means how a customer judges the value of a product or service provided by medical tourism after the transaction of the perceived benefits and perceived sacrifices by personal preferences. Before making a decision to do or buy something, people will first consider the perceived worth of it, but this value is subjectively judged by each person. For example, if students are asked the value of doing a PhD, the students and others will all have different answers based on their perceptions of the value of it. The value perception may be made by personal experience, certain criteria or biographical data, which are all very subjective. Students will evaluate the value, comparing the advantages and disadvantages of studying for a PhD at a particular university before making a decision to enter the course, and finally will make a judgement after

evaluation in the belief of gaining more advantages than disadvantages, which can be sacrificed for the greater good. In the same way, when people want to go to abroad to receive medical treatments they will all have different perceptions of the value of medical tourism. Some people might consider the cost, time or quality of service, while others might consider something else which is not apparent. In this sense, industry should understand what people consider and perceive in medical tourism and why they do so.

Importantly, citing Rockefeller (1986) and Zeithaml (1988), Dodds (1991) indicates that researchers have rarely investigated or measured the concept of perceived value because value is an abstract concept that is highly interrelated and frequently confused with the concepts of quality, benefits, and price (p. 307). However, Anderson and Narus (1998) insist that in order to persuade customers to focus on total costs rather than simply on acquisition price, a supplier must have an accurate understanding of what its customers would and do value (p. 53). Mazumdar (1993) also supports the importance of perceived value acknowledging that the higher the perceived value, the greater is consumer willingness to adopt a new product (p. 29).

With this in mind, this study particularly focuses on perceived value rather than the real value from a customer's perspective, which are different ways to measure the value of a given product or service offered. Real value refers to how much it costs to produce the product, how useful it is to the buyer, and how much value its individual components have, but perceived value is a more abstract measurement that represents how much customers feel a product is worth (Hartman, 2015). Ideally, a higher perceived value will lead customers to think that a product or service is better than other items with the same real value and selling for a similar price before they make their decision. Thus, this study examines perceived value in the particular context of medical tourism.

2.6 Development of medical tourism

With the recognition of growing medical tourism both within the industry and the recent literature, the OECD (Organisation for Economic Cooperation and Development) also sees the importance of this sector. According to *Health at a glance*

2009, 2011: *OECD Indicators*, trade in health services refers to medical tourism, including the physical movement of patients across borders to receive treatment and buying their pharmaceuticals over the Internet from foreign providers, but they emphasise the importance of the item 'Health-related travel'. The report states that the only reasonably comparable and widely reported measure of trade in health services is the balance of payments from 'Health-related travel' and this item is defined as 'goods and services acquired by travellers going abroad travelling for medical reasons' (OECD, 2009, p. 172).

Then why, how, when, from where, from what, and from whom or for whom has this medical tourism become so important and attractive, and developed in recent years? This is answered below in terms of the six basic questions of when, how and why, where, who and what, by following the history of medical tourism with reference to South Korean and other major Asian medical tourism. In particular, this has focused on how and why medical tourism has attracted the public in recent years.

2.6.1 When?

The literature reveals that people have been travelling abroad for centuries in the name of health, from ancient Greeks and Egyptians who flocked to hot springs and baths, to eighteenth- and nineteenth-century Europeans and Americans who journeyed to spa towns to take the waters which were believed to have health-enhancing qualities (Smith and Puczko, 2009; Lunt et al., 2011). During the twentieth century, wealthy people from less developed areas of the world travelled to developed nations to access better facilities and highly trained medics, but the new shifts of the twenty-first century currently underway with regard to medical tourism are quantitatively and qualitatively different from earlier forms of health-related travel (Bookman and Bookman, 2007).

Now there seems to be a movement from the developed to less developed nations, the latter making a greater variety of fields and lower-cost medical treatments available and accessible to the public and thus marking the appearance of an international market for patients. In particular, medical tourism in South Korea was able to expand as a consequence of the law reform in 2009, which allowed the hospitals and clinics to seek out foreign patients.

How and why has this development been popular with the public?

2.6.2 How and Why?

The free movement of goods and services under auspices of the World Trade Organisation and its General Agreement on Trade in Services has accelerated the liberalisation of the trade in health services, involving the movement of patients across borders in the pursuit of medical treatment and health care, a phenomenon commonly termed medical tourism (Lunt et al., 2011, p. 6). Large numbers of people are now travelling for medical treatment driven by low-cost treatments and cheaper flights, and access through the Internet of readily available information. But why would people sacrifice their time leaving their home country and flying elsewhere?

The main reasons identified in the literature are presented as follows.

2.6.2.1 Cost savings

One of the common reasons is to save money. As an example, in the US, as mentioned earlier, there is a lack of health insurance coupled with high medical costs making treatment unaffordable for many. In more detail, one of the reasons for medical tourism from the US is that medical treatment can be received at a quarter and sometimes even a tenth of the cost in Asian countries, as can be seen in Table 7.

Table 7 Medical costs in selected countries

Surgery	USA	UK	India	Thailand	Singapore	Malaysia	South Korea
Heart Bypass	\$113,000	\$13,921	\$10,000	\$13,000	\$20,000	\$9,000	\$24,000
Heart Valve Replacement	\$150,000		\$9,500	\$11,000	\$13,000	\$9,000	\$36,000
Angioplasty	\$47,000	\$8,000	\$11,000	\$10,000	\$13,000	\$11,000	\$19,600
Hip Replacement	\$47,000	\$12,000	\$9,000	\$12,000	\$11,000	\$10,000	\$16,450
Knee Replacement	\$48,000	\$10,162	\$8,500	\$10,000	\$13,000	\$8,000	\$17,800
Gastric Bypass	\$35,000		\$11,000	\$15,000	\$20,000	\$13,000	
Hip Resurfacing	\$47,000		\$8,250	\$10,000	\$12,000	\$12,500	\$20,900
Spinal Fusion	\$43,000		\$5,500	\$7,000	\$9,000		\$17,350
Mastectomy	\$17,000		\$7,500	\$9,000	\$12,400		
Rhinoplasty	\$4,500	\$3,500	\$2,000	\$2,500	\$4,375	\$2,083	\$4,000
Tummy Tuck	\$6,400	\$4,810	\$2,900	\$3,500	\$6,250	\$3,903	
Breast Reduction	\$5,200	\$5,075	\$2,500	\$3,750	\$8,000	\$3,343	
Breast Implants	\$6,000	\$4,350	\$2,200	\$2,600	\$8,000	\$3,308	\$11,000
Crown	\$385	\$330	\$180	\$243	\$400	\$250	
Tooth Whitening	\$289	\$500	\$100	\$100		\$400	
Dental Implants	\$1,188	\$1,600	\$1,100	\$1,429	\$1,500	\$2,636	\$3,400

Adopted from Lunt et al. (2011) and Medical Tours Korea (2014)

Table 7 shows that the US has the highest medical costs, followed by South Korea. The major medical tourism destinations selected in Asia provide medical treatment at remarkably lower costs than in developed countries such as the US, while costs in South Korea are relatively a little higher.

The UK also has a similar range of prices, while others present even lower costs than South Korea. Considering the medical costs in South Korea, medical tourism does not appear to be competitive compared to other destinations in Asia. This means that the cost is not everything, and there are other factors to consider with regard to medical tourism.

2.6.2.2 Shorter waiting times

Most patients, particularly in the United Kingdom and Canada, are known to lack timely access to elective procedures, and hence they have a strong willingness to travel to other countries for the purpose of medical treatment (Yu et al., 2011). People from both countries are frustrated by long waiting times to seek medical care and tend to go abroad to have quicker access to services. For example, Connell (2006) indicated the long waiting lists for non-essential surgery such as knee reconstructions and fertility

treatments. The waiting lists for knee reconstructions may be as long as 18 months in the UK, while in India the whole procedure can be done in under a week and patients sent home after a further 10 days. On the other hand, fertility treatments may be very long, and undertaken at an important period in couples' lives, hence many fertility tourists have gone overseas (p. 1097). Some surgery seems to be regarded as non-essential or low priority in some countries such as the UK or Canada, and people who cannot wait for long within the healthcare system of the home country may find it worthwhile to travel to other countries.

2.6.2.3 Better quality

In this rapidly growing consumer-oriented health industry, quality has become an integral part. Without providing quality services no business can survive. People from rich countries are travelling to less developed countries because of less expensive but high-quality medical care (Bookman and Bookman, 2007). As CEO of Patients Beyond Borders, Josef Woodman (2008) points out that governments of countries such as India and Thailand have poured billions of dollars into improving their healthcare systems to cater for the international health traveller, providing VIP waiting lounges, deluxe hospital suites and staffed recuperation resorts along with free transportation to and from airports, low-cost meal plans for companions and discounted hotels affiliated with the hospital. These basic factors of quality and cost for consumers could stimulate more engagements with medical tourism.

In particular, evidence of high-quality medical services can best be found in an international certification system, of which the Joint Commission International (JCI) of America is one. JCI certifies medical service institutions that meet international standards as outlined in Table 8 (JCI, 2015). The numbers of JCI accredited hospitals have been counted from listing on the website (World Hospital Search, 2015).

Table 8 The Numbers of JCI Accredited Organisations

Countries	The Number of JCI-accredited Organisations
India	25
Malaysia	13
Singapore	21
Thailand	46
South Korea	22

Adopted from JCI (2015)

(Major Tourism Destinations in Asia by count dated on 15th December 2015)

Even though South Korean medical tourism launched in 2007 following a late start compared to other major Asian countries, many South Korean hospitals have already established the required standards of international medical services as referred to above, and are competitive in the market. This could attract future medical tourists to South Korea as a favourable and reliable destination.

2.6.2.4 Accessibility or availability

People sometimes travel for the specific medical treatments which they cannot obtain in their native countries. The issue of access to a particular treatment may also force patients to outsource medical treatment abroad. Lack of access, either because the technology is not available or is prohibited in the home country, can lead to medical tourism. For example, American patients travel to foreign locations due to lack access to unproven medical therapies such as stem cell or cytoplasmic transfer therapy, accepting a degree of risk in clinics situated in such countries as China, India and Ukraine (Sarwar et al., 2012; Turner, 2011). Other patients travel for procedures that are illegal in their home country. Some patients suffering from renal failure arrange commercial organ transplants in countries where it is possible to buy and sell kidneys (Turner, 2011). Within issues such as these, medical tourists are also willing to travel to obtain unique treatments or treatments unavailable in their home countries.

These overall main factors – cost savings, shorter waiting times, better quality, accessibility or availability – seem to encourage people who are not satisfied with their home nation's healthcare system, and the decision to travel abroad will be up to them.

2.6.3 Where and who?

The medical tourism destinations include Asia (India, Malaysia, Singapore and Thailand); South Africa; South and Central America (including Brazil, Costa Rica, Cuba and Mexico); the Middle East (particularly Dubai); and a range of European destinations (Western, Scandinavian, Central and Southern Europe, Mediterranean) on the global map (Lunt et al., 2011). In particular, Table 9 shows the comparable numbers of medical tourists among the major medical tourism destinations in Asia. The *Asia Medical Tourism Analysis and Forecast to 2015*, a report by Renub Research published in October 2012, confirmed the healthy state of Asia's medical tourism market and predicted that the number of medical tourists was expected to exceed 10 million by 2015, with the three countries of Thailand, India and Singapore expecting to have more than an 80 per cent share of the global market in 2015 (Mintel, 2013).

Table 9 Estimated numbers of medical tourists to Asian Destinations 2012

Destinations	Number of medical tourists
Thailand	920,000-1.2m
India	150,000-400,000
Singapore	400,000-610,000**
Malaysia	393,000*
Taiwan	90,000
Korea	81,000

Note: numbers are listed as ranges due to disparities between health and tourism ministries, and include all international patient categories; *over 80 per cent from Indonesia; **70 per cent from Indonesia, Malaysia and Singapore.

Adopted from Mintel Report (*Source:* Patients Beyond Borders, 2012)

According to this table, South Korea was expected to have around 81,000 medical tourists. However, the figure of 159,464 was revealed in the industry report based on *statistics on international patients in South Korea in 2013* by KHIDI, which recorded double the expected number (KHIDI, 2013). Such an increase in numbers and the growing market in South Korea are remarkable.

2.6.4 What?

In particular, Lunt and Carrera (2010, p. 29) listed the range of treatments available for prospective medical tourists as follows:

- cosmetic surgery (breast, face, liposuction);
- dentistry (cosmetic and reconstruction);
- cardiology/cardiac surgery (by-pass, valve replacement);
- orthopaedic surgery (hip replacement, resurfacing, knee replacement, joint surgery);
- bariatric surgery (gastric by-pass, gastric banding);
- fertility/reproductive system (IVF, gender reassignment);
- organ, cell and tissue transplantation (organ transplantation; stem cell);
- eye surgery;
- diagnostics and check-ups.

South Korea is also promoting a range of various medical services such as cures for minor and severe diseases, cosmetic surgery and skin care, medical screening and traditional Korean medicine via the online platform (Visit Medical Korea, 2015), but it appears that internal medicine, health screening, dermatology, cosmetic surgery, and obstetrics or gynaecology are the current major medical treatments in South Korea for medical tourists (KHIDI, 2013).

Having provided a brief background of the research area, the following presents the conceptualised groups by subjects from the existing literature, while focusing on the tourism and marketing perspective related to this study.

2.7 Conceptualisation of medical tourism literature

This section has briefly reviewed the conceptualised medical tourism literature from the point of view of growing trends, risk, ethics and equity, policy and regulation, and tourism and marketing. However, for the purpose of this study, the examination has been more focused on tourism and marketing-related subjects by presenting the key papers as categorised by industry and the consumer.

2.7.1 Growing trends

In the literature, many studies have recognised the growth in the drivers of medical tourism and have suggested further concerns and research requirements (Chuang et al., 2014; Connell, 2006, 2013; Deloitte, 2008, 2009; Horowitz et al., 2007; Leahy, 2008; Lunt and Carrera, 2010; Newman, 2006; York, 2008).

With the emergence of medical tourism literature in 2006, Connell (2006) suggests that the growing medical tourism is a new form of niche tourism, caused by the high costs of treatment, long waiting lists, the relative affordability of international air travel and favourable economic exchange rates, together with the recognition of global development in the medical tourism industry. However, Horowitz et al. (2007) indicate the growing trend for medical tourism not only in order to lower costs, avoid waiting lists and have procedures not available at home, but also to combine treatment with tourism and a vacation, and privacy and confidentiality.

In particular, studies such as those of Newman (2006), York (2008), Deloitte (2008, 2009) indicate the great popularity of medical tourism in the US based on problems in its healthcare system. Newman (2006) points out the rise of medical tourism, addressing the increasing numbers travelling to Asian countries as medical tourism destinations with cost-savings. Furthermore, York (2008) reveals that medical tourism for Americans has a cost-benefit for the crisis-hit US healthcare system, indicating that an estimated 46.65 million Americans are uninsured, with many more who have pre-existing conditions or conditions not covered, and the high cost of healthcare even for those Americans who have medical insurance (pp. 99-100). Moreover, Deloitte (2008, 2009) examines the global growth of the medical tourism industry based in the US, addressing consumer perspectives such as price, quality and service as well as industry perspectives such as guidelines, the role of health plans and legislation. This is an example of the need to engage in medical tourism particularly in the US with its healthcare system.

On the other hand, with regard to this inevitable choice of medical tourism, the studies also examine the negative aspects, indicating the risks of legal actions and waivers in case of any complications (Newman, 2006), possible risks of poor quality treatment

and the impact on the medical community (York, 2008). Leahy (2008) suggests continuing education, certification services and ethical issues to assure maximum patient safety, indicating both positive and negative aspects of medical tourism within the inevitable growth in medical tourism driven by consumers. For example, the effect of medical tourism in Thailand and India may potentially have distorted the healthcare landscape to the disadvantage of their own populations and ignoring the traditional values of patient care including practice audits and continuity of care.

More recent studies (Chuang et al., 2014; Connell, 2013; Lunt and Carrera, 2010) point out gaps in the research that are of importance for the globalised medical tourism industry. In particular, Lunt and Carrera (2010) indicate the major gaps listed below, drawing attention to the narrative review based on supporting medical tourist research from the European perspective (p. 31):

- the patient or consumer profile (age, gender, socio-demographics);
- shapes of decision-making, types of information used;
- the role of Internet and search strategies;
- issues of the identity of medical tourists;
- the range of choices available for different selections;
- gender, body image and ageing;
- clinical experiences and outcomes;
- safety and risk;
- ethical and legal dimensions.

In addition, Connell (2013) insists that more analysis is needed in terms of the rationale for travel, the behaviour of medical tourists, the economic and social impact of medical tourism, the role of intermediaries, the place of medical tourism within tourism (linkages with hotels, airlines, travel agents), ethical concerns, and global health restructuring. A very recent study from Chuang et al. (2014), who analysed 392 academic papers related to medical tourism from 2004 to 2011, found that there are two distinct development paths: one path focuses more on the evolution of medical tourism and the motivation factors, marketing strategies and economic strategies, while the other path emphasises organ transplants and related issues, but most papers discuss organ transplant technology-related risk and ethics-related issues before 2010, and papers published after 2010 focus more on economics, health policy, and

marketing issues (p. 49).

Bearing in mind the rise and globalisation of medical tourism, the following presents the specific concerns on risk in particular.

2.7.2 Risk issues

Some studies indicate the risks concerning specific treatments in medical tourism such as stem cell (Barclay, 2009) and bariatric surgery (Birch et al., 2010). For example, Barclay (2009) raises the risks of stem-cell treatment, citing guidelines released from the International Society for Stem Cell Research (ISSCR) in late 2008 for patients who are seeking stem-cell treatments from unlicensed doctors overseas in increasing numbers. Many stem-cell experts are worried that proceeding recklessly and carrying out unproven therapies may have negative consequences for patients (p. 883). Birch et al. (2010) reveal complications related to medical tourism particularly in bariatric surgery, presenting a series of patients who have experienced complications following medical tourism for bariatric surgery and who have required urgent surgical management at a tertiary care centre within Canada (p. 604).

In particular, Hall and James (2011) point out that there are substantial risks associated with nosocomial infections and complications as a result of international tourism. With further concerns, Hall (2011) refers to the regulation, the ethics and the potential individual and public health risks associated with medical tourism, and the relative lack of information on the extent of medical tourism.

These studies have concerned and raised the potential risks or complications on specific treatments for medical tourists. Those issues have to be addressed to consumers and consumers made aware so that they can make a sound decision whether or not to seek medical treatments abroad.

The following covers concerns regarding equity and ethics.

2.7.3 Equity and ethics perspective

In the literature, a number of studies concern the equity and ethics related to the particular types of medical tourism (Cohen, 2013; Kokubo, 2009; Penning, 2002, 2004) and the impact of healthcare systems in both home and destination countries (Connell, 2011; Johnston et al., 2010; Snyder et al., 2012; Snyder et al., 2013).

In particular, the studies address reproductive tourism (Penning, 2002, 2004) and transplant tourism (Kokubo, 2009; Cohen, 2013). With regard to a pluralistic society, Pennings (2004) argues that European legislation should be avoided as much as possible, and regulation of these private ethical matters should be left to the national parliaments, seeing it as a safety valve that reduces moral conflict and expresses minimal recognition of the others' moral autonomy and contributes to a peaceful coexistence of different ethical and religious views in Europe (p. 2694). Also, from a neutral position, Kokubo (2009) addresses transplant tourism (kidney transplants) in Japan, indicating the three issues of globalisation, the difficulty of institutionalised and transnational law, and the international and domestic economical gap (p. 2689). On the other hand, Cohen (2013), with a negative view on transplant tourism, insists on prohibition of these practices related to deficits in information provided by sellers and their bounded rationality, addressing a complex and expensive medical process, and suggests intervention in the home countries to discourage the engagement of their citizens.

In addition, other studies concern the impact on healthcare systems both at home and in destination countries (Johnston et al., 2010; Connell, 2011; Snyder et al., 2012; Snyder et al., 2013).

Although individual patient risks may be offset by the accreditation and sophistication of the facilities of some destination countries, Hopkins et al. (2010) indicate the lack of benefits to poorer citizens in developing countries with the remains of a generic equity issue (p. 185). In the same respect, with examples of nations such as Thailand and India, Connell (2011) also addresses the disadvantage of regional areas by the migration of healthcare workers to hospitals focusing on medical tourism.

In particular, Johnston et al. (2010) examine the articles concerning what is known about the effects of medical tourism in destination and departure countries, and raise potential inequitable delivery of healthcare services globally within the indication of positive and negative effects of medical tourism. They insist more empirical evidence and other data associated with medical tourism be subjected to clear and coherent definitions, including the flows of medical tourists and surgery success rates, and importantly address the need of additional primary research on the effects of medical tourism for development of this industry in a beneficial manner for citizens of both departure and destination countries (p. 13).

And later, with more emphasis on empirical evidence, Snyder et al. (2012) identify a significant gap between the existing ethical concerns regarding the effects of medical tourism on public health described in the academic literature and the perspectives of 32 Canadian medical tourists. Snyder et al. (2013) also discover the positive impact of medical tourism on economic and employment opportunities of healthcare human resources in Barbados from 19 stakeholders' interviews, but address concerns over spreading inequities of the public health system in the country.

As the concerns have appeared in the literature, the medical tourism industry will also have to consider these important issues on ethics and equity for the public health and future development.

The following concerns further policy on and regulation of this emerging industry.

2.7.4 Policy and regulation

With regard to the negative effects of medical tourism, some studies concern policy and regulation (Cohen, 2010; Crooks and Synder, 2010) within this growing and emerging market, and others have already suggested the solutions and framework for regulation (Burkett, 2007; Turner, 2011).

In particular, Cohen (2010) suggests that beyond posing ethical and regulatory challenges in its own right, medical tourism offers us a welcome opportunity to re-examine some fixed stars in the constellation of domestic healthcare regulation (p. 12). Cohen (2010) describes three kinds of medical tourism in terms of its legality in the

home and destination country: which kinds are illegal in both the patient's home and destination countries; which kinds are illegal in the patients' home country but legal in the destination country; and which kinds are legal in both the home and destination countries. Moreover, with examples of some countries, Crooks and Synder (2010) insist on the need of complementary regulatory guidelines for medical tourism in the patients' home countries to ensure their health and safety with adequate health-system responses, indicating that several prominent source countries for medical tourists, such as Canada and Australia, have no national or regional guidelines for patients or clinicians on their involvement in medical tourism (p. 1465).

In addition, from an American perspective, Burkett (2007) examines and explores the social, political and legal implications of the rapid growth of this industry, and proposes three solutions: an increased emphasis on the accreditation of international hospitals; the regulation of health insurance that covers medical tourism; and restriction on travel for medical tourism to approved destination hospital countries. Turner (2011) suggests a proposed framework consisting of ten standards for regulating the medical tourism industry, addressing the need for accreditation and regulatory oversight of medical tourism companies. He further insists that government ministries need to use legislative powers to manage and reduce these risks together with any risks associated with cross-border medical care.

With this growing trend concerning risk, ethics and equity, policy and regulation, the marketing-related aspects of medical tourism have attracted great interest in recent years. The following examines in more detail what has been done and how.

2.7.5 Tourism and marketing perspective

The earliest literature which appeared related to health tourism was by Goodrich and Goodrich (1987) and Goodrich (1993). They had already recognised the important components of healthcare and tourism, and suggested they could be discussed and explored in terms of a marketing strategy. The studies presented included cancer and tourism by Hunter-Jones (2005) and health-related tourism by Garcia-Altes (2005), Sayili et al. (2007) and Lee (2010). However, Lee (2010) points out that the interrelationship between healthcare and tourism has received relatively little research

attention despite its perceived importance (p. 486).

In particular, the literature regarding medical tourism in *Tourism Management* appears in very recent years to be most interested in the number of appearances since 2010 after only one publication by Connell in 2006. Fourteen papers out of 18 related to medical tourism were to be found since 2010. Following the recognition of the rise in medical tourism by Connell (2006), most tourism literature concerns have been marketing-related, focusing on the perspective of the consumer and an industry, although the majority were concerned with the consumer rather than an industry.

Thus, the literature has considered each perspective in terms of how and what has been examined, and a list has been compiled including journal name, author and year, title, context, method and key finding. The following discussion presents firstly an industry perspective.

2.7.5.1 Industry perspective

From an industry perspective, most of the studies in Table 10 have discussed issues regarding the development of medical tourism, suggesting the models such as supply and demand (Heung et al., 2010), factors of development (Heung et al., 2011), system (Ko, 2011), supply chain (Lee and Fernando, 2015), and future strategies with SWOT analysis (Kim et al., 2013). In addition, Woo and Schwartz (2014) have investigated the perceptions of medical tourism providers in assessing the knowledge gap, while the recent papers reveal the present challenges (Moghavvemi et al., 2017; Skountridaki, 2017).

Table 10 Eleven key papers from an industry perspective (ABS rating)

Journal Name	Author and Year	Title	Context	Method	Key Finding
Tourism Management (★★★)	Heung et al. (2011)	Medical tourism development in Hong Kong: An assessment of barriers	Hong Kong	12 in-depth interviews with representatives of private and public hospitals, government bodies and medical institutions	Revealing policies and regulations, government support, costs, capacity problems, and the healthcare needs of the local community as the main barriers to the development of medical tourism
	Cormany and Balogu (2011)	Medical travel facilitator websites: An exploratory study of web page contents and services offered to the prospective medical tourist	Five continents	Two sets of criteria among 57 websites from Asia, North America, Central or South America, Europe, Africa	Discovering the differences in website content and in services offered to the prospective traveller on medical tourism facilitators' websites
	Lee and Fernando (2015)	The antecedents and outcomes of the medical tourism	Malaysia	133 email surveys with medical tourism suppliers	Developing a model for the medical tourism supply chain with the antecedents and outcomes
	Moghavvemi et al. (2017)	Connecting with prospective medical tourists online: A cross-sectional analysis of private hospital websites promoting medical tourism in India, Malaysia and Thailand	India, Malaysia and Thailand	Provided information by their websites from 51 hospitals in India, Malaysia, and Thailand	Pointing out the need for hospital managers to improve their hospitals' online presence and interactivity
	Skountridaki (2017)	Barriers to business relations between medical tourism facilitators and medical professionals	Greece	32 semi-structured interviews with health professionals	Revealing the undermined mutually beneficial relations between facilitators and MDs and the interrupted collaboration by MDs in Greece
Annals of Tourism research (★★★)	Viladrich and Baron-Faust (2014)	Medical tourism in tango paradise: The internet branding of cosmetic surgery in Argentina	Argentina	Content analysis of the online marketing literature of Internet-based advertisements and promotional articles and blogs	Cosmetic surgery with tango imagery deployed as a powerful advertising tool
Journal of Travel and Tourism Marketing (★)	Heung, Kucukusta and Song (2010)	A Conceptual Model of Medical Tourism: Implications for Future Research	General	Secondary data	Proposing an integrated supply and demand model of medical tourism
Journal of Travel and Tourism Marketing (★)	Yu et al. (2011)	Characteristics of a Medical Tourism industry: The Case of South Korea	South Korea	252 articles on medical tourism by theme posted on the websites	Finding that the promotional activities were actively pursued
International Journal of Tourism Sciences	Ko (2011)	Medical Tourism System Model	General	Secondary data	Developing a medical tourism system model. Applying basic principles introduced by Leiper
Asia Pacific Journal of Tourism Research	Kim et al. (2013)	Assessment of Medical Tourism Development in Korea for the Achievement of Complete Advantages	South Korea	Content analysis of written publications and 15 in-depth interviews with experts	Discussing the solutions addressing weakness and threats, and presenting the future strategies
Journal of Quality Assurance in Hospitality and Tourism	Woo and Schwartz (2014)	Towards Assessing the Knowledge Gap in Medical Tourism	South Korea	4 focus groups of medical tourism providers with in-depth interviews and 63 online surveys	Assessing the medical tourism providers' perceptions of the tourists' perceived important product attributes when selecting a medical tourism destination

Different methods and contexts such as in-depth interviews, surveys and secondary data within the South Korean, Hong Kong and Malaysian contexts were attempted. Heung et al. (2010) proposed a theoretical framework including both supply and demand perspectives, while Ko (2011) designed a medical tourism system model with a focus on medical tourists using four components of a medical tourism system: medical tourists, medical tourist generating regions (MTGR), medical tourist destination regions (MTDR), and medical tourism industries.

Both models presented a clear overall picture of the medical tourism industry, but did not present empirical data. Rather, they were developed only from the existing theory and knowledge in the literature.

However, based on earlier study from Heung et al. (2010), Heung et al. (2011) later suggested, following 12 in-depth interviews, that the factors influencing the development of medical tourism in the Hong Kong were policies and regulations, government support, costs, capacity problems, and the healthcare needs of the local community, as reflected in this study. Furthermore, based on their study in a South Korean context, Kim et al. (2013) discovered the strengths, weaknesses, opportunities, threats and the future strategies based on the SWOT interview questions with a qualitative approach including content analysis of written publications and 15 in-depth interviews.

In addition, with a survey approach, Woo and Schwartz (2014) have found in the South Korean context that tourists perceive the medical variables to be more important than the tourism-related variables by examination of the providers' perceptions applying a gap theory, while Lee and Fernando (2015) have found in the Malaysian context that mutual dependency has the strongest effect of the antecedent variables; and that medical tourism supply chain coordination and medical tourism supply chain information sharing have a direct effect on organisational performance.

Furthermore, the Internet is one of the important factors in choosing a medical tourism destination by taking good sources or information in collecting data. Some studies have attempted to investigate the subjects related to medical tourism using websites from an industry perspective (Cormany and Balogu, 2011; Yu et al., 2011; Viladrich and Baron-Faust, 2014; Moghavvemi et al., 2017). In more detail, Yu et al. (2011)

analysed the 252 articles on medical tourism by theme posted on the websites of the Korean Tourism Organisation and the Korean International Medical Association over a period between 2006 and 2009, and found that the most frequent articles dealt with marketing promotion and public relations. Cormany and Balogu (2011) discovered that both website content and services offered varied by the continent upon which the facilitator operated, having investigated 57 medical tourism facilitators' websites across Asia, North America, Europe, Central or South America, and Africa. Meanwhile, Viladrich and Baron-Faust (2014) examined online marketing literature based on Internet advertisements, promotional articles and blogs, which suggested promoting Argentina as a rising destination for cosmetic surgeries using imagery involving the tango.

In addition, two recent papers reveal the present challenges in this new emerging industry. Moghavvemi et al. (2017) analysed the content and format of 51 hospitals in India, Malaysia and Thailand across five dimensions regarding hospital information and facilities, admission and medical services, interactive online services, external activities, and technical items. They pointed to the need for hospital managers to improve their hospitals' online presence and interactivity. Skountridaki (2017) reveals a conflictual aspect in the business relations between medical tourism professionals and medical tourism facilitators, and encourages tourism practitioners to consider medical tourism doctors' self-understanding, attitudes and expectations.

However, even though Kim et al. (2013) suggested the future strategies to promote South Korean medical tourism by SWOT analysis, the current industry perspective on medical tourism studies has still found it very limited and in need of further in-depth investigation. Thus, this study proposes to examine the current South Korean medical tourism industry closely, based on the research of Heung et al. (2011).

The following examines the consumer perspective.

2.7.5.2 Consumer perspective

For the consumer perspective, the studies were conducted with various subjects and locations related to the motivations, perceptions and decision-making factors or

processes among those both experienced and inexperienced in medical tourism. Also, many recent papers on the South Korean medical tourism context have appeared since 2010 with a marketing-related focus. In particular, they were examined with regard to how and what particular subjects or aspects approached within the division of those inexperienced and experienced in medical tourism.

The inexperienced setting

With regard to those inexperienced in medical tourism, studies examined subjects such as cross-cultural perception (Yu and Ko, 2012), attributes (Han, 2013), the factors of distance (Zhang et al., 2013), intention (Lee et al., 2012; Reddy et al., 2010) and brand personality (Guiry and Vequist, 2015) as shown in Table 11.

Table 11 Six key papers from the (inexperienced) consumer perspective (ABS rating)

Journal Name	Author and Year	Title	Context	Method	Key Finding
Tourism Management (★★★)	Yu and Ko (2012)	A cross-cultural study of perceptions of medical tourism	South Korea	Surveys with 265 Koreans, 194 Japanese and 190 Chinese	Finding the significance of the selection factors, inconveniences, and preferred products with the differences from three nationalities
	Han (2013)	The healthcare hotel: Distinctive attributes for international medical travellers	South Korea	Mixed method: a focus group discussion of 15 medical tourism experts and 418 surveys from customers	Finding showed that the attributes discovered among medical experts at a healthcare hotel exert a significant influence on visit intention through perceptions/cognitions, affect and trust Personal security is of the utmost importance at a healthcare hotel
	Zhang et al. (2013)	The impact of psychological distance on Chinese customers when selecting an international healthcare service country	China	1292 surveys with potential Chinese customers	Finding high quality as the key determinant for customers, limited effects of geographical distance on minor diseases and greater effects of physical, psychological distances No significant effect on cost of care
International Journal of Tourism Research (★★)	Reddy, York and Brannon (2010)	Travel for treatments: Students' Perspective on Medical Tourism	US	336 surveys from US undergraduate students in classroom	Students did not have positive intentions of willingness to seek more information about travelling to a developing country to receive medical treatment
Journal of Travel and Tourism Marketing (★)	Lee, Han and Locker (2012)	Medical Tourism – Attracting Japanese Tourists for Medical Tourism Experience	South Korea	237 surveys	Examining the intention of Japanese tourists to travel to Korea in a medical tourism context by applying the Theory of Planned Behaviour (TPB)
Asia Pacific Journal of Tourism Research	Guiry and Vequist (2015)	South Korea's Medical Tourism Destination Brand Personality and the Influence of Personal Values	South Korea	1588 online surveys of US consumers	South Korea's medical tourism destination personality comprised the three dimensions of sincerity, competence and ruggedness

Studies such as those of Yu and Ko (2012), Han (2013) and Zhang et al. (2013) investigated the perceptions, but with a limited approach to the subject. Yu and Ko (2012) tried to observe the perceptions regarding the possible participation in medical tourism of three nationalities of visitors – Chinese, Japanese and South Korean – to Jeju Island, located in South Korea. They discovered the significance of selection factors, inconveniences and preferred products for each nation, and concluded that the Japanese tourists have ‘a tourism-focused preference’, Chinese tourists as ‘a treatment-focused medical tourism experience’, and South Koreans have ‘a preference for a tourism-focused experience’. It is noteworthy to investigate the perceptions of the Chinese and Japanese for comparison as they are the current major tourists in South Korea.

In a study taking a different approach, Zhang et al. (2013) investigated the factors regarding psychological and geographical distance in conjunction with medical competence for potential Chinese customers within different settings of diseases and nations. They divided the four disease patterns of cancer, diabetes mellitus, cosmetic surgery and skin care offered by international healthcare services in a selection of five countries, the US, South Korea, Singapore, Thailand and India. Their findings indicate that high quality of medical care is the key determinant for all customers when choosing a hospital, as is generally stated in the literature (Adams et al., 1991; Gooding, 1999; Herrick, 2007), but for minor diseases geographical distance has a limited effect while physical issues (quality of medical care, cost of care) and psychological distances (cultural distance, differences in language, economic condition and political system) have greater effects. On the other hand, the interesting result here is that the medical cost does not influence Chinese customers when selecting a foreign country for medical services, an unlikely finding given that one of the main purposes of medical tourism from a customer perspective is the cost-savings, which shows that the key determinants appear to depend on nationality.

However, the research is limited and does not take into consideration the demographic characteristics of the respondents in that most were in their twenties and more than half were internationally inexperienced, even though the study has been tested with a huge number of 1,292 people. It only applies to a certain limited sample of the Chinese perspective.

The study from Han (2013) first appears to be attempting a mixed qualitative and quantitative approach within the context of the healthcare hotel, finding that the attributes of the healthcare hotel passed on from the medical experts exert a significant influence on visit intention through perceptions/cognition, affect and trust. The result is that personal security is of the utmost importance when staying at a healthcare hotel, and industry practitioners are recommended to improve their accommodations to offer complete privacy and confidentiality. Yet the study was still limited to those aspects identified by medical experts without taking into account other actual views from customers. The study also did not consider individual personality traits and demographic factors such as nationality, gender, age, education and income. The results of perceptions can differ according to individual circumstances such as being young or old or having a low or high income. They can also differ by nationality, as shown by Yu and Ko (2012) and Zhang et al. (2013).

Using a different approach and applying the theory of planned behaviour (TPB), Reddy et al. (2010) examined undergraduate students' perception of general medical tourism, while Lee et al. (2012) considered Japanese tourists' perceptions of visiting Korea for medical tourism. Reddy et al. (2010) indicated the necessity of an educational intervention for the US students since they did not have positive intentions for willingness to seek more information about travelling to a developing country to receive medical treatment. Lee et al. (2012) pointed out that industry practitioners should influence word-of-mouth information exchange and should seek feedback to develop marketing strategies.

However, Reddy et al. (2010) applied one limited study to US students, and Lee et al. (2012) also acknowledged the use of a single specific destination.

The experienced setting

With regard to experienced medical tourists, the studies were conducted on subjects such as motivations and decision factors (Ye et al., 2011; Moghimehfar and Nasr-Esfahani, 2011; Wongkit and McKercher, 2013; Pan and Chen, 2014), word-of-mouth and viral marketing (Yeoh et al., 2013), perceived value (Hallem and Barth, 2011), cross-cultural perceptions (An, 2014), and the decision-making processes or behavioural intentions (Han and Hwang, 2013; Han and Hyun, 2014, 2015). These

were based on many locations such as Hong Kong, Taiwan, Iran, Thailand, Malaysia and South Korea as shown in Table 12.

Table 12 Ten key papers from the (experienced) consumer perspective (ABS rating)

Journal Name	Author & Year	Title	Context	Method	Key Finding
Tourism Management (★★★)	Ye et al. (2011)	Motivations and experiences of Mainland Chinese medical tourists in Hong Kong	Hong Kong	9 semi-structured in-depth interviews	Understanding the medical tourists' travel motivations of the 'one child' policy in China, and experiences of their satisfaction and perceived discrimination
	Moghimehfar and Nasr-Esfahani (2011)	Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments	Iran	67 documentary surveys and interview questions	Religious ethical issues and legal or moral restrictions in the home country as the most important factors
	Wongkit and McKercher (2013)	Toward a typology of medical tourists: A case study of Thailand	Thailand	292 self-response and 53 online surveys	Finding motivation by the differentiation of medical tourists in Thailand into four groups
	Yeoh et al. (2013)	Understanding medical tourists: Word-of-mouth and viral marketing as potent marketing tools	Malaysia	524 surveys	Finding Indonesians and Singaporeans as major tourists influenced by friends, family or relatives and doctors
	Pan and Chen (2014)	Chinese medical tourists – Their perception of Taiwan	Taiwan	18 in-depth interviews with Chinese medical tourists	Four factors affecting satisfaction were the result: advanced equipment, professional and skilful technicians, professional and reliable physicians, and the medical quality of a hospital
	Han and Hyun (2015)	Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness	South Korea	309 surveys with international travellers at medical clinics	Perceived quality, satisfaction and trust in the staff and clinic have significant associations affecting intentions to revisit clinics and the destination country
International Journal of Hospitality Management (★★)	Han and Hwang (2013)	Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travellers' decision-making process	South Korea	341 surveys	Perceived benefits were generally associated with perceived value and behavioural intentions; that value had a significant mediating impact, and the national culture had a significant moderating role in the proposed relationships
Journal of Travel and Tourism Marketing (★)	Han and Hyun (2014)	Medical Hotel in the Growth of Medical Tourism	South Korea	A focus group of in-depth discussions with experts and 387 surveys with medical tourists	Dimensions of perceived advantages, price perception, and willingness to stay are, in general, significantly associated
Journal of Hospitality and Tourism Management (★)	Hallen and Barth (2011)	Customer-Perceived Value of Medical Tourism: An Exploratory Study – The Case of Cosmetic Surgery in Tunisia	Tunisia	Netnographic research	Exploring the value dimensions of the use of the Internet in a medical tourism context based on the consumption value theory developed by Sheth, Newman & Gross (1991)
Asia Pacific Journal of Tourism Research	An (2014)	Understanding Medical Tourists in Korea: Cross-Cultural Perceptions of Medical Tourism among Patients from the USA, Russia, Japan and China	South Korea	883 surveys with medical tourists	Overall attitudes significantly differ across the four nations

The studies of Ye et al. (2011) and Pan and Chen (2014) both examined the motivations, perceptions and experiences of Chinese medical tourists by means of in-depth interviews. Ye et al. (2011), with regard to obstetric procedures in the Hong Kong context, found that the most important factor was to avoid China's 'One Child' policy with its perceived experience of discrimination, while Pan and Chen (2014) discovered the eight key motivation factors for participating in medical tourism as well as four factors affecting the satisfaction of medical tourists from the tour package in Taiwan. Importantly, medical quality in terms of advanced equipment, professional and skilful technicians, professional and reliable physicians and the medical quality of a hospital was found to be the main affecting factor for satisfaction.

In addition, the study of the reproductive tourism destination of Iran by Moghimehfar and Nasr-Esfahani (2011) discovered that factors such as legal, moral, religious and ethical issues play important roles within 67 documentary surveys and interview questions measured by a five-point Likert scale.

These three studies reveal the different factors in a different context in terms of medical procedure and nation, and the factors indicate the effects of causes such as healthcare policy or system, medical quality, and religious or ethical issues in the nation.

On the other hand, the studies focused on the factors related to the different segments of medical tourists (Wongkit and Mckercher, 2013) and different nations (An, 2014). Wongkit and McKercher (2013) examined the motivations of medical tourists, and discovered the four different medical tourist segments (dedicated medical tourist, holidaying medical tourist, hesitant medical tourist, opportunity medical tourist) in Thailand, using the two different approaches of self-response and online surveys. An (2014) indicated the different attitudes in the four nations of the USA, Russia, Japan and China by investigating from previous literatures and the identified factors of cost, availability of procedures, quality of services, ease of travel, access to information, health-related risk, travel-related risk, and post-operative risk. While Russian, Japanese and Chinese patients are the most influenced by travel-related risks, Americans are influenced mostly by health-related risks. While American and Japanese attitudes are also affected by cost factors but not by convenience factors,

convenience factors significantly affect Russian and Chinese attitudes.

In addition, notable studies recently appeared regarding decision-making processes or behavioural intentions relating to South Korean medical tourism in the context of medical hotels (Han and Hwang, 2013; Han and Hyun, 2014) and medical clinics (Han and Hyun, 2015). As attempted in the previous study of cross-cultural perceptions from Yu and Ko (2012), Han and Hwang (2013) also investigated Chinese, Japanese and Korean travellers but went further in examining perceived benefits and the relationships between perceived value and behavioural intentions within the more specific new area of the medical hotel context. The study confirmed that the perceived value had a significant impact, indicating that perceived benefits were generally associated with perceived value and behavioural intentions, and value had a significant mediating impact with the national culture. Interestingly, among the components of perceived benefits such as financial savings, convenience, medical service and hospitality, the hospitality product played a prominent role in the Chinese group, and the impact of medical service was vital in the Japanese and Korean groups.

Later, Han and Hyun (2014) examined the dimensions of perceived advantages and the associations among perceived advantages, price perceptions and willingness to stay, identifying the differences between first-time medical tourists and experienced medical tourists. The findings showed that the elements of the medical tourist package, time and effort savings, ease of communication, privacy and confidentiality, and price perception were important to decision-making about staying at a medical hotel. Importantly, time and effort savings, and privacy and confidentiality were the two most critical constructs among the perceived advantages in shaping their perception of price adequacy. Moreover, the first-time medical tourists were found to be less likely to perceive advantages of a medical hotel than experienced medical tourists.

In a recent study, Han and Hyun (2015) developed a model explaining medical travellers' intention formation, and indicated the significant moderating role of price reasonableness and the critical role of medical and service quality, satisfaction, and trust.

However, while the studies by both Han and Hwang (2013) and Han and Hyun (2014)

only looked at the associated perceived benefits and advantages, Han and Hyun (2015) also examined perceived medical quality and service quality in relation to perceived price reasonableness. All three studies neglected the perceived negatives or disadvantages.

With the same subject matter as this study, Hallem and Barth (2011) examined the customer-perceived value of medical tourism within cosmetic surgery in Tunisia over the period between 2009-10 using a netnographic approach, which is seen as a new qualitative research method, and non-participant observation. In particular, this study examined the customer-perceived value based on the consumption value theory developed by Sheth, Newman and Gross (1991), which identified five consumption values, namely the functional, social, emotional, epistemic and conditional values. They analysed 208 postings by medical tourists, exploring the value dimensions of the use of the Internet in a medical tourism context. The study found that the functional dimension greatly contributes to the value perception of the medical tourism experience with the appearance of the elements of cost differentials, skills of surgeon, modernity of clinics, quality of care and assessment of the Tunisian offer. The use of the Internet was also found to have social, epistemic and functional values. This is a useful approach as some medical tourists would prefer easy access at any time and anonymity for sensitive subjects with regard to any comments made using the Internet. However, there is also doubt about the credibility and true identity of those making the postings.

Overall, survey research regarding cross-cultural perceptions and medical hotels has been conducted in the South Korean context in recent years. It appears to have taken a quantitative approach with samples of current medical tourists or pure tourists in South Korea, and some with tourists from the US, China and Japan. This implies that it would be advantageous to attempt an investigation with open-ended questions of other potential medical tourists in a different location.

Based on the reviews of key papers of medical tourism literature for this study, the following presents a summary of the gaps identified.

2.7.6 Critical review of key medical tourism literature

The literature on medical tourism has begun to be reviewed, mainly in the higher ranking tourism journals. To extend the variety and diversity of the field under review, Google Scholar was also used to search for further papers and references as another means to find sources. People now can easily get information by means of an Internet search and travel abroad with low-cost flights. This allows more people to access overseas medical services providing a variety of choices of medical procedures, with different countries having their own benefits such as cost-savings, better quality services and shorter waiting times.

With the growing popularity of the phenomenon, the industry and the South Korean government are trying to promote themselves to make a profit. This appears in the tourism literature focusing on marketing-related subjects. Chuang et al. (2014) recognised that roughly before 2010 most papers discussed the risks related to organ transplant technology and other ethics-related issues, while papers published after 2010 focused more on economics, health policy, and marketing issues, following the analysis of 392 academic papers related to medical tourism from 2004 to 2011.

Furthermore, there has been a recent increase in medical tourism literature related to consumers and industry, with a great interest in the South Korean context.

From the industry perspective, eleven key papers were found and examined. In particular, they were examined in relation to the developing models in different nations and suggested a variety of models and contexts such as in-depth interviews, surveys or secondary data with regard to South Korea, Hong Kong, Malaysia, Greece and Argentina. In particular, Woo and Schwartz (2014) also attempted to examine the perceptions of providers of medical tourism about the product attributes medical tourists perceived to be important. However, there were no studies that examined the perceptions of both aspects of industry and consumers.

From a consumer perspective, there is very limited research regarding customer-perceived value even though it is generally believed that perceived value is a very important concept in the marketing literature as it influences customer intention and

customer satisfaction. More studies regarding customer perceptions have been attempted over the past five years, but not enough to satisfy the dominant quantitative approach. Focused on current South Korean medical tourism research, a few studies for China, Japan and the US have attempted to examine the perceptions of medical tourists or prospective customers within a quantitative approach (Yu and Ko, 2012; Han and Hwang, 2013; An, 2014). This requires a focus in greater depth on the subject of customer-perceived value in this new, emerging industry of medical tourism.

Overall, the medial tourism literature tends to examine only one aspect of the industry or the consumer. Furthermore, no studies in terms of customer-perceived value have questioned the understanding of both opinions and views even though it is an important concept in marketing and tourism literature. More importantly, medical tourism has both negative and positive aspects as can be seen in the literature but no studies in the context of South Korea have questioned the perceptions in terms of both negative and positive aspects. In other words, this entails customer-perceived value using the concept of perceived benefits and sacrifices.

With this in mind, the following section examines the theoretical aspects of customer-perceived value, and how and what components of them are used in the marketing and tourism literature.

2.8 Review of CPV

In the marketing literature, the studies indicate that understanding the concept of ‘customer-perceived value’ (CPV) of the context is very important to determine a customer’s behaviour and decision-making for the purchase of a product or service. Thus, in this section, the theories of customer-perceived value are addressed first, and then what and how these theories have been used in marketing and tourism literature is examined together with the identified gaps.

2.8.1 Theoretical concepts of CPV

Customer value perceptions have continuously received attentions from academics and practitioners in business, marketing and tourism literature (Chen and Chen, 2010; Dodds et al., 1991; Lapierre, 2000; Lin et al., 2005; Sanchez, 2006; Woodruff, 1997;

Zeithaml, 1998). Sanchez (2006) and Sánchez-Fernández and Iniesta-Bonillo (2007), cited by the Marketing Science Institute, indicated that perceived value is a recent line of research that is enjoying increasing attention on the part of marketers, and included the definition of ‘perceived value’ in its list of research priorities for 2006-08. There is also a rich body of literature pertaining to the situational character of customer-perceived value, as perceived value is the essential result of marketing activities and is a first-order element in relationship marketing (Bolton and Drew, 1991; Dumond, 2000; Raval and Gronroos, 1996).

More recently, Rory Sutherland (2009, 2011), Vice Chairman of Ogilvy and Mather, a former Classics teacher and the author of *The Wiki Man*, emphasises the importance of perceived value, stating that ‘Perspective Is Everything’. He says advertising adds value to a product by changing our perception of it rather than the product itself, and ‘perceived value’ can be just as satisfying as what we consider ‘real’ value.

Kainth and Verma (2011, p. 21) indicate that CPV can be generally understood as a construct configured in two parts, one of benefits received (economic, social and relationship) and another of sacrifices made (price, time, effort, risk and convenience) by the customer (Dodds et al., 1991; Grewal et al., 1998; Cronin, Brady et al., 1997; Oh, 2003). It was first described by Zeithaml (1988), who suggests treating value as a trade-off between the relevant ‘gives’ and ‘gets’. Similarly, Kotler and Keller (2009) define it:

The customer value is the difference between the prospective customer’s evaluation of all the benefits and all the costs of an offering and the perceived alternatives (p. 61).

They see the customer benefits arising from product, services, personnel and image, while customer costs arise from money, time, energy and psychological cost (Figure 8).

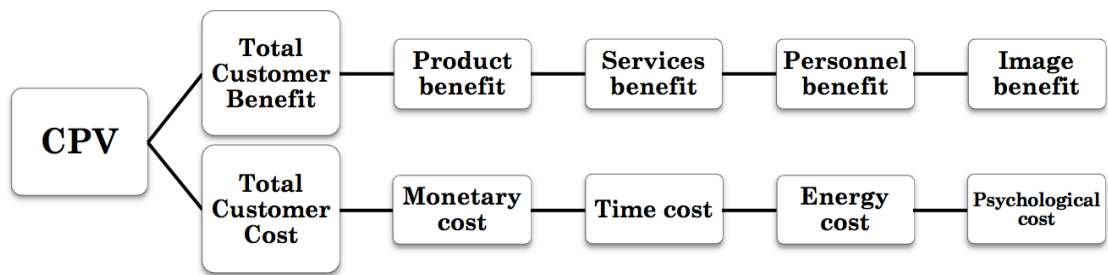


Figure 8 Determinants of customer-perceived value
Adopted by Kotler and Keller (2009)

Apart from Zeithaml's definition, other definitions of perceived value cited by researchers include those in Table 13.

Table 13 The definitions of customer-perceived value

Authors	Definitions
Zeithaml (1988)	Value is 'the consumer's overall assessment of the utility of a product based on perceptions of what is received for what is given' (p. 14).
Dodds et al. (1991)	Buyers' perceptions of value represent a trade-off between the quality or benefits they receive in the product relative to the sacrifice they receive in the product price (p. 308).
Gale (1994)	Customer perceived value is market perceived quality adjusted for the relative price of your product (p. xiv).
Lapierre (2000)	Customer-perceived value can be defined as the difference between the benefits and the sacrifices perceived by customers in terms of their expectations, needs and wants (p. 123).
Kotler and Keller (2006)	Customer perceived value is the difference between the prospective customer's evaluation of all the benefits and all the costs of an offering and the perceived alternatives (p. 141).

However, Dodds et al. (1991) indicate that although marketing managers are interested in what influences customers' perceptions of value, researchers have rarely investigated or measured the concept of perceived value. In addition, many authors (Lin et al., 2005; Parasuraman and Grewal, 2000; Woodruff, 1997) have acknowledged that:

- It differs with respect to the circumstances within which customers think about value (Woodruff, 1997, p. 141) and is a dynamic concept that evolves over time (Parasuraman and Grewal, 2000, pp. 169-170).
- In spite of its interest and importance, empirical operationalisation of perceived value remains unsettled, and the literature is confusing and in some cases appears conceptually self-contradictory (Lin et al., 2005, p. 319).
- The concept of perceived value is often poorly differentiated from other related constructs – such as ‘values’, ‘utility’, ‘price’ and ‘quality’; moreover, despite the extensive research on these constructs, the relationships among them remain largely unclear (Sánchez-Fernández and Iniesta-Bonillo, 2007, p. 429).
- Finally, despite the research that has emerged, there is little consensus with regard to the concept and definition of perceived value, and the lack of agreement among scholars with respect to the definition and the concept of perceived value results in inconsistent and incommensurable empirical measures (Boksberger and Melsen, 2011, p. 229).

Importantly, customers often do not judge value and costs ‘accurately’ or ‘objectively’, but act on perceived value. Thus, in order to understand and determine the concept of CPV in this study, the theoretical concept of CPV has been examined.

In general, the concept of CPV has only been discussed with uni-dimensional and multi-dimensional approaches (Lin et al., 2005; Sánchez-Fernández and Iniesta-Bonillo, 2007). However, as the views of scholars differ, creating confusion and disorder in the literature regarding customer-perceived value, this study has particularly reviewed the different approaches to the concept of CPV by Boksberger and Melsen (2011) and Sánchez-Fernández and Iniesta-Bonillo (2007).

Firstly, Boksberger and Melsen (2011) described perceived value from the three different perspectives of the utilitarian, behavioural and operational.

In their approach, while the utilitarian perspective conceptualises perceived value as a trade-off between the utility from the use of a service and the disutility of obtaining the use of the service, the operationalisation perspective includes the multiplicative or additive function of benefits and sacrifices. Moreover, the behavioural perspective considers reciprocal exchange transactions and a social interaction such as tangible or intangible activities and rewards or cost on the ground (p. 231).

On the other hand, Sánchez-Fernández and Iniesta-Bonillo (2007) developed in a very operational way seven research streams starting from the two main research approaches to customer value of uni-dimensional and multi-dimensional, as shown in Figure 9. Many examples in the marketing literature have discussed those basic two approaches but have not been subject to such a clear systematic review.

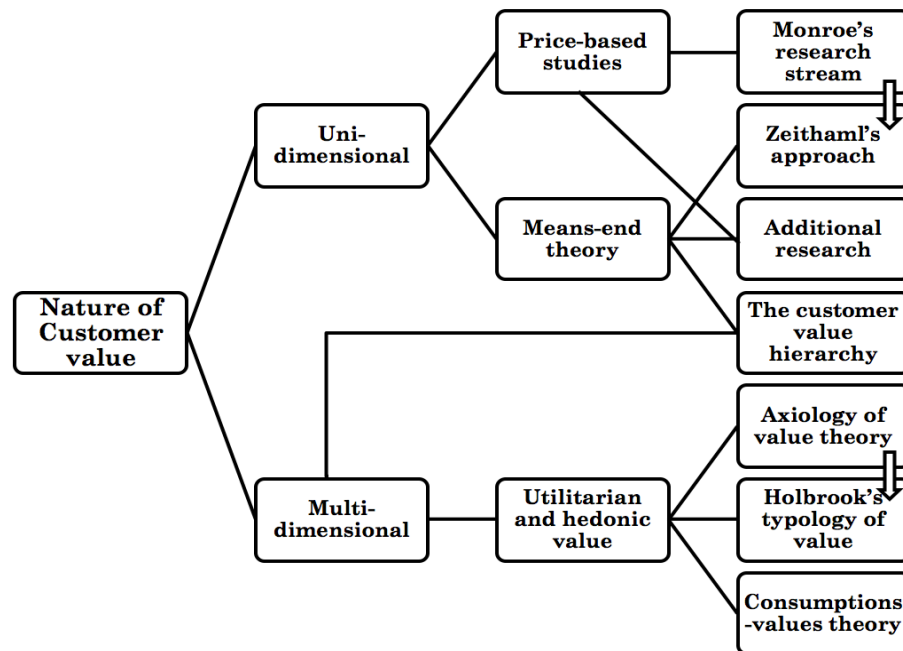


Figure 9 Research stream on perceived value
Adopted by Sánchez-Fernández and Iniesta-Bonillo (2007)

Accordingly, each theoretical concept of customer perceived value may be briefly summarised as follows:

1. Monroe's proposition: quality-price relationship, cognitive trade-off between perceptions of quality and sacrifice.
2. Zeithaml's approach (Means-end theory): trade-off between 'giving' and 'getting'.
3. Additional research (Means-end theory): multiplicative or additive function of benefit and sacrifice.
4. The customer value hierarchy (Means-end theory): including consumption goals, consequences and attributes, desired value, received value, situations and over time.
5. Axiology of value theory (Utilitarian and hedonic value): extrinsic value (utilitarian or instrumental use), intrinsic value (emotional appreciation) and systemic value (rational or logical aspects).

6. Holbrook's typology of value (Utilitarian and hedonic value): extrinsic versus intrinsic, self-oriented versus other-oriented and active versus reactive dichotomies.
7. Consumption value theory (Utilitarian and hedonic value): functional, social, emotional and conditional categorisation.

Previous studies (Dodds et al., 1991; Dodds and Monroe, 1985; Monroe, 1990; Monroe and Chapman, 1987) have examined the price-perceived quality relationship with perceived value.

Based on the price-perceived quality conceptualisation, Monroe and Chapman (1987) have proposed that buyers cognitively trade off positive perceived utility based on quality perceptions with negative perceived utility based on price perceptions to form an overall perception of value. Furthermore, Dodds et al. (1991) examined perceived quality and perceived value, adding external cues such as price, brand and store information.

In other words, the perceived value of a service or product is the total of acquisition and transaction values of that service or product, and the transaction value is determined by comparing the price paid and the buyer's expected price. On the other hand, acquisition value is determined by comparing the perceived benefits of the product at the maximum price with the actual selling price (Monroe, 1990).

Thus, in Monroe's view, when consumers have to make a decision, they usually decide by comparing the difference between the sacrifice or cost of the price and benefits of product or quality. If the benefit is greater than the sacrifice, there is a 'consumer surplus', which may lead to a positive purchase decision. In other words, the quality and price ratio influences whether or not the consumer will pay for the product or service (Wang, 2012). Accordingly, the perceived value of a product and price impacts on purchasing decisions. If the perceived value of the product is greater than the actual price, the customer is more willing to buy. For example, if the customer believes that a particular shirt should cost \$50, the customer is more likely to purchase it if it has a sale price of \$20. If the perceived value and the price are closer, the urgency for the purchase disappears.

However, on further consideration, Bolton and Drew (1991) indicate that interpreting perceived service value as a trade-off only between quality and price is too simplistic and there needs to be richer and more comprehensive measure of customers' overall evaluation of a service. Further, Zeithaml (1998) acknowledges that value must assume shared meanings among consumers because of the difficulty of definition.

Accordingly, adapting a model by Dodds and Monroe (1985), Zeithaml (1998) examines the perceived value in relation to perceived price and perceived quality using both a company and a focus group and 30 in-depth consumer interviews in the product category of beverages. The patterns of responses have been grouped into four different definitions of value as follows:

1. value as low price
2. value as whatever the consumer wants in a product
3. value as the quality obtained for the price paid
4. value as what the consumer gets for what he or she gives

Finally, she defines the perceived value as a trade-off between the 'benefit or get components' and 'sacrifice or give components', which is what is sacrificed versus what is received in exchange (p. 14). According to Zeithaml's model (1998), people evaluate products on the basis of their perceptions of price, quality and value, rather than on the basis of objective attributes such as actual prices or actual quality. She reflects that both perceived price and perceived sacrifices are perceptions of lower-level attributes, that perceived quality is a higher-level attribute, and that the perceived value is a higher-level construct that is inferred from perceived sacrifice and quality.

On the other hand, Cronin et al. (1997) have pointed out that value can be interpreted as either a multiplicative function of benefit and sacrifice or an additive function of these variables. According to Cronin et al. (1997), an additive model recognises the integrative nature of benefit and sacrifice, takes account of the compensatory trade-off between benefit and sacrifice, and appears to be a more natural process. Subsequently, DeSarbo et al. (2001) agree that an additive model is preferable to a multiplicative approach, investigating the quality by adding a rating function of power reliability, preventative maintenance, repair service, account representative, technical support, customer service, record keeping, and billing within an electrical utility company

setting.

However, other researchers have also indicated several psychological factors that should be taken into consideration in addition to the concept of price, and show that there are different classifications of types of value and multi-dimensional approaches to perceived value, indicating that a more sophisticated measure is needed to understand how consumers value products or services (Holbrook, 1994, 1999; Parasuraman, 1997; Ruyter et al., 1997; Shenth et al., 1991; Sweeney and Soutar, 2001; Woodruff, 1997).

For example, Sinha and DeSarbo (1998) point out that perceived value is clearly a multi-dimensional construct derived from perceptions of price, quality, quantity, benefits, and sacrifice, and whose dimensionality must be investigated and established for a given product category. Woodruff (1997) proposes that the value hierarchy model includes consumption goals, consequences, and attributes, and also incorporates desired value and received value. According to him, the hierarchy emphasises that value stems from customers' learned perceptions, preferences, and evaluations, and that customer value thus changes over time. Building on the work of Woodruff (1997), Parasuraman (1997) proposed a measurement framework for monitoring customer value in terms of four types of customer such as first-time customers, short-term customers, long-term customers and defectors.

To develop multi-dimensional views on customer value, Ruyter et al. (1997) focus on how different stages in the service delivery process can be profiled in terms of the three axiological value dimensions of emotional aspect, practical dimension and logical aspect as defined by Hartman (1967, 1973), while Babin et al. (1994) develop a value scale that assessed consumers' evaluations of a shopping experience along the dimensions of utilitarian value and hedonic value.

In addition, Shenth, Newman and Gross (1991) distinguish between five categories of functional, social, emotional, epistemic and conditional value that might be provided by a product, while Sweeney and Sautar (2001) propose the four distinct value dimensions as emotional, social, quality or performance, and price or value for money

in retail stores. Finally, Holbrook (1994, 1999) proposes a typology of value based on the three dimensions of self-oriented vs. other-oriented, active vs. reactive and extrinsic vs. intrinsic.

The different approaches outlined above based on the concept of CPV have been briefly reviewed in the marketing literature. In short, to make clear the additional theoretical model in this study, three groups have been created based on the different CPV approaches: (1) Price-perceived quality; (2) Trade-off between benefits and sacrifices; and (3) Utilitarian and hedonic value (Figure 10).

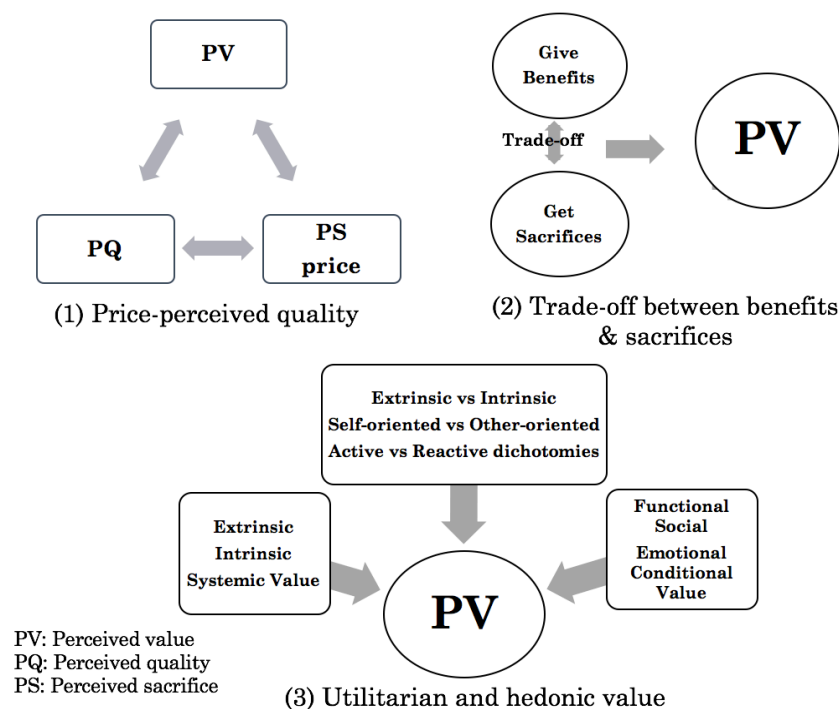


Figure 10 Three different approaches to perceived value (Author)

Having reviewed all the different approaches related to perceived value, this research focuses in particular on what prospective customers most consider in regard to advantages and disadvantages within a medical tourism setting. The medical tourism literature clearly shows that people travel abroad to take advantage of benefits such as cost-savings, better quality service and accessibility, but it also reveals the negative aspects with regard to the nature of travelling and other risks involved. When people make a judgement on buying something it would ideally be based on these positive

and negative perceptions. Greater positive than negative perceptions of medical tourism will induce them to engage in an action. In this respect, this research takes into consideration the concepts of trade-off between overall perceived benefits and perceived sacrifices, developing on Zeithaml's approach. This is discussed more depth in the next chapter of the conceptual framework.

The following section presents how and what have been examined with regard to customer-perceived value in the marketing literature together with the gaps identified.

2.8.2 Review of CPV in marketing

Based on prior marketing-related studies, there have been a large number of studies focusing on the interrelationship between quality, perceived value, satisfaction and behavioural intentions (Cronin et al., 1997, 2000; MacDougall and Levesque, 2000; Tam, 2004). Various researchers have also indicated the importance of customer-perceived value, examining the relationships between perceived value, customers' purchasing intention and satisfaction in the different industrial areas (Baker et al., 2002; Cronin et al., 2000; Dodds et al., 1991; Patterson and Spreng, 1997; Tam, 2004).

Dodds et al. (1991) and Baker et al. (2002) empirically examine the relationships in the retail environment. They extend the conceptual model to include the relative differential effects of price, brand name and store name on the three dependent variables influenced, that is perceptions of quality and value and subjects' willingness to buy.

Baker et al. (2002) show the extent to which environmental cues influence consumers' assessments of a store on various store choice criteria and how those assessments, in turn, influence patronage intentions. The study proposes a comprehensive store choice model that includes: three types of store environment cues (social, design, and ambient) as exogenous constructs; (2) various store choice criteria (including shopping experience costs that heretofore have not been included in store choice models) as mediating constructs; and (3) store patronage intentions as the endogenous construct.

Cronin et al. (2000) examine the relationship between service quality, service value,

satisfaction and behavioural intention in six industries including spectator sports, participant sports, entertainment, fast food, healthcare and long-distance carriers. The results of the study show that service value influences customer satisfaction and behavioural intention in all industries except healthcare. Service value is also found to be indirectly related to behavioural intention through customer satisfaction, which in turn affects behavioural intention.

Tam (2004) also investigates how both satisfaction and perceived value appear to be the direct antecedents of behavioural intentions, and the study reveals that customer satisfaction and perceived value significantly influence post-purchase behaviour.

With this indication of important relationships, some studies have examined the repeat or future intention (McDougall and Levesque, 2000; Murphy et al., 2000; Patterson and Spreng, 1997). For example, Patterson and Spreng (1997) develop a conceptual model to test the relationship among performance, value, satisfaction and behavioural repeat intention in the consultancy industry based on functional value. They define functional value as performance (quality) and price (sacrifice). The results of the study indicate that value has a strong and significant effect on satisfaction, which in turn affects repurchase intentions. However, value is not found to directly affect repurchase intentions.

McDougall and Levesque (2000) investigate the relationship among three elements of value (core quality, relational quality and service value), customer satisfaction and future intentions across four services (dentist, hairstylist, auto repair and restaurant). The results reveal that all three variables of core quality, relational quality and service value significantly affect customer satisfaction, which in turn affects future intentions. This finding indicates that perceived value has the largest impact on potential demand for restaurants, followed by auto repair, dentist and hairstylist, and implies that restaurant managers should be concerned about 'value for money' for customers. Thus, they recommend that researchers incorporate perceived value into conceptual models to understand the key determinant of customer satisfaction and loyalty.

Overall, the marketing literature confirms that CPV is a basic and important concept related to quality, price, intention and satisfaction. A taxonomy of key papers is

presented with construct and items, study method and research context based on four- and three-star journal papers from ABS ranking in marketing literature (Appendix 6). This shows the investigations of various industrial contexts using the surveys and interviews from the points of view of supplier, manager and customers. However, there are still research gaps as follows:

- ❖ A lack of concepts using perceived benefits and sacrifices
- ❖ A dominant quantitative approach testing the models using hypothesis

The next section provides a similar view of the key literature in tourism.

2.8.3 Review of CPV in tourism

In this section, the literature from *Tourism Management* was mainly reviewed to ascertain the quality of papers. As mentioned earlier, studies on medical tourism, particularly in relation to marketing in the South Korean context, have shown a relative increase since 2010 with the recent acknowledgement of the growth in the industry (Connell, 2013; Han, 2013; Heung et al., 2011; Wongkit and Mckercher, 2013).

However, despite the importance of the concept of customer-perceived value in marketing, only a limited number of studies have appeared on the concept and relationships between customer-perceived value and consumer intention. Only nine papers have been found in the tourism literature, as listed in Table 14. Furthermore, nothing was found related to the medical tourism context, as was shown earlier in the examination of the medical tourism literature.

Table 14 Review of perceived value from the *Tourism Management* journal (ABS rating ★★★★★)

Journal Name	Authors & Year	Constructs and Items	Study Method	Research Context
Tourism Management	Murphy et al. (2000)	Destination product (environment, infrastructure) – quality, value – intent to return	610 surveys PLS (partial Least squares)	Destination product
Tourism Management	Duman and Mattila (2005)	Hedonics, control, novelty – value, satisfaction – behavioural intention	392 surveys AMOS	Cruise vacation experiences
Tourism Management	Gallarza and Saura (2006)	Efficiency, service quality, play, aesthetics, social value, perceived monetary price, perceived risk, time and effort – perceived value – satisfaction – loyalty	274 questionnaires LISREL	Students' travel behaviour
Tourism Management	Sanchez et al. (2006)	Functionality of the travel agency, functional value of the contact, personnel of the travel agency, functional value of the tourism package purchased, functional value price, emotional price and social value	402 interviews PERVAL LISREL	Purchase of tourism product
Tourism Management	Lee et al. (2007)	Functional, overall, emotional value – perceived value – satisfaction	472 questionnaires LISREL	War-related tourism
Tourism Management	Chen and Tsai (2007)	Destination image – trip quality – perceived value - satisfaction	393 questionnaires LISREL	Tourist behaviour considering destination image
Tourism Management	Hutchinson et al. (2009)	Quality, value, equity, satisfaction – behavioural intentions (revisit a destination, word-of-mouth, search for alternatives)	309 questionnaire SERVQUAL PLS (partial least squares)	Golf travellers' perception
Tourism Management	Chen and Chen (2010)	Experience quality – perceived value – satisfaction – behavioural intention	447 questionnaires LISREL	Heritage tourism
Tourism Management	Zabkbar et al. (2010)	Destination attributes – perceived quality – satisfaction – behavioural intentions	1,056 surveys	Destination product

As can be seen in Table 14, most of the literature has examined the relationships between value, behavioural intention and satisfaction, but with different constructs in different contexts (Chen and Chen, 2010; Chen and Tsai, 2007; Duman and Mattila, 2005; Gallarza and Saura, 2006; Hutchinson et al., 2009; Lee et al., 2007; Zabkbar et al., 2010).

For example, Chen and Chen (2010) use an experience quality, while Zabkar (2010) applies a destination quality. On the other hand, Sanchez et al. (2006) focus on the functional value of the purchase of a tourism product rather than examine the relationship.

In more detail, Duman and Mattila (2005) expand the literature on perceived value by demonstrating that three affective factors (novelty, control and hedonics) influence customers' value perceptions in the context of cruise vacation experiences, and examine the role of customer satisfaction in the affect-value relationship developed from Otto's (1997) and Otto and Ritchie's (1996) findings.

On the other hand, Chen and Chen (2010) examine the visitor experience of heritage tourism and investigate the relationships between the quality of the experiences, perceived value, satisfaction and behavioural intentions at four main heritage sites in Tainan, Taiwan. In particular, they use experience quality instead of service quality in the relationship as they believe that the concept of experience quality is more appropriate than service quality in the context of heritage tourism, and find that experience quality directly and significantly influences satisfaction and perceived value.

Zabkar et al. (2010) explore the relationship among the quality of destination and visitor satisfaction and visitor's behavioural intentions, and suggest the range of destination attributes such as accessibility, amenities, attractions, available packages, activities and ancillary services, which influence the perceived quality of a destination's offerings.

Moreover, Gallarza and Sura (2006) propose the existence of a quality-value-satisfaction-loyalty chain, and illustrate the complexity of value dimensions, which are highly sensitive to the tourism experience.

Finally, Hutchinson et al. (2009) examine the relationships between golf travellers' perceptions of quality, value, equity, and satisfaction. They investigate the impact of the service evaluation variables such as quality, value, and satisfaction on their behavioural intentions such as revisiting a destination, word-of-mouth referrals, and searching for alternative destinations.

However, the tourism literature related to CPV has also thrown up the gaps similar to those in the marketing literature as follows:

- ❖ Lack of concepts using the perceived benefits and perceived sacrifices
- ❖ Dominance of the quantitative approach in testing the models using hypothesis
- ❖ No studies found in a medical tourism context

Overall, the marketing and tourism literature clearly shows the existing gaps related to both the subjects of medical tourism and CPV. Thus, this study has particularly considered investigating perceived value using the concept of perceived benefits and perceived sacrifices in the medical tourism context. In other words, it examines what drivers of benefits and sacrifices affect the customer intention toward medical tourism.

The following examines the key literature of this study for further investigation in more detail.

2.9 Critical review of CPV and the development of medical tourism

The key subjects of ‘medical tourism development’ and ‘customer-perceived value’ have been examined in the existing literature mainly in the fields of marketing and tourism. In this section, the key literature of this study is examined in more depth with the gaps and limitations pointed out in Table 15. In particular, the first two studies, by Heung et al. (2011) and Wang (2012), are highlighted and developed in this study.

Overall, the key studies show the dominance of the consumer perspective in relation to the factors to be considered and behavioural intention in different contexts, setting aside the studies by Heung et al. (2011) and Kim et al. (2013). The factors considered include the choice of international healthcare services (Zhang et al., 2013), the perceived benefits or advantages in a medical hotel context (Han, 2013; Han and Hyun, 2014), the perception of medical tourism providers (Woo and Schwartz, 2014) and cross-cultural perceptions (Yu and Ko, 2012; Han and Hwang, 2013; An, 2014).

Table 15 Key literature of this study

Author, Year and ABS ranting	Constructs and Items	Study Method	Research Context	Limitations
Heung et al. (2010) ★	Demand (advertising & distribution channels, selection of country, hospital, doctor/physician) and supply (Infrastructure and superstructure, promotions, quality, communication)	Critical review of existing models	Conceptual model of medical tourism (demand and supply)	Suggested conceptual model without empirical evidence and further testing of the model needed
Heung et al. (2011) ★★★★	Infrastructure and superstructure facilities, promotional activities, quality assurance, communication facilities	12 in-depth interviews with representatives of private and public hospitals, government bodies and medical tourism institutions	Developed model of key barriers of medical tourism development in Hong Kong	Only focused on supply side. Suggested further studies from potential medical tourists
Wang (2012) ★	Perceived benefits (perceived medical quality, service quality, enjoyment), perceived sacrifice (perceived fee, risk) – perceived value – buying intention	Surveys from 301 employees of a Chinese company in Taiwan	Perceived value of medical tourism based on prospective medical tourists in China to Taiwan	Potential bias of convenience sample. Suggested other variables such as biographical data and possible antecedent of perceived value in terms of benefits and sacrifice
Yu and Ko (2012) ★★★★	Selective factors, inconveniences, medical treatments, well-being and health care from perception	Survey from 265 Korean, 194 Japanese and 190 Chinese tourists at Jeju airport	Cross-cultural study of perceptions of medical tourism based on the tourists to Jeju island	Only sampled from tourists in the Jeju region of South Korea, including Korean tourists as medical tourists for cross-cultural study
Han (2013) ★★★★	Monetary and convenience advantages, personal security and availability of products/services – perceptions/cognitions – affect and trust – visit intention	A focus group of 15 medical tourism experts and 418 surveys from travellers at an international airport located in Busan	Distinctive attributes of a healthcare hotel and the role of these identified attributes in building visit intention among international travellers	Unbalanced demographic factors of 22 different nations, 34.4 % the heard and 17.2% the experienced
Zhang et al. (2013) ★★★★	Geographic distance, psychic distance (cultural distance, differences in language, economic condition, political system), hospital characteristics (quality of medical care, cost of care) – choice of international healthcare services (US, Korea, Singapore, Thailand, India)	1,292 surveys with potential customers in China	Factors influencing the internal healthcare service choice of Chinese customers	Limited to four diseases only among Chinese with unbalanced demographic factors of twenties ages and 38.6% with international travel experience
Han and Hwang (2013) ★★	Perceived benefits (financial savings, convenience, medical services, hospitality) – perceived value-behavioural intention	341 surveys with medical-tourism experienced travellers at international airport in Korea	Cross-cultural study of perceived benefits and the role of decision-making in a medical hotel	Unbalanced demographic factors of each nation including Korean tourists as medical tourists for cross-cultural study
Hallem and Barth (2011) ★	Functional, social, epistemic, conditional value – perceived value	Qualitative research with netnography from Internet postings by customers, thematic analysis	The use of the Internet in Medical tourism: the case of cosmetic surgery of Tunisia	Credibility and identity of data, only applied to case of cosmetic surgery, other duplicating studies needed in other contexts
Han and Hyun (2014) ★	Perceived advantages, price perception – willingness to stay at a medical hotel	Focus group of in-depth discussions with experts and 387 surveys with medical tourists	Perceived advantages, price perception, and stay willingness between first-timers and repeaters	Unbalanced demographic factors of nationality, gender and international medical travellers at four healthcare clinics located in Busan and Seoul
Kim et al. (2013)	SWOT approach (strength, weakness, opportunity, threat)	Content analysis of written publications and 15 in-depth interviews with experts	Developed the medical tourism model based on SWOT analysis with future strategies	Suggested to address new research topics such as the preferences of medical tourists with regard to destinations and foods, better understanding of medical tourists' behaviour, perceived motivations and constraints
Woo and Schwartz (2014)	The difference between customers' expectations and management perceptions of customers' expectations	Four focus groups of medical tourism providers with in-depth interviews and 74 online surveys	Medical tourism providers' perceptions of the tourists' perceived important product attributes when selecting a medical tourism destination	Providers' side of the management knowledge gap only, type of medical treatment, segmentation of the market
An (2014)	Medical service (cost, availability of procedures, quality of service), convenience (ease of travel, access to information), risk (health-related, travel-related, post-operative risks)	883 surveys from medical tourists	Cross-cultural perceptions of medical tourism among patients from the USA, Russia, Japan and China	Unbalanced demographic factors in terms of gender

Hunter-Jones (2005) indicates that the relationship between tourism and health is one of the most neglected areas of study in scientific research, as discussed earlier when considering medical tourism literature.

Hallem and Barth (2011) also insist that there is very little research exploring the relationship between tourism and health, and their work is a first attempt to investigate the dimensions of customer-perceived value within the framework of medical tourism. In particular, they investigate the four dimensions (functional, emotional, epistemic and conditional) of customer-perceived value and the value dimensions of the use of the Internet in the context of medical tourism using a netnographic study. As the Internet is a factor that contributes substantially to the growth of medical tourism, they find the dimensions of the perceived value of medical tourism services and the dimensions of the perceived value of the Internet at the same time and in the same context. It is a very interesting and useful approach using the customers' postings on the Internet as it now plays an important role in collecting information for both customers and providers.

Morgan (2010) indicated that the number of websites dedicated to medical tourism has mushroomed in recent years, providing patients with a wealth of information and choice of services around the world.

However, this study can have only a very narrow point of view as it relies on limited information posted by specific people, since not everyone would be willing to spend time writing their opinions. Also, it could be only applied to the case of cosmetic surgery and a duplicate study in other contexts would be needed to verify the external validity of the results, just as Hallem and Barth (2011) acknowledge the limitations in their study.

Later, Yu and Ko (2012), Han and Hwang (2013) and An (2014) developed a cross-cultural study to investigate the perceived factors in medical tourism, but it is not satisfactory to include South Korean travellers as one of the research samples (Yu and Ko, 2012; Han and Hwang, 2013) or to have unbalanced demographic factors with regard to gender (Zhang et al., 2013; An, 2014) or nationality (Han and Hwang, 2013). For example, Zhang et al. (2013) examine the factors of geographic distance, psychic

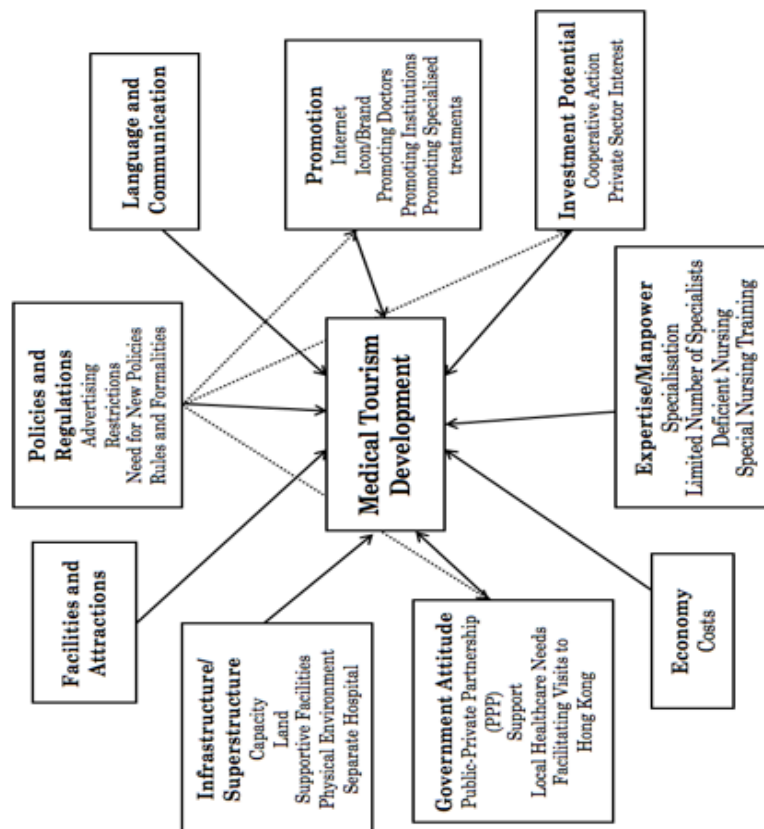
distance and hospital characteristics influencing the internal healthcare service choice from the Chinese. However, that study is limited to the Chinese perspective and has unbalanced demographic factors, with most participants being in their twenties and only 38.6 per cent having international travel experience.

In more specific and focused work, Han and Hwang (2013), Han (2013), and Han and Hyun (2014) examine the perceived benefits or advantages of medical hotels and the relationships with intention, but the demographic factors are also unbalanced.

Woo and Schwartz (2014) examine the gaps between customers' expectations and management's perceptions of customers' expectations. Their questionnaire was designed based on the perceptions of the medical tourism providers regarding the product attributes perceived to be important by tourists, using in-depth interviews. It was then tested on the 63 members of four groups of participants working in a hospital, travel agency, government agency and academic institution. The result indicated that all four groups believed the tourists perceived the medical variables to be more important than the tourism-related variables. However, these views are only from medical provider's side of the management knowledge without consideration of the actual customers' views.

Finally, the following two research models of the industry perspective by Heung et al. (2011) and the customer perspective by Wang (2012), investigating aspects of both industry and consumers (Figure 11), have inspired the development of this study. The two key research models are discussed in detail to identify the gaps as well as to develop the conceptual framework of this current study.

Industry



Consumer

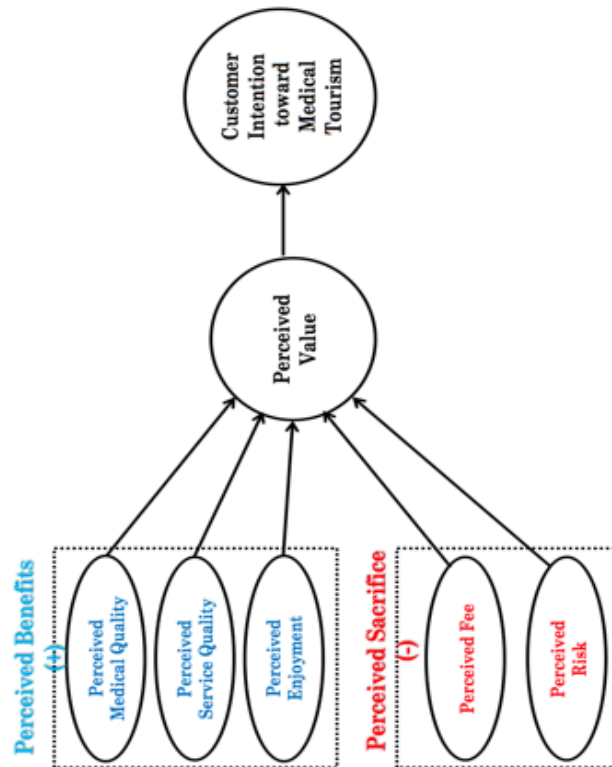


Figure 11 Key research models of industry by Heung et al. (2011) and consumer by Wang (2012)

From the industry perspective, Heung et al. (2011) using in-depth interviews have identified the key factors influencing development of medical tourism in the context of Hong Kong. Their study found improvement in key barriers in terms of policies and regulations, language and communications, promotions, investment potential, expert/manpower, economy, government attitude, infrastructure/superstructure and facilities and attractions from representatives of private and public hospitals, government bodies and medical institutions.

However, the study has limitations in the aspects of there being only one supplier and the single location of Hong Kong. Thus, this current study suggests the development of another empirical study in the different context of South Korea. It also proposes to investigate both consumer and industry perceptions in greater depth, taking into consideration the key elements of customer-perceived value.

From the consumer perspective, Wang (2012) confirms that customers' perceived value can drive medical tourism using the concept of perceived benefits and perceived sacrifices. As shown in the research model illustrated in Figure 11, Wang (2012) indicates that perceived value is a key predictor of customer intentions, proposing and testing a research model which captures the elements of perceived benefits and sacrifice that, by affecting the perceived value of medical tourism products, influence the buying intention of potential customers. As regards benefits, the perceived medical quality, service quality and enjoyment are critical components that significantly influence the perception of value.

However, Wang (2012) indicated only the factors of perceived benefits (perceived medical quality, perceived service quality, perceived enjoyment) and perceived sacrifices (perceived fee, perceived risk), and there may be other factors to take into account. In addition, it is still only one survey that targeted a particular group of tourists in mainland China. This calls for more in-depth research related to this subject.

Having found the identified gaps of two studies, this current study seeks an integrated model of both aspects, proposing the key success factors of South Korean medical tourism by understanding the key elements of customer-perceived value within the division of perceived benefits and perceived sacrifices. This will fulfil the limitations

of those two studies and generate a new model based on in-depth understanding of both aspects. This is discussed in more detail with the conceptual model in the next chapter.

2.10 Gaps in the literature (Critical Evaluation)

After reviewing the key subjects of MT (Medical Tourism) and CPV (Customer-perceived value) from the tourism and marketing literature, the gaps are clear in both literatures with the requirement for further research regarding the following:

- Understanding the definition of MT
- No studies on CPV within the concept of PB (Perceived Benefit) and PS (Perceived Sacrifice) in the MT context
- The need for in-depth understanding of both aspects industry and consumer within a qualitative approach

Firstly, the definition of MT should be understood. From a broad point of view, the concept of medical tourism seems to agree with one of classifications under health tourism (Muller and Kaufmann, 2001; Smith and Puczko, 2009; Ko, 2011). However, it appears that there are different views on the definition of medical tourism (Connell, 2006, 2013; Cormany and Balouglu, 2011; Deloitte, 2008; Yu and Ko, 2012). This reveals that the definition of medical tourism is not still clear and distinguishable to the stakeholders and the countries in which it takes place (Reddy et al., 2010; Cormany and Baloglu, 2011). In particular, Snyder et al. (2013) argue that the phenomenon of medical tourism has remained a poorly defined and under-examined trade practice, despite having been a regular source of inspiration for legal reviews, journal articles and news items alike over the past decade.

Thus, this study firstly tries to understand how industry stakeholders and consumers understand the term medical tourism from their perspectives.

Secondly, the theoretical principle of a trade-off between perceived benefits and sacrifices within the medical tourism context should be examined in greater depth. For the purposes of this study, the relevant issues have been presented as an exploration of the concept of perceived value as a trade-off based on Zeithaml (1998): people go aboard for medical treatment to receive certain benefits such as cost savings, better quality, time savings or other ‘get’ perceptions, while it is also associated with

sacrifices such as possible risks, or ‘give’ perceptions.

Value traditionally refers to a preferential judgement like an interactive, relativistic preference experience and results in a trade-off of benefits and sacrifices associated with a particular good or service (Holbrook, 1994; Lindgreen and Wynstra, 2005). Zeithaml (1998) defines the perceived value as a trade-off between the ‘benefit or get components’ and ‘sacrifice or give components’, thus what is sacrificed versus what is received in exchange. In her study, the benefit components of value include salient intrinsic attributes, extrinsic attributes, perceived quality and other relevant high-level abstractions, and the sacrifice components of perceived value include monetary prices and non-monetary prices (p. 14).

In another study from Woodruff (1997), customer value is shown to be something perceived by customers rather than objectively determined by a seller and these perceptions typically involve a trade-off between what the customer receives (quality, benefits, worth, utilities) and what he or she gives up to acquire and use a product (price, sacrifices) (p. 141).

However, even though the definition and concept of CPV are widely described and used regarding a trade-off between the overall evaluations of perceived benefits and perceived sacrifices, the literature apparently shows the lack of research using this concept in both the marketing and tourism literature.

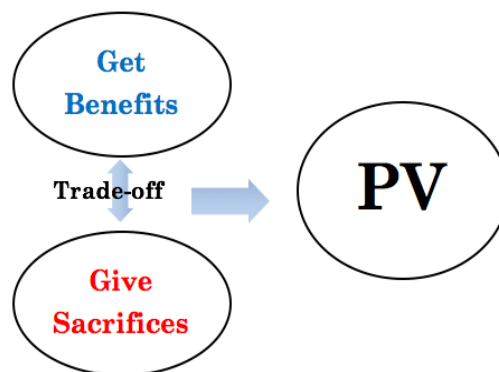


Figure 12 Zeithaml's (1998) trade-off between benefits and sacrifices

Perceived value has also received the attention of researchers in the tourism literature but very limited research was found in relation to this concept in the tourism context and far less in the medical tourism context. Again, the medical tourism literature clearly shows that people travel abroad to enjoy benefits such as saving cost, better quality service and accessibility. However, it also reveals the negative aspects with regard to the nature of travelling and other risks such as patient safety. Thus, the theoretical concept chosen for this study can be seen in the same form of MT and CPV.

In particular, Wang (2012) investigates the perceived benefits and sacrifices within the medical tourism context in Taiwan, targeting potential mainland Chinese customers, while acknowledging that it is a first attempt and has limitations. This study also challenges further research based on his study in consideration of the success factors in the development of South Korean medical tourism.

Finally, this more in-depth study requires an understanding of both sides of industry and prospective customers based on their diverse views.

The measurement of CPV with different constructs and items was investigated in various industrial contexts. However, it appears to be the dominant quantitative approach to test the relationships within the proposed conceptual model using survey or structured interview in both the marketing and tourism literature. In such research, the perspective and authority of the researchers shape the entire nature of the study, having no consideration of research participants' perspective in the research design, and this neglects the other emerging variables and issues since the research questions and frameworks for analysis are determined before the research commences. Furthermore, it tends to investigate one side of supplier or consumer. Essentially, both aspects of industry and consumer have to be understood to develop such an emerging market.

Overall, the nature of value perception is subjective and individual in association with beneficial and sacrificial judgements. With this in mind, this study aims to integrate their views within the both perspectives of industry and the consumer.

2.11 Chapter summary

In recent years, medical tourism has emerged into the global public domain with easy access to widely available information online and low-cost medical treatments and flights. With the increasing number of medical tourists, medical tourism can be considered a type of tourism. Industries and governments are also trying to promote this sector, providing specified medical service products and even package deals combined with hotels, flights and other tourism activities such as tourist attractions, food and shopping.

In this respect, the literature has mainly been reviewed from a tourism and marketing perspective, taking into consideration the future development of this emerging industry. This included the high-quality journals on tourism and management based on the ABS ranking and tourism field, mostly cited from Google Scholar and the industry magazine or research. The emergence of medical tourism is also confirmed in the literature dealing with the various issues such as risks, ethics and equity, policy and regulation, economics and marketing since 2005, but particular attention has been paid to the marketing perspective covering areas such as customer motivations, experiences, perceptions and intentions in tourism literature since 2010.

To be more specific, the research has focused on reviewing two subjects related to the emerging phenomenon of ‘medical tourism’ and the theoretical concepts of ‘customer-perceived value’ to identify the research gaps within this phenomenon and industry. Customer value or customer-perceived value have a long history as a basic concept in the marketing literature, confirming the importance and the further influences on customer intention and satisfaction (Baker et al., 2000; Cronin et al., 2000; Dodds et al., 1991; Patterson and Spreng, 1997; Tam, 2004). The literature also reveals a number of associated negative aspects of medical tourism, and Synder et al. (2013) particularly emphasise that medical tourism has been associated with a range of positive and negative effects for medical tourists’ home and host countries and for the medical tourists themselves.

From this point of view, for the purpose of this study, the relevant issues have been presented based on exploring the concept of perceived value as a trade-off based on

Zeithaml (1998): people go aboard for medical treatment to take advantage of certain benefits such as cost-savings, better quality, time savings or other ‘get (perceived benefits)’ perceptions, while it is also associated with sacrifices such as possible risks, or ‘give (perceived sacrifices)’ perceptions.

However, even though the definition and concept of CPV regarding a trade-off between the overall evaluations of perceived benefits and perceived sacrifices are widely described, the literature apparently reveals a lack of investigation using this concept in both the marketing and tourism literature, and even far less in the context of medical tourism. Moreover, no studies have openly questioned in depth this important concept of what and how consumers in general have perceived medical tourism in the present society, or even considered both aspects of industry and the consumer.

Overall, the nature of value perception in this study is subjective and individual with regard to beneficial and sacrificial judgements. Thus this study aims to integrate the views and perspectives of both industry and consumer in order to obtain further empirical and theoretical evidence, building on the two key research models of industry (Heung et al., 2011) and the consumer (Wang, 2012).

The next chapter presents the conceptual framework with the key elements in this study. This is developed with regard to the gaps that have been identified and the two existing research models mentioned above.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

3.1 Introduction

The previous chapter has reviewed the subjects of ‘medical tourism’ and ‘customer-perceived value’ in regard to the research method, context, and key findings, mainly from the point of view of the marketing and tourism literature. It also has examined the customer-perceived value concerning the development of medical tourism from both industry and consumer angles, and has identified limitations and gaps. This chapter provides a system of concepts, assumptions, expectations and beliefs as a key part of the research design (Miles and Huberman, 1994).

This study explores how the phenomenon of medical tourism is understood, taking into account the importance of investigation into the key elements of customer-perceived value associated with benefits and sacrifices in the context of South Korean medical tourism, reviewing the perspectives of both industry and the consumer. Based on the critical literature review from the previous chapter, this section provides a conceptual framework (Figure 13) for this study, which is developed based on the research models of the industry perspective by Heung et al. (2011) and of the consumer perspective by Wang (2012). This chapter also enables the research questions for this study to focus on more critical investigation by exploring the conceptual framework.

3.2 Conceptual framework of CPV as KSF

As mentioned earlier, customer-perceived value influences a customer’s behaviour and decision-making for the purchase of a product or services, and it has generally been defined as a trade-off between quality and price. Perceived quality, in turn, has been conceptualised as buyers’ judgement about a product’s overall excellence or superiority (Zeithaml, 1988, p. 3), while perceived price is defined as the consumers’ subjective perceptions of the objective price of the product including monetary and non-monetary costs (DeSarbo et al., 2001).

In addition, according to Grönroos (1987), most services are multi-dimensional bundles of core, facilitating, and supporting services. He particularly investigates

airline service, comprising the core service (transportation), the facilitating service (check-in procedures), and the supporting service (in-flight meals) (Bolton and Drew, 1991, p. 376). In the same aspect, Eman (2011) indicates the importance of medical tourism as the combination of medical and healthcare services, tourism and travel services, and support services to develop a competitive medical tourism destination.

In the line with these thoughts, this study highlights the importance of CPV as an integral part of decision-making, and believes that understanding the key elements of CPV of medical tourism is KSF (key success factor) for medical tourism development in this emerging industry. The elements of CPV of medical tourism should consider each aspect of medical, tourism, and support services from the viewpoint of the service industry, and the elements can be categorised as a multi-dimensional ‘give’ and ‘get’ value construct. These dimensions of perceptions are presented as ‘benefits’ and ‘sacrifices’.

Therefore, the conceptual framework (Figure 13) has been created by integrating the key elements based on the existing models by Heung et al. (2011) and Wang (2012) with a critical review of literature. Additionally, the five research questions were formulated to explore this conceptual framework.

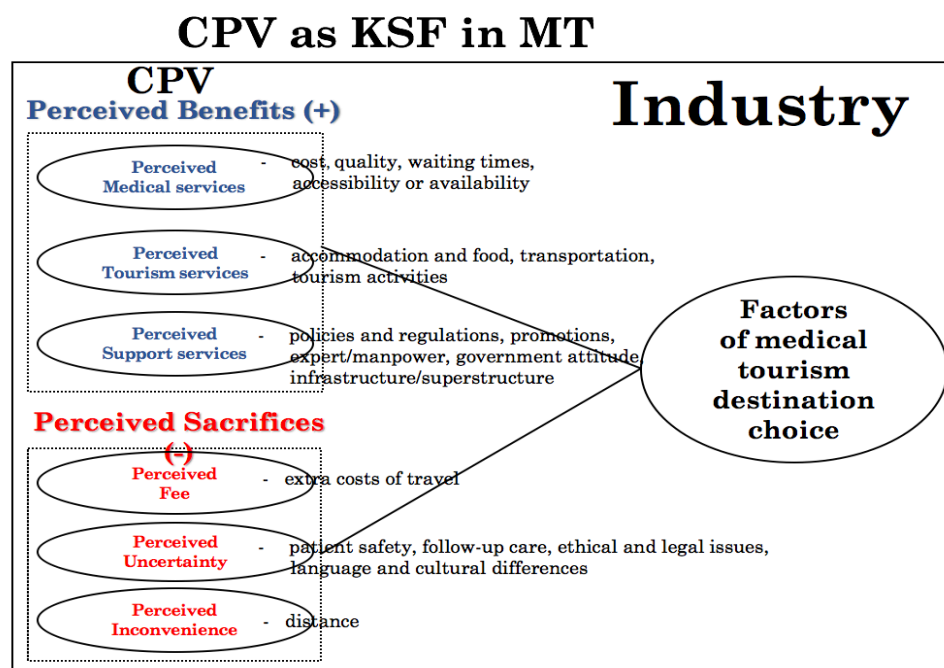


Figure 13 Conceptual framework with key elements (Author)

Research questions

RQ1. How is medical tourism defined and understood?

RQ2. How do medical tourism providers and prospective customers understand the benefits and sacrifices associated with medical tourism?

RQ3. What are the key factors that underpin medical, tourism and support services with regard to the choice of destination?

RQ4. What are the contributing factors that counteract and undermine the aspirational and preferential decision-making of medical tourist consumers?

RQ5. What are the most significant key success factors driving medical tourism, which are unique to South Korea's medical tourism services?

In this study, each of the perceived criteria listed is considered to be an important factor in the literature. The criteria to be considered are grouped into perceived benefits and perceived sacrifices: the aspects of medical services, tourism services and support services as an expression of perceived benefits, and the aspects of perceived fee, perceived uncertainty and perceived inconvenience as an expression of perceived sacrifices.

However, these will be questioned openly to understand the perspectives of both the industry and the consumer. In particular, the elements in terms of expert/manpower, infrastructure/superstructure, promotions and government attitude are also included to examine perceptions of support services, which are considered to be important factors both for consumers and industry (Heung et al., 2011).

The following criteria are proposed for examination. They are also presented with the key sources in Table 16.

Perceived benefits

- Perceived Medical Services – cost-savings, better quality, shorter waiting times, better accessibility or availability
- Perceived Tourism Services – accommodation and food, transportation, tourism activities
- Perceived Support Services – policies and regulations, expertise/manpower, infrastructure/superstructure, promotions, government attitude

Perceived sacrifices

- Perceived Fee – extra costs of travel
- Perceived Uncertainty – patient safety and follow-up care, ethical and legal issues, language and cultural differences
- Perceived Inconvenience - distance

Table 16 Key literature of the conceptual framework (Author)

Identified elements		Source
Perceived benefits	Perceived Medical services	Cost-savings Bookman and Bookman (2007), Hallem and Barth (2011), Walker (2006), York (2008)
		Better quality Connell (2006), Han and Hyun, (2015), Kim et al. (2013), Pan and Chen (2014), Sarwar et al. (2012), Wang (2012), Zhang et al. (2013)
		Shorter waiting times Campbell (2014), Upadhyaya (2008)
		Better accessibility or availability Sarwar et al. (2012), Turner (2011)
	Perceived tourism services	Accommodation and food Fong and Olczak (2012), Han (2013), Han and Hwang (2013), Ko (2011)
		Transportation Eman (2011), IMTJ (2009; 2014)
		Tourism activities Ko (2011), Medical Tourism Magazine (2010)
	Perceived support services	Policies and regulations Bookman and Bookman (2007), Lunt et al. (2011)
		Government attitude Heung et al. (2011), Kim et al. (2013)
		Infrastructure/superstructure Bookman and Bookman (2007), Caballero-Danell and Mugomba (2007), Heung et al. (2010; 2011)
		Expertise/manpower Heung et al. (2011)
		Promotions Heung et al. (2010; 2011), Moghavvemi et al., (2017), Yu et al. (2011), Viladrich and Baron-Faust (2014)
Perceived fee	Extra costs of travel Wang (2012)	
	Patient safety and follow-up care An (2014), Birch et al. (2010), Crooks et al. (2010), Hume and DeMicco (2007), Lunt et al. (2011), Samir and Karim (2011)	
Perceived Uncertainty	Ethical and legal issues Cohen, (2010; 2013), Crooks et al. (2010), Hall (2011, 2013), Pennings (2002;2004), Snyder et al. (2011;2013)	
	Language and cultural differences Bookman and Bookman (2007), Connell (2013), Hall and James (2011), Han and Hwang, (2013)	
Perceived inconvenience	Distance An (2014), Crooks et al. (2010), Lunt et al. (2011), Zhang et al. (2013)	

The following section describes how the criteria to be considered have appeared in the literature.

3.2.1 Perceived benefits (PB)

Studies in the literature have concluded that the main purposes of medical tourism are cost-savings, shorter waiting times, better quality, and better availability or accessibility which cannot be provided in the home country (Connel, 2006, 2011; Deloitte, 2008; Heung et al., 2011; Ye et al., 2011; Yu and Ko, 2012). These were also briefly suggested in the previous chapter as the driving factors of medical tourism and discussed by Sung and Ozuem (2015). However, this view highlights only the importance of the medical service perspective and neglects other areas such as tourism and support services.

Based on Eman's (2011) suggestion from the previous chapter in the discussion of the definition of medical tourism, all destinations have to consider the development of the other two main elements in order to be able to compete in the international market of medical tourism: the support services as well as the complementary travel and tourism services. These are fundamental to a consideration of the medical tourism industry for both perspectives. This aspect is also supported by Cormany (2008) who identifies four factors (medical services, hospitality support, tourism appeal, and governmental policies) that the consumers of medical tourism take into account when selecting medical tourist destinations.

Building on those two thoughts, this study suggests the three beneficial components of perceived value for potential medical tourists: perceived medical services, tourism services and support services. These are discussed in the following sections.

3.2.1.1 Perceived medical services

The main purpose of medical tourism is to receive medical treatment and care. The medical tourism literature reveals that the drivers of medical tourism are mainly cost-savings, shorter waiting times, better quality care, and better availability or accessibility (Connell, 2006, 2011; Deloitte, 2008; Heung et al., 2011). These drivers are put forward as the perceived benefits of medical services to consumers in this study.

In particular, Zhang et al. (2013) indicate that with the globalisation of healthcare, the quality and cost of care should be the core reasons for international patients to seek medical facilities abroad, as noted by scholars such as Connell (2012), Herrick (2007), Ramirez de Arellano (2007), Smith and Forgione (2007), and Turner (2007). Thus, while considering the main benefits of medical services listed above, the study has considered the four aspects of perceived medical services.

Cost savings

Bookman and Bookman (2007) have shown the movement of medical tourists from the developed to the less-developed countries, stating that “Everyone, coming from everywhere, is shopping for a doctor in the international health services market, and as a result, enjoys a cost savings over the alternative at home”.

As a result of a comparison of France and Tunisia, Hallem and Barth (2011) point out that cost is a major incentive in the medical tourism industry. More detailed investigation shows that operations in India cost 80 per cent less than in the United States (Walker, 2006) and around 47 million Americans lack health insurance (York, 2008). The reasons for the need for medical tourism by many medical tourists from the United States include the fact that treatment can be received at a quarter and sometimes even a tenth of the cost in major Asian medical tourism destinations such as India, Thailand and Malaysia, as shown Table 7 in Chapter 2. The MTA (Medical Tourism Association) found that the cost savings can be up to 90 per cent, according to a worldwide comparison of surgery options and their prices (Medical Tourism Association, 2014).

Therefore, cost savings in medical tourism are one of the most important factors and main benefits – among others such as medical quality, time savings, accessibility or availability – when patients travel for medical care outside of their home country.

Better quality

Lower costs in this particular subject of medical treatment will not always attract tourists. Wang (2012) along with other studies (Bies and Zacharia, 2007; Connell, 2006) insists that when judging medical tourism from a quality perspective customers tend to focus on medical quality.

Zhang et al. (2013) indicate that in the light of healthcare globalisation, quality and the cost of care should be among the core reasons for international patients to seek medical facilities abroad (p. 34), and high quality is the key determinant for customers when choosing a hospital (p. 37). Sarwar et al. (2012) insist that in the healthcare industry, technical equipment and other related systems of medical diagnosis are core for patients' checking-in for treatment, as well as the functional quality measured by the services offered by the healthcare centres such as staff, nurses, administration, and most importantly the doctors and their assistants treating the patient.

Thus, this study considers that medical care for foreigners requires a high degree of trust in medical services, based on high-quality medical doctors and staff, top-tier technology and advanced hospital facilities and equipment (Kim et al., 2013).

Shorter waiting times

The UK and Canada are well-known for long waiting times to receive medical services. According to *A Report Card on Wait Times in Canada 2013*, Canadians still wait too long to access many healthcare services and wait longer for care than citizens of most other industrialised countries with publicly financed systems. For example, the average waiting time for hip and knee replacements in the Netherlands is eight weeks and the average waiting time for cataract surgery is five weeks, yet many Canadians wait longer than 26 weeks for a hip or knee replacement and more than 16 weeks for cataract surgery (Canadian Medical Association, 2013).

In addition, both Scotland and England have set (and met in many fields of medicine) the target of having 90 per cent of elective care patients wait no longer than 18 weeks between receiving a general practitioner (GP) referral and the start of treatment (NHS, 2014). However, writing in the *Guardian* newspaper Campbell (2014) points out that NHS data shows that 2.88 million people in England were waiting for consultant-led treatment in December 2013, up by 310,000 or 12 per cent on May 2010. Katherine Murphy, chief executive of the Patients Association, adds that "it worrying that the number of extra people waiting is that high and the 310,000 is a huge number of people who are waiting for what is quite often life-changing surgery" (Campbell, 2014).

Thus, in this respect, slashing the waiting time can attract patients from the likes of Canada and the UK where patients are fed up with long queues for elective surgery under overstretched government health plans, even though their treatment is free (Upadhyaya, 2008).

Better accessibility or availability

People sometimes travel to have medical treatments which they cannot obtain in their native country. Lack of access to a particular medical treatment also forces the patients to outsource such treatment abroad. Lack of access, either because the technology is not available or is prohibited or illegal in the home country, can lead to medical tourism.

In particular, American patients travel to foreign locations due to lack access to unproven medical therapies such as stem cell or cytoplasmic transfer therapy, thereby accepting a degree of risk in clinics situated in such countries as China, India and Ukraine (Sarwar et al., 2012; Turner, 2011). Other patients travel for procedures that are illegal in their home country. For example, some patients suffering from renal failure arrange commercial organ transplants in countries where it is possible to buy and sell kidneys (Turner, 2011). For conditions such as these, the medical tourists are willing to travel to obtain treatments.

Those issues such as cost-savings, better quality, shorter waiting times and better accessibility or availability are the perceived benefits in terms of medical services in this study.

The following section discusses aspects of tourism services.

3.2.1.2 Perceived tourism services

Medical tourism can be seen as a combination of medical and tourism services, as a part of the service industry. As Jagyasi (2008) indicates, when patients travel abroad, they will certainly be exposed to the culture, environment, food, heritage, leisure and a variety of other aspects of a destination's activities (*Medical Tourism Magazine*, 2013). Travelling abroad itself means engaging with a part of tourism services. Although the main purpose of medical tourists is to undergo medical treatments, they

will still engage in some tourism activities and services, albeit unknowingly, during their stay.

However, the related tourism services in medical tourism have not been well documented in the academic literature. Therefore, this study considers how customers perceive the importance of tourism services such as accommodation and food, transportation and attractions.

Accommodation and food

Accommodation and food will be of great importance when catering to the needs of sensitive and vulnerable medical tourists who may be restricted in mobility and diet during treatment and recovery, and additional attention must be paid to these customers (Ko, 2011). The rapid expansion of medical tourism has given rise to a new style of lodging operations, commonly known as a medical hotel, which is hotel accommodation that provides conventional hotel services, rooms, food and beverages, as well as the various medical, healthcare or aesthetic-related services to customers (Han, 2013; Han and Hwang, 2013). In particular, Han (2013) and Han and Hwang (2013) have found that medical providers have formed associations with hotels to offer packaged products comprising various medical treatment and healthcare services, meals, and rooms together at a reasonable rate. This helps not only medical tourists but also their accompanying family members, friends and significant others to reduce their financial expenses.

Thus, customers can reduce the time and effort required to search for information and can enjoy enhanced physical convenience. For example, Bangkok is a developing hub for medical tourism and hospitals see a large number of foreign visitors, and several hotels in the city have tapped into this lucrative niche and are partnering with top-notch hospitals to offer services or health packages (Fong and Olczak, 2012).

Transportation

Airlines and other convenient modes of transport are models of best practice offering medical tourism packages and special services to international patients, which help in the promotion of their nations as destinations for medical tourism (Eman, 2011). Convenient routes and affordable transportation prices will be beneficial to medical

tourists. For example, Turkish Airlines has a new support package for hospitals and clinics to promote medical tourism, offering special discounts and incentives for those who come to Turkey for medical treatment (IMTJ, 2009). Also, recently, Asiana Airlines, one of Korea's flagship carriers, has seen that it can increase business by attracting medical tourists to South Korea, and is working with hospitals and clinics to promote a medical tourism destination with advanced medical techniques and facilities (IMTJ, 2014).

Tourism activities

Apart from medical tourists who undergo intensive surgery, other types of medical tourists have a high possibility of pursuing recreational activities after their medical care (Ko, 2011). A survey of patients at Thailand's Bumrungrad Hospital revealed that 85 per cent of patients or their companions experienced at least one kind of tourism activity during their stay (*Medical Tourism Magazine*, 2010, p. 23).

Thus, utilising local travel agencies and travelling to famous tourist spots, shopping and other cultural activities can be considered a more pleasant aspect of the medical tourism experience.

The following section discusses support services from the point of view of what prospective customers would wish to receive as additional benefits of medical tourism.

3.2.1.3 Perceived support services

The components of tourism services and medical tourism in relation to support services have not been examined in particular from both perspectives of industry and consumers in the literature. They have mainly been presented from the point of view of supply, but this study also considers the benefits for potential customers of the provision of support services that should be offered by medical tourism providers. The key elements to be considered are policies/regulations, infrastructure/superstructure, expertise/manpower and promotions.

Policies and regulations

The government policies regarding visa restrictions and patient safety and protection may be of the utmost importance from a customer perspective (Bookman and

Bookman, 2007). Lunt et al. (2011) indicate that beyond national strategies, there is a range of ways that national policy can directly foster the domestic medical tourism industry. As an example, the number of medical tourists in South Korea has increased remarkably since 2009, when the South Korean Government allowed hospitals to fully market health services for foreign patients.

In addition, the Dubai Healthcare City website presents the political and economic stability in the country, providing that UAE is a country with a political system characterised by peaceful transitions, where legal institutions are developed and respected, and where the authorities maintain law and order (Bookman and Bookman, 2007). Clearly, tourists will want assurance that the rule of law exists and that the law and order can provide a safe environment for their medical services.

In this respect, this study considers how and what consumers are aware of in this issue and how well the current policies and regulations related to the medical tourists' safety in South Korea are supported in the industry.

Government attitude

The policies and regulations should be well supported by government for the safety and convenience of medical tourists. The literature also highlights the need of government support for the development of the medical tourism industry (Heung et al., 2011), and strong government support as strengths of medical tourism in South Korea (Kim et al., 2013).

This study includes how consumers would wish to be supported by government, and how well the current South Korean government is supporting this industry.

Infrastructure and superstructure

Bookman and Bookman (2007) highlight the importance of improvements in infrastructure, stating that a well-developed infrastructure in the countries is better positioned to provide medical tourism and to facilitate the provision of related services (p. 113). There are a few proposed models of the medical tourism industry including this fundamental element of infrastructure. For example, Caballero-Danell and Mugomba (2007) developed a map of the market structure of the medical tourism industry including infrastructure. Heung et al. (2010) proposed the supply side of the model, which should be offered by the medical tourism host destination, presenting

the destination's infrastructure/superstructure with its qualities regarding accreditation and certification, promotions, and communication. Heung et al. (2011) particularly found problems of insufficient capacity in the public healthcare system with the present long waiting lists especially in public hospitals, with regard to infrastructure/superstructure for the medical tourism destination of Hong Kong.

In this respect, this study examines what consumers expect in this aspect and what the current South Korean medical tourism providers are offering to consumers.

Expert and manpower

Human resources are a vital asset in any industry. Considering the combination of medical and tourism services in the medical tourism industry, efficient human resources for each aspect would be an advantage to both industry and consumers. In particular, gaining access to superior medical expertise would be the primary concern for medical tourists as it is one of the main motives. Heung et al. (2011) have highlighted a shortage of medical manpower among both specialists and high-quality nurses as another barrier to the development of medical tourism in Hong Kong. Sufficient manpower for tourism services would be also important.

In this regard, this study questions what support services related to human resources would be essential to consumers.

Promotions

In addition, prospective customers would wish to have enough information or special promotions for medical tourism destinations to be recognised. Heung et al. (2010) importantly highlighted that the medical tourism industry should be promoted by government authorities through national campaigns or overseas marketing strategies, while Heung et al. (2011) suggested the need for a hospital or medical centre with an iconic brand to be established and promoted in Hong Kong. In the context of different nations, the literature also addressed improvements in the online marketing of hospitals (Moghavvemi et al., 2017), active promotions (Yu et al., 2011) and internet branding of cosmetic surgery (Viladrich and Baron-Faust, 2014).

This study thus examines how aware consumers are of the South Korean medical tourism industry.

Following on from all these considerable benefits of medical tourism in terms of medical, touristic and support services, the next section discusses the sacrifices, in other words the negative aspects in the literature about which people could be concerned.

3.2.2 Perceived sacrifices (PS)

The perceived sacrifices revealed by research consist not only of actual monetary costs, but also of non-monetary costs (Cronin et al., 1997; Baker et al., 2002). One important point made with respect to such a conceptualisation of value is that direct monetary cost (price) is only one component of what consumers give up or ‘sacrifice’ to obtain a service (Zeithaml, 1988). Sacrifice is a broader, richer construct which includes such non-pecuniary costs as the time, effort and risk assumption associated with a particular purchase (Cronin et al., 1997; Han and Hwang, 2013).

While there is always something uncertainty associated with medical treatment and travel, three aspects of perceptions regarding sacrifices particularly relevant to medical tourists have been highlighted for this study.

Building on the study by Wang (2012) and other literature, this study considers the perceptions of sacrifices for medical tourism including such components as fees, uncertainty and inconvenience for potential medical tourists.

3.2.2.1 Perceived fee

Value studies in tourism suggest that perceived service quality and monetary price are two main antecedents of the perceived value of tourism services. It has been contended that the perceived fee directly influences perceived value (Dodds et al., 1991; Zeithaml, 1988). In general, it is widely accepted in the tourism marketing literature that perceived service quality is positively related to perceived value, while perceived monetary price is negatively related to perceived value. In this study perceived fee refers to the monetary transaction costs of engaging in medical tourism (Wang, 2012). In other words, the perceived fee in terms of medical tourism in this study refers to the extra travel costs of transport and accommodation, which are not needed in home countries.

3.2.2.2 Perceived uncertainty

Perceived uncertainty in this study considers any potential concerns that might happen during medical treatment abroad. As healthcare practices differ among countries, patients seeking offshore treatment might be exposed to potential risks. Samir and Karim (2011) indicate that it is necessary to understand that medical tourism is not a fully regulated industry and may lead to risks of varying degrees, depending on several factors. Bies and Zacharia (2007), Crooks et al. (2010) and Leah (2008) point out that the main risks include exposure to medical malpractice, difficulties obtaining follow-up care, and the danger of transmission of infectious disease.

Therefore, as the most significant issues in terms of perceived uncertainty, this study concerns patient safety and follow-up care, ethical and legal issues, and language and culture differences, which should be considered when potential customers decide to participate in medical tourism.

Patient safety and follow-up care

Patient safety with follow-up and continuity of care is the most serious issue in medical tourism (Samir and Karim, 2011). Travelling abroad for treatment is possible, but frequent visits for follow-up treatment may not always be possible, and thus patients resort to their primary physicians for follow-up and continuity of care. American and Canadian patients receiving bariatric surgery abroad, for example, have returned home needing extensive and expensive follow-up treatment (Birch et al., 2010).

The initial treatment can make complications more likely if they undermine continuity of care, and if there are any complications or side effects, then these become the responsibility of the medical system in the patient's home country. Continuity of care is likely to be disrupted as there are currently no adequate systems in place to enable the transfer of health records between medical tourists and their physicians at home and in destination countries (Crooks et al., 2010; Samir and Karim, 2011).

Lunt et al. (2011), in an OECD report, reveal that patient follow-up by providers is rare; a study of 20 patients at a German university hospital after overseas refractive surgery concluded that there was insufficient management of complications and a lack of post-operative care (p. 25). Additionally, patients may have few resources to draw on when complications and side effects occur as most of the countries that currently offer medical tourism programmes have poor malpractice law (Hume and DeMicco, 2007).

Ethical and legal issues

As mentioned, medical tourism has been associated with numerous ethical concerns (Cohen, 2010, 2013; Hall, 2011, 2013; Pennings, 2002, 2004; Snyder et al., 2011, 2013). Consumers have to abide by the laws and regulations of medical destinations in the event of negative outcomes or complications after treatment, but it is not known whether the ethical concerns discussed are shared by patients participating in medical tourism (Snyder et al., 2013).

Moreover, steps including domestic regulatory reforms, actions by non-governmental organisations and other international groups, and international legal frameworks are not fully understood in terms of how they might eliminate or mitigate the potentially negative impacts of medical tourism. Most tellingly, while the ethical concerns typically raised against medical tourism are quite general in scope and are meant to be applied to its practices globally, medical tourism is a highly diverse industry, taking many different forms in many different countries (Snyder et al., 2013). It is also thought that undertaking procedures that are illegal in a patient's home country, or which are experimental, may expose medical tourists to unknown health risks, which may be the very reason that these same surgical procedures are not being performed in their home countries (Crooks et al., 2010).

Language and cultural differences

Accessing medical care abroad can also create an undue burden for those who find travelling difficult. Those with physical impairments and those who have limited experience of foreign cultures and languages may find travelling abroad for medical care particularly onerous (Hall and James, 2011).

In addition, Bookman and Bookman (2007) point out that language is important for another aspect of the trade in medical services.

3.2.2.3 Perceived inconvenience

Medical tourism adds a new dynamic to the elements of technical and costs risk due to the travel involved. The journey home can be difficult and uncomfortable, particularly where air travel is involved. According to Lunt et al. (2011) in the OECD report *Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review*, a study of Norwegian patients found that this was perceived as the

most disadvantages of visiting overseas providers. Travelling when unwell can lead to further health complications, including the possibility of deep vein thrombosis, and being away from family, particularly during the recuperative period abroad, and the mental strain of travel may lead to the onset of psychological or emotional stress for medical tourists (Crooks et al., 2010).

Thus, the distance from the home country, which means travelling time from home to an international hospital, is considered as another inconvenient element in this study. This could be the reason why South Korea is unlikely to attract great numbers of medical tourists from Europe or other countries far away, and why its major tourist flows are from China and Japan, which are very close and whose tourists do not need to fly for any great length of time.

Overall, this study has reviewed the key elements of CPV to be considered in the division of perceived benefits and sacrifices of medical tourism based on various previous studies.

3.3 Chapter summary

This chapter has formulated the five key research questions through the conceptual framework. This was developed to investigate the research problem with the necessity of an in-depth understanding of both perspectives from the points of view of the consumer and the industry, based on the key research models by Heung et al. (2011) and Wang (2012), and the critical literature review. Each key component concerning CPV has also been discussed. This has helped to focus on the specific interest of area of this study as well as to select the appropriate research methods that are presented in the next chapter.

CHAPTER FOUR METHODOLOGY

4.1 Introduction

In the previous chapter, the conceptual frameworks were presented together with research questions based on the identified gaps and assumptions in the existing literature. This chapter follows how the research questions are answered using the most appropriate methodological approach. In particular, Gephart (2004) indicates that the relationship between theory and methodology is important, and researchers need to use methodologies that are consistent with the assumptions and aims of the theoretical view that is being expressed (p. 446). Phillimore and Goodson (2004) point out that the lack of methodological documentation makes it difficult for the reader to follow the chain of inquiry and leaves unanswered questions about how the research was constructed, how the findings were generated, analysed and interpreted, and how conclusions were drawn.

With this in mind, the qualitative research design adopted by Myers (2009) is firstly presented. An interpretive case study with embedded units of investigation and units of analysis has been chosen for an in-depth understanding of this research problem as well as to answer the research questions. This is the best achievable approach to understand the emerging phenomenon of medical tourism more closely and in more depth, using multiple data sources and methods, based on in-depth interviews with the industry and qualitative surveys with consumers as well as a documents review of industry reports.

This chapter provides justification of the choices in terms of research paradigm, strategy and methods. Furthermore, it clearly addresses other requirements such as description of the population and sample, justification of the sampling and controls, description of the methods of locating source materials, data analysis procedures, establishment of trustworthiness of the evidence, ethical consideration, and future alternative methodological approaches.

4.2 Qualitative research design

A research design is the detailed blueprint to answer the research objectives and aim as well as the research questions. Myers (2009) and Saunders et al. (2012) present the process that research design should follow. Tracy (2013) describes that the qualitative method is an umbrella phrase that refers to the collection, analysis, and interpretation of interview, participant, observation, and document data in order to understand and describe meanings, relationships, and patterns. Building on the blocks or steps of qualitative research design by Myers (2009), the model of this research project has been thus presented as follows (Figure 14):

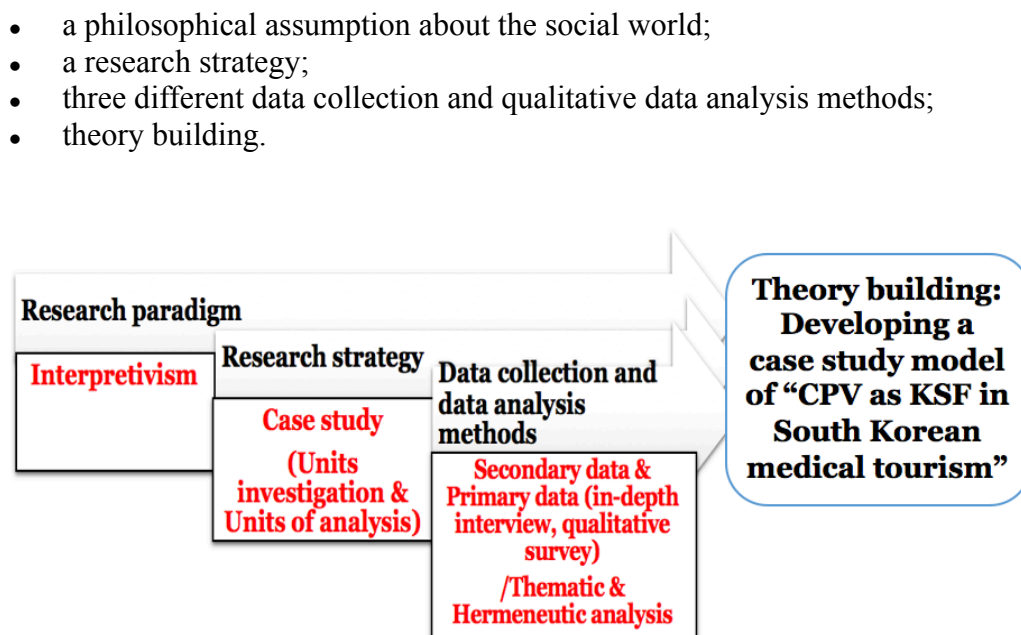


Figure 14 Qualitative research design
Adapted by Myers (2009).

The first step is to consider the research philosophy of how this research views the world and how knowledge develops in this particular field. In particular, this research underlies an interpretivism by seeing the way as how people attempt to make sense of the world around us. As I am a part of research instrument in this study, I have attempted to understand all the contexts of research participants and delivery to this current study by making sense of the stories.

The second step is to determine the research strategy to show how this research investigates the social world and to answer the research questions. The case study research strategy is adopted with an investigation of three different units and units of analysis to explore the South Korean medical tourism.

The third step is to decide upon the data collection and analysis technique to devise a plan for how the data is to be dealt with. Both primary and secondary data are collected based on the unit investigation.

Finally, developing a model for the aim of this case study (theory building) is achieved by the process of the units of analysis based upon the key research models adopted by Heung et al. (2011) and Wang (2012).

4.3 Research paradigm

Within the social sciences there has been a long-standing debate about the most appropriate philosophical position from which research methods should be derived (Milliken, 2001). Each and every day we make decisions based on how we view the world, and the lens through which we view the world is our personal philosophy. All researchers have different beliefs and ways of viewing and interacting within their surroundings, and their actions are underpinned by a basic set of beliefs that define their worldviews.

This basic set of beliefs is known as a ‘paradigm’ (Denzin and Lincoln, 1994; Howell, 2013; Creswell, 2014). Some (Creswell, 2014; Myers, 2009) used the term ‘worldview’ or ‘assumption’, while others (Guba and Lincoln, 1989; Smith, 2010) called it ‘paradigm’.

Accordingly, there should be certain standards and rules that guide the researcher’s actions and beliefs, and these standards have led to the choice of the research paradigm adopted in this study. In particular, Tracy (2013) describes a paradigm as a way of looking at the world that is composed of certain philosophical assumptions that guide and direct thinking and action, and is a preferred way of understanding reality, building knowledge, and gathering information about the world (p. 38).

Myers (2009) also indicates that:

One of the most common ways to classify a research method is to make a distinction between quantitative and qualitative research. However, another useful way to classify a research method is to distinguish between the underlying philosophical assumptions guiding the research...every research, whether quantitative or qualitative, is based on some philosophical assumptions about the nature of the world and how knowledge about the world can be obtained (pp. 23, 35).

Guba and Lincoln (1989) indicate that inquiry paradigms define for researchers what falls within and outside legitimate inquiry, and that a paradigm is a human construction, which 'represents simply the most informed and sophisticated view that its proponents have been able to devise' (p. 202). They assert that the inquiry paradigm should answer three interconnected questions (p. 83):

- **The ontological question.** What is there that can be known? What is the nature of the reality?
- **The epistemological question.** What is the relationship of the knower to the known? How can we be sure that we know what we know?
- **The methodological question.** What are the ways of finding out knowledge? How can we go about finding out things?

However, authors such as Creswell (1998) and Collis and Hussey (2009) consider that the paradigm can differ on the questions of axiology (the values associated with areas of research and theorising) and rhetorical assumption (the language of research) as well as the questions of ontology (the nature of reality), epistemology (the nature of knowledge) and methodology (strategies for gathering, collecting and analysing data). Based on these basic foundations, the researcher decides what research paradigm to use.

Milliken (2001) points out that the two main contenders are 'positivism' and 'phenomenology', while Guba and Lincoln (1994) suggest four underlying 'paradigms' for qualitative research: positivism, post-positivism, critical theory, and constructivism. Orlikowski and Baroudi (1991), Chua (1986), and Myers (1997; 2009) suggest three categories: the positivist, interpretive, and critical, based on the

underlying research epistemology, and each provides flexible guidelines that connect theory and method, and help to determine the structure and shape of inquiry.

Positivist researchers generally assume that the reality is objectively given and can be described by measurable properties with large numbers, which are independent of the researcher and the instruments of measurement. Yet critical researchers assume that social reality is historically constituted and is produced by people, and all not interpretations are given equal weight in any given social situation (Myers, 2009, p. 42).

There are many variables affecting different events and people's actions or views in order to determine the truth or verify a theory. This study believes that it is difficult to be simple and precise because the world we live in has multiple and subjective perspectives and interpretations of events by different people, especially with regard to the nature of perceptions or experiences. In particular, this study pursues an interactive understanding of the social phenomenon of medical tourism from the perspectives of both industry and consumers, by seeking to understand their voices, contexts or meanings. The perceptions or experiences that are seeking to be understood in this research cannot be measured or predicted. A god's eye point of view that is independent of any particular viewpoint is not possible in an attempt to increase the understanding of the phenomenon of medical tourism.

This interpretive paradigm is thus the best fit for this current study. More detailed reasons follow.

4.3.1 Justification for interpretive paradigm

There are many different ways to classify and characterise different types of research, but one of the most common distinctions is between the concepts of qualitative and quantitative research. Myers (2009) argues that it should be clear that the word qualitative is not a synonym for interpretive, and qualitative research may or may not be interpretive depending upon the underlying philosophical assumptions of the researcher. However, the interpretivist paradigm in this study stands with qualitative research, in the same respect of understanding the meanings of the words or contexts from research participants, and the researcher's involvement and interpretation to

deliver to the study as follows.

In particular, Snape and Spencer (2003) emphasise “the importance of interpretation and observation in understanding the social world”, which is an integral component of qualitative research. They point out that qualitative research tends to place emphasis and value on the human, interpretative aspects of knowing about the social world and the significance of the investigator’s own interpretations and understanding of the phenomenon being studied (p. 7). In addition, according to Ormston et al. (2013), the early development of ideas associated with qualitative research can be linked to the writing of Immanuel Kant, who in 1781 published the *Critique of Pure Reason*, in which he proposes that perception relates not only to the senses but also to human interpretations of what the senses tell us (p. 11).

In this sense, this study adopts the same aspects of the qualitative and interpretive approach, examining the emerging and growing social phenomenon of medical tourism in the context of South Korea by understanding the perspectives both from industry and consumers, rather than looking at casual relationships using a large sample. It is difficult to generalise the perceptions of this particular current social phenomenon from a larger population, and an interpretive and qualitative approach brings a greater understanding and richer answers that are most useful for the ‘what’, ‘why’, and ‘how’ questions of humanity.

However, Bhattacharjee (2012, p. 103) argues that although interpretive research tends to rely heavily on qualitative data, quantitative data may add more precision and clearer understanding of the phenomenon of interest than qualitative data. In this respect, the quantitative data from industry reports are included to review as a secondary data. The consumer biographical data (section 5.2.3.1) and value perceptions of South Korean medical tourism using Likert scale (Figures 36 and 37) are also presented for better and clearer understanding of this subject.

Figure 15 is presented to justify the chosen interpretive paradigm for this study, having answered the five basic questions by reading various books and journals on methodology (Collis and Hussey, 2009; Creswell, 2014; Denzin and Lincoln, 1994; Myers, 2009; Milliken, 2001; Snape and Spencer, 2008; Smith, 2010).

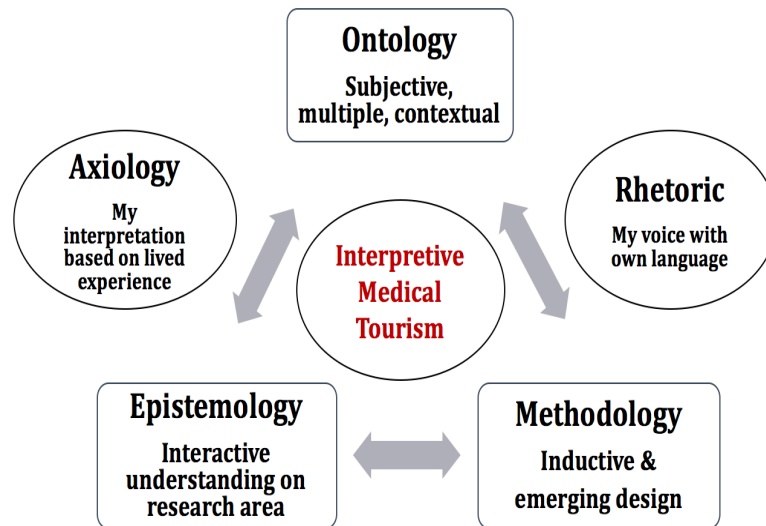


Figure 15 Research paradigm with five notions
Adapted by Guba and Lincoln (1989), Creswell (1998), Collis and Hussey (2009)

For more details related to these five questions, a common set of principles for all interpretive research, as listed by Bhattacharjee (2012), is presented with key words and considered in this study (pp. 105-106):

- Naturalistic inquiry – natural setting, situated
- Temporal nature – understanding, making sense of, immersive involvement
- Researcher as instrument – data collection instrument, personal insights, knowledge and experiences of social context
- Interpretive analysis – eyes of the participants, subject perspectives, thick description
- Hermeneutic circle – iterative process of moving back and forth from text to the entirety of the social phenomenon, diverse subjective viewpoints and experiences of the embedded participants, theoretical saturation

Walsham (2006) suggests that interpretive methods of research start from the position that the knowledge of reality, including the domain of human action, is a social construction by human actors. Theories concerning reality are ways of making sense of the world, and shared meanings are a form of intersubjectivity rather than objectivity (p. 321). In addition, Orlikowski and Baroudi (1991, p. 5) point out that interpretive studies assume that people create and associate their own subjective and intersubjective meanings as they interact with the world around them. However, Goodson and Phillimore (2004) make the important point that a more person-focused

approach, which takes account of the individual's subjective experiences and perceptions and the roles these play in constructing the tourist, or indeed host, experience has so far received scant attention (p. 40).

In line with these thoughts, this study attempts to understand the phenomenon of medical tourism by accessing the meanings from the research participants of both industry and consumers. In particular, the questions regarding South Korean medical tourism, value perceptions of medical tourism as benefits and sacrifices, and factors in destination choice for medical tourism are considered to be different based on the views or experiences of research participants. In other words, if people have experience of medical tourism or other travel to South Korea, they will have more knowledge and understanding based upon what they have experienced. Those people who have not experienced medical tourism might have different perceptions. People who are engaged in South Korean medical tourism might also have different views or ideas based on their job roles or descriptions. In this sense, this study considers what and how people understand those questions with regard to the division of the consumers into experienced and not experienced, and different job roles for industry.

Accordingly, this research aims to provide rich and in-depth understandings from multiple viewpoints with its emphasis on *verstehen* – ‘understanding’ – based on Wilhelm Dilthey and Max Weber (Sanpe and Spencer, 2003), with particular regard to ‘how’, ‘what’, and ‘why’ they have perceived this phenomenon of medical tourism. This needs to be understood from the meanings in the context of the research participants rather than focusing on facts and numbers as in the positivist paradigm, since the context is what defines the situation and makes it what it is (Myers, 2009).

However, this requires the researcher to become involved with the material being researched, and this current study of the complex social phenomenon of medical tourism is also understood from my point of view operating within it (Carson et al., 2001; Goodson and Phillimore, 2004). From this perspective, it is fundamental to become involved in terms of my interactions and interpretations during the research process. As I am a research instrument, I can add to this research area based on my own understandings of research participants’ voices or contexts in terms of perceptions and experiences.

Futhermore, knowledge comes after understanding and learning from something or someone, and everyone has different ideas and abilities to understand. Considering my research position, the lived experiences, knowledge and languages of both countries, South Korea and the UK, are used (Smith, 1989; Ormston et al., 2013). These specific research locations, where I have grown up with the languages of Korean and English, are the basic background of this current study. The diverse subjective viewpoints and experiences are thus delivered to this current study based on my research position.

In particular, Smith (1989) indicates that since meaning can only be realised within a context, interpretation requires a movement back and forth between event and context, and in this sense the process of social and educational inquiry is inevitably hermeneutical, because “investigators, like everyone else, are part of the circle of interpretations” (pp. 134, 136). Thus, the hermeneutics is also used as a means of qualitative data analysis (Myers, 2009). This study is value-laden on my own constant interpretations of the whole research to understand this phenomenon being studied. It is discussed more in the section 4.6.1.

Overall, this study clearly requires an interpretive and qualitative approach as follows.

Firstly, this study aims to develop the model of customer-perceived value (CPV) as key success factor (KSF) of medical tourism (MT) in South Korea as there is a lack of previous research and existing theory based on the empirical data in view of the fact that it is an emerging industry. It is not about setting and testing a hypothesis or making predictions about outcomes, nor is it about theory testing or cause and effect (Lichtman, 2014).

Secondly, value perceptions are subjective and individual, based on experience, job description or biographical data, particularly with regard to different aspects of both from industry and the consumer. Thus, rich and in-depth data of the emerging phenomenon of medical tourism are needed to examine the questions of how, what and why, particularly in the context of South Korea.

The next section follows the most suitable research strategy for this study to answer the research questions.

4.4 Case study strategy

There are many types of research strategies such as action research, archival research, ethnography, experiment, grounded theory, mixed methods research, narrative inquiry and survey (Saunders et al., 2012). However, case study is the most popular qualitative research method used in business disciplines as well as extensively used in tourism research and teaching (Beeton, 2005; Myers, 2009), while Hartley (2004, p. 321) describes how there is growing confidence in the case study as a rigorous research strategy in its own right. In particular, Beeton (2005) states that case study in tourism research is such a pervasive methodology that its justification is no longer deemed necessary.

In line with these thoughts, the case study strategy was chosen as the best and most achievable in order to understand the phenomenon of medical tourism in depth and closely as well as to achieve the aim of this study, which is to develop a model of CPV as KSF of MT in South Korea. The key feature of this case study approach is not method or data but the emphasis on understanding processes as they occur in the context. In other words, the aim of this case study is to provide an analysis of the context and processes which illuminate the theoretical issues of CPV as KSF of MT using the concept of the trade-off between benefits and sacrifices (Hartly, 2004).

However, according to Yin (2012), the case serves as the main unit of analysis in a case study, and at the same time, case studies also can have nested units within the main unit (pp. 6-7). In addition, Farquhar (2012) indicates that case study research is concerned with investigating a unit or multiple units of study using familiar research methods such as interviews or surveys (p. 8). Thus, defining a case and units for this research should be the primary concern as the first step before employing the data collection technique.

Taking these into consideration, the following section discusses more details of selecting the case and unit of analysis, the justification of an embedded design and case study design for theory building.

4.4.1 Determining the case and unit of analysis

Case study is generally the preferred method when the object of research is just a single or a small number of cases, and a ‘case’ is generally a bounded entity, which can be a person, organisation, behavioural condition, event, or other social phenomenon (Yin, 2012, p. 6).

In general, a case study is well-described by Yin (2003, p. 13) as an empirical inquiry:

- That investigates a contemporary phenomenon within its real-life context;
- When the boundaries between phenomenon and context are not clearly evident;
- And in which multiple sources of evidence are used.

However, providing a robust rationale for the selection of cases is a key aspect of the research strategy (Farquhar, 2012). Also, Smith (2010) claims that:

A case study involves a ‘case’ that is more focused and deeper than simply conducting research on some phenomenon. It involves a situation with multiple aspects, including its history and context, links to other situations, entities, people, policies, preconditions, post-event impacts and the resolution of problems or the meeting of challenges. It examines the dynamics of a situation within the real-world context of the case, without necessarily attempting to generalise from observed cause-and-effect connections or to identify patterns that can be applied to other situations or a larger population. (p. 188)

Yin (2012, p. 7) emphasises that:

To do a good case study of them may produce an exemplary piece of research. If no such distinctive or unique event is available for you to study, you may want to do a case study about a common or everyday phenomenon. Under these circumstances, you need to define some compelling theoretical framework for selecting your case. The more compelling the framework, the more your case study can contribute to the research literature. In this sense, you will have conducted a “special” case study.

In this respect, the case – an investigation into customer-perceived value as key success factor in South Korean medical tourism – is examined, where there is a lack of deep theoretical understanding of this emerging phenomenon. This was already

discussed with the conceptual framework and research questions in Chapters 2 and 3. Moreover, Baxter and Jack (2008, p. 550) point out that the ability to look at sub-units that are situated within a larger case is powerful when you consider that data can be analysed within the sub-units separately (within case analysis), between the different sub-units (between case analysis) or across all of the sub-units (cross-case analysis), and this ability to engage in such rich analysis only serves to better illuminate the case.

Payne and Payne (2004) indicate the detailed study of single social unit thus:

The social unit is usually located in one physical place, the people making up the unit being differentiated from others who are not part of it. In short, the unit has clear boundaries which make it easy to identify (p. 31).

In keeping with those thoughts, the three ‘social units’ of KTO (Korea Tourism organisation) and KHIDI (Korea Health Industry Development Institute), medical tourism industry stakeholders and prospective medical tourists, are considered: the first being those who are actively engaged in South Korean medical tourism as government bodies, the second being those who want to promote the industry in South Korea, and the last who need or desire medical treatment abroad. These units stand in the different positions of industry and customers as well as in the different geographical locations of South Korea and the UK. This is not a problem as the key concept of the questions is derived from the same data set as for South Korean medical tourism.

Furthermore, an embedded case design has been chosen to explore this case study, which involves three units of analysis within the same data set (Smith, 2010). The subjects follow as:

- CPV of MT and the factors that influence MTD
- KSF of MT in South Korea
- CPV as KSF

The following explains more details of the justification of the design of a single case study with these embedded units.

4.4.2 Justification of a single case study with embedded unit of analysis

The advantage of this embedded design is that distinction of sub-units provides opportunities for extensive analysis of a single case, and allows the findings of an empirical study to be compared with the results of previous or prospective research (Yin, 1994). That is beneficial for this research, which compares the two positions of industry and consumers with regard to their perceptions or experiences.

Overall, Figure 16 presents the five principal factors motivating the decision to adopt an embedded case study design as a research strategy, encouraged by the definitions from Yin (2003, 2012) and Myers (2009), which are required to investigate this emerging subject to a greater depth. This can be best achieved through a case-based study focusing on South Korea as one of examples, and it will be applicable to other settings.

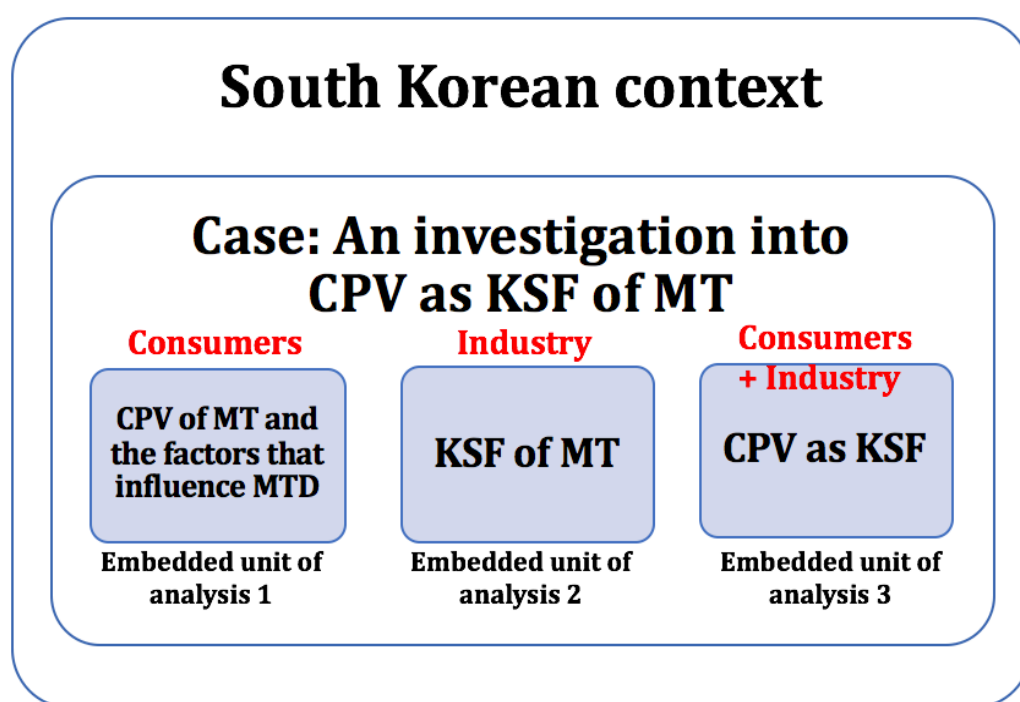


Figure 16 An embedded case study design

Adapted by Yin (2009)

(CPV: Customer-perceived value; MT; Medical tourism; KSF: Key success factor; MTD: Medical tourism destination)

- The case of an investigation into CPV as KSF of MT, which is within the contemporary phenomenon, is investigated.
- The need to study a real-life context within South Korea.
- The boundaries between the phenomenon of MT and a South Korean context are not clear-cut.
- Multiple sources of evidence are used to investigate CPV as KSF from the different perspectives of industry and consumer, with industry reports, for an in-depth understanding.
- Triangulating the sub-unit investigation of three different aspects provides robust foundations of findings and establishes converging lines of evidence.

Therefore, an interpretive embedded case study is the best to fulfil the aim of this research into developing a model of CPV as KSF of MT in the context of South Korea, where there is a necessity for rich and in-depth understanding using the multiple aspects from industry, consumers and document reviews. By answering the research questions of ‘what’, ‘how’ and ‘where’, it enables the case to be better understood within the situation of South Korea.

The following presents the details of the process of the aim of this case study.

4.4.3 Case study design for theory building

Case study is apt for exploring, explaining, understanding and describing the research problem or question (Farquhar, 2012). In particular, Eisenhardt (1989) indicates that case studies can be used to accomplish various aims: to provide description, test theory or generate theory (p. 533). This study aims to develop a model of CPV as KSF of MT in South Korea. The overall process of building a theory from the case study have been thus adopted from Eisenhardt (1989) and applied to this study as shown in Figure 17. The procedure was described as following eight steps. This is presented through Chapters 2-6 in the thesis. The five formulated research questions from the previous chapter were firstly answered based on the literature, and the key inquiries of this research were explored within this case study design.

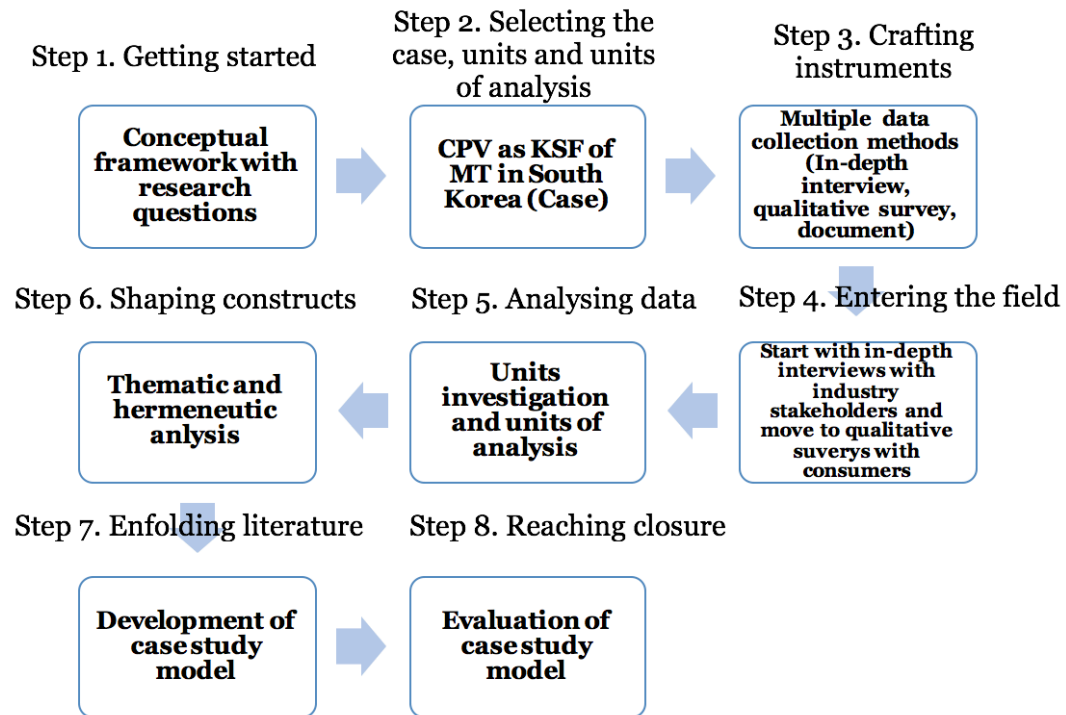


Figure 17 Process of building theory from case study research
Adapted by Eisenhardt (1998).

Step 1. Getting started: Developing conceptual framework with research questions

Activity	Reason	Application to this study
Possible prior constructs, define research questions	Focuses efforts better, provides better grounding of constructs measures, retains theoretical flexibility	Conceptual framework with the potential key elements has developed based on the identified gaps in the literature through Chapters 2 and 3. In particular, this has employed the key research models of industry and consumer perspectives based on the studies of Heung et al. (2011) and Wang (2012). To focus on the specific investigation, the five research questions are created and answered based on the literature.

RQ1. How is medical tourism defined and understood?

In the literature, there are two different views to explain the term. Some (Carrera and Bridges, 2006; Cohen, 2010; Smith and Puczko, 2009) see it as travel abroad or to other destinations for the purpose of medical treatment, while others (Connell, 2006;

Bookman and Bookman, 2007) see it as combination of travel abroad for medical treatment and tourism activities or a holiday. Also, in more detail, the others (Edelheit, 2008; Deloitte, 2008; Yu and Ko, 2012) include more specific purposes such as cost-savings, shorter waiting times, better quality and accessibility for travelling to another country.

However, some authors indicate that the definition is unclear (Reddy et al., 2010), unsettled (Cormany & Baloglu, 2011) and poorly defined or under-examined (Snyder et al., 2013). Thus, this current study starts to seek an understanding of the term medical tourism.

RQ2. How do medical tourism providers and prospective customers understand the benefits and sacrifices associated with medical tourism?

In the literature, it is clear that the purpose of medical tourism is for cost-savings, shorter waiting times, better quality treatment, and easy accessibility and availability which cannot be found in the home countries (Connell, 2006; 2011, Deloitte, 2008; Ye et al., 2011; Yu and Ko, 2012). While visiting another country for medical treatment, people also have the opportunity, desire or expectation to experience other tourism services such as food, accommodation, attractions or culture, as well as other support services such as government policies and regulations (Bookman and Bookman, 2007; Cormany, 2008; Eman, 2011).

On the other hand, the literature reveals a number of negative aspects such as fees, proximity and risks in terms of patient safety and follow-up care, ethical and legal issues, language and cultural differences (York, 2008; Hall, 2011; Johnston et al., 2010; Lunt et al., 2011; Snyder et al, 2013).

However, there is a lack of empirical understanding of the consumer perceptions of medical tourism regarding the benefits and sacrifices, even though customer-perceived value is an integral part of decision-making, and it is well described as the division. Thus, this research seeks to understand the perceptions of medical tourism regarding the benefits and sacrifices from both sides of industry and consumers.

RQ3. What are the key factors that underpin medical, tourism and support services concerning choice of destination?

In the literature, Eman (2011) particularly identifies that medical tourism is the combination of divisions on medical and healthcare services, tourism and travel services, and support services in terms of service aspects, while Cormany (2008) similarly emphasises the four important components of medical services, hospitality support, tourism appeal and governmental policies for a medical tourism destination. Yet none of studies appears in an investigation of these important components for medical tourism. Thus, this research seeks to understand how and what elements of each medical, tourism and support service are considered to be important for choosing a medical tourism destination.

RQ4. What are the contributing factors that counteract and undermine the aspirational and preferential decision-making of medical tourist consumers?

In general, the negative consumer perceptions of medical tourism take an undesirable role in decision-making. In the literature, three studies by Wang (2012), Zhang et al. (2013) and An (2014) have investigated the negative aspects of the choice of medical tourism destinations such as potential travel-related risks to health, and physical and psychological distance. However, these factors are all examined for their degree of influences among the arranged constructs. Thus, this research seeks to examine how and what negative consumer perceptions of medical tourism will influence choosing a medical tourism destination.

RQ5. What are the most significant key success factors driving medical tourism which are unique to South Korea's medical tourism services?

The customer is the key element in measuring the success of a business operation in the tourism and hospitality industry. Customer-perceived value is an integral part of customer intention and satisfaction (Cronin et al., 2000; Dodds et al., 1991; Duman and Mattila, 2005; Gallarza and Sura, 2006; Hutchinson et al., 2009; Zabkar et al., 2010). In this respect, investigating customer-perceived value forms the key success factors driving medical tourism.

However, in the literature, there is a lack of studies on the subjects related to customer-perceived value (Hallem and Barth, 2011; Wang, 2012) and key factors of medical

tourism development (Heung et al., 2011), and more importantly, of studies on both sides of industry and consumers. Thus, this research suggests the most significant key success factors by investigating the elements of CPV regarding benefits and sacrifices for South Korean medical tourism, exploring both sides of industry and consumers.

Step 2. Selecting the case, units and units of analysis

Activity	Reason	Application to this study
Specified case, units and units of analysis	Focuses efforts on a theoretical useful case	The case, “An investigation into CPV as KSF of medical tourism in South Korea” within an embedded design, is chosen for an in-depth understanding of this emerging phenomenon of medical tourism. The specified units are KTO and KHIDI (South Korean government bodies), South Korean medical tourism industry stakeholders, and prospective medical tourists. The units of analysis are presented as: CPV of MT and the factors that influence MTD, KSF of MT in South Korea, and CPV as KSF.

Step 3. Crafting instruments

Activity	Reason	Application to this study
Multiple data collection methods	Strengthen grounding of theory by triangulation of evidence	The multiple data collection methods are used to obtain qualitative data, which are in-depth interviews, qualitative survey and document reviews.

Step 4. Entering the field

Activity	Reason	Application to this study
Overlap data collection and analysis, and flexible and opportunistic data collection methods	Allows investigator to take advantage of emergent themes and unique case features	Additional field notes and materials are kept during the field study from the 6 th Korean medical tourism forum and a course of the 2 nd international medical tourism experts at the Korean Medical Tourism Association. In particular, an executive director at KTO is firstly contacted for an in-depth interview. The two industry reports, which are obtained during the interview, are included for an additional support of the data analysis.

Step 5. Analysing data (presented in Chapter 5)

Activity	Reason	Application to this study
Units investigation and units of analysis	Gains familiarity with data	All the relevant documents and transcripts from research participants are first analysed to gain a familiarity with the data. This mainly provides the keywords and findings from all the answers of the research participants. Thematic analyses are then employed with regard to the units of analysis in this case study: CPV of MT and the factors that influence MTD, KSF of MT in South Korea, and CPV as KSF.

Step 6. Shaping constructs (presented in Chapter 5)

Activity	Reason	Application to this study
Units of analysis, iterative themes of evidence and search evidence for “why” behind relationships	Sharpens construct definition, validity and measurability; confirms, extends and sharpens theory	The thematic maps in the units of analysis are provided with keywords and descriptions, and the emergent themes were presented by interpreting the meanings of the contexts from research participants.

Step 7. Enfolding literature (presented in Chapter 6)

Activity	Reason	Application to this study
Comparison with conflicting and similar literature	Builds internal validity, raises theoretical level, sharpens construct definitions and enhances generalizability	The key models for the units of analysis based on the thematic map are developed. The key literature, key theoretical research models and conceptual frameworks are all brought together in Chapter 6 to find and discuss their similarities or differences. In particular, the main model of this case study is presented by providing the interpretations of the key elements with support from relevant literature.

Step 8. Reaching closure (presented in Chapter 6)

Activity	Reason	Application to this study
Theoretical saturation when possible	Ends process when marginal improvement becomes small	The aim of this case study is achieved in Chapter 6 by developing a model of CPV as KSF in SKMT. It is evaluated by comparing another similar existing model.

Based on this case study design, the following presents the multiple data collection techniques to answer the research questions sufficiently.

4.5 Data collection procedures

This section presents what the data collection procedures have achieved in a systematic manner, considering the different approaches of each unit: industry and consumers. It explains why and how different methods and samples in this study have been used.

4.5.1 Multiple methods

Case studies generally include multiple methods because of the research issues which can be best addressed through this strategy (Hartely, 2004, p. 324). In particular, good case studies benefit from having multiple sources of evidence including interviews, observation, questionnaires, surveys, or almost any other single or mixed method of qualitative or quantitative research (Mills and Birks, 2014; Yin, 2012).

Figure 18 below provides a clear picture of methodological choice and a multiple qualitative study was chosen for this research, using both primary data (interviews and qualitative survey) and secondary data (documents). All the data is presented in a fully integrated and concurrent mixing fashion through a multiple phase of analysis.

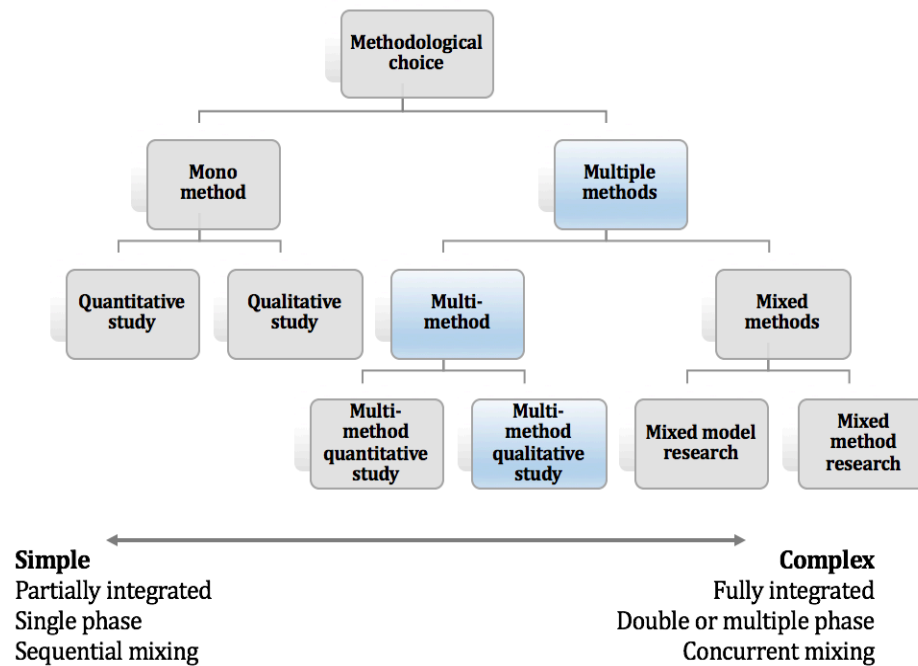


Figure 18 Methodological choice
Adopted by Saunders et al. (2012)

For an investigation of embedded unit of analysis, multiple methods of in-depth interviews, qualitative survey, and document reviews were used to illuminate the perceptions or experiences of South Korean medical tourism providers and prospective customers. The collected data was integrated fully with a concurrent triangulation through a multiple phase of analysis. This was presented in section 4.7.

The following explains why different qualitative research methods were applied.

4.5.1.1 Documents review

Documentary evidence includes items such as annual reports, newspaper clippings, reports, memos, organisational charts, and minutes of meetings (Myers, 2009). As this research was undertaken based in the UK, the electronic documents were considered useful to be accessed at any time as a starting point. In particular, written documents of industry reports in South Korea were extremely valuable to understand the current South Korean medical tourism industry, as well as to identify additional important issues. Thus, the documents review was considered to provide background and context, supplementary data, a means of development of this research, and verification of

findings from the field study (Bowen, 2009).

4.5.1.2 In-depth interview

In-depth interviews with South Korean medical tourism providers were chosen as the first method in the field study, based on the studies by Heung et al. (2011) and Kim et al. (2013). The purpose of this method was to understand the current situations or any issues of South Korean medical tourism and its perspectives of consumers based on individual experiences and voices in their different job descriptions. They were thus enabled to express their deeper insights as well as to discuss their particular interests based on their expertise and professions in the field.

In-depth interviews were considered for the following reasons (Hay, 2000; Hennink et al., 2011). They allow flexibility to change the wording and sequence of questions to the key informants during interviews, to better understand the current situations of South Korean medical tourism. This method provided much greater freedom to explore specific avenues of enquiry and logical gaps within the data. This was also able to ask about any personal interests and discuss specific topics in depth, motivating the interviewees to share their perspectives.

4.5.1.3 Qualitative survey

Qualitative survey was employed for prospective customers as another data collection method. The purpose of data collection for prospective customers was to investigate positive and negative perceptions or experiences, and the key factors for choosing a medical tourism destination. It was also chosen to gain the views about current South Korean medical tourism from multi-national points of view. Jansen (2010) and Braun and Clarke (2013) point out that the term qualitative survey is not widely used and is often excluded from discussions of qualitative research methods. Yet Braun and Clarke (2013, pp. 136-137) insist that qualitative surveys can generate the meaningful data, with participants providing their own answers in their own words, so their frameworks are still prioritised, which is important for qualitative research. Fink (2003, p. 61) recommends that qualitative surveys collect information on the meanings that people attach to their experiences and on the ways they express themselves. In particular, Jansen (2010) argues that:

The qualitative type of survey does not aim at establishing frequencies, means or other parameters but at determining the ‘diversity’ of some topic of interest within a given population. This type of survey does not count the number of people with the same characteristic (value of variable) but it establishes the meaningful variation (relevant dimensions and values) within that population.

Furthermore, Silverman (2013) indicates that with the expansion of social networking, the Internet had become a crucial, largely text-based communication medium that the qualitative researcher might use or study as a context in itself or use as a tool in a traditional study (pp. 224-225). Some people might not feel comfortable answering questions about sensitive medical treatment in person, and some would want to answer when the time is available.

In line with all these thoughts, qualitative surveys are particularly employed to explore experience, understandings and perceptions by accessing multi-national points of view from prospective customers through the three main formats of hard copy (paper and pen), email and online (Braun and Clarke, 2013).

The following shows how the entire data sample was achieved.

4.5.2 Data sampling

Sampling is an important part of research procedures and has to be suitable for the specific research topic and question since it is rarely practical, efficient or ethical to study whole populations (Marshall, 1996). It is the purposeful selection of an element of the whole population to gain knowledge and information, and the question is whom and how to be chosen (Holloway and Wheeler, 2010).

This study aims to suggest a model of CPV as KSF of MT in South Korea from the multi-national perspective, taking into consideration both medical tourism providers and prospective customers. Two separate sampling strategies have been thus adopted to achieve what is relevant to and meaningful for this study, considering the key issue of emerging theoretical ideas (Bryman and Bell, 2007). The latest South Korean government reports related to this research were also selected for an additional support

and to cross-check with the field study.

4.5.2.1 Secondary data of industry reports (KTO and KHIDI)

During the research into the South Korean medical tourism industry, two government bodies – the KTO (Korea Tourism Organisation) and the KHIDI (Korea Health Industry Development Institute) – were found to be actively engaged in the field. Thus, the government reports from the KTO and KHIDI, who are actively engaged in South Korean medical tourism, were also included to support with the unit of analysis for further empirical data.

4.5.2.2 Purposive and snowball sample of industry stakeholders

For the aim of this study, the research participants among the industry stakeholders needed to have good knowledge, special expertise and authority on South Korean medical tourism to be able to answer the in-depth questions. It was also taken into consideration that the answers to interview questions would be different depending on individual perspectives according to job positions and experiences.

Thus, the most productive sample was purposely selected as a key informant sample, subject to special expertise in different departments of medical tourism. These were considered to come from government bodies, associations, hospitals and medical tourism facilitators, who are actively engaged in this particular area.

With this consideration, an executive director of the Medical Tourism Department at the Korea Tourism Organisation, which is a government body in charge of marketing medical tourism in South Korea, and the president of the Korea Medical Tourism Association, who has good experience of medical tourism, were selected at first. In addition, the chosen informants were asked to identify other candidates to participate taking into account their expertise, and the others were selected based on those recommendations.

4.5.2.3 Purposive and snowball sample of prospective medical tourists

The prospective customers were recruited deliberately in the UK, as here a diverse and accessible sample was available. The participants were gathered directly face-to-face, by email or through a link on Survey Monkey in order to increase the choice of mode of response taking into account associated privacy concerns, as well as to help increase the diversity of respondents with their demographic characteristics – such as age, gender and ethnicity, education, employment and residence.

4.5.3 Sample size and data saturation

An appropriate sample size for a qualitative study is one that adequately answers the research question. How large should the sample size be? Is the sample large enough?

For example, Manson (2000) identified a mean sample size of 31 as a result of investigating a sample of PhD studies using qualitative approaches and qualitative interviews as the method of data collection. Meanwhile, Morse (1994, p. 225) outlined more detailed guidelines, recommending at least six participants for phenomenological studies, approximately 30-50 participants for ethnographies, grounded theory studies, and ethno-science studies; and 100-200 units of the item being studied in qualitative ethology. Creswell (1998), on the other hand, recommended between five and 25 interviews for a phenomenological study and 20-30 for a grounded theory study.

However, Holloway and Wheeler (2010) indicate that sample size in qualitative research does not necessarily determine the importance of the study or the quality of the data. A larger sample is unnecessary because an over-large sample might result in less depth and richness and miss out on the meanings of participants based on their experience. It could result in the loss of the unique and specific. In the same respect, Todres et al., (2005) stress that even a sample of one can be meaningful (p. 146).

O'Reilly and Parker (2012), cited in Fossey et al. (2002) in a qualitative inquiry, indicated that the aim is not to acquire a fixed number of participants; rather it is to acquire a sufficient depth of information in order to fully describe the phenomenon being studied (p. 195). On the other hand, the sample size typically relies on the

concept of saturation or the point at which no new information or themes are observed in the data (Guest et al., 2006, p. 59). Marshall (1996) emphasised with regard to data saturation that the number of required subjects usually becomes obvious as the study progresses, and as new categories, themes or explanations stop emerging from the data in practice (p. 523).

Morse (1995) observed that “saturation is the key to excellent qualitative work”, but at the same time indicated that “there are no published guidelines or tests of adequacy for estimating the sample size required to reach saturation” (p. 147). According to Morse (1995), saturation is defined as ‘data adequacy’ and operationalised as collecting data until no new information is obtained, and the signals of saturation seem to be determined by investigator proclamation and by evaluating the adequacy and the comprehensiveness of the results (p. 148).

With this in mind, to understand this study of the phenomenon of medical tourism, the sample size shown in Table 17 has achieved confidence in regard to sufficient depth of information and data saturation.

Table 17 Sample size of research participants

Research participants		Total
Medical tourism industry stakeholders	Government (n=1) Association (n=2) Hospital (n=1) Clinic (n=1) Agency (n=2)	N=7
Prospective medical tourists	Face-to-face (n=10) LinkedIn (n=14) E-mail (n=21)	N=45
Industry reports from KTO and KHIDI	In-depth Interview Report for the Development of South Korean Medical Tourism 2013 (n=1) 2013 Statistics on International Patients in Korea (n=1) 2013 International Patient Satisfaction Survey (n=1) Korea Medical Tourism Overview 2013 (n=1)	N=4

The following presents the details of overall data collections with the questions to be answered from the research participants.

4.5.3.1 Industry reports

As has been mentioned, written documents can also be extremely valuable as they provide evidence for additional important issues which the research might otherwise have missed. In particular, the four latest industry reports were included not only to support the units of analysis, but also to provide the picture of South Korean medical tourism. Two of these reports relevant to this research were accessed and downloaded from the website of the KHIDI and two reports by the KTO, which were obtained during the interview with an executive director of the Medical Tourism Department at the KTO, were specifically used (Table 18).

Table 18 Details of industry reports from KTO and KHID

Documents	Date	Method	Data reviews
2013 Overview of South Korean Medical Tourism by KTO	Published in September 2013	Secondary data from previous documents, reports and journal papers	<ul style="list-style-type: none"> • Main purpose of visit for South Korean medical tourists • Range of tourism activities during the stays
In-depth Interview Report for Development of South Korean Medical Tourism by KTO	Data collection dated July-September in 2013	In-depth interviews with 60 medical tourism practitioners from healthcare providers, associations, local governances, institutions and medical tourism facilitators	<ul style="list-style-type: none"> • Identification of roles of medical tourism providers • Government intervention and support • Medical tourism infrastructures
2013 Statistics on International Patient in South Korea by KHIDI	Published on 31 December 2014	The performance reports from the healthcare providers and medical tourism facilitators	<ul style="list-style-type: none"> • Total international patients in South Korea by gender • Total international patients in South Korea by age • Total international patients by nationality • Major medical procedures of South Korean medical tourism
2013 International Patient Satisfaction Survey by KHIDI	Data collection dated October-December 2013	Survey with 818 international patients who have visited hospitals for medical services	<ul style="list-style-type: none"> • Overall satisfaction by country • Correlation coefficient between the satisfaction of overall medical services and each of the criteria • Path of information acquisition of South Korean medical services • Advantages, disadvantages and suggestions for the improvement of South Korean medical tourism by word cloud in Korean

4.5.3.2 In-depth interview questions with industry stakeholders

After the interview questions were designed based on the research of Heung et al. (2011), they were pre-tested with a small number of medical tourism experts in South Korea during a visit in November 2013. A small number of errors in the questions were discovered and corrected, and the wording was improved as structured (Figure 19).

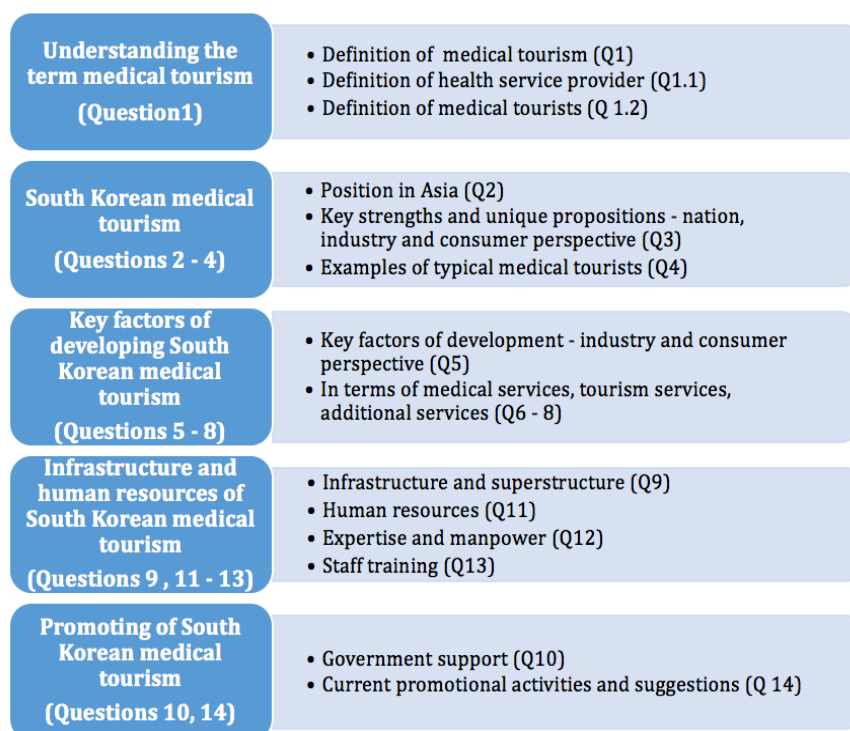


Figure 19 Structure of in-depth interview questions for industry stakeholders

With confidence in the interview questions, around 100 email invitations were sent to the South Korean medical tourism practitioners including tourism academics, for the participants in March 2014. However, there were only a few replies, answering that they did not have sufficient knowledge for this in-depth study of medical tourism. Faced with this difficulty in recruiting participants, Myers's (2009) proposition was considered:

It is possible to conduct a case study that is that based almost entirely on a few interviews with key people. It is extremely important to identify and interview 'key' informants. Key informants are those who know the most about a particular topic in the organization and have decision-making authority for the general area in which you are interested.

With this in mind, to recruit the key participants as well as to understand and investigate the current situation of South Korean medical tourism closely, the 6th Korean Medical Tourism Forum was attended, and a course of the 2nd International Medical Tourism Experts at the Korean Medical Tourism Association was taken in October 2014. The interviews were conducted during the stay, and meetings were undertaken with people who were actively engaged in this particular area. The interviewees were deliberately selected, and asked to participate face-to-face, by email and by telephone.

However, some refused or were delayed by their own busy schedules. Finally, the data collection process started in the government body in charge of medical tourism, and explored a medical tourism association, hospital and medical tourism facilitator as detailed below. The interviews were all recorded, taking between one and one and a half hours, and were confirmed by emailing the typed transcript of each interviewee. With some interviewees having difficulty finding the time to participate, their responses were taken by email.

Thus, a total of seven key representatives of medical tourism industry stakeholders participated in the in-depth study (Table 19).

Table 19 Details of research participants from industry stakeholders

Research Participants	Interviewees	Experiences on the field	Interview Duration
Government	Executive Director Medical Tourism Department KTO (Korea Tourism Organisation)	2 years (30 years at KTO)	1 hour
Association 1	President, M. D., PhD KMTA (Korea Medical Tourism Association)	10 years	1 hour
Association 2	Team Leader AKMT (The Alliance of Korea Medical Tourism)	4 years	1 hour 20 minutes
Hospital	Team Manager International Affairs Team Soonchunhyang University Hospital	10 years	1 hour 30 minutes
Cosmetic Clinic	VIP International Client Manager Dream Medical Group (Cosmetic Clinic)	2 years	1 hour
Facilitator 1	Representative Director K-Dream (Medical tourism agency)	6 years	Email
Facilitator 2	Managing Director Four Seasons Tour and Travel (Travel agency)	10 years	Email

4.5.3.3 Semi-structured questions with prospective medical tourists

After holding in-depth interviews with industry stakeholders as key informants of this research, it was possible to understand aspects of their business from their statements of problems, hearing from the real people on the field.

With this in mind, to achieve the aim of this study, the semi-structured questions for prospective customers were designed during the analysis stage of industry stakeholders based on the interview questions and contents. Biographical data such as age, gender, education, employment, residence and ethnicity were also included to investigate any relevant issues.

Furthermore, the last question, 18, with a six-point Likert scale, was designed to find out how people have perceived the level of each criteria regarding medical tourism in terms of a numerical value. The idea of adding the Likert scale was to allow respondents unfamiliar with the country of South Korea to answer easily. This is

presented in detail in the analysis in Chapter 6.

After creating this questionnaire, it was checked and updated in relation to the conceptual framework and research questions (Figure 20). During the data collection, some confusion arose in answering the key questions 10 and 11 regarding the benefits and sacrifices of medical tourism. Thus, words were added to clarify the positive and negative aspects for the research participants' better understanding.

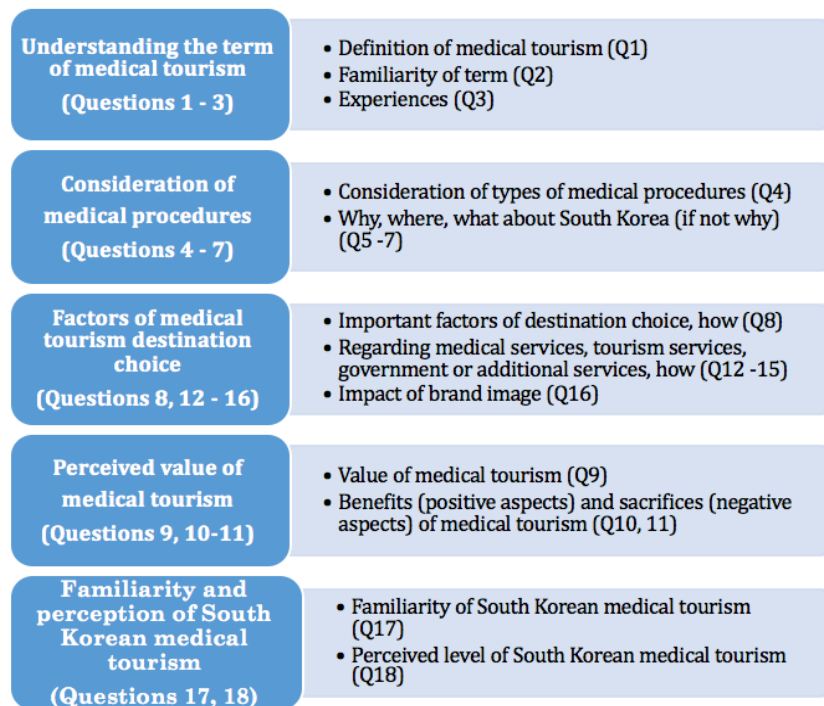


Figure 20 Structure of semi-structured questions for prospective medical tourists

To recruit participants with respect for their privacy and freedom, the semi-structured questions were distributed from January to August 2015, face-to-face and by email and social media such as Facebook and LinkedIn, asking if anyone would be interested to volunteer. By the end, a total of 45 people had been recruited (Table 20) and they were kept by numbers (Appendix 7).

Table 20 Details of research participants from prospective medical tourists

Biographical Data		Prospective medical tourists (N=45)
Gender	Male	21
	Female	24
Age	18-20	2
	20-29	14
	30-39	17
	40-49	7
	50-59	4
	60 or older	1
Degree	High school education	3
	Higher Diploma	4
	Undergraduate Bachelors	19
	Postgraduate Masters Degree	14
	Doctorate	0
	Not answered	5
Employment	Employed, working full-time	31
	Employed, working part-time	4
	Self-employed	2
	Not employed	3
	Retired	1
	Not answered	4
Residence	UK	31
	Europe	4
	Americas	6
	Africa	1
	Asia	3
Ethnicity	UK	9
	Europe	17
	Americas	6
	Africa	3
	Asia	10

The following provides more details of the procedures of the data analysis.

4.6 Data analysis procedures

In section 4.4.1, it was proposed to conduct three units of analysis to explore this case study of an investigation into CPV as KSF in South Korean medical tourism. The first is CPV of MT and the factors that influence MTD, and the second is KSF of MT in South Korea. This exploration was to be based on the same data set of the key elements of CPV, but named differently for their different perspectives of consumers and

industry. Finally, the last is CPV as KSF, which is the aim of this case study.

There are two approaches to analyse the qualitative data, inductive and deductive (Spencer et al., 2004). This study follows the inductive approach analysis as it is the most common and a suitable approach where little is known about the study of the emerging phenomenon of medical tourism (Burnard et al., 2008). It is also concerned with the generation of a new theory emerging from the data (Saunders et al., 2002).

The following presents more details of the analysis techniques which were used for this study.

4.6.1 Hermeneutic analysis

Once the material is gathered, the researcher then has the task of ordering, interpreting, and explaining it in order to make some sense of it (Myers, 2009). As mentioned earlier, interpretive research involves hermeneutics and it is one approach to analysing and interpreting qualitative data. Bhattacharjee (2012, p. 116) indicates that hermeneutic analysis is a special type of content analysis where the researcher tries to “interpret” the subjective meaning of a given text within its socio-historic context. In addition, Myers (2009) draws attention to one of the practical points about using hermeneutics in business management research:

It is important to generalize from the case study or the field study to theory. Hermeneutics is something that enables one to do that and in fact almost requires it. This is because a hermeneutic researcher usually starts out with some kind of theoretical framework that he or she wishes to explore within the context of a company or situation (p. 194).

Within these thoughts, as I am a research instrument, I continually iterated between interpretation of the texts (the parts) from the diverse viewpoints of research participants and a holistic understanding of the context (the whole) to develop a fuller understanding of this case study (Arnold and Fischer, 1994; Myers, 2009; Patterson and Williams, 2002). The following hermeneutical circles were used during the whole analysis process. In other words, constant subject interpretations of meanings from the contexts were used, not only to label the major themes from the initial codes for each

unit of analysis, but also to achieve the aim of this case study research. This also involved constant checking of the relevant evidence from the key literature.

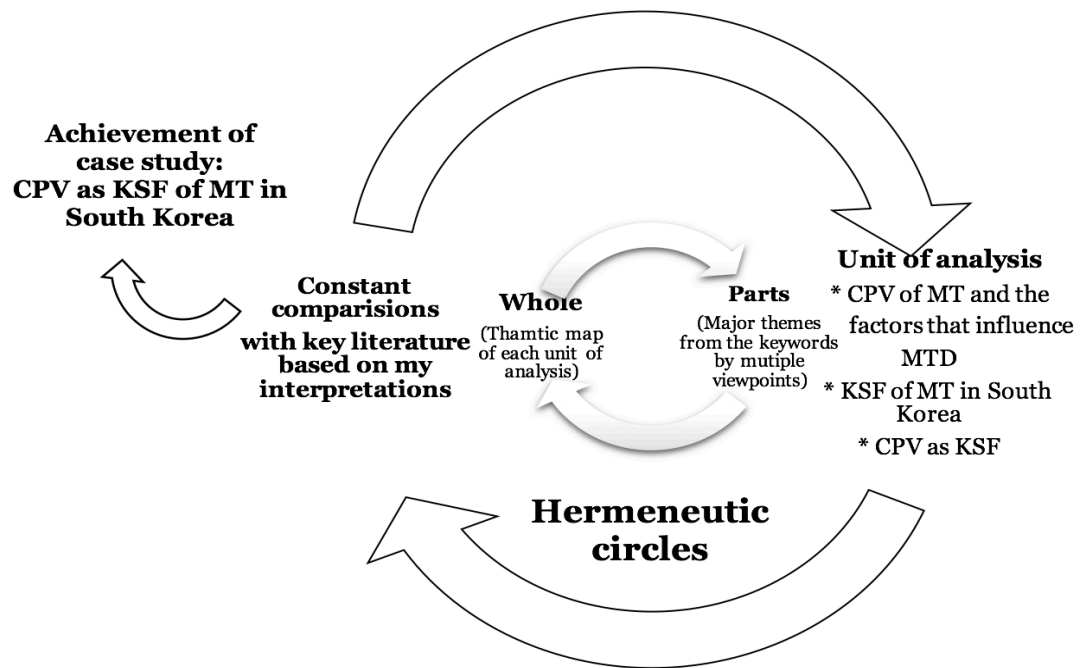


Figure 21 Unit of analysis with hermeneutical circles

In general, the keywords from research participants were preserved and presented in vivo, as a basis for subsequent analysis. Following this, my words and interpretations, as part of an immersive and iterative process, were used to address research questions more squarely without sacrificing the participants' voices. A key focus was to both manage and deliver a structured process by which the richness and depth of the data are funnelled in order to distil the most salient points. The method of analysis described in this study involved managing the data by hand interactively.

4.6.2 Thematic analysis

A thematic analysis was also employed to investigate the unit of analysis of this study. This was to focus on the key themes from the data set to answer the research questions as well as to achieve the aim of this case study. It was conducted in accordance with the guidelines given by Braun and Clark (2006). According to Boyatzis (1998), thematic analysis enables scholars, observers or practitioners to use a wide variety of

types of information in a systematic manner that increases their accuracy or sensitivity in understanding and interpreting observations of people, events, situations and organisations (p. 5). In a recent study by Braun and Clark (2014), they insist that thematic analysis offers a toolkit for researchers who want to do robust and even sophisticated analyses of qualitative data (p. 2). Thus, this research has adopted the following logical guidance in the steps involved in identifying emerging themes and proposing five stage of analysis specified by Braun and Clark (2006) as follows:

- **Stage 1:** Familiarising yourself with your data
- **Stage 2:** Generating initial code
- **Stage 3:** Searching for themes
- **Stage 4:** Reviewing themes
- **Stage 5:** Defining and naming themes
- **Stage 6:** Producing the report

Stage 1: Familiarising yourself with your data

The transcripts of interviews with the key informants from the medical tourism providers in South Korea were created from the voice recordings. In order to become familiar with the data, the transcripts were repeatedly read, and the key answers from each question at the field study were identified and noted down in the table. In addition, all the answers collected from the consumers were also repeatedly read and the key answers were listed in the table.

Stage 2: Generating initial code

The data began to be analysed into codes and the initial codes were identified from the key answers. The key findings were also presented by summarising at this stage. This process was presented in section 5.2 of the phase one of the unit investigation.

Stage 3 and 4: Searching for and reviewing themes to answer the research questions

All initial codes were listed in the table, but it was found that some of initial codes had similar meanings. Thus, they were categorised into those similar meanings and the key themes among them were created through the thematic maps (Appendices 10 and 11).

Stage 5: Defining and naming themes

Finally, the four sets of major themes for each unit of analysis were produced in the final thematic map (Figures 39 and 40), and the major themes were presented with key words and descriptions (Tables 41 and 42). They were medical quality, cost, travel, uncertainty, reputation and safety for the subject, CPV of MT and the factors that influence MTD, and medical quality, tourism infrastructure, human resources, and promotion for KSF of MT in South Korea. However, the final unit of analysis with the subject of CPV as KSF was not presented in the thematic map since it was integrated based on the interpretations emerging from the contexts in the two units of analysis.

Stage 6: Producing the report

The major themes were analysed within the contexts from respondents with my interpretation. Each theme identifies the essence of what it is about, and what aspect of the data has been captured.

The following presents the whole research process of how all the data were treated and analysed.

4.7 Concurrent triangulation strategy

Farquhar (2012, p. 7) emphasises that triangulation is an important concept in case study research because an investigation of the phenomenon from different perspectives provides robust foundations for the findings and supports arguments for its contributions to knowledge. Thus, this case study data was guided by four types of triangulation identified by Denzin (1989, pp. 237-241) and Patton (2002):

1. **Data triangulation** – different data sources of persons, study groups, and local temporal settings in the study
2. **Investigator triangulation** – different observers or interviewers
3. **Theory triangulation** – different perspectives to the same data set approaching data with multiple perspectives and hypotheses in mind, side by side
4. **Methodological triangulation** – within method and between method triangulation

Myers (2009) also indicates that it is relatively common for qualitative researchers to triangulate data within a study using just one research method, and that conducting a case study of one organisation might triangulate interview data with data from published or unpublished documents. In this respect, the data collection within the unit was achieved by taking into consideration the data and methodological triangulation used by different data sources and methods (Table 21).

Table 21 Data and methodological triangulation

Data sources	Perspectives	Methods
Medical tourism industry stakeholders in South Korea	Different perspectives based on job descriptions such as government, association, hospital, clinic, travel agency	In-depth interviews
Prospective medical tourists	Multi-national perspectives considering biographical data or experiences	Qualitative survey
Industry reports from KTO and KHIDI	Two different government bodies that are actively engaged in South Korean medical tourism industry	Documents review

In terms of data triangulation, the different industry stakeholders, consumers and industry data sources were considered and, in more detail, the multiple individuals' perspectives were acquired from the different job descriptions of South Korean medical tourism industry stakeholders such as government, association, hospital, clinic and agency, and the diverse range of consumers based in the UK as well as from the two different bodies of government documents.

Methodological triangulation was followed to find the most suitable methods for the different data sources, using in-depth interviews, qualitative surveys and documents. Separate questions for industry and consumers were created, but were interrelated based on the same ideas of positive and negative associations with medical tourism and the key factors of medical tourism destinations in terms of medical, tourism and support services, considering a consumer perspective towards South Korean medical tourism.

Thus, following Figure 22 a concurrent triangulation strategy was adopted to analyse all the data in order to understand the case by combining three different methods and data sources.

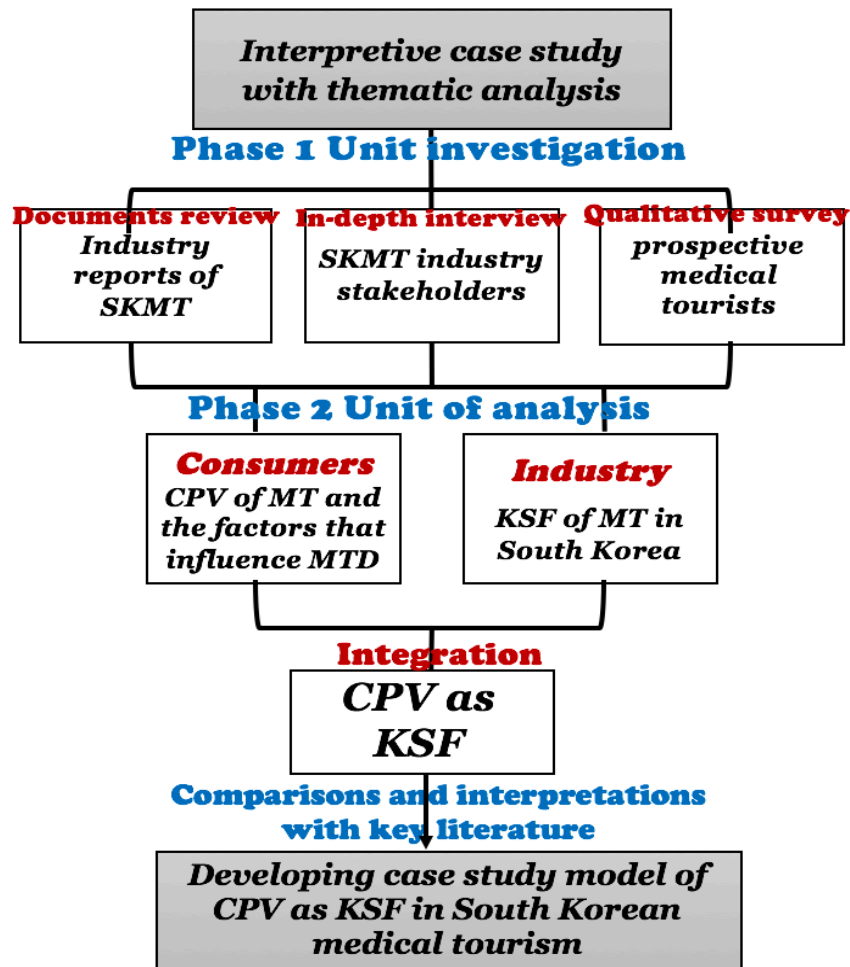


Figure 22 Process of the concurrent triangulation strategy

Furthermore, in terms of theoretical triangulation, this study has favoured in particular the key theoretical models of the industry aspect by Heung et al. (2011) and of the consumer aspect by Wang (2012), and these two aspects of the industry and the consumer have been harmonised to achieve the aim of this case study in the discussion, comparing and interpreting the key literature. Thus, this inductive and interpretive case study uses three triangulations supported by different data sources, theory aspects

and methods, to create a richer and more credible account.

The following section presents how this research has been conducted to achieve the goal of quality.

4.8 Trustworthiness of the research

Lincoln and Guba (1985, 1989) and Denzin and Lincoln (1994) propose that it is necessary to specify terms and ways of establishing and assessing the quality of reliability and validity, but they particularly propose two primary criteria for assessing a qualitative study: trustworthiness and authenticity. According to Carson et al. (2001), generalisability is not an issue within qualitative research because of the need to gain meaning and in-depth understanding, and this is difficult to achieve through any method that will also enable generalisability (p. 69).

Decrop (2004) indicates that addressing the trustworthiness issue is important in helping to make qualitative and interpretive tourism studies more rigorous and more acceptable to quantitative and positivist researchers (p. 157). Decrop (2004) emphasises that trustworthiness refers to methodological adequacy but does not guarantee the overall quality, relevance or interest of a qualitative study. Moreover, authenticity is another important issue since interpretive research does not separate the investigator from their object of investigation but intrudes on the people and the social context being studied (p. 166). In particular, Lincoln and Guba (1985, p. 328) developed four criteria for qualitative inquiry that parallel the quantitative terminology, and these were applied to enhance the data quality with a systematised procedure as in Table 22.

Table 22 Quality of the research

Two primary criteria in qualitative research		Description	Application to enhance the criteria
Criteria of Trustworthiness	Credibility (Internal Validity)	How trustful particular findings are	Data triangulation To increase the credibility, the government reports were used, and the research position and data sources of different perspectives were clearly addressed.
	Transferability (External Validity)	Concerned with the extent to which the research findings are applicable to another setting or group	Full description To be transferred to other settings, this research tried to provide the broadest range of information, describing the data extensively to give other researchers the opportunity to appraise the findings and apply them to other settings
	Dependability (Reliability)	Consists of looking at whether the results are consistent and reproducible	Second opinions from supervisors in data interpretation
	Confirmability (Objectivity)	How neutral the findings are	Data, theory triangulation The data analysis process was made objective and systematic by looking for a variety of explanations, literature and theories about the phenomenon being studied, providing the factual data of participants' real voices emerging from the empirical material
Authenticity		Concerned with the quality of being real or true	The data has been fairly treated by presenting all true participants' views and ideas adding their own voices.

Adapted by Lincoln and Guba (1985) and Decrop (2004).

4.9 Research ethics

Lichtman (2014) indicates that ethics means doing what is right, treating people fairly and not hurting anyone. Ethical issues must be considered in all research, be it quantitative or qualitative, and it is an essence of how well we treat the research participants and data (Holloway and Wheeler, 2010). In particular, Christians (2000)

indicates the code of ethics with overlapping emphasis on four guidelines such as informed consent, deception, privacy and confidentiality, and accuracy (p. 138).

This study has also been conducted with regard to the four guidelines of research ethics by Christians (2000) and the principles of the University of Gloucestershire, by keeping to the listing that follows to avoid any potential problems occurring (pp. 138-140):

- **Informed consent.** All individual participants have been informed of the nature, aim, conduct, duration, purpose and consequences of this research and of the right to refuse at any time as stated in the participant information sheet and consent form. Permission to record was gained before conducting interviews from medical tourism providers.
- **Deception.** This research has been conducted avoiding the use of deception.
- **Privacy and confidentiality.** The data from all participants have been treated and kept in a confidential manner and used only for the research purposes with the guarantee of participants' privacy. In this respect, the names of participants have been kept anonymous; they are referred to by the title of their work positions for industry and by their numbers for consumers. No identifying information about the individual has been revealed in written or any other communication, and or been given to anyone else.
- **Accuracy.** This research is value-laden but effort has taken to treat the data from all participants accurately, avoiding any fabrications, fraudulent materials, omissions, and contrivances.

4.10 Limitations

Having considered potential limitations associated with the chosen method, the data collection approaches and the chosen participants, the following alternatives approaches for future research were considered:

1. Including more in-depth interviews from international medical tourism stakeholders to discover their views of medical tourism or South Korean medical tourism.

2. Including in-depth interviews with experienced South Korean medical tourists to hear what they really have to say.
3. More samples of particular UK ethnic groups for potential customers of South Korean medical tourism.
4. More samples of major medical tourism destinations in Asia such as Thailand, India, Singapore, Malaysia and Taiwan for comparison with South Korea for consumers to see its position.
5. More specified samples of consumers for cultural study in terms of ethnic group by continents such as Africa, Asia, Europe, North America and South America to see how different their views are.

4.11 Chapter summary

This chapter has mainly been concerned to present the research design to achieve the aim of this study, and to justify the choice of an interpretive and case study with unit analysis and the procedure involved in data collection and analysis.

The nature of reality of perceptions in this study is multiple and subjective based on the different perspectives of industry and consumers, personal experience, job descriptions or biographical data. As I am a research instrument, I understand all the contexts from research participants and deliver to this current study. This is used by my own lived experiences, languages and academic background of tourism in the locations of both South Korea and the UK (Denzin and Lincoln, 1994). Based on my interpretive perspective, the case – an investigation into CPV as KSF in South Korean medical tourism – is examined with the unit of analysis, which needs a deep theoretical understanding and requires multiple sources of evidence from both industry and consumers (Myer, 2009; Yin, 2003).

The total sample size of seven South Korean medical tourism industry stakeholders, 45 prospective medical tourists, and four medical tourism industry documents was achieved over 15 months between March 2014 and August 2015 with a feeling of confidence in this study's sufficient depth of understanding and data saturation. The inductive analysis procedure based on hermeneutic circles was also clearly designed to achieve the aim of this study. It was employed with thematic analysis, as discussed

in the next chapter.

CHAPTER FIVE

DATA ANALYSIS AND FINDINGS

5.1 Introduction

The previous chapter presented the justification for the methodological approach of an interpretive case study with the unit of analysis. Thematic and hermeneutic analyses were employed in order to gain an in-depth understanding of the current phenomenon of medical tourism as well as to answer the research questions. Over 15 months of data collection, multiple data sources were acquired having regard to sufficient depth of information and data saturation.

This chapter provides the whole analysis process through the unit investigation and the unit of analysis. As a starting point in the unit investigation, the four latest industry reports related to this research are firstly analysed to understand the current situation of South Korean medical tourism (SKMT). All the answers to the semi-structured questions from both industry stakeholders and prospective customers are presented with keywords and key findings as preliminary analysis. In this process, the data is managed for familiarisation as well as to produce the initial codes for the next phase.

In the next phase, thematic and hermeneutic analysis is employed for the units of analysis in this case study: CPV of MT and the factors that influence MTD, KSF of MT in South Korea, and CPV as KSF. In the process of analysis, the thematic maps and major themes are created with keywords and descriptions. The themes are then interpreted within the contexts of research respondents to provide holistic views of this emerging phenomenon of medical tourism.

5.2 Phase 1 Unit investigation with key findings

This section provides the preliminary analysis with key findings and keywords from the industry reports, South Korean medical tourism industry stakeholders, and prospective customers. It includes all the data collected from research participants.

5.2.1 Industry reports of SKMT

This section helps not only to understand the current South Korean medical tourism industry by providing background knowledge, but also to strengthen the trustworthiness of the findings from this current study compared to the industry documents. The following four industry reports from KTO (Korea Tourism Organisation) and KHIDI (Korea Health Industry Development Institute), which are actively engaged in the South Korean medical tourism industry, were used with the presentation of relevant key findings for this research:

1. Overview of South Korean Medical Tourism 2013 by KTO
2. In-depth Interview Report for the Development of South Korean Medical Tourism by KTO
3. Statistics on International Patients in South Korea 2013 by KHIDI
4. International Patient Satisfaction Survey 2013 by KHIDI

The relevant contents related to this research were selected for use from each document. However, as mentioned earlier in the literature review chapter, these two government bodies currently use different terms for consumers of medical tourism. The KHIDI, which works within the Ministry of Health and Welfare, sees foreign patients focusing on medical services, while the KTO, which works within the Ministry of Culture, Sports and Tourism, considers medical tourists to be those leaving their home countries. Thus, the term used in the reports also appeared differently according to their views of foreign patients and medical tourists.

5.2.1.1 Overview of SKMT 2013 by KTO

From this document, the following subjects were purposely selected to review:

- Main purpose of visits to South Korean by medical tourists
- Range of tourism activities during the stays

This is to see whether tourism services or other aspects are considered to be important for the current medical tourists to South Korea.

Main Purpose of visit for South Korean medical tourists

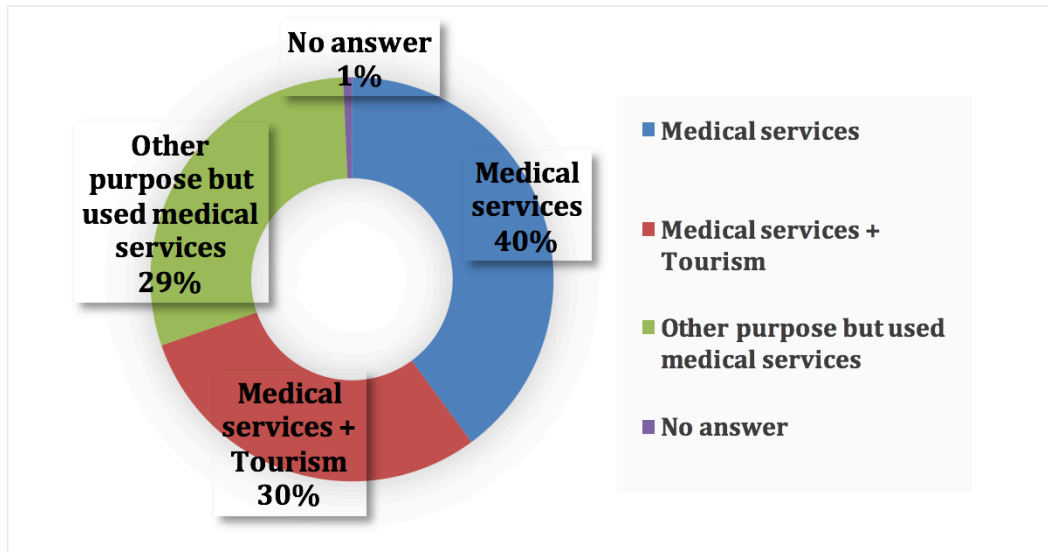


Figure 23 Main purpose of visit to South Korea

The graph in Figure 23 shows that 40 per cent are pure medical tourists only for medical services, while the others are for medical services as well as for tourism and other purpose. There is quite a different view from the sample in the field study, but this could be because of familiarity with the country and with South Korean medical tourism so that they wish to engage in tourism activities along with medical treatments. Current South Korean medical tourists are from Asia, which is close to South Korea, or from Russia and the Middle East which are targeted as new markets. They would already have more information on and awareness of the destination, and this would encourage the exploration of tourism activities. Figure 24 presents how much and what types of tourism activities have been engaged in.

Range of tourism activities during the stays

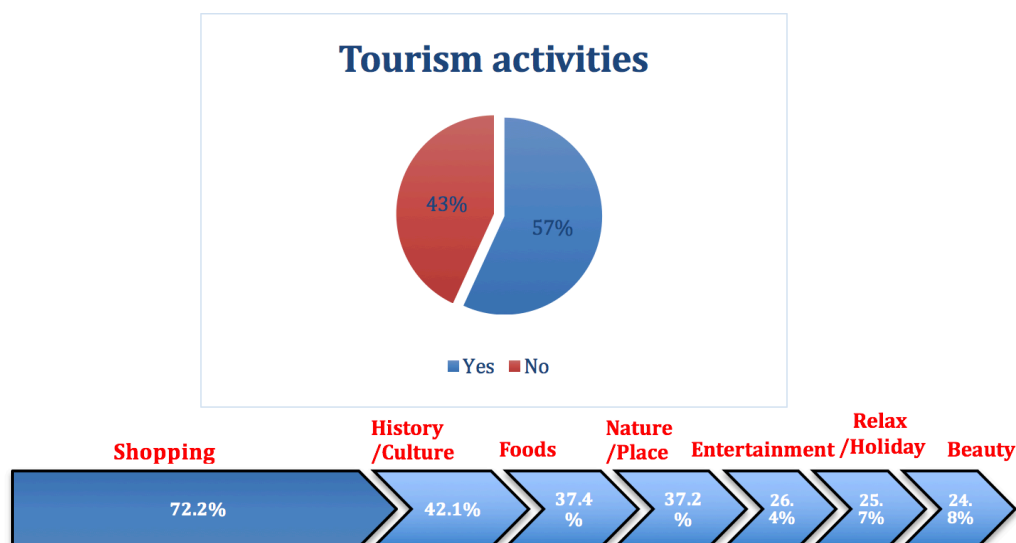


Figure 24 Types of tourism activities (Duplicated answers)

Figure 24 shows that more than fifty per cent have actually engaged in tourism activities in this document. Shopping ranks highest followed by history/culture, food, and nature/place to visit, although this research did not consider shopping as a tourism activity.

In conclusion, the key findings of this report, *Overview of South Korean Medical Tourism 2013 by KTO*, which is relevant to this research, can be summarised as follows:

1. Fewer than half of the current South Korean medical tourists come for tourism activities as well as medical services. This implies the importance of tourism services for medical tourists
2. Shopping is one of the favourite tourism activities for the current South Korean medical tourists.

There follows a documentary report of empirical evidence offered by KTO.

5.2.1.2 In-depth Interview Report for Development of SKMT by KTO

This report was undertaken over 50 days between 22nd July and 9th September 2013 by KTO, interviewing 60 medical tourism practitioners including 30 medical service providers, 10 medical tourism agencies, and 10 local governances and 10 medical tourism institutions.

With the recognition of rising medical tourism in South Korea, the government has indicated the problems of illegal brokerage, price policy in terms of medical costs and commissions, and medical malpractices. Medical institutions and medical tourism agencies also express confusion over similar business promotions at the same places and a lack of information sharing. This report therefore discusses the urgent problems facing medical tourism in South Korea and the possible solutions by listening to the real people at their workplaces. The needs of three main issues with their details in the table are particularly highlighted:

- Identification of the roles of medical tourism providers
- Government intervention and support
- Improvement of medical tourism infrastructures.

Identification of roles of medical tourism providers

Medical Tourism providers		Identification of the roles
Government	Ministry of Culture, Sports and Tourism Ministry (Korean Tourism Organisation, KTO)	<ul style="list-style-type: none"> • Advertising, marketing and promoting medical tourists • Improving medical tourism brand image • Connecting medical tourism and K-Wave • Supporting small or medium-sized medical service providers • Developing a new market and new products
	Ministry of Health and Welfare (Korea Health Industry Development Institute, KHIDI)	<ul style="list-style-type: none"> • Improving the laws and regulations regarding medical costs and commissions, and protection from medical accidents • Regulating illegal brokerage and medical service providers and medical tourism agencies • Strengthening specialised medical services and advanced treatments • Creating a global network of hospitals and exporting hospitals overseas
	Ministry of Justice (KOTRA)	<ul style="list-style-type: none"> • Easing VAT and improvement of visa regulations • Exporting South Korean hospital systems and medical equipment
Local governance		<ul style="list-style-type: none"> • Bridge and network between government and local governance • Appropriate policy-making by the regions
City, town, district, community Health Centre		<ul style="list-style-type: none"> • Supervising and management of medical service providers • Supporting translators and community-based services
Medical Tourism institutions		<ul style="list-style-type: none"> • Bridge and communication with medical service providers and medical tourism agencies • Supporting and consulting with new medical tourism market participants to develop this industry
Medical service providers		<ul style="list-style-type: none"> • Focused on specialised products • Improvement of one-stop services and all other convenient services as well as medical services for medical tourists
Medical tourism agencies		<ul style="list-style-type: none"> • Advertising, marketing and promotion for medical service providers • Developing tour package programmes including medical service products

Government intervention and support

- Strong laws and legislations for illegal brokerages such as illegal medical tourism agencies and medical service providers
- Establishing market economy and regulations regarding guidelines of medical costs and commissions due to the diversity
- Developing healthy profit model to support medical tourism agencies
- Supporting online marketing
- Developing medical tourism products including tour packages
- Developing medical tourism professionals and positions at workplaces

Medical tourism infrastructures

- Establishing medical cost policy considering unclear and over-charged medical costs and commissions
- Illegal brokerages
- Medical malpractices and compensation insurance
- Improvement of medical tourism information centres
- Lack of human resources such as medical tourism professionals and Russian guides
- Professional intensive education on medical tourism with improvement of the level of education
- Visas
- Easing VAT

The following presents the report published by the Korea Health Industry Development Institute (KHIDI).

5.2.1.3 Statistics on International Patients in South Korea 2013 by KHIDI

This latest report published by KHIDI has been used to review the growing total number of international patients by biographical data and medical procedures dated from 2010 to 2013 as follows:

- Total international patients in South Korea by gender
- Total international patients in South Korea by age
- Total international patients by nationality
- Major medical procedures of South Korean medical tourism

It is useful not only to understand the current international patients and their biographical data, but also to compare the results of biographical data from the field study for future development.

Total international patients in South Korea by gender

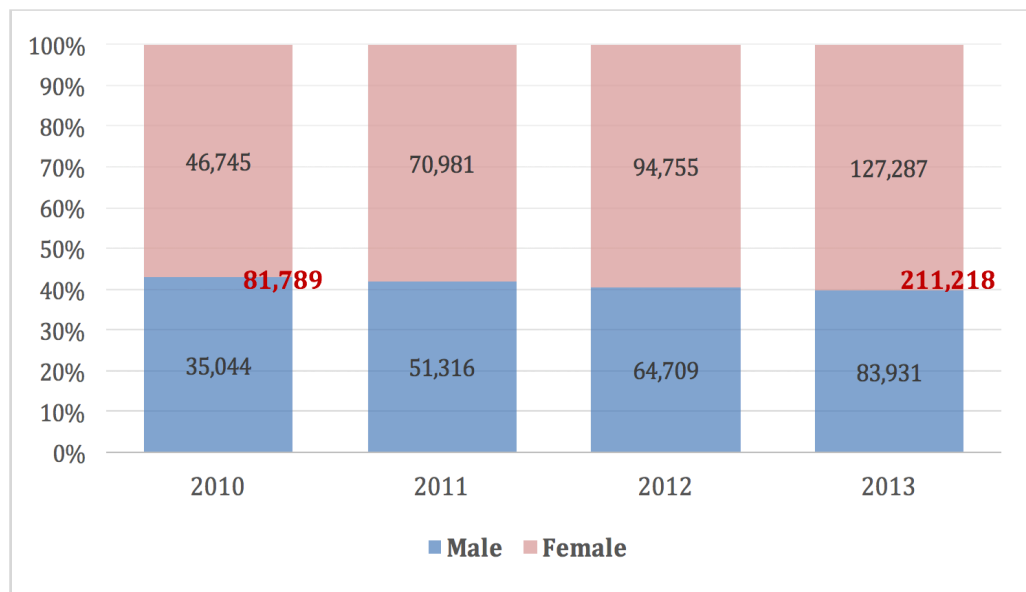


Figure 25 Total international patients in South Korea by gender from 2010 to 2013

Figure 25 shows the total numbers of male and female international patients. Overall, the numbers have increased from 81,789 in 2010 to 211,218 in 2013. In particular, it shows that more females are engaged in medical tourism, with 1.5 times more female than male international patients. This has also been confirmed by the sample of consumer data from the current study, which shows more females with experience of medical tourism.

Total international patients in South Korea by age

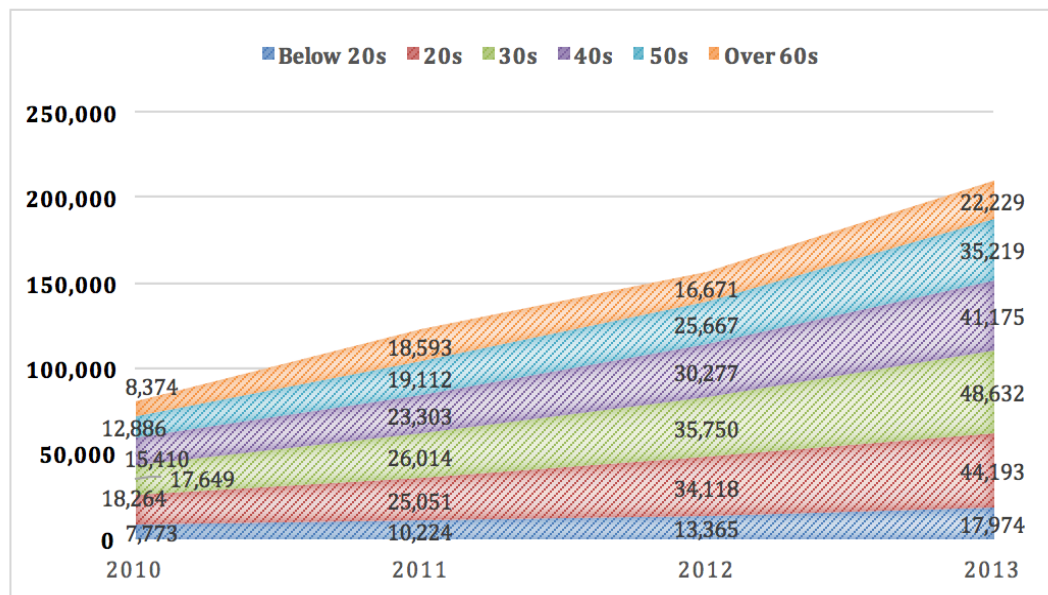


Figure 26 Total international patients in South Korea by age from 2010 to 2013

In terms of age, most of the international patients are in their thirties, twenties and forties, in that order. This has also been confirmed by the participants in the current study.

Total international patients by nationality

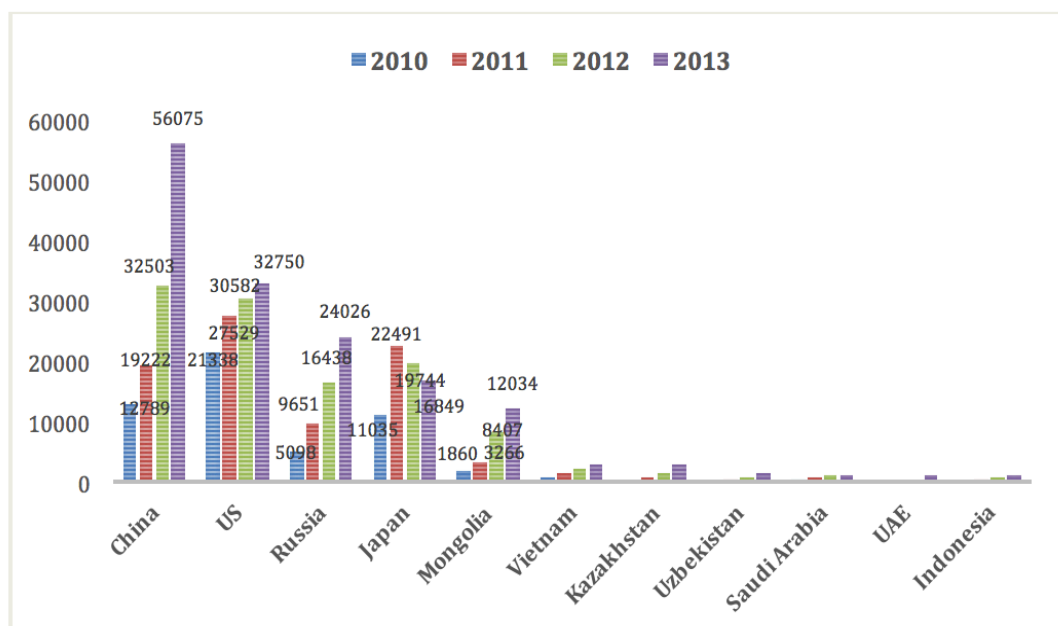


Figure 27 Total international patients by nationality from 2010 to 2013

As shown in Figure 27, the nationalities of international patients are from China, the US, Russia, Japan and Mongolia. In particular, it shows the sharply increasing numbers from China since 2011, while numbers from Japan are decreasing. However, the numbers from the US army based in South Korea have also been included in the same figure as international patients, indicating that 8,826 out of the 32,750 in 2013 were from the US army, constituting 26.9 per cent of the total. Thus, the numbers of US patients have to be reconsidered to exclude the US army as purely medical tourists. This has also been confirmed with one of the respondents from the medical tourism providers.

Major medical procedures of South Korean medical tourism

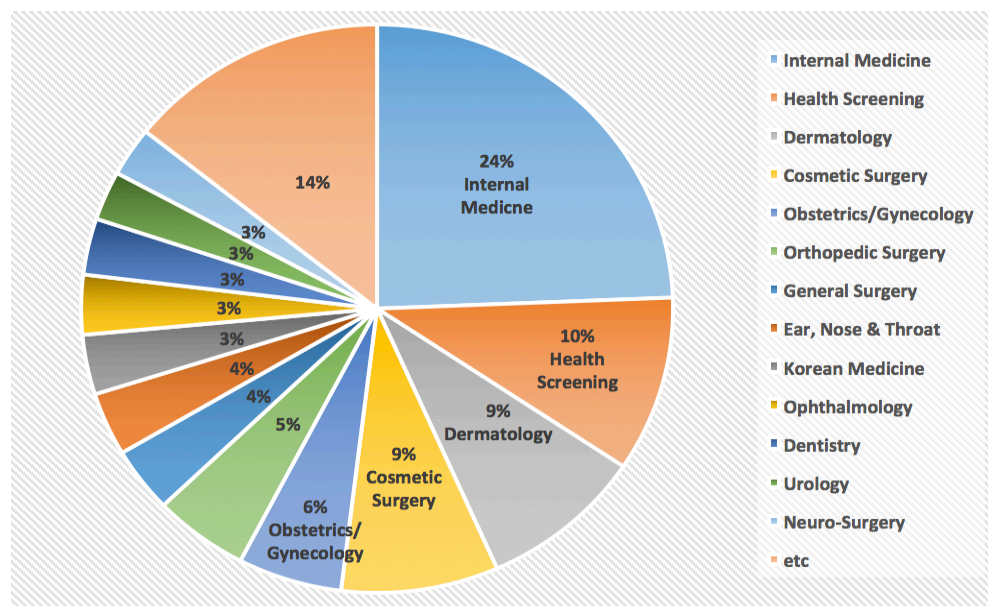


Figure 28 The percentages of major medical procedures of South Korean medical tourism in 2013

Interestingly, South Korea is well-known for cosmetic surgery, particularly in Asia. However, the internal medicine department ranks the highest, taking up 24 per cent, while cosmetic surgery is listed fourth. The rank order has remained the same since 2010 albeit with increasing numbers. This shows the importance of advertising for other major medical procedures as South Korean cosmetic surgery already seems to be popular in the market.

In conclusion, the key findings of the report *Statistics on International Patients in South Korea 2013* by KHIDI, which is relevant to this research, can be summarised as follows:

1. In terms of gender, there is a strong likelihood that more females will engage in medical tourism, which has been confirmed with a field study.
2. In terms of age, the thirties, twenties and forties in that order are most likely to engage in medical tourism. This has also been confirmed with a field study.
3. In terms of nationality, China is the major country for current South Korean medical tourism, but it appears to have expanded to areas such as Russia and central Asia.
4. In terms of the treatment department, contrary to the appearance of the popularity of South Korean cosmetic surgery in the market, departments such as internal medicine, health screening and dermatology rank highly.

The following presents the survey report taken from medical tourists in South Korea.

5.2.1.4 International Patient Satisfaction Survey 2013 by KHIDI

This report is useful for understanding the satisfaction of current South Korean medical tourists and can be used for comparison with the participants of prospective customers from the field study. In particular, the following subjects have been chosen for review:

- Overall satisfaction by country
- Correlation coefficient between satisfaction with overall medical services and each of the criteria
- Path of information acquisition of South Korean medical services
- Advantages, disadvantages and suggestions for the improvement of South Korean medical tourism by word cloud in Korean

First, the overall satisfaction among current medical tourists by nationality is reviewed, as well as how each criterion interrelates with the overall satisfaction with medical services. How medical tourists gain information on South Korean medical services is suggested, and finally the advantages, disadvantages and future suggestions for the

improvement of South Korean medical tourism are presented.

Overall satisfaction by country

Table 23 Overall satisfaction by country (2011-13)

(Unit: Score)

Nationality		Total	US	Japan	China	Russia	Mongol	South eastern Asia	Middle East
Satisfaction with South Korean medical services 2013		88.3	89.1	80.4	85.3	91.6	88.0	88.2	90.5
Previous years	2011	89.9	91.3	87.0	93	88.3	-	-	-
	2012	88.0	90.8	86.0	82.8	91.0	86.5	85.5	92.5

Adopted from the report (2013)

As Table 23 shows, the overall satisfaction by different nations from 2011 to 2013 is high with score of over 80. The interesting finding here is that Russia and the Middle East still have the two highest scores for satisfaction, while China and Japan have gone down dramatically. The explanation for this could be that South Korea is now concentrated more on new markets such as the Middle East and Russia rather than on existing markets, and should be considering bringing them all into balance.

Correlation coefficient between the satisfaction of overall medical services and each criteria

Table 24 Correlation coefficient between the satisfaction of overall medical services and each criterion

Correlation Coefficient (r)	Doctor	Information and training service	Hospital stay and cost	Hospital convenience	Staff service	Communication and patient respect	Accessibility
Overall medical services	0.665	0.539	0.546	0.503	0.553	0.552	0.532
US	0.607	0.510	0.586	0.548	0.567	0.492	0.495
Japan	0.672	0.721	0.720	0.695	0.695	0.704	0.720
China	0.674	0.675	0.605	0.549	0.574	0.573	0.591
Russia	0.634	0.420	0.518	0.410	0.424	0.482	0.476
Mongol	0.766	0.453	0.345	0.345	0.387	0.493	0.445
South Eastern Asia	0.722	0.839	0.790	0.777	0.704	0.732	0.725
Middle East	0.484	0.220	0.464	0.301	0.543	0.375	0.301

Adopted from the report (2013)

The figures in Table 24 present the importance of the relationship between overall satisfaction with the medical services and each criterion. There are slightly different variations in the figures by country, but the table shows that overall medical services are highly interrelated with ‘doctor’. This has also been confirmed with the respondents on consumer data, and means that both the ‘experienced’ and ‘not experienced’ in terms of overseas medical services have a greater likelihood of considering the ‘doctor’ criterion above other criteria such as cost, hospital convenience, accessibility and communication.

The following presents how medical tourists have found out about South Korean medical services, what they think about the advantages and disadvantages of South Korean medical tourism, and suggestions for future improvement.

Path of information acquisition about South Korean medical services

Table 25 Path of information acquisition about South Korean medical services

Information Acquisition Path	US (n=32)	Japan (n=22)	China (n=81)	Russia (n=174)	Mongolia (n=80)	South Eastern Asia (n=9)	Middle East (n=8)	Total (n=406)
Recommendation from family or friends	10 (31.3)	4 (18.2)	40 (49.4)	132 (75.9)	64 (80.0)	4 (44.4)	6 (75.0)	260 (64.0)
Internet research	17 (53.1)	16 (72.7)	15 (18.5)	49 (28.2)	6 (7.5)	3 (33.3)	1 (12.5)	107 (26.4)
Newspaper, magazine, brochure	0 (0.0)	0 (0.0)	16 (19.8)	0 (0.0)	4 (5.0)	0 (0.0)	0 (0.0)	20 (4.9)
TV or Radio	0 (0.0)	2 (9.1)	3 (3.7)	3 (1.7)	3 (3.8)	0 (0.0)	1 (12.5)	12 (3.0)
Airport	0 (0.0)	0 (0.0)	1 (1.2)	1 (0.6)	1 (1.3)	1 (11.1)	0 (0.0)	4 (1.0)
Etc.	5 (15.6)	0 (0.0)	8 (9.9)	9 (5.2)	10 (12.5)	1 (11.1)	0 (0.0)	33 (8.1)

Adopted from the report (2013)

Unit: person
(%)

The figures from Table 25 also indicate the importance of tools for South Korean medical tourism, which the majority have come to know by recommendation and Internet research. It has also been confirmed by the respondents of this study.

The following word cloud design of Korean version has presented in the report, and reflected to create each for medical tourism providers and prospective customers from this field study both in Korean and English version.

3. People consider choosing the medical service by recommendation and Internet research.
4. From experience of the South Korean medical service, they believe the medical service system, skills and equipment as advantages, while high medical expenses, waiting times and languages are a disadvantage. They also suggest price reductions or discounts and language service improvements regarding hospital stays.

The following section firstly explore the empirical evidence of this study for South Korean medical tourism industry stakeholders.

5.2.2 SKMT industry stakeholders (Key findings with initial codes)

Based on the current situations of South Korean medical tourism from the documents review, this section primarily summarises the findings with key words throughout the interview transcripts. This is also to provide familiarisation with data within the process of thematic analysis. All the 13 interview questions were grouped into five representative subjects to consider the related questions and analysed as follows:

1. Definition of medical tourism
2. Position and key strengths of South Korean medical tourism
3. Key factors of developing South Korean medical tourism
4. Infrastructure and human resources of South Korean medical tourism
5. Promotions of South Korean medical tourism

In particular, considering the long conversations in in-depth interviews, the subjects between 2 and 5 were set out in a table. They were presented with the key words or texts of the opinions of all the respondents to see at a glance the similarities and differences in responses. The initial code and key findings were addressed and summarised in the following manner:

- Presented all questions
- Listed the key words or texts of all answers on the table
- Highlighted with yellow colours
- Extracted the initial codes
- Summarised the key findings and presented the conclusions

5.2.2.1 Definition of MT

This section presents the overall understandings of the definition of medical tourism. According to Hall (2013), there are different meanings of medical tourism in different countries and cultures as well as in different fields of study. It was also confirmed in Chapter 2 that the current definition of medical tourism in academic literature is not clear and there are divergent views. It is thus necessary and useful to see how the research participants understood the term as a starting point. In particular, three questions were posed to each participant in different ways, taking their positions into account to show their understanding of the definition of medical tourism.

Questions to a medical tourism provider:

1. What do you understand by the term ‘Medical Tourism’?
 - 1.1 What defines a health service provider as offering medical tourism?
 - 1.2 What defines someone as being a medical tourist?

For medical tourism industry stakeholders, more in-depth questions were asked related to the definition of the term considering their expertise and position in the field. The following key findings from three questions were presented with the job positions of the respondents, but the representative sub-headings were focused on understanding the term:

Travel abroad + medical quality (Facilitator 1)

- *Travel abroad for better medical services and technology*
- *Creating high value and need long-term development for foreign patients*
- *Beauty such as skin care, treatment such as Botox or fillers, and surgery for severe patients + Shopping tourism*

Travel to another country + medical availability (Hospital)

- **Travel to another country** for the purpose of **medical treatment** which **cannot be received** in a home country
- Hospitals or health-related suppliers
- Various and ambiguous definitions on hospital size

Travel abroad + medical Treatment with specific purpose + health + Leisure + location (Association 1)

- People **travel abroad** for **medical treatment**, **well-being and leisure** considering the **geographical location** in regard to waiting times, cost savings and better qualified doctors
- A kind of holiday not only for medical treatment, but also for mental and physical treatment
- People who visit other places for better medical quality services, easy access and cost

Medical Treatment + tourism + health (Facilitator 2)

- **Combination of medical treatment and tourism**, which can improve the human mind and strengthen the body, and maintain **health** with **complementary therapies**
- People who receive better medical services such as excellent doctors and medical infrastructures with tourism activities

Medical Treatment + tourism (Cosmetic clinic)

- **Medical treatment** and **tourism**
- Customised packages for foreigners, extra services such as being more convenient and tourist-friendly combined with medical services
- The person who wants to get medical treatments + Tour

Quality + marketing (Government)

- **Inform** South Korean **high medical technology** by understanding the customers' views
- The bodies that support medical tourists such as medical tourism facilitators, medical institutions, government bodies
- Foreign patients for only medical treatments, tourists who come for tourism but receive medical treatment, businesses that come for MICE industry but receive medical treatment

Medical Treatment + Tourism + Revenue (Association 2)

- **Medical treatment and tourism**, specialised South Korean medical technology to **raise business value** by integrating tourism revenue
- All hospitals, spas, temple stays, nail shops, medical institutions
- Different views on the definition
KTO - people who come for medical treatment + tour
KHIDI – people who go into a hospital, inpatient

As can be seen from the respondents above, all are in agreement with the purpose of medical treatment although this is expressed in different ways. The respondents

understand the particular purpose of medical treatment such as the quality or availability of treatment with travel abroad, while more respondents see the combination of medical treatment and tourism.

A broader concept is also addressed in terms of combining well-being with such detailed purposes as quality, accessibility, availability, time and cost, while another purpose even addresses improving the human mind, strengthening the body, and maintaining minimum health.

From a business point of view, an executive director at KTO and a team leader at AKMT expressed how they saw the term based on their positions as representatives of government, and the business perspective with regard to marketing and tourism revenue. From their points of view, it can be interpreted that South Korea is trying to develop this industry with respect to its high medical technology.

Overall, as some respondents pointed out, the current understanding of the term in South Korean medical tourism is shown by the variety and ambiguity in the workplace.

The following presents how medical tourism providers understand the current position and key strengths of South Korean medical tourism.

5.2.2.2 Position and key strengths of SKMT

In this section, the position of South Korean medical tourism in Asia was queried, along with the key strengths and unique propositions in terms of the perspectives of nation, industry and consumer. What the typical medical tourists are like was added as follows.

Questions

2. What are your views on South Korea's position in Asia in terms of medical tourism?
3. Could you suggest what you think are South Korea's key strengths and unique propositions:
 - 3.1 As a nation?
 - 3.2 Now in connection with medical tourism from an industry perspective?
 - 3.3 And in connection with medical tourism from a consumers' perspective?
4. Can you give examples of what you think typical medical tourists are like, considering factors such as age, gender, income, occupation, nationality, ethnicity, lifestyle choice?

Based on these questions, all the key answers were listed in Table 27 to discover the significance of the subjects related to the position, key strengths and unique proposition, and typical medical tourists of SKMT. Then the initial codes were extracted from the yellow-highlighted key words. The key findings from each question were also summarised.

Table 27 Lists of key answers on SKMT

Participants	Position in Asia	Key strengths and unique proposition			Typical medical tourists
		Nation	Industry	Consumer	
Government	Thailand, Singapore, India	K-pop and K-wave	Too early to answer as it has just started	High medical skills	*Nationality – China, US, Russia, Mongolia *Age –30s, 20s, 40s, 50s *Gender – similar (according to KIHD statistics)
Association 1	Geographically, South Korea has many close markets in terms of population and the need of health care (good example is China)	Variety of culture, history, food, art including war with 5,000 years of history, international attention on South Korean image by Korean wave	One of the important convergence industries in health care, which can be accompanied by and developed with other industries	High medical technology and excellent medical doctors	Increasing the various nations such as China, US, Russia, CIS (Commonwealth of independent States) nations, various types of medical procedures from cosmetic surgery
Association 2	The best medical standards and facilities in Asia except Japan but low positioning and image making, the need of special tourism products	High quality of surgery in the world, advanced skills	Lack of MICE industry (meetings, incentives, conferences and exhibitions) but developing medical services industry globally	Non-profit health care system in South Korea but enough with domestic revenue	*Health screening & severe illness – the elderly *Infertility – 20s and 30s *Oriental medicine – 40s and 50s from Japan *Skin care – female
Hospital	Still low global awareness of South Korea, most medical tourists are from close to the nation, famous in Russia, China and the South East for cosmetic surgery	Cost-effectiveness, good quality of medical equipment compared to price, one-stop service	New income-generating	Quick one-stop service, high quality of medical services regarding misdiagnosis compared to Kazakhstan	*China – cosmetic surgery for 20s-30s *Russian far east – severe treatment 87% (Poor medical infrastructure)
Cosmetic Clinic	Singapore – Thailand – South Korea	K-pop and K-Wave, engineering and construction, medical advancement	Highly advanced in medical technology and research, stem cells and cancer treatment	Expert in aesthetic and beauty treatments	Used to be 40s but now 20s
Facilitator 1	Still beginner stage, will take 3-5 years to have more markets for severe surgery	Emerging industry with high value-added	Need to solve many problems	Increasing medical services and local infrastructures	*beauty and skin + shopping tour *cosmetic treatment + shopping tour *severe surgery + shopping tour
Facilitator 2	Trying to export South Korean hospital system with the acknowledgement of high medical standards	–	Need to establish the standard of traditional Korean medicine	–	*20s-30s Chinese elite group – dental, ophthalmology, skin, beauty, spending £1,500 ~£2,500 average per person
Initial codes	Asia, distance, medical quality, product, positioning, global awareness	Image, medical quality, potential	Beginner, potential, value	Medical quality, value	Biographical data, nationality, medical department, types of tour, income

Position in Asia

In terms of the position of South Korean medical tourism in Asia, the respondents believe they have good medical services compared to other Asian countries, having major medical tourists from countries close by. In particular, one of the respondents pointed out that South Korean hospitals are trying to export themselves following acknowledgement of their high medical standards. However, some point out its low global awareness and positioning as it is still at the beginner stage.

Key strengths and unique proposition

Furthermore, in terms of the key strengths and unique proposition of South Korean medical tourism as a nation, some respondents mention K-Pop and K-Wave, while the others highlight the quality of medical services. K-Pop and K-Wave are popular terms related to Korean pop and Korean culture, and are more widely known and recognised in Asian countries. Also, in terms of the industry perspective, four respondents expressed positive views regarding the development of medical tourism as one of the new emerging industries, which could be promoted jointly with other industries to attract more income or provide higher medical services. However, others point out that many problems need to be solved as it has just started. Lastly, in terms of the consumer perspective, most of respondents agree that advanced medical services with highly skilled doctors, technology and quick one-stop service are provided for medical tourists.

Typical medical tourists

In terms of typical medical tourists, the respondents had different views based on their experiences and positions, but similar answers appeared among the major age groups of the twenties and thirties. The president of an association responded that an increasing number of countries offered many types of medical procedures apart from cosmetic surgery. Another respondent from an association mentioned the different types of medical procedures by age group and gender. In particular, a respondent from the general hospital said that around 87 per cent of Russian and Asian patients visit the hospital for serious treatment as they have poor medical infrastructure in their home countries, while the two medical tourism facilitators responded with the simple types of medical treatments such as beauty, skin, cosmetic surgery and dental.

In conclusion, the overall key findings of this section from among the representatives can be summarised as follows:

1. In Asia, South Korean medical tourism is believed to provide high quality medical services as well as key strengths and a unique proposition in term of the perspectives of the nation and consumer.
2. There are positive and middling views regarding the current stage of this industry, some saying that the industry is developing globally with more income and important convergence, while for others many problems need to be solved to improve medical tourism infrastructures.
3. Some point out the nation has a good international nation image along the lines of K-Pop (Korean pop) and K-Wave (Korean culture), while others believe the country still has a low global awareness and positioning.
4. The majority of South Korean medical tourists are in their twenties and thirties.

The next section looks at the key factors in, and any issues or comments on, further medical tourism development in South Korea.

5.2.2.3 Key factors of developing SKMT

After determining the respondents' understanding of the position, key strengths and unique proposition of South Korean medical tourism, the following questions were asked with regard to the key factors affecting future development from the industry and consumer perspectives as well as any opinions in terms of medical services, tourism services and support services.

Questions

5. What key factors (current and future) affect South Korea's further development concerning its competitive positioning and excellence in medical tourism?

5.1 From an industry perspective?

5.2 From a consumer's perspective?

6. Could you comment on the landscape and delivery of medical services in South Korea when considering costs, hospital facilities, medical doctors, care procedures and waiting times?

7. Following on from these, now could you comment on additional support service delivery associated with medical tourism in South Korea – such as follow-up care, patient safety, ethical and legal issues, bio-security, language and potential for cultural barriers?

8. How important do you think wider tourism services are in connection with medical tourism – such as: accommodation and non-hospital accommodation, food, transportation, entertainment, attractions and sight-seeing options?

Based on these questions, all the key answers have been listed in Table 28 and summarised to determine the significance of the subjects. These are then presented under subheadings together with my interpretations.

Table 28 Lists of key answers on the key factors of developing SKMT

Participants	Key factors of development		In terms of medical services	In terms of tourism services	In terms of support services
	Industry	Consumer			
Government	Marketing and promotion	Kind, understanding the consumer culture	Excellent medical staff, reasonable price, prompt medical procedures and short waiting times for medical tourists	More important in terms of increasing customer satisfaction, revisits and recommendations	In respect of patient safety and follow-up care, the Korea Medical Dispute Mediation and Arbitration Agency was set up for medical malpractices disputes, onsite training for health knowledge, tourism, culture, service and language
Association 1	Developing medical tourism infrastructure, raising and training medical tourism experts, marketing and promotion	Legal framework for illegal brokerage, medical tourism insurance	Need of standard price guideline for the product of medical treatment and travel, establishing clear concept of medical tourism by medical staff, training for basic manner and professional service to medical tourists	Need to develop medical tourism products combined with the national culture, kind service	Recommended to use official medical tourism products or facilitators who are designated by a government
Association 2	Legal framework for illegal brokerage, medical tourism co-ordinator and tour guide, legal security	Lack of information on medical doctors and price, clear explanation of any information and side-effect	Cheap medical cost, top class of medical doctors, easy access to the doctor, short waiting times and convenient medical procedures	Very important in terms of revisits and additional value creation	Cultural and language barriers, need to respect other cultures
Hospital	Government policy, easing the regulation to attract medical tourists	Medical standard, medical awareness and trust	Excellent medical equipment and skills with reasonable price, high facilities, 1-2 hours' waiting time, effective care procedures	Need more language support, better response to enquiries on tourism services after medical treatment	Language barrier – need experts on language support, cultural barrier can be covered by language (food and TV)
Cosmetic Clinic	K-Wave	–	Relatively high cost but updated facilities, 30 minutes – 1 hour waiting time, translators are easily available for up to 10 languages	–	More language support, passing more laws and regulations to protect foreign patients
Facilitator 1	Exporting medical system, equipment and education	Receiving high quality of medical services	Very high standard of medical services but language and cultural barriers, lack of awareness of the nation's brand	Very important as regards the basics	JCI certificate and insurance
Facilitator 2	Need to develop as a tourism convergence	High quality of medical services in terms of advanced public health insurance and speed	Excellent medical facilities, equipment, doctors' skills but need to improve price policy and services	Developing infrastructures such as accommodation, food	Language and cultural understanding
Initial codes	Promotions, infrastructure, human resources, policy and regulation, image, tourism	Service, culture, protection, information, medical quality, awareness, trust,	Medical staff, price, procedures, speed, quality, accessibility, convenience, equipment, skill, care, translator, language, medical service, culture, brand, policy,	Retention satisfaction, products, culture, service, language, infrastructure, value creation, basics	Protection, training, official products/ facilitator respect, culture, language, legal framework, quality

Key factors of development

In terms of the key factors in South Korean medical tourism development, there are two main views from the industry perspective, with one similar view from the customer perspective. With regard to the industry perspective, the respondents believe marketing and promotion are important but others believe in the need for the development of medical tourism infrastructure such as human resources and a legal framework or government policy for medical tourists. In addition, with regard to the customer perspective, the respondents believe in the quality of medical services such as kindness, cultural understanding and clear standard medical tourism infrastructure including information, price and legal framework.

Medical services

In particular, in terms of the landscape and delivery of medical services in South Korea, the respondents are favourably positive on the high standard of medical services regarding doctors' skills, medical equipment and facilities, medical procedures and reasonable prices. However, here again others point to improving brand awareness as well as medical tourism infrastructure such as standard price guidelines and professional services as mentioned earlier. Language and cultural barriers are also revealed.

Tourism services

In terms of tourism services in connection with medical tourism, most respondents point to the importance of tourism services as the basis of this industry including customer satisfaction, revisits and recommendations. However, again improvements in infrastructure are highlighted including food, accommodation and language support, and further medical tourism products are suggested combining medical treatment with tourism activities.

Support services

Lastly, in terms of additional support service delivery, most respondents mention language and cultural barriers, and suggest the need for understanding and respect of other cultures. Interestingly, however, one of the respondents from a hospital believes that cultural barriers could be overcome with improvements in language, providing home TV channels and food for their nationalities. It is also recommended to expand

the acquisition of JCI and insurance coverage, and place a strong legal framework for patient safety.

In conclusion, the overall key findings from the representatives of this section appeared to be similar to those in the previous section and can be summarised as follows:

1. The key factor in developing South Korean medical tourism is to improve the medical tourism infrastructure.
2. The infrastructure needs to improve in terms of language, information on clear and standard price guidelines, procedures and doctors' details, human resources, and a legal framework and government policy for medical tourists.
3. The provision of kind and professional services with cultural understanding is needed.

The questions in the following section were then asked regarding the infrastructure and human resources.

5.2.2.3 Infrastructure and human resources of SKMT

In relation to the previous findings of the lack of infrastructures in South Korean medical tourism, the following questions were asked for more details regarding infrastructure and superstructure, human resources, expertise, manpower and staff training.

Questions

9. Could you comment on the infrastructure and superstructure in South Korea and whether in your view they are adequate enough to cater for the reported growth of medical tourists?
11. What are the human resource issues related to the development of medical tourism in South Korea?
12. What are your views on South Korea's expertise and manpower when appraising how well they are able to deal with medical tourists from different countries?
13. Do you think medical tourism requires specific staff training? If so, what areas do you think are of most importance, and can they be served by current South Korean nationals?

Based on these questions, the key answers are listed in Table 29 and summarised to determine the significance of the subjects. These are then presented by sub-headings with my interpretations.

Table 29 Lists of key answers on the infrastructure and human resources of SKMT

Participants	Infrastructure and superstructure	Human resources	Expertise and manpower	Staff training
Government	Need for more Russian translators, coordinator training for G2G (government to government), more accommodation for medical tourists by allowing Meditel from a government	Need for constant training due to lack of human resources	Need for training for health knowledge, tourism, culture, language and service	Need for staff training in terms of cultural understanding and service
Association 1	Need to increase excellent and sufficient medical tourism experts or specified manpower	Need of training in various languages	Need for increasing numbers of medical tourism experts who have basic knowledge and cultural background	Constant training and education in terms of language, medical words and disease
Association 2	Lack of accommodation and tourism infrastructure	Lack of language translators in Russian, Mongolian, Arabic	Lack of professionals related to tourism, tour coordinators and services	Tourism and service education for staff at hospitals
Hospital	Enough infrastructure on the hospital side but lack of infrastructure on the tourism side	Importance of the role and ability of coordinator , lack of Russian coordinator	Lack of experts and manpower, poor curriculum, practical classes needed	Marketing and practical lessons needed
Cosmetic Clinic	Good infrastructure	Need to learn more working with foreigners		–
Facilitator 1	Promotion by local governances but not good for competition among them	Most important, trying to increase the number of professionals by opening more departments at universities	–	Importance of fielding medical tourism coordinators
Facilitator 2	Good infrastructure in terms of medical services but need to improve overall services and language	Need to expand numbers of professionals such as consultants, coordinators, agents	Excellent medical doctors including language and marketing skills	Constant professional service training
Initial codes	Human resources, infrastructure, language, governance, promotions, service	Training, scarcity, language, professionals	Training, scarcity, culture, language, knowledge, background	Culture, service, language, medical words, tourism, marketing,

Infrastructure and Superstructure

In terms of infrastructure and superstructure in South Korea, some believe there is good and sufficient infrastructure for medical services, while others point to the need to improve the numbers of medical tourism experts or specified manpower such as translators and coordinators. The lack of tourism infrastructure such as accommodation and tourism activities is also highlighted, but one of respondents suggested increasing the accommodation by allowing Meditel, a type of combination of hospital and hotel, to open.

Human resources

With respect to human resources, most respondents highlight the insufficient numbers of professionals such as consultants, coordinators and agents. Some mention specifically the lack of coordinators to translate languages such as Russian, Mongolian and Arabic.

Expertise and Manpower

Furthermore, with respect to expertise and manpower, they all believe an increase is required in the number of medical tourism experts who have basic medical knowledge together with a tourism background, cultural understanding and language skills within a service mindset.

Staff training

There is a constant need for training and education with regard to culture, service, medical terms, disease, and tourism knowledge just as with tourism experts. However, one respondent from a hospital asserted that more marketing and practical classes were needed, pointing out the poor curricula in the current training. In conclusion, the overall key findings of the representatives in this section can be summarised as follows:

1. In terms of infrastructure and accommodation as well as human resources and medical tourism, expertise needs to be improved.
2. The constant training of medical tourism professionals and experts is needed with a medical and tourism background, a service mindset, language skills and cultural understanding.

Finally, the following questions were asked regarding the promotions of South Korean medical tourism.

5.2.2.4 Promotion of SKMT

Having understood all the issues, the important final questions with regard to promotion were asked as most respondents had raised the lack of awareness and positioning of current South Korean medical tourism.

Questions

10. How can the government support medical tourism in terms of its promotion within and outside South Korea? Also, do you think that this currently being served well?

14. What current promotional activities are being used to support medical tourism in South Korea? Do you have any suggestions as to what more can be done?

Based on these questions, the key answers are listed in Table 30 and summarised to determine the significance of the subjects. They are then presented under sub-headings together with my interpretations.

Table 30 Lists of key answers on the promotions of SKMT

Participants	Government support on promotion	Current promotional activities and any suggestions
Government	Need for marketing and advertising , actively supported by government but needed by medium and small local governances, raising medical tourism facilitator	Supporting overseas marketing, medical tourism facilitators , suggesting the issues from the real field Discerning healthy brokerage from illegal particularly related to cosmetic surgery, developing medical tourism products with medical providers and facilitators
Association 1	Attracting foreign patients after passing the law, need of the law for illegal brokerage and developing various medical tourism products	Need to attend a medical tourism meeting or conference and distribute the brochure or pamphlet to overseas embassies and companies
Association 2	Overseas presentations, advertising on social media, Fam (familiarisation) tours for overseas agency, supporting medical tourism facilitators	Education and expertise on tourism knowledge and medical services, need to understand their cultures and feelings for medical tourists
Hospital	Well supportive but double overseas marketing and advertising	Overseas South Korean medical tourism presentations , overseas medical training Need further advertising to Europe and the US
Cosmetic Clinic	–	–
Facilitator 1	Raising human resources, Fam tours for overseas, advertising the app with the introduction of medical providers	Overseas medical tourism presentations, invitation of overseas travel agencies and buyers Training in medical tourism promotions and coordinator for foreign residents
Facilitator 2	Actively support overseas promotions, designated medical tourism zones, development of medical tourism contents	Investigating and developing tourism convergence business related to health care and wellness at particular locations
Initial codes	Governance, facilitator, law, products, human resources, Social media, overseas promotions	Overseas marketing, facilitators, products, attending events, expertise, training, cultural understanding, business

Government support on promotion

In terms of government support for promotion, the respondents answered positively regarding good or active support for facilitators, overseas presentation, advertising on social media, Fam tours (familiarisation tours), designated medical tourism zones and the development of medical tourism contents.

Current promotional activities and any suggestions

However, more targeted marketing and advertising needs to be organised, particularly with regard to doubling overseas marketing and the need for further advertising to the

EU and US. It was also suggested that medical tourism products should be developed along with the brokers or facilitators to promote this industry. In particular, one respondent answered with an ambitious view of this industry, pointing out that it needs to investigate and develop the tourism convergence business related to healthcare and wellness with what is on offer at a particular location.

In conclusion, the overall key findings from the representatives in this section can be summarised as follows:

1. The current government support for promotion is well served, but it has to be more organised and targeted.
2. The development of medical tourism products and facilitators is suggested for further promotional activities.

The following presents the key words of the main subject in this study by word cloud.

5.2.2.5 Benefits, sacrifices and support services of SKMT by word cloud

Before moving on to the analysis of consumers, this section provides the word cloud of the key subject of this study, which is the advantages and disadvantages of, and any suggestions for improvement in, South Korean medical tourism. This was also to correspond with what was presented in a government report (Table 26) and identified by the interpretations of all the answers. Table 31 shows the word cloud in English for ease of understanding, and it is then shown in Korean in Table 32. These are provided in more detail in presenting the stories of respondents in phase 2 of the thematic analysis.

Table 31 Benefits, sacrifices and support services of SKMT from industry stakeholders (word cloud in English)

Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)

Table 32 Benefits, sacrifices and support services of SKMT from industry stakeholders (word cloud in Korean)

Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)

The next section presents the findings from the respondents among prospective customers in the same way as those from medical tourism providers.

5.2.3 Prospective medical tourists (Key findings with initial codes)

After gaining more understanding of the situations in South Korean medical tourism, qualitative surveys based in the UK were conducted to explore consumers' perceptions and any experiences. This section contains valuable resources covering aspects such as consumer biographical data, general perceptions of medical tourism and the factors

of destination choice as well as the specific context of South Korean medical tourism. It also offers the perceptions of a numerical value of South Korean medical tourism collected with a Likert scale.

All the 18 semi-structured questions were grouped into six representative subjects in addition to the biographical data of this study as follows:

1. Understanding biographical data
2. Definition of medical tourism
3. Consideration of medical procedures
4. Familiarity with and perception of South Korean medical tourism
5. Perceived benefits and sacrifices of medical tourism
6. Key factors of medical tourism destination choice

However, the main purpose of this study for consumers is to identify the perceptions of benefits and sacrifices of medical tourism as well as key factors for choosing a destination. The analysis was thus focused on these subjects. With the respect to the diverse expressions in short words or texts of 45 respondents, all the key words were listed in the separate sheets (Appendices 8 and 9). The frequency of key words was highlighted in the same colour and quantified first. They were then interpreted in the context within a thematic analytic approach in phase 2.

The subjects were mainly presented in the following manner:

- Presented all questions
- Listed all key words or texts on the table (and see also Appendices 8 and 9)
- Presented the most frequent answers and interpreted with the keywords and contexts
- Summarised the key finding and presented the conclusions

The first follows the analysis of respondents' biographical data, considering the diverse sample data collection for consumers.

5.2.3.1 Understanding biographical data

People have different knowledge, experience and interests according to their biographical data. While this research follows a qualitative approach, the biographical data need to be understood by quantifying it to investigate what types of people have heard of, would consider or have experienced medical tourism. This is an important and necessary start to examining any data relevant to this research, considering the diversity of consumer data collected.

Among the 45 numbered respondents listed (Table 20), it appears that 9 had not heard of medical tourism, 26 had heard of it, and 10 had experienced it. This is an unbalanced data sample with a small number of the experienced, but attempts to see any implications among the divisions of the groups according to their biographical data. It has been used in particular to crosscheck with the report published by KHIDI, which presented the biographical data of current South Korean medical tourists.

To clarify, Figures from 34 to 39 were presented using the categories of ‘Not heard’, ‘Heard’ and ‘Heard + Experienced’ medical tourism based on each biographical criterion such as (1) age, (2) gender, (3) education, (4) employment, (5) residence, and (6) ethnicity as discussed below. The key findings for each criterion were presented to summarise.

By age

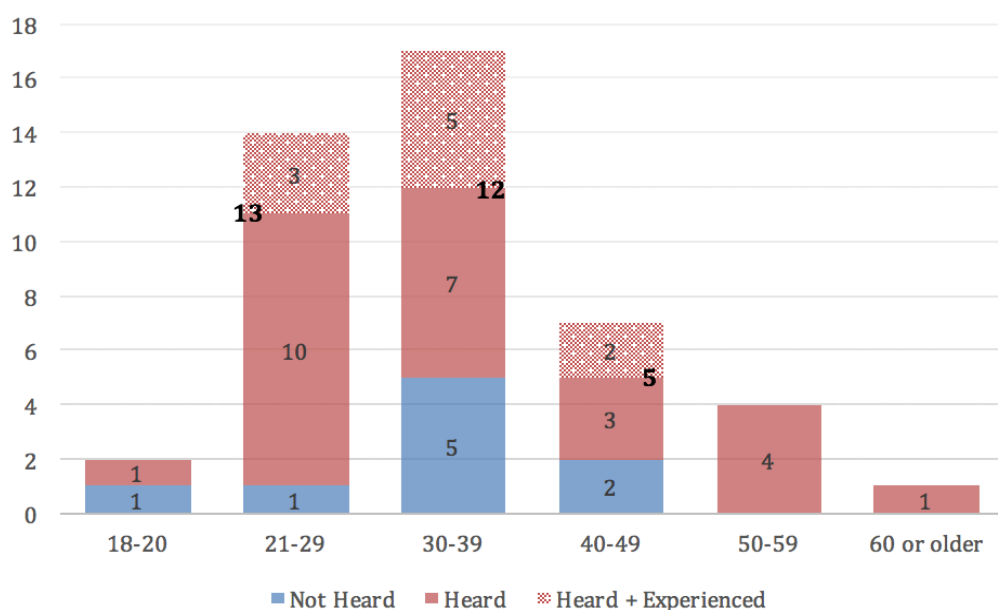


Figure 29 Familiarity with the term by age

In terms of age, the numbers in each age group of the ‘Heard + Experienced’ are 30-39, 21-29 and 40-49, in order. This may imply the age group that is likely to engage in medical tourism. It was also confirmed in the survey report of medical tourists in South Korea by KHIDI.

By gender

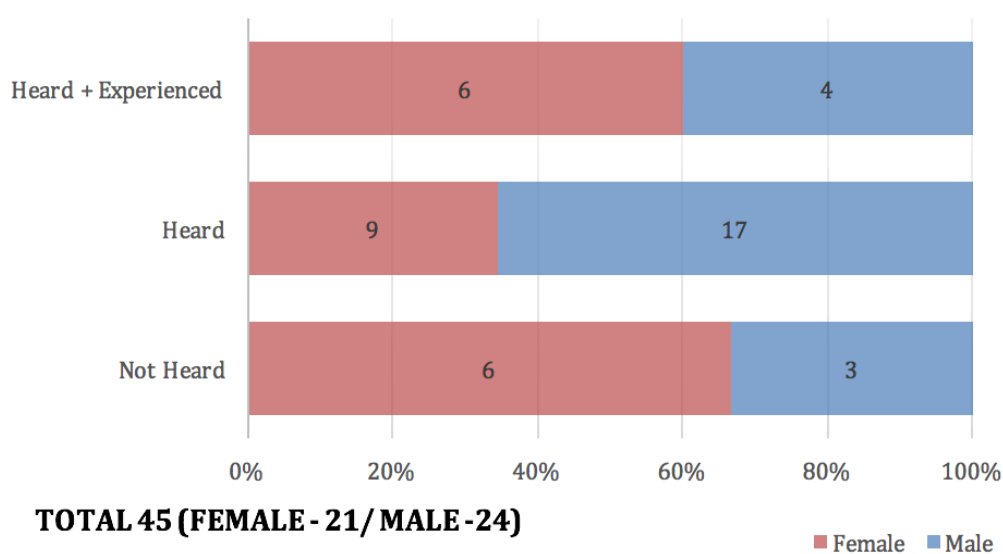


Figure 30 Familiarity with the term by gender

In terms of gender, females are likely to have more experience than males, with six females and four males, while more males have ‘Heard’ than females. This may imply the interest of female groups regarding medical tourism, and was also confirmed in the report by KHIDI.

By education

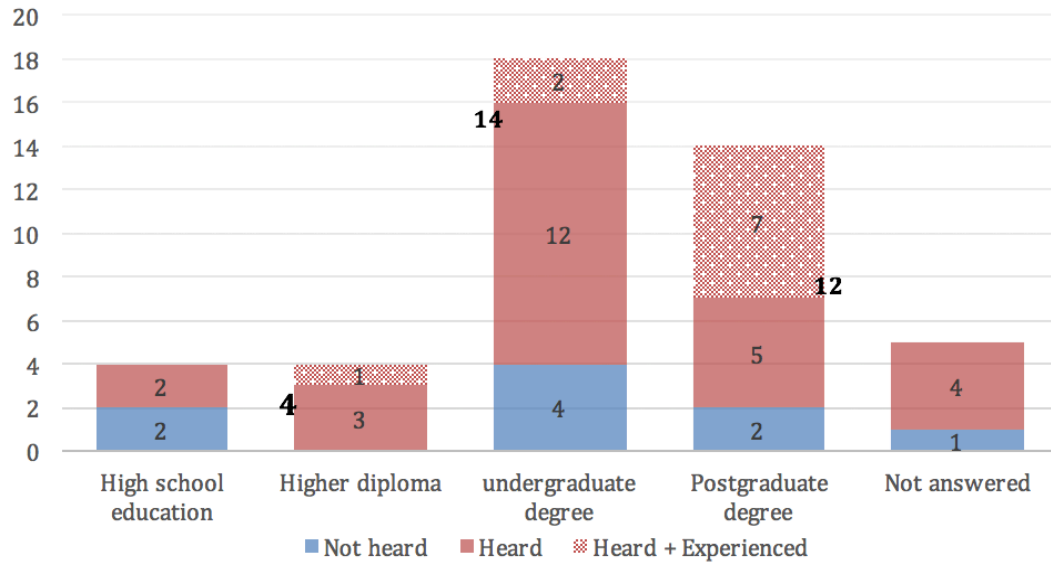


Figure 31 Familiarity with the term by education

In terms of education, in the sample, educated people have a greater likelihood of having heard of and experienced medical tourism. Two from the undergraduate group and seven from the postgraduate degree group are shown out of ten across all groups. This empirical data, which the report by KHIDI did not offer according to this criterion, has been added and it can imply the use of that future targeted group for this emerging industry.

By employment

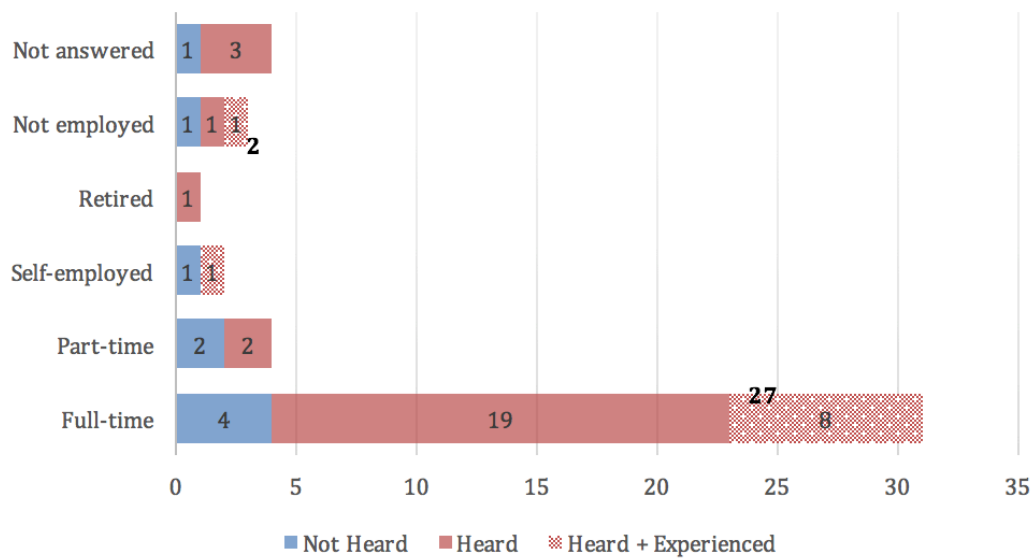


Figure 32 Familiarity with the term by employment

In terms of employment in the sample, those in the ‘Heard + Experienced’ category have a greater likelihood of being full-time employees. Out of the ten across all groups, there were eight full-time employed, one self-employed, and one not employed. This is very reasonable result since people will need to pay for the treatment.

By residence and ethnicity

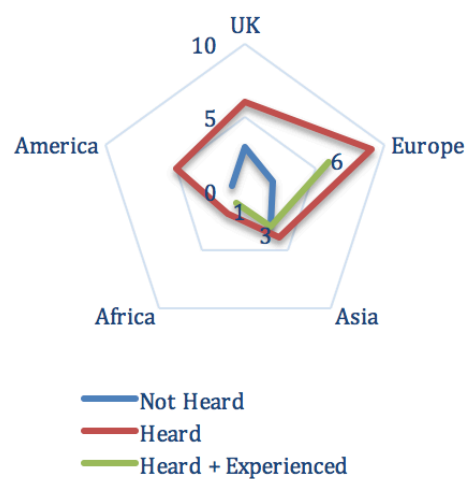
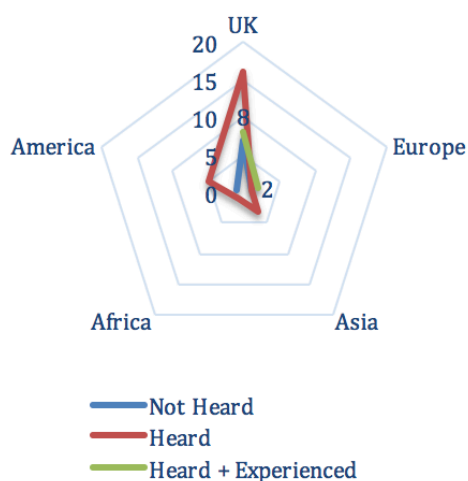


Figure 33 Familiarity with the term by residence **Figure 34** Familiarity with the term by ethnicity

In terms of residence and ethnicity, out of the total of ten across all groups, two were Asian and eight were from the UK (Figure 33). However, not all were from the UK ethnic group – six were Europeans, three Asians and one African (Figure 34). This shows that the UK residents of other ethnic groups are more likely to travel to other countries for medical tourism. It implies that the UK ethnic group might depend on the NHS for any medical treatment needed, but considering the collection of the small number in this group there would be a need for further investigation of the group.

In conclusion, the key findings from the biographical data from the consumer sample can be summarised as follows, and this biographical evidence will be a good resource to be used for the future targeted market to expand this emerging industry:

1. The age range of the interested or heard of and experienced medical tourism appears to be grouped 30-39, 21-29 and 40-49.
2. The female group is more interested and experienced, while more males have heard of the term.
3. The higher the education, the greater the likelihood of engagement among the experienced.
4. There is a stronger likelihood of hearing and experiencing among those in full-time employment.
5. Other ethnic groups among UK residents are likely to engage in medical tourism.

With the biographical background of respondents, the following presents the details of the data.

5.2.3.2 Definition of MT

For prospective customers, it was necessary to check their basic understandings of the term medical tourism, and ask whether it had been heard or experienced and what other names had been used if not heard of. Customers were also asked to share the details of any experiences they had had. The following three questions were thus put forward.

Questions to a prospective customer:

1. What do you understand by the term ‘Medical Tourism’?
2. Is this a term that you are familiar with? If not, what other names do you use?
3. Have you ever, or do you know of anyone who has been, a medical tourist?
Can you share some details?

Firstly, the key findings regarding an understanding of the term were presented giving the most frequent answers with subheadings and participant numbers. The most frequent answer was “travel to another country for medical treatment” with different expressions as follows:

Travel abroad + medical treatment

- (C#6) *Travel abroad for operations*
(C#9, 40) *Travelling overseas to get medical treatment*
(C#16) *Going to a different country for medical treatment*
(C#2, 10, 11, 13, 18, 20, 27, 30, 35) *Travel to another country for the purpose of obtaining medical treatment in that country*
(C#19) *Travelling outside of your residence country for medical purposes*
(C#12, 25) *Travelling abroad to get medical assistance*
(C#28, 32) *Travelling to other countries/areas for the purpose of medical care/treatment*
(C#38) *Travelling out of the home country to a foreign country to receive medical attention*

As can be seen from the respondents, people think in terms of travel abroad or overseas and leaving the home country for the purpose of medical treatment.

Similarly, some respondents who had not even heard of the term answered as follows:

Travel + medical treatment

- (C#8, 15) *Travel for treatment*
(C#14) *Tourism with a medical purpose*
(C#33) *It is a type of tourism connected with medical factors*
(C#36) *The trip is for medical treatment*

As noted by respondents who had not even heard of the term, the basic understanding was “a medical treatment with travel involvement”. This seemed to be the answer obtained by simply guessing from the word.

However, some respondents spoke in greater depth about the term for “the specific purpose”:

Quality + cost

(C#4) Patients looking for **low-cost** treatment, more options or **better qualified doctors** with treatment unavailable in their own countries

(C#7) Obtaining **free** health **care/specialised procedures**

(C#26) Specific geographical destinations which have **developed infrastructure** for (cosmetic or not) medical treatments at convenient **prices**, often close to tourist locations

(C#34) Seeking medical treatment in a country outside your country because it is either **cheaper or perceived to be more advanced**

Availability

(C#39) When patients **cannot get the right medical treatment** in their own country, they go abroad to obtain this medical treatment.

Quality + Accessibility

(C#29) Medical tourism is when people want to receive **better quality and more accessible** medical services than they could receive in their native countries.

Health or well-being

(C#24) Medical tourism is a term used for travelling to a certain destination in order to **improve or maintain good health and general well-being**.

As indicated by the respondents above, the term is understood to be related to the purposes of accessibility, availability, cost and quality, which are the benefits of medical tourism that already appear in the literature. It even appeared to be a broad concept of improving health or well-being.

On the other hand, a respondent from the UK answered obtaining free health care or specialised procedures. This could be interpreted in terms of personal interests or issues in the home nation, e.g. it shows the current issue in the UK that people from outside the UK are coming for the benefits of free NHS treatment.

Furthermore, two respondents answered ‘health tourism’ or ‘wellness vacation’ as alternative names instead of medical tourism. A few among the ‘heard’ group

answered that friends or family members had been to other countries for breast enlargement and other surgeries due to poor medical care in the home country, while others had heard of cosmetic surgery online.

Ten from the ‘experienced’ group gave examples of their medical treatments such as a health check-up, cosmetic surgery, dental treatment, other surgery and spa treatments. However, one European, who had experienced cosmetic surgery in Europe, answered using health tourism more than medical tourism. Some of respondents from Poland, Nepal, Thailand and Myanmar who live in the UK understood the term medical tourism through travelling back home for medical treatment or spas.

Overall, this shows that people have perceived different understandings of the concept of medical tourism. Receiving medical treatment in the home countries would not be counted as medical tourism. There is also no clear definition of a spa treatment but it would be more likely to be for the prevention of diseases and illness rather than the restoration of health, which is more related to wellness tourism.

The following then answers what medical procedures would be considered by consumers.

5.2.3.3 Consideration of medical procedures

After understanding the biographical data and basic awareness of medical tourism from respondents, the following questions were asked to gather the opinions of respondents on specific medical procedures regarding the type of procedure, the reason for having the procedure and the place where the procedure would be carried out, adding a South Korean context:

Questions

4. What type of medical procedures would you consider travelling abroad for?
5. Why would you consider travelling abroad for these procedures?
6. Which country would you consider travelling abroad to for a medical procedure?
7. Would you consider South Korea? If not, why?

Based on these questions, all the key answers were listed in Table 33 and summarised to find out the significance of the subjects.

Table 33 Keywords on the consideration of medical procedures

Types of medical procedures	Reasons	Places	What about South Korea
Cosmetic surgery, dentistry, body screening, beauty, serious health issues or surgery not available in the home country, major surgical operations, gynaecology, gene subjects or hi-tech medical procedures	Availability, not satisfied with current system in the nation, cost, quality (experienced doctors, better recovery, history of success, advanced technology)	US, Germany, Turkey, UK, Switzerland, France, Spain, India, Singapore, Thailand, Europe, Malaysia, South Africa, Brazil, countries within six hours' travelling distance	No information, (no familiarity), distance (too far), culture and language differences, no comfort, difficulty in follow-up care

This provides that there were distinctions between simple medical procedures such as cosmetic surgery, beauty, dentistry, body screening, and surgery which is not available in the home country, and procedures requiring high and advanced technology in terms of medical quality. This types of medical procedures are related to the reason for engaging in medical tourism as listed in terms of availability, cost and quality. The US, UK, India, Germany and Switzerland were favoured medical tourism destinations among others also named by the respondents, while South Korea was not considered due to unfamiliarity with the country, no information, long-distance travel and culture and language differences. The following stories are given in terms of considerations of medical procedure:

*(C#10) I would consider for serious health issues or for treatments which would **not be available** in my country. The area would be **Germany** as it has a **good quality of medical care** in my view, but I would not consider South Korea as it is **too far** from my country in Europe.*

*(C#11) ...for surgery because the US and Asia in general have **better organised hospital structures**. I would consider the **US**, and my father also went to the US for his surgery from Italy, but I would not consider South Korea because I am **not well informed** about the medical structure there and also for the **language**.*

(C#25) The **different types of procedures** can be divided into polyclinic procedures for one day or very short stays, uninsured procedures such as (semi)cosmetic or full body screening, and high-volume procedures such as highly experienced surgeons, considering cost and quality. A country I would consider would be any within **six hours' travelling distance** but I would also consider South Korea. Despite the long travel, I assume it has a **high quality** of private health providers. Also, it would be **cheap** compared to Europe. I would research the option.

(C#33) I would consider something related to **gene subjects or hi-tech medical procedures** as it has world-renowned hi-tech equipment and more professional doctors in certain medical areas. The choice of country will depend on the type of medical procedure but I would choose the **US**. But I would consider South Korea after more research if it is required because the distance between South Korea is **close** to China.

As noted by the respondents, people consider the types of medical tourism procedures in terms of availability, quality and cost, but they highlight the high or better quality than their home countries. They also express their own favoured destinations based on their experience and perceptions.

In particular, respondents tended to consider a medical tourism destination close to the home country, saying that South Korea is too far from Europe and Africa. The respondents provide the following factors negatively when considering South Korea as a destination for medical tourism:

(C#1) Too much of a **language barrier** and **cultural differences**, not in a racist way, but I don't think I'd feel comfortable getting life-changing surgery anywhere outside the EU.

(C#3,7) Too **far**

(C#10) South Korea is too **far** from my country.

(C#16) Too **far**. I live in Europe, flights **cost** approximately 500 euros + cheap accommodation.

(C#5) Not necessary – **language barrier, long way** from home to recuperate, difficulty in **follow-up**

The respondents point distance, culture, language and cost. British people and other Europeans basically have the perception that South Korea is too far from home. They are also concerned that there may be a language barrier and other cultural differences. Nonetheless, in more detail, one European gave the example of Bangkok: in terms of the cost and duration of the flight and accommodation, Thailand was for him an

attractive destination. Similarly, for one Chinese respondent South Korea was more attractive as it is close to her home country.

However, there still seems to be a market for South Korea as 19 respondents were positive with regard to its consideration, while many people highlighted the lack of information on South Korean medical tourism rather than other factors. Some Europeans could consider South Korea if the quality of medical services is better than or not available in the home country, and the review is positive and verifiable, while a Dutch respondent has already perceived the high quality of South Korean medical services from the above statement.

Also, all Chinese in the UK from among the respondents would consider South Korea. One of them stated plastic surgery in particular. This may be assumed because the Chinese already have a good perception of South Korea as well as information, and the distance does not seem to be a problem.

In addition, all four of the US respondents who have travelled to South Korea answered 'yes', giving as reasons that it is a favoured place for travel, there are officially trusted providers with experience, and maybe for dental procedures. It can be assumed that they are already familiar with the destination of South Korea as a place and have more information than others, or the US respondents may have more knowledge of the country than Europeans and Africans. To support this, more people offered the lack of information rather than distance as a reason not to consider South Korean for medical tourism. For example, even other Asian respondents from Nepal and Myanmar would consider India or Thailand rather than South Korea as there is not enough information regarding medical treatment, expertise and cost.

In conclusion, the key findings overall of this section among the respondents can be summarised:

1. The choice of types of medical procedures for medical tourism is related to quality, availability and cost in the home country.
2. The US is the destination most frequently named by respondents compared to others.

3. Distance is an important consideration for a medical tourism destination. However, information is more important than distance when choosing the destination as the majority of the respondents points to the lack of information on South Korean medical tourism.

The next section presents how and what people have perceived with regard to South Korean medical tourism.

5.2.3.4 Familiarity with and perception of SKMT

This section shows how respondents from consumers have perceived South Korean medical tourism. Considering the unfamiliarity of South Korean medical tourism, the questions determine how far the respondents are familiar with South Korean medical tourism, including the perceived level of each criterion of medical tourism, with a six-point Likert scale to see the numerical value as demonstrated below. The idea of adding a Likert scale is to enable those respondents who are not familiar with the country to answer.

Questions to a customer:

17. Could you please comment on whether you have heard of, or experienced, South Korean Medical tourism?
18. What is your perceived level of familiarity with South Korean medical tourism? Please mark on the scale for each question.

Criteria		Very poor	Poor	Fair	Good	Very good	No idea
Medical Services	Advanced technology						
	Hospital facilities and equipment						
	High skilled doctors						
	Care procedures						
	Short waiting times						
	Good medical cost						
	Safety and follow-up care of patient						
Tourism services	Tour package						
	Attractive places and Entertainment						
	Accommodation and Transport						
	Foods						
	Interesting culture and history						
Others	Language translation						
	Cultural barrier						
	National brand image						

The responses to questions on the subject of familiarity and perceptions are explained below by means of appropriate graphs.

Familiarity of SKMT

South Korean medical tourism in Asia has become recognised as one aspect of an emerging country. However, Figure 35 confirms the lack of familiarity with South Korean medical tourism in terms of ethnicity.

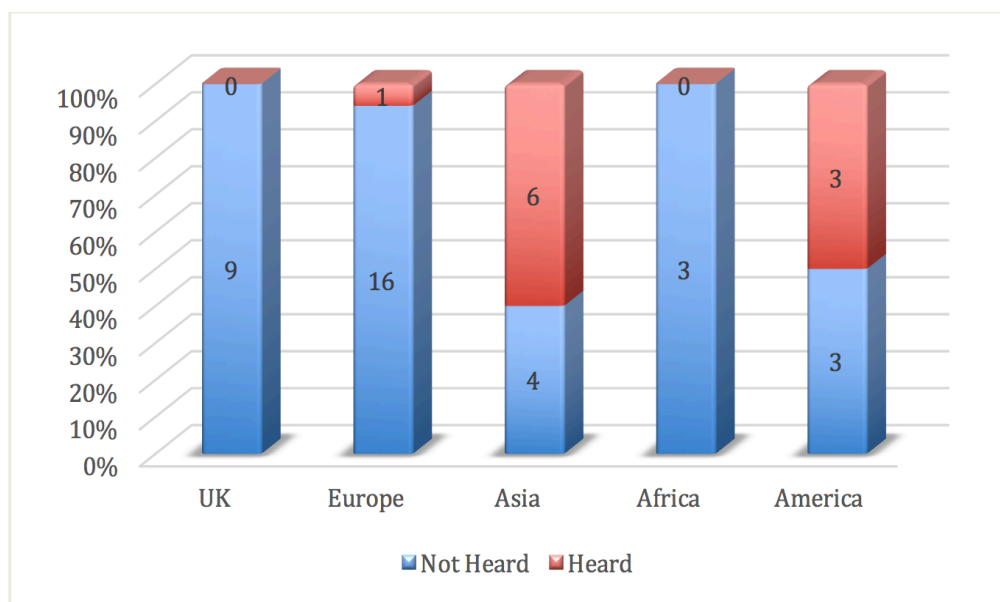


Figure 35 Familiarity of SKMT by ethnicity

Six out of ten respondents who had heard about South Korean medical tourism were Asians, while the others were three Americans and one European. However, there were five respondents aware only of cosmetic surgery related to South Korean medical tourism, four of which were Chinese resident in the UK and one was American, who responded as follows:

(C#27) Yes, I heard. Some Chinese people went to South Korea for **plastic surgery**.

(C#29) It's famous for **beauty/plastic surgery**.

(C#30) I do hear about the **cosmetic surgery** practice. It's very popular in South Korea and I believe it should be part of medical tourism in South Korea.

(C#33) I heard it is famous for **cosmetic surgery**.

(C#41) I have heard of people coming for **plastic surgery**.

This is because Chinese are already major medical tourists in South Korea, particularly for cosmetic surgery, as discovered in section 5.2.1.3. Even those Chinese who are UK

residents seem to perceive South Korea as a medical tourism destination for cosmetic surgery. Others such as a French, a Burmese and an American citizen, answered as follows.

*(C#20) I have heard about Americans going to South Korea for **cheaper dental treatments**.*

*(C#32) I have **heard of medical tourism** in South Korea. Still needs marketing effort to attract customers and to provide information about medical tourism in South Korea.*

*(C#39) Yes, **articles on the Internet** talk about it.*

A respondent from France expressed that she had heard that the dental treatment in South Korea is good for Americans considering cost. This confirms the report of the *South Korean Medical Tourism Overview 2013* by KNTTO, that the most desirable department for medical tourism in the US is dental treatment. However, a Burmese, who works as a marketing officer in London, points out the lack of marketing of South Korean medical tourism in relation to her profession.

Importantly, most of the respondents who would not consider South Korean medical tourism because of a lack of information, which has already been mentioned above:

*(C#11) I would not consider because I'm **not well informed** about the medical structure there...*

*(C#12) I **don't have information** about medical procedures in South Korea but I don't mind if I have to travel to South Korea for better medical treatment.*

*(C#17) ...**not familiar** with South Korea being specialised in any medical services...*

*(C#18) I have **no information**.*

*(C#19) I **don't know enough** about the treatments there. I've heard that healthcare in South Korea is good but I don't know more than this. I haven't been in the country and I don't know much about the culture.*

*(C#36) I would not consider it as I **have not heard much** about the surgical medical treatment.*

As indicated by these responses, all the respondents point out that South Korean medical tourism is unfamiliar or unknown. It is reasonable for anyone to have doubts without having been given any information. My perception is also that for Europeans South Korea is not a well understood nation and is sometimes confused with North

Korea.

Perception of SKMT

To provide a clearer picture of the levels of perception, the following presents them using graphs for the Likert scale questions. The result of the Likert scale questions in Figure 36 shows how people perceive each of the factors regarding South Korean medical tourism. All of these factors were then totalled up to give the overall perception of South Korean medical tourism in Figure 37.

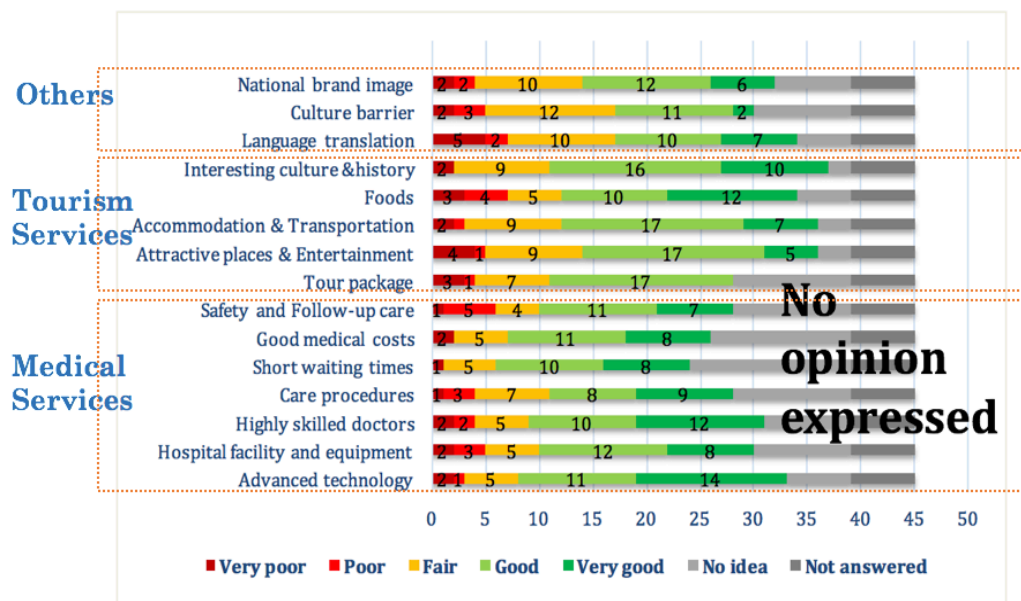


Figure 36 Perceived level of each criterion regarding SKMT

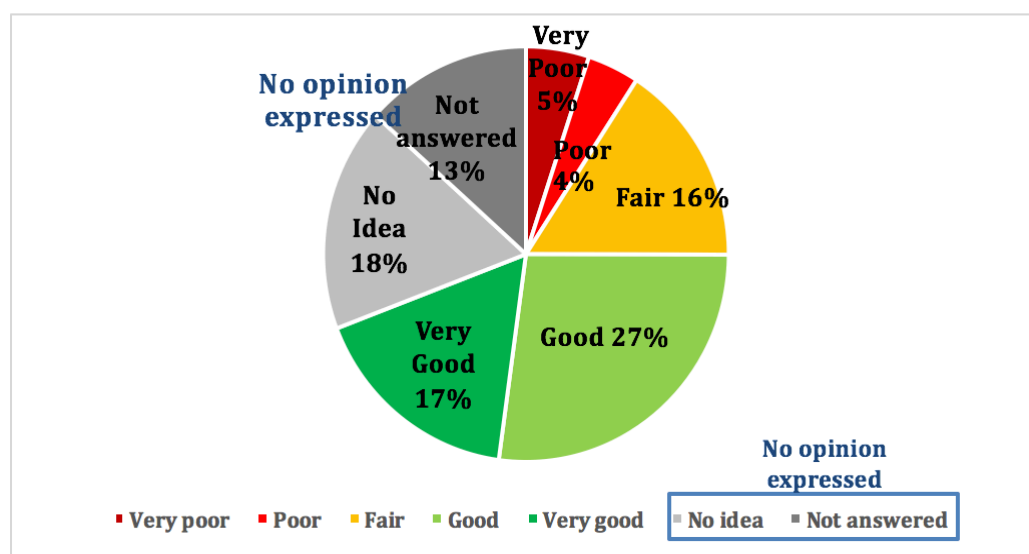


Figure 37 Total perception of SKMT

Value perception cannot be represented numerically in much depth in this qualitative study. However, this type of graph does confirm a lack of familiarity with South Korean medical tourism through the number of 'No opinion expressed'. The overall data did not show many negative responses among the total of 39 answers out of 45 respondents. Fifteen answered that they had no idea regarding short waiting times, 13 regarding good medical costs, and 11 regarding care procedures, safety and follow-up care, and tour packages. The notable point here is that while most people answered 'not known' with regard to South Korean medical tourism in the semi-structured questions, more people expressed this on the Likert scale.

Figure 37 shows a positive overall expression in terms of 'Very good' and 'Good' towards to South Korean medical tourism. In particular, the respondents' perception was 'Very good' and 'Good' in terms of advanced technology and interesting culture and history compared to other criteria (Figure 36). However, overall the chart shows the lack of familiarity with South Korean medical services among other criteria such as tourism services, national brand image, cultural barriers and language translation.

Overall, on a six-point Likert scale the data implies that people have favourable impressions of South Korean medical tourism. As more people did not reveal their opinions rather than gave negative responses, this will provide a good opportunity for South Korea to improve the perceptions in the group of respondents who did not give their opinion.

In conclusion, the overall findings of this section among the respondents can be summarised as follows:

1. There is a huge lack of familiarity with South Korean medical tourism except among Chinese residents in the UK.
2. People do not seem to know much about South Korean medical tourism and are more comfortable answering on the Likert scale. However, South Korean medical services, especially compared to others such as tourism services, national brand image, cultural barriers and language translation, show a lack of familiarity.

3. The overall scale shows more favourable feelings, measuring ‘Very good’ and ‘Good’ for South Korean medical tourism, and more non-expressions than negative scales.

The following reveals what elements of the perceptions of benefits and sacrifices regarding medical tourism are considered by consumers.

5.2.3.5 Perceived value of MT

The following questions were asked with regard to what people think about the value of medical tourism in general, and in terms of benefits and sacrifices, which are one of the main purpose in this study for prospective customers.

The analysis was thus focused on this sections of ‘Perceived value of medical tourism’ and next section of ‘Key factors of medical tourism destination choice’. The separate sheets (Appendices 8 and 9) were firstly created to list them together as appeared in the variety of answers. The words which appeared the most were highlighted in the same colour. These highlighted keywords were counted to find out what people have considered most about the subject. They were also summarised in the conclusions, and the interpretations within the context were provided in the phase 2.

Questions

9. What value do you put on medical tourism?
10. What are the benefits (positive aspects) of medical tourism?
11. What are the sacrifices (negative aspects) of medical tourism?

Based on these questions, all the key answers from respondents were listed in Appendix 8. The words which contained similar meanings were highlighted in the same colour. These highlighted key words were counted to find out what people have considered most in Table 34. Those key words from the respondents’ words were all presented with their numbers.

Table 34 Keywords on perceived value of MT

Value	Benefits	Sacrifices
positive (country income, availability, more choice, cost-efficient, specialism) (8), negative (3), both positive and negative (7)	medical quality (21), cost-saving (11), travel (8), time saving (5), safety, accessibility (2), availability (2)	cost (13), distance (9), language barrier (7), follow-up care (6), quality (5), safety (4)

(): quantifying the key words

Value of MT

*(C#4, 6, 7, 15, 26, 32, 36, 38) Acceptable for anyone, its availability, more choice + cheaper, obtaining specialism not in your own country, quite important, improvement of medical, I can live without, can often be a cost-efficient alternative to the same procedures at home, very good for patients' choice, comfort, top healing or treatment level, great value as health is wealth – **Positive***

*(C# 5, 16, 31) Low, none – **Negative***

*(C#1, 9, 16, 18, 19, 21, 37) Income for country but no value for person, middling, not my choice but I understand it has a virtue, 6 on a scale of 1 to 10, expensive but saving life, personally positive but something negative compared with using free NHS treatments in the UK – **Positive & Negative***

In terms of the perceived value of medical tourism, more respondents gave positive expression in regard to more choices such as cost-savings, availability and better quality of medical treatment, while a few gave it a negative value. Some, however, thought it was both positive and negative. One respondent believed there was no value in it for people but it did bring more into country. On the other hand, another put a positive value on people but were critical of failing to use within-country benefits such as free NHS treatment in the UK.

Benefits of MT

*(C#1, 2, 4, 7, 8, 11, 13, 15, 17, 20, 21, 22, 24, 28, 32, 35, 36, 38, 39, 41, 43) Experienced or highly skilled doctors, experts, qualified professionals, specialism, quality or advanced medical procedures, updated technology, better performance, high or quality, good medical treatment, high quality service, better or helpful care, competence, success rate, rejuvenate, saving life – **Medical Quality***

(C#1, 6, 14, 17, 18, 21, 23, 25, 26, 39, 40) *Saving cost, cheaper, price, cost, reduced cost – **Cost***
 (C#2, 16, 26, 28, 34, 35, 43, 45) *Holiday and cost, reduced holiday cost, combination of break, adventure and travelling experience, two things to get done in one trip, treatment and travel, get away and learn something new, travel – **Holiday***

In terms of the perceived benefits of medical tourism, the most frequent answer from respondents was ‘medical quality’ with regard to medical services such as doctors, care procedures, technology and performance. Most respondents perceived a better quality of medical services for medical tourism, with the next being ‘cost’ and ‘holiday’ benefits. People also perceived a reduction in medical costs as well as the ability to combine a holiday with medical treatment. On the other hand, the following presents the perceptions of sacrifices.

Sacrifices of MT

(C#1, 4, 7, 10, 12, 15, 20, 21, 24, 26, 37, 41, 45) *Travel cost, expensive to continue going back for further review, financial cost – **Cost***
 (C#1, 5, 12, 15, 21, 24, 26, 40, 41) *Being away from home, travel, distance, long journey, travel time, distance – **Distance***
 (C#1, 7, 11, 17, 21, 24, 39) ***Language barrier***
 (C#2, 3, 5, 9, 37, 43) *Follow-up care, possibility of anything going wrong far away, lack of continuity – **Follow-up care***
 (C#16, 34, 35, 36, 43) *Quality of service varies, potential risks in terms of quality and result, malpractice, reality and expectation can be different, unvalued treatment, bad service, outcome – **Quality***

In terms of the perceived sacrifices of medical tourism, more respondents answered ‘cost’ regarding travel (while some believed to have cost-saving as a benefit) followed by ‘distance’, ‘language barrier’ and ‘follow-up care’. The concerns regarding quality were also revealed.

In addition, the groups of the heard, not heard and experienced were identified to see any differences they might have.

Table 35 Keywords on perceived value of MT by different groups

Perceptions of MT	Experienced	Heard	Not heard
Perceived benefits	Medical quality (6) Cost (3) Travel (3) Time (2)	Medical quality (6) Cost (5) Travel (4) Availability (2) Time (2)	Medical quality (6) Cost (2) Time (1) Travel (2)
Perceived sacrifices	Cost (4) Language (3) Travel time (2) Stress (2)	Cost (8) Follow-up care (5) Distance (4) Result (2)	Cost (5) Distance (3) Language (3)

(): quantifying the key words

As can be seen from Table 35 above, most of the key elements were identified similarly in these three groups. The key elements of ‘medical quality’ and ‘cost’ appeared all in these three groups of experienced, heard and not heard. All groups pointed to ‘cost’ most in terms of perceived sacrifices. Those small and unbalanced numbers of groups cannot simplify the result, but this still implies the importance of ‘quality’ and ‘cost’ benefits and ‘cost’ sacrifice from any groups of people whether or not they have experienced medical tourism.

Importantly, while it is not really possible to interpret why and how people have formed these perceptions, the phase 2 thematic analysis provides greater in-depth understanding from the context.

In conclusion, the overall findings of this section among the respondents can be summarised as follows:

1. In terms of the value of medical tourism, people ascribe either a positive or both a positive and a negative value, while a few think negatively.
2. In terms of the benefits of medical tourism, people think of medical quality, cost and a holiday combined with the medical treatment, in that order.
3. In terms of the sacrifices of medical tourism, people think cost, distance and language barrier, in that order.

The next section presents what key factors influence the medical tourism destination.

5.2.3.6 Key factors in the choice of MTD

The following questions asked what people consider the most important factors in the choice of a medical tourism destination (MTD) as well as in terms of medical services and tourism services. They were also asked for any suggestions on governmental or additional support and how they choose the destination. A question was then added on how the nation's brand image affects the destination choice, as the issue was raised by industry stakeholders during the interviews.

Questions

8. What are the main factors in choosing a medical tourism destination?
12. What factors would you take into consideration in choosing medical services?
13. What factors would you take into consideration in choosing tourism services?
14. What government and additional support do you suggest would influence your travel as a medical tourist?
15. How do you choose a country for your medical tourism destination?
16. How does the nation's brand image affect your choice?

Based on these questions, all the key answers were listed on the separate sheet in Appendix 9, and the words which contained similar meanings were highlighted in the same colour. These highlighted key words were counted to find out what people have considered most in Table 36. Those key words from the respondents' words were all presented with their numbers and summarised in the conclusions. As in the previous section, the interpretations in this section were also made in phase 2, concerning perceptions of benefits and sacrifices of medical tourism since they have strong relationships.

Table 36 Keywords on the factors in the choice of MTD

Factors in choosing a medical tourism destination	In terms of medical services	In terms of tourism services	In terms of support services
Medical quality (31), Cost (20), Reputation (14), Safety (8), Accessibility (7), distance (5), Language, Culture, Availability, Recommendation, Follow-up care, Travel, Comfort (familiarity of destination)	Quality (33), Cost (16), Time (12), Reputation (6), Culture, Language, Safety, Distance, Availability, Brand, Recommendation, Service delivery	Cost (15), Accommodation (8), Quality (7), Language (4), Transport (4), Travel (4), Reputation (3), Comfort, Culture, Recommendation, Distance, Safety, Accessibility, History, Foods, Infrastructure, Attraction, Advertised options	Language (11), Transport (7), Insurance (5), Financial support (4), Follow-up care (3), Accreditation, Medical documents and files, Information, Affirmation, Safety

(): quantifying the words

Notably, the factors such as ‘quality’, ‘cost’, ‘culture’, ‘distance’, ‘language’, ‘reputation’, ‘recommendation’, and ‘safety’ all appeared in terms of destination choice, medical service, tourism service and the way of making the choice. The issues of language and safety were mentioned even in the suggestions for support services.

The following subheadings covering the most frequent answers and participants’ numbers are given below with summaries of the key findings.

Main factors in choosing a MTD

(C#1, 2, 5, 7, 13, 15, 16, 17, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 36, 38, 39, 41, 44, 45) *Experienced or skilled doctors, expertise, medical personnel’s skill, hospital standards, quality, specialism, qualification, cleanliness, level or quality of care, medical staff, good facilities, competence, latest technology, successful rate, medical prestige –*

Medical quality

(C#1, 2, 8, 11, 12, 13, 14, 16, 17, 22, 24, 25, 26, 28, 30, 32, 35, 39, 40, 41, 45)

Cost, price, cost of treatment, lodging and food during stay – Cost

(C#9, 10, 13, 21, 22, 24, 26, 32, 34) *Reputation – Reputation*

(C#6, 21, 25, 27, 30, 40, 42, 44) *Safety, super-low risk – Safety*

(C#10, 20, 23, 27, 34, 37, 41) *Ease of travel, easy to get visa, transport, accessibility, ease of getting travel documents, convenient flight connections, ease of access – **Accessibility***
 (C#11, 12, 23, 24, 37) *Distance, reasonable distance from home country – **Distance***

In terms of the main factors in choosing a medical tourism destination, there were a small number of joint factors to be considered such as ‘quality + cost’, ‘reputation + quality + cost’, and ‘distance + cost + language + culture’. However, the most frequently appearing answer was ‘quality’ in terms of qualified, experienced and skilled doctors, care procedures, medical staff and facilities, rather than ‘cost’. Many respondents considered quality above cost or both quality and cost. The next most important factor was ‘reputation’.

In addition, the groups of the heard, not heard and experienced were also identified to see any differences and the relationships between CPV and factors that influence a MTD.

Table 37 Keywords on the factors in the choice of MTD by different groups

Experienced	Heard	Not heard
Medical quality (8) Cost (8) Reputation (5) Travel (3) Safety (3) Accessibility (2)	Medical quality (8) Cost (3) Safety (2) Reputation (2)	Medical quality (15) Cost (11) Reputation (8) Accessibility (5) Distance (4)

(): quantifying the key words

As can be seen, the same result of the key elements of perceived benefits and sacrifices, ‘medical quality’ and ‘cost’ were all considered the most by these three groups of experienced, heard and not heard with regard to the choice of medical tourism destination. This implies the significance of consumer ‘quality’ and ‘cost’ perceptions and their influences on behavioural intentions. These factors are analysed and discussed further in phase 2.

In the next section, the specific factors were narrowed down regarding medical services and tourism services as well as suggestions for government and additional support, and the method of choosing a destination was also investigated.

In terms of medical services

(C#1, 2, 4, 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 25, 26, 27, 29, 31, 32, 33, 34, 35, 37, 38, 39, 40, 41, 42, 43) *Experienced, qualified or highly skilled doctors, doctors' capabilities, qualifications of medical staff, latest technology, best medical procedures, specialism, expertise, professionalism, competence, care procedures, good infrastructure, successful rate, hospital facilities or equipment, hospital environment* – **Quality**

(C#1, 2, 9, 10, 15, 20, 21, 22, 24, 25, 26, 28, 32, 35, 36, 44) *Cost, price, medical cost, money, good medical cost* – **Cost**

(C#1, 11, 12, 13, 16, 17, 27, 29, 33, 35, 38, 39) *Time, short waiting times, quick* – **Time**

(C# 9, 10, 21, 24, 26, 32) *Reputation* – **Reputation**

In terms of medical service, a similar number of respondents answered 'quality' as one of the most important factors above, but more specifically they pointed out 'doctors' ability' in terms of the skills, experience, qualifications, expertise, professionalism and specialisms, among other factors of medical services such as hospital facilities, equipment or care procedures. Following the same finding as above regarding the second most important factors, the next consideration was 'cost'. However, the third was 'time', in terms of waiting times related to service availability and spending time in hospital. 'Reputation' was considered after quality, cost and time.

In terms of tourism services

(C#1, 9, 10, 15, 20, 21, 22, 24, 25, 26, 28, 32, 35, 36) *Cost, price, money* – **Cost**

(C#2, 13, 14, 22, 29, 30, 33, 39) – **Accommodation**

(C#5, 9, 10, 20, 25, 34, 44) *Quality, quality of service* – **Quality**

(C#21, 23, 26, 39, 40) *Attractions or picturesque views, attractive places, destination, sightseeing* – **Travel**

In terms of tourism services, the ‘cost’ was the most frequent answer, while ‘quality’ appeared more in terms of the most important factors in medical services. This seems to be the case because people believe that medical treatment is the main purpose of medical tourism. Thus, sightseeing and attractions at the destination do not seem to be a major concern, as next factors following ‘cost’ appeared as ‘accommodation’, ‘quality’ and ‘travel’ in that order. Accommodation is an essential when people travel to other places leaving home behind. The response regarding ‘quality’ did not go into more detail but it can be assumed that it refers to the general quality of tourism services.

The following presented what other government and additional support would be needed for a medical tourist.

Suggestions for government and additional support

(C#11, 13, 17, 24, 26, 29, 33, 40, 41, 44, 45) Language support, interpreter, translation – **Language**

(C#1, 2, 24, 28, 29, 39, 41) Easy access to the service, airport transfer, transport, airport pick-up and drop-off facilities, patient mobility service – **Transport**

(C#7, 12, 21, 29, 30, 34) *Insurance, travel assurance, opportunity to use health insurance aboard, medical insurance* – **Insurance**

(C#1, 4, 5, 37) *Financial support, funding, part payment of procedure, sufficient financial coverage* – **Financial support**

In terms of suggestions for government and additional support, ‘language’ such as translations and interpreters was the most frequently suggested factor, the next being ‘transport’ regarding easy access to the services, airport pick-up, transfer and drop-off facilities. Since medical treatment involves difficult medical terminology, language support is fundamental for medical tourists with regard to their understandings of any medical procedures. Transfers to the destination should be convenient and easy. Insurance and financial support were also suggested, which shows that people expect a certain level of coverage for their budget and safety.

The following looked at how people would choose a medical tourism destination.

Table 38 Keywords on methods and impact

The method of choosing a destination	Impact of the nation's brand image
Recommendation (9), research (9), communication, doctor, travel time, cost, quality, European country, distance, reputation, availability, safety, language, favoured destination, culture, accessibility, infrastructure, government policy	Reputation, feedback from previous patients, reviews, professionalism, safety, destination, cost, experiences, human rights records, practitioner's competence, speed of delivery

(): quantifying the words

The method of choosing a destination

(C#3, 12, 13, 26, 27, 28, 32, 35, 39) *Recommendation, feedback from previous patients, talking to others who have had this experience already, prefer advice from family doctor, any friends or relatives, referral, friends' recommendation, referral from known person and their success stories, other patients' experience – **Recommendation***
 (C#24, 25, 26, 27, 28, 29, 32, 44, 45) *By research, web research, Internet enquiry, search on Internet, success in news media, medical journal and Internet research – **Research***

In terms of the method of choosing a destination, most of the respondents tended to choose the destination as a result of recommendations involving people's opinions and experiences. They also wish to research on the Internet or in medical journals, a result that appears to be the same as in the South Korean survey research by KHIDI as discussed in section 5.2.1.4.

The following reveals how brand image would influence the choice of destination.

Impact of brand image

NOT IMPORTANT

(C#11) *I would choose by the structure and culture they have. The brand image is not important for me.*

(C#13) *Many people say Canada has very good hospitals and people received very good treatment there but in my opinion you can find good doctors everywhere ready to help.*

(C#16) *Not so much.*

(C#5) *No.*

MEDIUM

(C#9) *Slightly.*

(C#25) *Unconsciously – it probably does have an impact.*

IMPORTANT

(C#30) *Strongly.*

(C#18) *It is important indeed.*

(C#34) *Yes absolutely.*

(C#31) *To a large extent but I will check and compare first.*

IMPORTANT RELATED TO OTHER FACTORS

(C#1) *the country would need to have a **good reputation** for having good doctors/surgeons/hospitals as well as a low crime rate.*

(C#12) *It's true some countries are more famous than others for their doctors, but as having said already my choice would follow some **feedback from previous patients** and this means the nation's brand would be counted to me.*

(C#19) *It's important. I need to know that I'll be **safe** in the country and in good hands. I want to feel at home and not feel stressed because of the environment. Being stressed about a serious treatment is enough.*

(C#23) *It has an influence definitely. I wouldn't go to an **insecure** country.*

(C#26) *Most likely. But I believe that **reputation, reviews, professionalism (qualifications etc.), years in operation, destination, cost** would define the choice in the end.*

(C#37) *How welcoming are the local people, no history of racial divide.*

(C#36) *By taking into consideration **other patients' experiences** with the country's medical treatments and with its brand image.*

(C#38) *It depends on the brand you mean here. Some countries may have a good brand image when it comes to car manufacturing, security or tourism destination but not in healthcare delivery. But given that this research is on health tourism, I suppose you mean the country's brand image on healthcare-related issues. In that sense, I would say YES, the country's brand image can be encapsulated with all I have said above – **human right record, practitioners' competence, and speed of delivery** will count a lot in shoring up the brand image and overall equity of the country in my judgment.*

Eighteen respondents out of 45 expressed their views as to brand image being not important, slightly important, and important, but most of the respondents answered that importance was related to reputations, feedback of experience, professionalism, speed of delivery and safety of the environment. This means that people draw a picture of the brand image of the nation's medical tourism industry in terms of those factors.

In conclusion, the overall key findings of this section among the respondents can be summarised as follows:

1. In terms of the most important factors for medical tourism destination, medical quality, cost, reputation and safety were found in that order.
2. In terms of medical services, the quality of doctors, cost, waiting time and reputation were found in that order.
3. In terms of tourism services, cost, accommodation and quality were found in that order.
4. In terms of suggestions for government or additional support, language, transport and insurance were found in that order.
5. In terms of the method for choosing a destination, research and recommendation were found.
6. In terms of the impact of brand image, factors such as medical services, reputation, feedback of experiences and safety affect the brand image of the nation's medical tourism industry.

In addition, the following presents the keywords of the main subject in this study by word cloud.

5.2.3.7 Benefits, sacrifices and support services of MT by word cloud

The word clouds in Tables 39 and 40, presented in both English and Korean from a consumer's point of view in terms of advantages and disadvantages of, and any suggestions for improvement in medical tourism, correspond to the tables presented previously from a government report and medical tourism providers. As it is not possible to interpret the elements in the context of South Korea at this stage, this section offers the general perceptions of medical tourism. It is updated in section 6.2.5 based on all the interpretations of empirical data by reflecting this specific context.

The advantages and disadvantages were thus presented, matching with the perceived benefits and sacrifices of medical tourism. Suggestions for improvement were also presented in relation to government and additional services.

Table 39 Benefits, sacrifices and support services of MT from consumers (word cloud in English)

Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)

Table 40 Benefits, sacrifices and support services of MT from consumers (word cloud in English)

Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)

The following explores the meanings of the key themes with regard to CPV as KSF, which is the aim of this case study.

5.3 Phase 2 Unit of analysis

The previous section 5.2 mainly summarises the preliminary findings with keywords throughout the documents and all the semi-structured questions. This section analyses the context thematically to achieve the aim of this study as well as to answer the research questions (Braun and Clark, 2006). The interpretations are developed based on the understandings and meanings of the participants' own words within the context (Myers, 2009).

First of all, the understanding of the definition of medical tourism from both sides of industry and consumers is presented. The thematic analysis is then applied to explore the key elements of CPV of MT and the factors that influence MTD as well as KSF in SKMT. Finally, the case of this study, CPV as KSF of SKMT, is also analysed.

5.3.1 Understanding the term MT

The previous sections 5.2.2.1 and 5.2.3.2 have shown the different views on the current understanding of the term medical tourism from both industry stakeholders and prospective customers.

In Figure 38 all the keywords from the respondents are listed for the representative definitions in stage 1 and these are then finally integrated at stage 2.

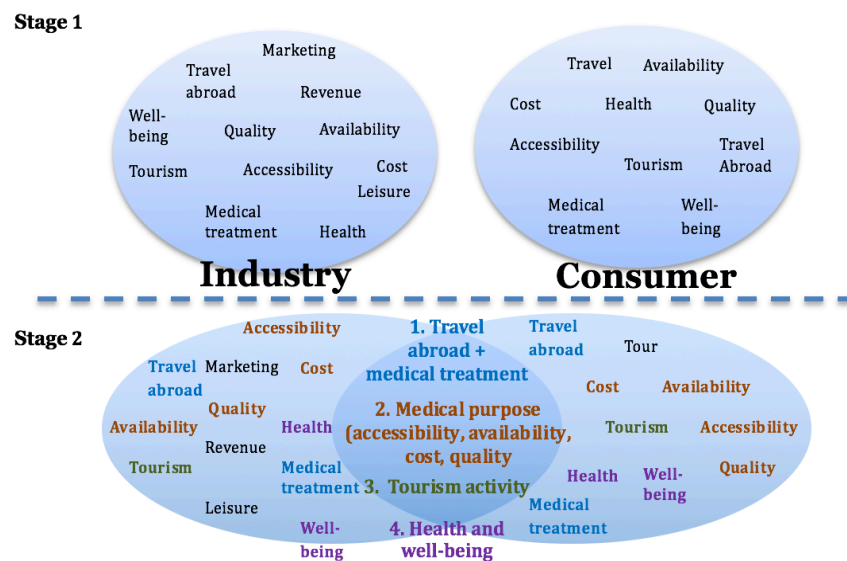


Figure 38 Understanding the term MT by integration between industry and consumer

In conclusion, the key findings on understanding the term medical tourism can be summarised by analysing and integrating all the responses as follows:

1. 'Travel abroad' (to a different country) for 'medical treatment'
2. The main purpose of medical treatment in terms of 'accessibility, availability, cost or quality'
3. Having a main benefit of medical treatment plus 'tourism activity'
4. Improving 'general health and well-being'

The following unit of analysis focuses on the major themes by more closely understanding the contexts of respondents.

5.3.2 CPV of MT and factors that influence MTD

One of the main purposes of this study is to understand the key elements of customer-perceived value (CPV) of medical tourism (MT) and the factors that influence medical tourism destination (MTD). The previous sections 5.2.3.5 and 5.2.3.6 revealed the importance of 'quality' and 'cost' perceptions and their influence on the MTD choice. This section thus analyses the participants' context thematically to gain more in-depth understanding. The final thematic map (Figure 39) was developed (Appendix 10) by the guidelines given by Braun and Clark (2006). Four main elements/factors were discovered to be significant both to consumer perceptions of medical tourism as well as to behavioural intention regarding the destination.

Importantly, the two themes of 'cost' and 'travel/distance' emerged as the perceptions of both benefits and sacrifices, while 'medical quality' appeared as benefit and 'uncertainty' as sacrifice. They are described with keywords in Table 41. There is an attempt to understand and interpret the meanings of themes by providing the stories of respondents.

Figure 39 Thematic map of CPV of MT and factors that influence MTD

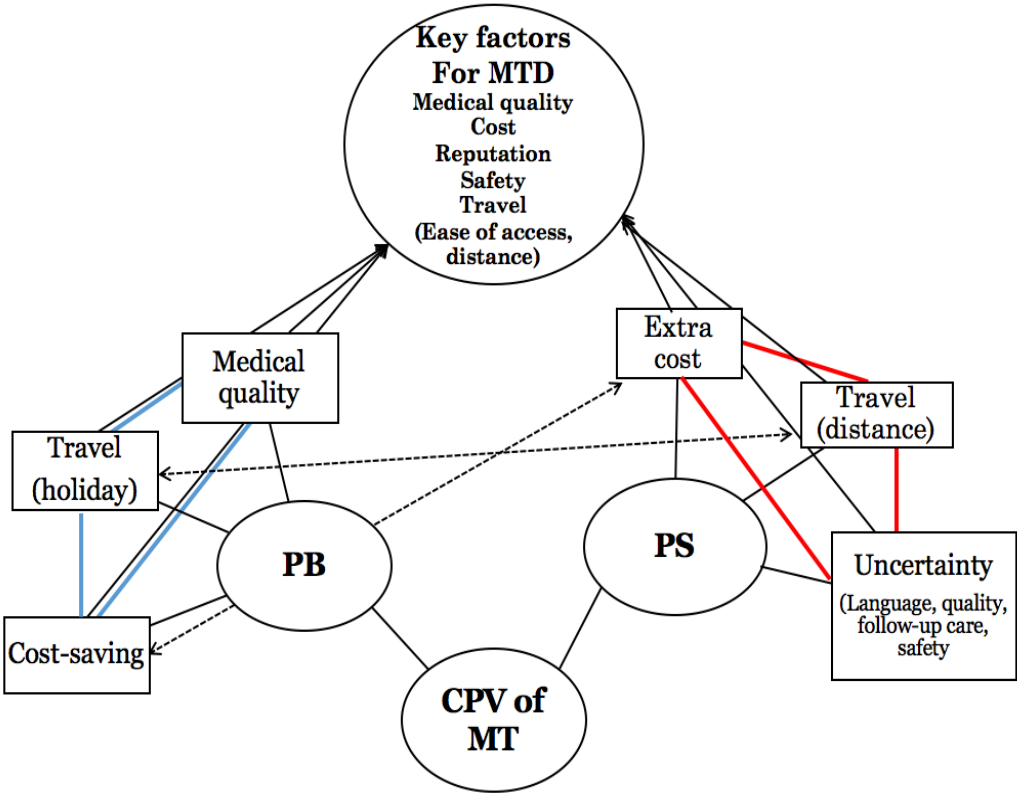


Table 41 Thematic categories

Major theme		Key words	Description
Perceived benefits - Factor for MTD	Medical quality	Advanced technology, doctors, availability, high quality of medical treatment, qualified professionals, quality of procedures, specialism, better performance, good care service, quicker recovery, high rate of care, early diagnosis, opportunity, competence, speed.	Customers highlight medical quality as the main benefit of medical tourism as well as the main factor for the destination choice, considering medical procedures, qualifications of doctors and updated facilities.
Perceived benefits and sacrifices - Factor for MTD	Cost	Medical cost, extra travel cost.	Customers point out cost savings on medical treatment, while some believe high medical cost is associated with extra travel cost. This also appears as the main factor for the destination choice.
	Travel	Holiday, combination, adventure, better/changing environment, learning something new, distance, away from home, long journey.	Some of them see a benefit in the combination of medical treatment with travel or a holiday in a new place but are also concerned about the distance of the journey from their home countries. This also affects the choice of destination.
Perceived sacrifices - Factor for MTD	Uncertainty - Reputation, Safety	Follow-up care, medical malpractice, quality of service and result, safety, different outcome, language, culture.	People are concerned about the results of treatment, follow-up care and safety as well as language and culture differences. This uncertainty of key elements affects the choice of destination.

5.3.2.1 Medical quality

Many studies indicate that perceived quality in general acts as a significant predictor of satisfaction, and this relationship is fundamental in generating behavioural intentions (Cronin et al., 2000; Han and Hyun, 2015; Zabkar et al., 2010). Zeithaml (1998) defines perceived quality as the consumer's judgment about a product's overall excellence or superiority (p. 3). In the context of medical tourism, perceived medical

quality refers to an individual's evaluation of core medical product performance such as excellence of medical care, surgical/medical skills, wider availability of medical/healthcare products, continuity of care, modernity of medical facilities (Han and Hyun, 2015, p. 21).

This study also confirms that 'medical quality' appears to be one of the main perceived benefits of medical tourism as well as the factor for destination choice. This is mainly related to doctors' capabilities, care procedures, technology and availability. The following respondents comment on the overall medical procedures and treatment.

*(C#4) I would get better advancement in **medical procedures or treatment** of serious illness.*

*(C#7) **Procedure specialism.***

*(C#13) It would be good to have benefits between countries for **better performance** in medical procedures.*

*(C#15) **High quality.***

*(C#32) It enables patient to get **better treatment.***

*(C#33) People from different countries can find the **best medical procedures** for certain problems, it definitely helps people who are desperate to find the **best treatment.***

*(C#36) You can get **good treatment.** Maybe the top level of healing or treatment in the world.*

These expressions highlight the perceptions of high medical quality expectation coming from the general purpose of medical treatment. Importantly, many respondents particularly stress the qualified doctor or specialist.

*(C#4) **Qualification** of medical staff.*

*(C#10) I would consider **expertise, specialisation and reputation.***

*(C#20) I could receive the **right information from qualified doctors.***

*(C#24) I could travel abroad for any type of medical procedures considering they are **better quality** than in my country or I would require a **specialist** who is not available where I live or my health would be in a poor condition. Getting **higher quality service** than in the place of living, getting advice or service which is from **qualified professionals**, being able to see a different country and getting to know other people with similar or the same health problem as yours.*

*(C#42) I would look for **professionalism** of doctors and staff.*

The doctor's skill and expertise is the most highlighted issue in medical quality among respondents. The competence of doctor would directly affect the success of treatment. This was also identified by the studies (Kim et al., 2013; Han and Hyun, 2015; Pan and Chen, 2014) and the report of *International Patient Satisfaction Survey 2013* by

KHIDI. According to the report, overall satisfaction with medical services is more closely interrelated with ‘doctor’ than other criteria such as staff services, communication, hospital stay and cost. However, the respondents also indicate the advanced facilities.

*(C#11) You can get the latest **updated technology**. My father went for a surgery to the US from Italy because we believe the US has a better quality of hospital facilities.*

*(C#41) You can often receive better care abroad, especially **cutting-edge** and experimental things.*

Advanced facilities are also identified by a number of studies (Kim et al., 2013; Han and Hyun, 2015; Pan and Chen, 2014). Such facilities with skilled doctors are deemed to produce more accurate and reliable results in any medical treatment. The following respondents provide insights into perceptions of why people would be willing to travel abroad.

*(C#10) It offers a solution when particular treatments are **not available** in the home country.*

*(C#12) Medical tourism can be more efficient as some medical treatments are **absent** in some countries. Also, psychologically it can give people hope for themselves.*

Some medical treatments could not be offered by a country’s own national healthcare system due to poor medical services. A respondent from Mauritius went to South Africa for surgery that she could not receive in her own country.

On the other hand, an experienced medical tourist explains why she went aboard. An Albanian couple from among the respondents travelled to Turkey to have a health check-up, saying that they did not trust the poor quality of medical treatment in their home country:

*(C#20) I and my husband went to Turkey for health check-ups, because we do not trust our healthcare system in terms of **quality**. I feel like even some of doctors are not professional and they do not seem to know what the symptoms are when I go to see them. Turkey is well-known in my country for good medical services and it is **easy for us to access** without visas. Also, my sister had a surgery but went to Switzerland to check again to make sure she was fine.*

According to her assertion, they decided to go aboard as the system of healthcare in Albania in terms of quality is poor. They were also concerned about accessibility. In general, Turkey is the place to consider in terms of easy access close to their country, no visa requirements and perceived good quality of medical services.

People are concerned with medical quality as well as other benefits such as cost and convenience under the healthcare systems in their own countries as in the following assertion.

*(C#39) I can get **highly skilled doctors, medical costs, no waiting list, quick and good care services and safety.***

Overall, most respondents pursue good medical quality as a first priority for medical tourism. However, they also consider other associated elements such cost, accessibility and waiting times. The following focuses on the additional key theme of cost.

5.3.2.2 Cost

It is widely accepted in tourism marketing literature that perceived service quality is positively related to perceived value, while perceived monetary price is negatively related to perceived value (Duman and Mattila, p. 312). Some studies indicate that price is always a key factor for consumers when purchasing hotel accommodation and tourism services (Wang, 2012). In the medical tourism context, cost of care and its quality is the core motivation for medical tourists (Bookman and Bookman, 2007; Hallem and Barth, 2011; Walker, 2006; York, 2008; Zhang et al., 2013). Having compared medical costs (Table 7), patients can save between a quarter and a tenth of these. This appears as a benefit of medical tourism as well as a factor for destination choice.

However, cost was not only indicated as the main benefit of medical tourism. The transcripts hold other associated factors. This respondent from the Netherlands provides her experiences and surroundings:

*(C#25) I had my teeth done in Turkey, considering the benefits of **cost and quality**. On my plane there was a group of around 40 Dutch people who were travelling to the same clinic to have eye laser treatment. Also, countless friends went to Belgium or Germany for full body check-ups/screening as it was **cheaper** there.*

This highlights the cost-with-quality benefits regarding the product itself within the specific medical treatment of dentistry and check-ups. Respondents believe many people from their country go abroad for cost benefit. However, this shows that the travel time of flying to Turkey, Belgium or Germany would be acceptable for Dutch people for easier access and considering quality and non-monetary cost in terms of time and convenience. Another respondent considers the overall cost of medical treatment plus a holiday.

*(C#16) **Reducing my holiday costs** plus treating **cosmetic things** for which I would need to wait several months for an appointment on public health insurance or pay a lot of money if I wanted an appointment with a doctor that is not being paid on that system.*

This respondent believes there are savings in the monetary cost of cosmetic surgery combined with a holiday considering long waiting times using public health insurance. On the other hand, the following respondent indicates an issue for the National Health Service (NHS) in the UK.

*(C#21) I see medical tourism as a positive thing but I often hear about it as something negative when it comes to people visiting UK for the **free NHS** treatments.*

This respondent refers to the cost benefits arising from the NHS being free of charge in the UK. She believes that some people misuse the benefit as many foreign visitors come for free healthcare services. However, as mentioned about the negative influence of perceived value, this is also identified in a medical tourism context.

*(C#1) I need to pay for **travel costs** being away from home. Also, it will be extremely expensive to continue going back for further review.*

*(C#2) If a procedure goes wrong after returning to your home country then you would need to **pay to travel** back to country.*

*(C#4) It **costs for the travel** as well as the private treatments, which I do not need to pay for.*

*(C#20) It will **cost more** for everything. Expenses are higher.*

*(C#41) It can cost huge **amounts of money**.*

These respondents believe travelling means an increase in overall cost. Furthermore, this respondent expresses negative perceptions on cost, distance, absence from work and even stress.

*(C#12) It **costs** a lot which is the first problem to be taken on, then the distance which can cause a long period of absence from work, and stress.*

With these associated factors, the following major theme emerged.

5.3.2.3 Travel

Medical tourism is described as the combination of medical treatment and tourism activities involving travel to other places away from home. To what degree people actively engage in tourism activities with medical treatments can depend on their health problem. For example, if a person goes through major surgery, he/she may just want to relax without engaging in any tourism activities. However, tourism is a huge and complex subject also involving culture, food, language, travel and leisure. People may be exposed to any kinds of tourism services in the destination they travel to (Eman, 2011; Ko, 2011). This means that going abroad is itself considered to be a part of tourism activities.

The following respondents highlight the benefit of travel during their treatments.

*(C#28) It is like an **adventure** with **travelling experiences**.*

*(C#34) I can get **two things** done in one trip.*

*(C#35) I can receive **treatment while traveling**.*

*(C#43) I can **get away, rejuvenate and learn** something new in a different environment.*

*(C#26) Medical tourism would allow **combining a break** with a procedure for either the patient or their entourage. This provides me with **privacy and a new location**.*

Those respondents express an interest of travel, and this implies that some people expect a holiday and tourism activity, not travelling only for the purpose of medical treatment. From a consumer perspective, the best would be if they could enjoy two things on their journey.

However, some respondents worry about the distance involved in travelling from home to another destination.

- (C#11) *It would be very difficult to **be far** from home in another country.*
 (C#12) *The **distance** to travel to other countries will cause the absence of work and stress.*
 (C#15) *I will have to travel with a **long journey**.*
 (C#41) *It creates **distance** between yourself and friends and family.*

These respondents are concerned about the geographical distance. This was measured with two items of distance and travel time by Zhang et al. (2013). Insight is also given into perceptions of psychological or emotional stress being away from home as identified by An (2014), as a respondent mentioned. If someone has a serious health condition it will be a burden to travel abroad.

While the respondents express the associated benefits and sacrifices regarding medical quality, cost and travel, the following major theme of sacrifices emerged with the issue of a differing result or outcome in terms of quality and further follow-up care.

5.3.2.4 Uncertainty - Reputation, Safety

The perceptions of ‘cost’ and ‘distance’ sacrifices were identified, while some believe to have ‘cost-saving’ and a combination of medical treatment and ‘travel’ as a benefit. However, respondents expressed their worries with regard to language, quality of medical treatment, follow-up care and safety.

- (C#42) *We can get the information of country or hospitals online, which are **not sure** about. Sometimes the Internet focuses on the bad stories.*
 (C#35) *Reality and expectation can be **different**.*
 (C#3) *If **anything goes wrong** you are far away.*
 (C#6) *The skills of doctors are **not certain**.*
 (C#33) *I might get **worthless treatment and bad service**.*
 (C#37) *Negative aspects are the difficulties of getting **follow-up** support after the initial consultation.*
 (C#40) *Concerns about **safety**, being away from your home country.*

From an international tourist’s perspective, a major factor when choosing a medical tourism destination is the uncertainty of core performance of product quality. Intending patients cannot readily see and check the quality of medical products or services offered by the healthcare providers. In other words, the quality of products or services is not available for examination before actual treatments are given. Thus, ‘follow-up care’ and ‘safety’ issues are also concerns due to the uncertainty of the

result of medical treatment. These were identified by other studies (An, 2014; Crooks et al., 2010; Lunt et al., 2011; Samir and Karim, 2011).

Furthermore, another uncertainty perception of sacrifices has emerged with regard to language, culture and environments (Bookman and Bookman, 2007; Hall and James, 2011).

*(C#17) I think **language** is very important. The miscommunication might end up with a **bad result**.*

*(C#33) People need to face a **different environment, different language, procedures** and others.*

*(C#32) Unfamiliar with **culture and lifestyle** will create several risks.*

Respondents worry about travelling to different environments, while some hold a positive perception of new experiences. However, familiar culture and the use of the same language will encourage customers to choose a medical tourism destination (Bookman and Bookman, 2010; Connell, 2013; Han and Hwang, 2013). In particular, Connell (2013) points out the importance of cultural factors, insisting that quality and availability of care are key influences on medical tourism behaviour, alongside economic and cultural factors.

In addition, uncertainty of medical quality and safety as perceived sacrifices implies the influence of choosing a destination of medical tourism. In other words, people try to find out where would be the best place before making a decision to travel abroad for medical treatments. This is strongly affected by its reputation and safety as noted by following respondents.

*(C#6) **Safety**.*

*(C#12) I will get any **feedback from other patients**.*

*(C#19) It should have a **good reputation**, probably a friend living in the country who has a good knowledge of it would make it feel safe.*

*(C#28) I will search for **success stories** in news media regarding the specific treatment.*

From a consumer perspective, reputation as reported by friends, family, relatives and experienced patients affects the intention of decision-making over uncertainty (Yeoh et al., 2013). The confirmation of uncertainty through the experiences by close friends,

families or other people will be useful and important resources when buying a product or choosing a medical tourism destination.

Overall, the perceptions with regard to benefits and sacrifices were identified by consumers among respondents. It was also proved that these perceptions influence the choice of destination. Importantly, the three major themes with regard to perceived benefits and sacrifices from the evidence of respondents were highly inter-related. For example, 'quality' and 'cost-saving' emerged as key elements of the perceptions of benefits. However, cost-saving is also a beneficial component for 'travel' as seen in the combination of medical treatment and holiday, while cost and travel appear negatively in view of 'distance' and 'extra cost' for the desired destination. The perceptions are thus interchangeable in positive and negative ways, but can be changed by other support services from the industry.

The following presents what the industry considers to be the key success factors for medical tourism in the context of South Korea.

5.3.3 KSF of MT in South Korea

The previous section provided insights into the key elements of CPV of MT and the factors that influence MTDC from a consumer perspective. This study believes that understanding the key elements of CPV is the KSF in this emerging industry. This section thus explores and analyses the key success factors (KSF) in South Korean medical tourism (SKMT) based on the key elements of CPV from an industry perspective. All initial codes from the interview transcripts were first listed in section 5.2.2, and they were then categorised into the same meanings and grouped by major themes through the refinement of thematic maps (Appendix 11).

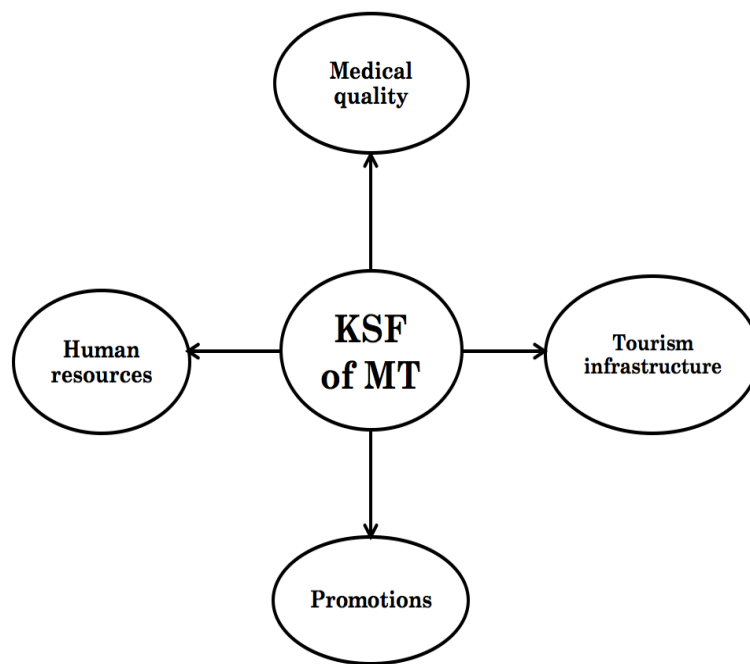


Figure 40 Thematic map of KSF of MT

Table 42 Major themes

Major theme	Key words	Description
Medical quality	Doctors, skill, technology, expert, speed, staff, price, waiting times, equipment, procedures, facilities, JCI, professional.	SKMT stakeholders highlight the excellent medical facilities and equipment as well as the highly skilled doctors in terms of medical services.
Tourism infrastructure	Product, language, accommodation, food, satisfaction, revisit, culture.	The importance of tourism services such as accommodation, food and tourism activities is highlighted, but so is a lack of tourism infrastructure.
Human resources	Culture, medical and tourism knowledge, language, coordinator, consultant, agent, expert, professional.	A lack of medical tourism experts and professionals at work is pointed out.
Promotions	Marketing, advertising, positioning, brand image, awareness, K-wave, K-pop, information.	Low brand image and lack of awareness of South Korean medical tourism are pointed out, while K-wave and K-pop are well recognised in Asia.

5.3.3.1 Medical quality

South Korea is well known for its advanced technology and world-renowned companies such as Samsung, LG and Hyundai. When asked about the landscape and delivery of medical services in South Korea, all the respondents from industry stakeholders emphasised their quality, praising the highly skilled doctors, the high quality of the facilities and equipment with the advanced technology. These were also indicated as the strengths of South Korean medical tourism by Kim et al. (2013).

The South Korean medical services are quite satisfactory according to the respondents. A cosmetic surgeon and president of the Korea Medical Tourism Association who has ten years' experience in medical tourism, admired the quality of South Korean doctors saying:

*(Association 1) We have **very up-to-date medical equipment** with **highly skilled doctors**. Especially, it is believed that South Korean doctors have delicate hand techniques and are very competitive in the global market compared to doctors in other countries. The reason I could say is that South Koreans use chopsticks for their meals, which requires the technique of finger movement. I also believe that most South Korean doctors have got top brains. I do not know about the entrance system of the schools of medicine in other countries but the students in South Korea who have top brains, I would say 0.01 per cent of them can go to medical school and become doctors in South Korea.*

This response shows his confidence and pride in South Korean doctors' skills and abilities. Moreover, one of the respondents, a team leader at the Alliance of Korea Medical Tourism, supports the quality of doctors and facilities at hospitals together with favourable prices, short waiting times and convenient care procedures in the medical services:

*(Association 2) South Korean **doctors** are very good. I strongly believe that the surgery would be the top class all over the world. We also have **reasonable medical costs** considering the provided **quality, short waiting times** and **convenient care procedures**. I have travelled to many hospitals for research, especially in the Middle East and Asia, in Qatar, the United Arab Emirates and Saudi Arabia, and others such as Kazakhstan, Russia and Mongolia, but we have such **great facilities** compared to them. Also, as an example of the waiting time for cataract surgery, Japan will take six months.*

In relation to this, other medical providers also agreed:

*(Hospital) Medical services in South Korea are very **advanced** in terms of cost, **hospital facilities, medical doctors, care procedures and waiting times.***
*(Cosmetic Clinic) Hospital facilities are **very up-to-dated.***
*(Government) We provide **excellent medical doctors, good facilities, reasonable cost and prompt medical procedures** for foreign patients.*

Related to my experience, one of the greatest benefits of medical services in South Korea compared to the UK is shorter waiting-times. There are many public and private hospital facilities in South Korea which people can easily access to see a doctor within the scope of the compulsory National Health Insurance (NHI). Accessing general medical procedures in South Korea is very simple and convenient, and patients can see doctors without having to wait in a long queue. If we take the example of cataract surgery, patients simply make an appointment at a hospital. The surgery only takes between 10 and 15 minutes and with two or three hours for recovery, the whole procedure is extremely straightforward.

For this reason in particular, South Korea is trying to open up the medical tourism market in the Middle Eastern countries, believing that there are huge opportunities for business. These countries are highly dependent on overseas medical services due to their lack of infrastructure, despite the fact that they make an enormous amount of money exporting oil globally, as pointed out by a respondent.

A team manager in the marketing and admissions department of Soonchunhyang University hospital, who has worked there for ten years, also praised the quality of the medical service due to the healthcare system in South Korea:

*(Hospital) As you know, we have **excellent medical facilities and equipment with highly skilled doctors.** I have seen many doctors around here working for 10 years at this hospital. I would definitely say that South Korean doctors are very good. You know we have a very cost-effective medical system in respect of creating profits in the business aspect so doctors are used to providing a rapid diagnosis and seeing many patients. They work like a machine having many patients every day. There is no doubt that this must have improved our medical skills more and more with much practice.*

Based on this assertion, the skills of South Korean doctors should be honed by the practices that make up a cost-effective healthcare system. As can be seen, all these respondents believe there are excellent healthcare services with highly skilled doctors

in South Korea, which fulfils the major element considered by consumers.

Furthermore, more importantly, people will not visit again if the country itself is not ready to accommodate medical tourists in respect of tourism and other support services (Eman, 2011). The following theme emerged in this respect.

5.3.3.2 Tourism infrastructure

Medical tourism is defined as the combination of medical treatment and tourism services (Connell, 2006; Bookman and Bookman, 2007). Most respondents from South Korean medical tourism industry stakeholders have perceived the importance of tourism services in terms of infrastructure such as food, accommodation, tour packages, sightseeing options and transport. This was considered an important role for tourist revisits and word-of-mouth advertising. Some respondents among consumers also expected a holiday or tourism activities with medical treatment. However, the lack of current tourism infrastructure has been highlighted in South Korean medical tourism.

An executive director of the Medical Tourism Department at the Korea Tourism Organisation strongly believed that tourism services are fundamental:

*(Government) Yes, definitely. It becomes more and more important. Providing good tourism services increases the customers' satisfaction and revisits. Previously, the hospitals only concentrated on increasing the facilities and departments of medicine. However, now you can see the changes. They are trying to offer a **good quality of accommodation and food** as well, like a hotel. We have noticed that some patients are having trouble with foods when they are not used to ours. The hospitals having foreign patients are trying to provide their foods having a special chef for them. For example, they offer Halal foods especially for Muslims.*

According to this response, tourism services in terms of accommodation and foods are of considerable importance in increasing customer satisfaction. Accommodation and food are the basic requirements for life. If tourists are not satisfied they will not have a pleasant stay. On the other hand, when visitors have a good experience at the location they may well visit again and even tell their friends for future recommendation. In this sense, when medical tourists return to their home countries, they recommend the

experience to their friends and relatives, and this basically increases both the number of medical tourists and the number of pure tourists.

A representative from one of the medical tourism agencies with six years' experience also pointed out the importance of tourism services:

*(Facilitator 1) Firstly, I believe tourism services, considering **tourism activities, accommodation, food and culture**, are the most important factor of successful medical tourism. Now I can easily see many medical tourists coming for cosmetic surgery, especially from China, who want to follow and imitate South Korean entertainers' faces and skin. As you know, we export many Korean 'soaps' and entertainment programmes, which are very popular nowadays especially in Asia. Our foods and cultures are naturally exposed to the other countries, so those tourism factors regarding culture and foods have been delivered to the foreigners and have also attracted medical tourists.*

Related to this assertion, medical tourists, particularly those interested in cosmetic surgery, were attracted to South Korean culture through the media. Through the popularity of South Korean soap operas in Asia, people have become interested in South Korean culture. South Korean culture and pop in Asia are referred to as K-Pop (Korean pop) and K-Wave (Korean wave). The point is that food and culture are a part of tourism and are also factors that importantly attract medical tourists.

However, all industry stakeholders agree that the current South Korean tourism infrastructure for medical tourists should be improved. One manager at a hospital complained about the lack of tourism activities on offer, explaining:

*(Hospital) From my view of working at the hospital, the infrastructure of hospitals in terms of medical services is enough to care for medical tourists. However, we need **tourism infrastructure** to support us. They ask about tourism information. For example, now we have increasing patients from Russia but, you know, the city tour bus does not support the **Russian language** and we do not have many choices of **tourism products** for them.*

Further to this comment, tourism infrastructure for specific tourist groups in terms of language support should be improved. In particular, with the increasing numbers of Russian medical tourists, South Korea does not have enough language translation facilities. Also, according to the 2013 *International Patient Satisfaction Survey* by KHID (Korea Health Industry Development Institute), medical tourists are

accompanied on average by 1.69 people. These companies and indeed some medical patients who are undergoing minor medical treatments may wish to look around other attractive places.

However, the tourism agencies may not be able to offer sufficient options to meet the requirements of all tourists once price and market demand have been taken into account. The market may not be able to fulfil all minor demands, but if the industry does not try to satisfy even small numbers of people the supplier could lose potential customers in the future.

The following addresses the importance of human resources for the medical tourism industry.

5.3.3.3 Human resources

Human resources in any industry are of basic importance, but the medical tourism industry in particular requires professional expertise in dealing with foreigners having different cultural and language backgrounds as well as with the nature of potential uncertainty in medical treatment. All interview respondents from industry stakeholders emphasise the need for professionals in medical and tourism knowledge with regard to language abilities and an understanding of culture, and admit there is a lack of human resources such as medical experts and co-ordinators to support this industry. This was also identified as a weakness of South Korean medical tourism by Kim et al. (2013).

A team leader at the Alliance of Korea Medical Tourism stated:

*(Association 2) We especially have **a lack of expertise** in a tourism background and **co-ordinators** I would say. For example, in a hospital, we do not have people with a tourism background to introduce tourist information. We still need more co-ordinators and experts who can communicate with medical tourism knowledge, considering the increasing number of patients from specific countries such as Russia, Mongolia and the Arabian nations.*

Related to this assertion, another representative at one of the medical tourism agencies added their firm belief regarding this important issue:

*(Facilitator 1) I believe that **human resources** are the most important issue of medical tourism development. At present we have opened a bachelor's degree course in the medical tourism department at about five universities and a master's degree of medical tourism management at around three universities, for human resource development. However, we have to concentrate more on human resources in developing this industry. More specifically, I think producing **medical tourism co-ordinators** who have professional knowledge, language skills and a service mentality is very important for South Korea.*

As noted by these respondents, there is a lack of human resources with regard to expertise and manpower of which the country is aware, and it is trying to raise human resources by opening more courses for education. South Korea has a lack of medical tourism experts compared to Thailand, India and Singapore, which are the major medical tourism operators in Asia.

Another respondent, a team manager in a hospital marketing and admissions department made a good point about the need for professionals in a real workplace:

*(Hospital) There are many courses opened and I have attended them, but the curriculum is not good enough. From my view at the hospital, we have to have more practical courses, from which they can actually work in the real field in here. You know, we have got the certificates of medical tourism approved by the government. However, in real work here we do not see the certificate. We see more their ability in languages and their attitude at work. We have to train them to work anyway. I do not see the point of the certificate and unnecessary knowledge. The **role of co-ordinator** is very important. We hire some co-ordinations as part-timers whenever we need them and I have seen many co-ordinators but we need more professionals in the field.*

This respondent highlights the importance of the role of coordinators, but the current training and education regarding human resources for this medical tourism industry is inadequate and bears no relation to the real workplace.

The following emerges related to the importance of improvement in promotions.

5.3.3.4 Promotions

A lack of promotion of South Korea as a medical tourism destination was pointed out as a weakness of medical tourism in the study by Kim et al. (2013). All respondents from the industry stakeholders' point of view highlighted the lack of brand image and

brand awareness of the country and believed that brand image can be developed through marketing. Also, as mentioned earlier, most respondents among consumers were unaware of current South Korean medical tourism because no information had been given.

The following respondent, a team leader at the Alliance of Korea Medical Tourism, made an important point regarding the lack of a current brand image of South Korean medical tourism:

*(Association 2) I have been travelling to other counties to advertise our medical tourism but the thing is **lack of brand awareness** of South Korean medical tourism. The other countries do not know what a good quality of medical facilities and services we have. From my point of view, the medical services regarding facilities are the best in Asia except Japan. However, unfortunately the positioning and image of South Korean medical tourism are very low considering the high quality of the medical services.*

As indicated by this respondent and mentioned earlier, South Korea and Japan are considered to have the best medical services in Asia, but unfortunately the image and positioning of the former are still very weak. In addition, through my own lived experiences in the UK, awareness of South Korea as a nation has now increased compared to the past. However, it is still not well recognised in the UK and Europe. For example, when considering choosing a medical tourism destination for British or other Europeans, the European countries could be reasonable and attractive in regard to distance and familiarity.

A team manager in the marketing and admissions department of a hospital also supports this view:

*(Hospital) I think **our international brand image** is very low even though it has gone up in Asia, influenced by popularity of K-Pop and K-Wave. It has been popular in the Far East, Asia and Russia as a result of our advertising, but apart from them and the nearest countries to South Korea there is not a variety of nationalities coming here. We have statistics from KHIDI showing that the second majority of medical tourists are from the US, but in reality this is because the numbers are included with the US army based in South Korea and Korean-Americans so they might not be considered real medical tourists.*

As noted by this respondent and found by the industry reports, according to the *Statistics on International Patients in South Korea 2013* by KHIDI, the international ranking in terms of numbers was China in top place, followed by the US, Japan, Russia and Mongolia, placing the US in second position. However, the figure included the US army based in South Korea and South Korean Americans who should not be included among the medical tourists. It looks as if the main current medical tourists are coming from countries that are close to South Korea by land or are interrelated historically or culturally. The South Korean medical providers are trying to promote and advertise their medical services, but the current activity of promotions does not seem to work out well under governance which is not unified.

The executive director of the Medical Tourism Department at the KTO (Korea Tourism Organisation) stated:

*(Government) We at KTO are in charge of the marketing of South Korean medical tourism. We are trying to support it in every way we can such as with advertising, social networking services, agencies, familiarisation tours, supporting medical associations and facilitators, and attending overseas conferences. However, I think each governance should also try to do **marketing** themselves rather than just waiting for our help.*

According to this response South Korea is trying to break into the medical tourism market globally using the various sources of marketing. For example, a familiarisation (Fam) tour is a good method to use to promote South Korean medical tourism, inviting potential medical tourists to have an opportunity to experience and familiarise themselves with the destination or services.

Having been noted by the interview respondents from the current industry stakeholders, the following government support to each key theme should be an essential for the success of this medical tourism industry. This effort would also influence the changes of consumer perceptions regarding the medical tourism destination.

5.3.4 CPV as KSF: Importance of support services by government

Pervious sections 5.3.2 and 5.3.3 analysed thematically to achieve the aim of this study. Section 5.3.2 identified four major themes, ‘medical quality’, ‘cost’, ‘travel’, and ‘uncertainty-reputation, safety’, with regard to the CPV of MT and the factors that influence MTDC from the consumer perspective. In section 5.3.3, four major themes were also revealed as ‘medical quality’, ‘tourism infrastructure’, ‘human resources’ and ‘promotions’, with regard to the KSF of MT in South Korea from an industry perspective. The emergent key themes through the contexts of both perspectives raised different points based on their positions of demand and supply.

However, this implies their relationships and need of supporting each other. In other words, the elements of customer perceptions of sacrifices can be improved with support by the industry. Importantly, the importance of sufficient government support for the major themes identified through the interview transcripts by industry stakeholders was also highlighted.

This section thus analyses the case of this study, CPV as KSF in SKMT, as to how industry can decrease the consumer perceptions of sacrifices and increase the perceptions of benefits regarding medical tourism in order to attract potential consumers to the medical tourism destination by supporting the identified major themes. It particularly addresses what aspects of government support are necessary for the success of a medical tourism destination as well as improvement of consumer perceptions. It takes into consideration the major themes that emerged as perspectives from both industry and consumers.

5.3.4.1 Medical quality assurance

Medical tourism is a form of tourism requiring travel abroad with the main purpose of medical treatment. This study also confirms the importance of medical quality for consumers’ destination choice. However, uncertainty related to quality of results, follow-up care and safety appeared as perceived sacrifices, even though medical quality emerged as one of the main benefits of medical tourism, and medical quality and safety emerged as the key factors for the destination choice. South Korean medical

tourism industry stakeholders are already aware of the need for government support to ensure quality, follow-up care and safety for medical tourists.

With particular regard to the field of cosmetic surgery, a respondent who was a VIP International Client Manager of the Dream Medical Group indicated the following:

*(Cosmetic Clinic) I have been working here for only a year, but I can see that the present **law** does not **protect foreign patients**. In particular, there are many Chinese tourists coming for cosmetic surgery now. Our clinics do have follow-up care and if the patients are not happy with the result or have a problem, we arrange another surgery for them within one year. However, I do not think all of the clinics will do that.*

This respondent raised an important legal issue regarding the system of follow-up care as well as the inadequacy of current government legislation to protect medical tourists. According to the respondent's claims, not all clinics – particularly in cosmetic surgery – have a follow-up care system, and even if they do, customers would have to cover extra travel expenses for the revisit.

In addition, there has been a significant issue with illegal brokerages of cosmetic surgery for medical tourism in South Korea. Some Chinese medical tourists for cosmetic surgery have visited South Korean clinics through illegal brokers and discover a problem from their procedure after returning to their home country. However, according to the current law in South Korea foreign patients cannot get any compensation as a result of an inadequate legal protection.

Another respondent, an executive director of the Medical Tourism Department at the Korea Tourism Organisation, is also aware of the issues and is trying to solve the problems:

*(Government) I know we have a problem regarding the issues of cosmetic surgery such as the victims of an inadequate follow-up care system and illegal malpractices, and the need for foreign patients' protection and care. We are trying to work on **patients' safety and follow-up care as well as legal protections**. As an example, we created the **Korea Medical Dispute Mediation and Arbitration Agency** for medical malpractice disputes. I believe this will help to minimise the issues. We have also opened the first **online platform** for South Korean medical tourism.*

As noted by this respondent, the KTO opened an official medical tourism website called ‘Visit Medical Korea’ in October 2014, which is believed to be the first online platform in the world. It contains much information about medical treatment, medical tour packages and service providers, enabling medical tourists to choose the right medical providers. According to an executive of the KTO, as an alternative response to medical malpractices, the Korea Medical Dispute Mediation and Arbitration Agency was set up to protect patients in 2012.

Another respondent, the managing director of Four Seasons Tour and Travel, added a forward-looking vision in relation to the issue of follow-up care.

*(Facilitator 2) I know this is a small occasion but I have seen some **co-operative hospitals** between South Korea and other countries for follow-up care. Also, now we co-operate with other countries’ hospitals, inviting and training physician trainees and nurses to experience our hospital system in South Korea.*

Their suggestion is that counterpart hospitals should be set up in each country to reduce the risks. This could prove efficient and attractive to both medical tourists and medical providers. In this scheme, medical tourists could easily receive other procedures that may be necessary such as follow-up care in their home countries without needing to go back again based on the hospitals’ communication and exchange of information.

A respondent who was a representative of one of the medical tourism agencies in Daegu Metropolitan City, the fourth largest city in South Korea after Seoul, Busan and Incheon with over 2.5 million residents, highlighted quality insurance as an alternative:

*(Facilitator 1) You know the government has officially designated Daegu as a leading medical tourism city for medical tourists. Most of the general hospitals and medical tourism facilitators are trying to have **insurance** for medical tourists to cover any risks and to gain the **JCI certificates** to insure medical services. The Daegu governance is also trying to have its own patient protection system for medical malpractices. So we are trying to do the best for the customers.*

Further to this respondent, evidence of high-quality medical services can best be found through an international certification system, one of which is the Joint Commission

International (JCI) in America which certifies medical service institutions that meet international standards (JCI, 2015). Even though the medical tourism that South Korea launched in 2007 joined this industry very late compared with other major Asian countries, 22 South Korean hospitals have already established the required standards of international medical services, which shows a good performance (Table 8).

Another response from a president of the Korea Medical Tourism Association had the more practical recommendation that medical tourists should use the best and most reliable medical tourism products, facilitators, hospitals or clinics, as officially designated by medical tourism government bodies or associations to avoid the potential risks:

*(Association 1) I strongly believe that we have to make a **law to punish and get rid of illegal brokerage or unacceptable medical tourism agencies**, which cause harm to the patients and the image of the nation. Also, I believe this is in the middle of a developing stage for progress and it is going to improve step by step. We have been discussing with the government and it takes time to change the **laws and legislation** in such aspects. It is not as simple to change them as you may think. In this respect, I suggest that medical tourists should **use official government medical tourism websites or facilitators that are designated by a government or associations**. For example, our association has just created the official medical tourism products including medical facilitators, accommodation and guide prices. This will be very reliable and trustworthy. I would also suggest registering the medical tourism insurance to prepare the risks. The problem is that we still do not have standard prices of products and detailed information about doctors. So we are trying to develop open and standard prices and provide enough information to medical tourists.*

Based on this recommendation, he understands all the problems and is trying to solve the issues regarding the laws and legislation on illegal brokerage, medical malpractices and excessive commissions, to protect the medical tourists. When medical tourism providers offer trustworthy medical quality assurance, consumers would have the confidence to fly to the destination.

However, the infrastructure regarding medical tourism should also be fully supportive with an assurance of medical quality.

5.3.4.2 Medical tourism infrastructure

As noted by some respondents among consumers, they expect a holiday or tourism activities with medical treatment. The combination of the two was perceived as an advantage in cost savings. However, extra costs for the travel and distance were also indicated as perceptions of sacrifices by other respondents. For the industry, in order to satisfy the customers, good service delivery in relation to both medical and tourism aspects should be provided.

It should be necessary to consider cost and tourism aspects in developing tourism or medical tourism products for consumers. The following respondents suggested the development of tourism products by market segments, and medical tourism products as well as accommodation:

*(General hospital) I think the **tour products** have to be developed by age, gender and religion with the **combination of accommodations**.*

*(Skincare clinic) The **products regarding medical treatment** first have to be considered and developed, and **shopping** is very important for the tourists.*

*(Medical tourism facilitator) There is a need to develop **special themes of medical tourism products** for consumers rather than focusing only on medical treatment, and these could be promoted by local travel agencies.*

According to the respondents, various medical tourism products targeted to different groups need to be developed for both medical treatment and tourism. They also say that South Korea does not have impressive tourism content for foreign tourists. Shopping seems to be the favourite among the current tourism activities for current medical tourists, which has also shown in the report of the *Overview of South Korean Medical Tourism 2013* by the KTO. However, shopping alone would not be sufficient and more choices of various tourism activities need to be developed, as mentioned by one of the respondents. Attractive tour activities could be developed related to our own culture and characteristics so that these can be combined with medical treatment.

In more detail, a president of the Korea Medical Tourism Association especially suggested improving the attractiveness of tourism products in combination with medical treatment:

*(Association 1) You know we have so many potentially interesting resources to develop, having a variety of culture, history, food and art through 5,000 years of history. We have to keep developing our **own medical tourism products** considering our distinctive culture such as temple stays with Korean oriental medicine. This is very unique and medical tourists cannot experience it anywhere else. Also, considering staying with families, we can provide products such as making Jipsin. This will be a very enjoyable and special time with families.*

As noted by this respondent, tourism products must be improved. South Korea does not as yet have many attractive medical tourism products for customers as it is still in the developmental stage of this industry. Jipsins, mentioned above, are traditional Korean sandals made of straw. There are also many other unique and interesting items that can be considered for development, combining both medical and tourism products for the medical tourism market. Developing attractive and favourable tourism/medical tourism products supported by the government can thus increase the numbers of medical tourists as well as the volume of medical tourists' overall satisfaction and retention through mouth of word.

Furthermore, South Korean hospitals are now allowed to operate a Meditel, a combination of a medical facility and a hotel, for foreigners seeking medical treatment. This also shows the importance of accommodation in attracting more medical tourists (Han and Hwang, 2013; Han and Hyun, 2014). In this sense, the government and medical tourism industry stakeholders are trying to expand the medical tourism infrastructure and are developing the menus and facilities to satisfy the specific requirements of countries and religions, as noted by the respondent. Developing favourable medical tourism package products for consumers will thus attract more customers to the destination, and consumers will feel it is reasonable to spend on these.

In addition, as identified in the previous section, consumers highlighted language and cultural barriers as perceptions of sacrifices, while South Korean medical tourism industry stakeholders are also aware of the lack of medical experts and professionals who have both medical and tourism knowledge combined with language skills. The following respondents strongly suggested that there should be government support for this issue:

*(Incheon Medical Tourism Foundation) Many problems arise with **language**, so we need to have **co-ordinators and experts** supported actively by the government.*

*(Oriental hospital) The government have to understand what is practically needed in the field. It will be good to raise **co-ordinators at the designated hospitals with practical training** backed by government support.*

In relation to this, the respondent from the industry perspective pointed out the need for service training related to understanding and respect for other cultures with a service mindset in the aspect of the service industry:

*(Association 1) The **service training** is very important. I am afraid to say it but you know I personally think South Koreans do not have a curiosity about other cultures and beliefs, so they do not want to know them. I believe that we have to learn how to **understand and respect other cultures**, and provide **kind services**.*

According to his perception, medical tourism as an international service industry should consider and respect the diverse backgrounds of customers and try to offer pleasant service. This would reduce feelings about language and cultural barriers.

However, it would obviously not be possible to change the distance to be travelled, which concerned consumers. For example, the eleven-hour flight from London, UK, to Seoul, South Korea, could be too long from the consumer's point of the view. In this sense, as raised by a respondent, the development of tourism or medical tourism products by market segments could be necessary. Ease of access was identified as one of the main factors for the choice of a medical tourism destination by the following respondents among consumers.

*(C#20) **Visa procedure**.*

*(C#27) Easy to get **visa**.*

*(C#41) **Ease of access**.*

*(Dermatology clinic) I think there need to be complimentary measures regarding **visas**. I have seen many cases that cannot come for treatment due to visa issues from Kazakhstan, Uzbekistan, China and Southeast Asia.*

*(Oriental hospital) The **procedure of visas** is complicated and strict. For example, medical tourists from Uzbekistan need to have a guarantor in South Korea. I understand the aspect of the Ministry of Justice considering the illegal immigrants but this causes damage to the pure medical tourists.*

*(Jeju Tourism organisation) The **visa procedures** should be simplified.*

Most medical industry stakeholders referred to the issue of visa procedures as they cannot receive medical tourists due to the problem of issuing visas, while some respondents among consumers have already mentioned that the visa and ease of access to the country is the most important factor in choosing a destination. From a government point of view, this would be doubtful as regards the issue of illegal immigrants. However, from a consumer viewpoint, it would be very disappointing and stressful. So as mentioned by industry stakeholders, there should be some solutions so as not to cause any inconvenience for pure medical tourists.

When these issues related to quality assurance are well supported by the government with sufficient infrastructure, consumers will be able to trust South Korea as a medical tourism destination. All these supporting issues should be promoted efficiently so that consumers can have enough information about and feel familiar with the destination.

5.3.4.3 Promotions

While the issues raised concerned the lack of brand image and brand awareness from both industry stakeholders and consumers, some respondents also highlighted another important overseas issue: that of double marketing from different departments of the South Korean government and local governances. A representative from one of medical tourism agencies stated the following:

*(Facilitator 1) We have **too much competition** with each other to promote medical tourism products. You see, all the different medical tourism centres in South Korea are going to the same countries to advertise their products. For example, the medical tourism centres from different areas such as Seoul, Incheon, Busan, Daseon and Daegu went to the same area of Yo Nyeongseng Sun Yangsi in China to present our medical tourism.*

As indicated by this respondent, South Korea has become segmented into regional medical tourism centres ruled by local governances such as Gangwon-do, Incheon and Daegu in order to work efficiently. However, this does not appear to be working well within the original purpose. Competing abroad against other South Korean medical tourism industry stakeholders is a waste of money and time.

Another response from a team leader at the Alliance of Korea Medical Tourism made a good point regarding the reasons for double marketing:

*(Association 2) Basically, we do **not have unified governance** of medical tourism. The KTO mostly deals with overseas marketing and KHIDI deals with the management and supervision of hospitals. But in the real work, they do not follow this. The KHIDI also supports the marketing of South Korean hospitals. The hospitals themselves go abroad to advertise their hospitals with support from KHIDI. So in the end there is **double marketing** among different South Korean medical centres and hospitals as both the government bodies are trying to influence the result.*

To support his assertion, as mentioned earlier, South Korea has two major government bodies, the Ministry of Culture, Sports and Tourism and the Ministry of Health and Welfare, which are both actively engaged in the medical tourism industry. The KTO (Korean Tourism Organisation) works under the Ministry of Culture and Sports, and the KHIDI (Korea Health Industry Development Institute) is under the Ministry of Health and Welfare. However, as they operate from different positions, they have different points of view and strategies. This is confirmed by the evidence from the respondents and industry reports.

From the evidence of respondents, it is clear that South Korea does not have a unified government to control this emerging field of the medical tourism industry, as indicated in section 1.2.

Based on these assertions, unified governance is required to set the rules and ensure that the bodies involved in the medical tourism industry communicate so as not to waste finances in double-marketing the country abroad. In addition, the medical tourism centres and hospitals should specialise in their own medical tourism products and advertise them in different ways. When selling these products or services, it is important to advertise them with some consideration for how they may be unified and organised. In particular, the following respondents highlight online marketing with government support:

*(Spinal hospital) **Online marketing** by government support is very important. Consumers would feel protected and will be able to trust the healthcare providers if they were designated and insured by government.*
*(University hospital) I believe it will be very helpful to advertise our quality of healthcare service with government support using **social media** such as Facebook, blog and twitter.*

As indicated by respondents from a consumer point of view, they want to ensure

receiving accurate information. Medical tourism industry stakeholders are also aware of the need of the information or presentation being supported by the government. As confirmed by the respondents and government report, Internet research is fundamental in seeking recommendations to choose a medical tourism destination.

South Korea has opened the first online platform of ‘Visit Medical Korea’ supported by the KTO, as has already been mentioned, but it does not look active or well used outside the country. This should be promoted more thoroughly in order to develop and spread South Korean medical tourism products. Developing and promoting the official medical tourism products would be of benefits to both providers and consumers. Consumers could feel safer and have greater trust, while the issue of illegal brokers would be solved from a government point of view. The government would be easily able to discern consumers from illegal immigrants. More online marking supported by the government would be a good engine to promote South Korean medical tourism.

Overall, to strengthen the future of South Korea as a favourable destination for medical tourism, it has been found from the respondents that government support or good governance is needed for all these key themes of ‘medical quality assurance’, ‘medical tourism infrastructure’ and ‘promotions’ to increase positive consumer perceptions as well as to attract consumers to the medical tourism industry.

The following chapter finally discusses the key findings and emergent major themes related to all the key literature and theories. This provides for answering the research questions as well as for achieving the aim of this case study.

CHAPTER SIX

DISCUSSIONS AND THEORY BUILDING

6.1 Introduction

To explore the research questions, the previous chapter presented the key findings in the preliminary unit investigation and discovered the major themes within a thematic and hermeneutic analysis in the unit of analysis. The analysis was primarily undertaken with regard to the customer-perceived value (CPV) of medical tourism (MT) and the factors that influence a medical tourism destination (MTD), and KSF of MT in South Korea. It finally provided the analysis of this case of CPV as KSF, and how and what aspects of issues by industry can increase the perceptions of benefits and decrease the perceptions of sacrifices in relation to medical tourism as well as to attract to the MTD in the context of South Korea.

This chapter brings together all the key literature, theories, findings and analysis of this current study, and documents from Chapters 2, 3 and 5. Based on all the resources it discusses the five research questions and the two key theoretical aspects of industry and consumer to investigate what differences and similarities have been found for comparison. In particular, Phillimore and Goodson (2004) indicate that in the inductive process of building a theory, it is important to bring multiple sources of evidence together in order to define the construct, confront emerging hypotheses with existing theories and look for alternative interpretations, to help in making more credible conclusions (p. 163).

Thus, the model of this case study, CPV as KSF of MT in the context of South Korea, is developed through the discussion of the two key research models by comparing and interpreting with key literature.

6.2 Discussion of research questions

In this section, the following research questions of this study are discussed, based on the literature, and findings and analysis from this current study to compare what has been found.

Research questions

1. How is medical tourism defined and understood?
2. How do medical tourism providers and prospective customers understand the benefits and sacrifices associated with medical tourism?
3. What are the key factors that underpin medical, tourism and support services with regard to the choice of destination?
4. What are the contributing factors that counteract and undermine aspirational and preferential decision-making by prospective customers?
5. What are the most significant critical success factors driving medical tourism that are unique to South Korea's medical tourism services?

6.2.1 RQ1: How is medical tourism defined and understood?

The basic idea of medical tourism in the literature is the same as travelling to another place or overseas for medical treatment. However, there are two different views to explain the term. Some (Carrera and Bridges, 2006; Cohen, 2010; Smith and Puczko, 2009) see it as travel to another destination solely for the purpose of medical treatment, while others (Connell, 2006; Bookman and Bookman, 2007) see it as travel abroad for medical treatment plus tourism activities or a holiday. Others (Edelheit, 2008; Deloitte, 2008; Newman, 2006; Yu and Ko, 2012) include, in more detail, such specific purposes as cost-saving, shorter waiting times, better quality and accessibility for travelling to another country. This has been confirmed by the research report from Global Spa Summit (2011), which presents the definition as travelling to a different place for a medical treatment that has lower cost, higher quality and better access.

However, the literature reveals that the definition of medical tourism is unclear (Reddy et al., 2010), unsettled (Cormany and Baloglu, 2011), and poorly defined and under-examined (Snyder et al., 2013), while there is a clear distinction between the terms 'health', 'wellness' and 'medical tourism' (Muller and Kaufmann, 2001; Smith and Puczko, 2009). Thus this research questioned research participants to elicit the current understandings of the term.

For the respondents in this research, medical tourism is generally understood as travelling abroad for medical treatment, while a very few understand medical tourism

as medical treatment plus a choice of tourism activities or holiday such as sightseeing, experiencing history, culture or food. Some advanced more practical benefits such as better accessibility, availability, cost and quality, just as in the literature and industry research. Others mentioned the broader concepts of improving general health and well-being.

The literature presents a clear concept of wellness, medical and health tourism, in which wellness tourism is seen as an attempt to prevent diseases and illness, whereas medical tourism is the restoration of health, and health tourism is both preventing diseases and restoring health (Muller and Kaufmann, 2001; Smith and Puczko, 2009). However, having indicated unclear definition by some authors, this current study has also confirmed some confusions over the concept among the public. The respondents show that the term is often a mixture as some people understand medical, wellness and health tourism to be same.

In particular, Hall (2013) indicates that the terms of wellness tourism, health tourism and medical tourism mean different things in different countries and cultures as well as in different fields of study. However, as medical tourism is more globalised and industrialised to the public, there should be agreement on the term with same meaning in order to avoid any confusions in the future.

Based on the definition of the term medical tourism, the next discusses how medical tourism providers and consumers understand perceived benefits and perceived sacrifices with regard to medical tourism.

6.2.2 RQ2: How do medical tourism providers and prospective customers understand the benefits and sacrifices associated with medical tourism?

In the literature, it is clear that the purpose of medical tourism is for cost-savings, shorter waiting times, better quality treatment, and easy accessibility and availability which cannot be found in the home countries. These reasons are the motivations for medical tourists (Connell, 2006, 2011; Deloitte, 2008; Ye et al., 2011; Yu and Ko, 2012). While visiting another country for medical treatment, people also have the opportunity, desire or expectation to experience tourism services such as food,

accommodation, attractions or culture, as well as other support services (Cormany, 2008; Eman, 2011).

However, there is still a lack of empirical evidence, while there is increasing medical tourism literature related to motivations, decision-making factors and perceptions (Han and Hyun, 2015; Ye et al., 2011; Wongkit and McKercher, 2013; Pan and Chen, 2014; Zhang et al., 2013). Even though customer-perceived value is widely defined as perceived benefits and perceived sacrifices, and is an integral part of the decision-making process, none of those studies have examined how customers and the industry understand the benefits and sacrifices associated with medical tourism. All the key elements to be considered in the literature were thus reviewed and described in Chapter 3, and they were investigated in the field study.

In the current study, the elements of ‘medical quality’, ‘cost savings’, ‘holiday/tourism activities’ among others appeared as the main benefits of medical tourism to consumers. They considered ‘medical quality’ as most important, particularly the ‘quality of the doctors’. This result was also confirmed by the government report, *International Patient Satisfaction Survey 2013 by KHIDI*, a survey undertaken with medical tourists in South Korea. In addition, South Korean medical tourism industry stakeholders expressed their confidence in the ‘high quality of medical services’ offered, particularly related to doctors’ skill, professionalism, technology and equipment. This was also addressed as a strength of South Korean medical tourism by the study from Kim et al. (2013).

In addition, importantly, consumers also expect to have a holiday or tourism activities with medical treatment, while South Korean medical tourism industry stakeholders believe this is a significant aspect for future customers regarding their satisfaction, revisits and recommendations. The current South Korean medical tourism is thus met by the requirement of medical quality, which is a prior concern for consumers and appeared as the greatest benefit of medical tourism. They are also aware of the importance of the tourism aspects.

On the other hand, in the literature medical tourism has already raised a number of negative aspects such as extra fees and distances of travel, as well as potential risks to

patient safety, follow-up care, ethical and legal issues, and culture and language differences (Bookman and Bookman, 2007; Bies and Zacharia, 2007; Crooks et al., 2010; Leah, 2008; Lunt et al, 2011). In this study, these elements were also considered to be the sacrifices of medical tourism, which consumers should ‘give up’ in order to ‘get’ the benefits of medical tourism.

In the current study, respondents from the consumer perspective considered ‘extra travel cost’ most often, followed by ‘distance’, ‘language barrier’ and ‘follow-up care’ as the perceived sacrifices of medical tourism. The medical tourism providers are also aware of these issues and are trying to improve the medical tourism infrastructures to solve and support any perceived potential sacrifices for medical tourists. In particular, they have pointed out the improvement in ‘language support’, the development of official packages of ‘medical tourism products’, raising the quality of ‘human resources’ such as medical experts and professionals, and establishing a strong legal framework or government policy for illegal brokers to protect the safety of medical tourists as mentioned in the previous chapter.

In addition, they have raised the issue of the lack of global awareness and positioning of South Korean medical tourism from the industry perspective, while respondents among the consumers have also pointed out the lack of information on South Korean medical tourism.

With regard to two major concerns – extra travel cost and distance – the problem of distance cannot really be solved or improved and it is likely to be the biggest barrier for severe medical tourists. However, as suggested by South Korean medical tourism providers, if South Korea develops other unique and specialised medical tourism products with a combination of tourism activity and medical treatment to targeted market, this could reduce the overall travel cost for consumers. Also, for minor medical treatments, people will be more willing to sacrifice the distance to travel if they experience the greatest benefits of high medical quality with interesting tourism services, from the journey.

The next section discusses the key factors that influence the medical tourism destination with regard to each aspect of the services: medical, tourism and support services.

6.2.3 RQ3: What are the key factors that underpin medical, tourism and support services with regard to the choice of destination?

In the literature, Cormany (2008) and Ko (2011) identify four factors (medical facilities and services circle, hotel and food/beverage circle, tourism support facilities and services circle, and governmental and national factors circle) that the consumers of medical tourism take into account when selecting a medical tourism destination. On the other hand, Eman (2011) indicates the importance of considering three service pillars (medical and healthcare services, tourism and travel services, and support services) of the service value chain in order to develop a competitive medical tourism destination.

However, none of these studies have yet questioned what key elements of each aspect of the services would influence the choice of a medical tourism destination by consumers. Furthermore, importantly, Connell (2013) pointed out that little is yet known of how medical tourists choose destinations, how choice processes differ from those of other tourists, and which factors are most influential in medical tourism.

Drawing on Eman's suggestion, this research thus considered the benefits of medical tourism from each service perspective in terms of medical, tourism and support services, and, related to this idea, asked what factors in the same three aspects consumers would take into account when choosing a medical tourism destination. These questions were also put to medical tourism industry stakeholders.

In terms of medical services, Ko (2011) highlights how a medical tourism destination is able to reinforce trust in the safety of its medical care in medical tourists' minds (p. 35). In particular, it was identified that medical staff and the level of medical facilities are the most important factors to medical tourists among others such as medical technology, level of care and detail, the bed capacity, the presence of JCI (Joint Commission International) certification and other international standards, registration of doctors and nurses, level of expertise in certain areas, doctor-patient ratio, and ambulance services.

On the other hand, Zhang et al. (2013) indicate that a high quality of medical care is the key determinant for all customers when choosing a hospital, as is generally stated

in the literature (Adams et al., 1991; Gooding, 1999; Herrick; 2007). But Ko (2011) did not provide the empirical evidence, while Zhang et al. (2013) merely stated the broad concept of a high quality of medical care and considered only the perspective of consumers.

This current study identifies the highest value placed on the ‘skills of doctors’ by both industry and consumers. It also confirms that, among other criteria such as cost, hospital conveniences and accessibility, the quality of the doctors is closely related to patient satisfaction with overall medical services in the government report *International Patient Satisfaction Survey 2013* by KHIDI, which was undertaken regarding the experience of South Korean medical tourism. The ‘quality of doctor’ has been thus found the most important factor in relation to medical services in medical tourism.

As it mentioned in Chapter 3, tourism services in relation to medical tourism have not yet been examined. But some literature has revealed the importance of these services to cater for the needs of international tourists regarding accommodation and food, transport and tourism activities (Eman, 2011; IMTJ, 2009; Ko, 2011; Han, 2013; Han and Hwang, 2013). This can also be seen from the evidence of increasing emerging literature related to medical hotels, which combine a medical facility with a hotel for medical tourists (Han, 2013; Han and Hwang, 2013; Han and Hyun, 2014, 2015).

In the current study, medical tourism providers believe that tourism services are also very important for future customers with regard to customer satisfaction, revisits and recommendations. However, with regard to current South Korean tourism services, ‘tourism infrastructure’ in terms of language, accommodation and food needs to be developed. Although people considered ‘cost’ to be a very most important factor in terms of tourism services, ‘accommodation’ and ‘quality’ were the next factors when choosing a destination. Notably, consumers consider the ‘quality’ of medical services and the ‘cost’ of tourism services.

Well equipped support services are also indicated as an important factor in a medical tourism destination (Cormany, 2008; Eman, 2011; Ko, 2011), but they have not yet been examined in the same way as tourism services. In particular, government policies

or national strategies related to visa restrictions and patient safety are highlighted as having a great effect on medical tourism destination selection by consumers (Bookman and Bookman, 2007; Ko, 2011). Other elements of infrastructure and superstructure, experts, manpower and promotions are also identified to support medical tourists (Caballero-Danell and Mugomba, 2007; Heung et al., 2010, 2011).

In this current study, the consumers highlight the support services related to ‘language’, ‘transport’ and ‘insurance’, which industry should be aware of. South Korean medical tourism industry stakeholders also understand improvement of ‘language support’, but point out the need for an understanding of other ‘cultures’. They also emphasise the importance of improvement in infrastructure, human resources and promotions.

Overall, in relation to the medical tourism destination, this study has found the result of the elements of ‘medical quality’, ‘cost’, ‘reputation’, ‘safety’, and ‘travel’. This implies the importance of the efficient combination of those three aspects of medical, tourism and supportive services. Trustworthy support services offered by industry will attract more customers and boost this emerging destination.

However, there are also negative aspects which affect decision-making for medical tourism. The following questions were thus answered.

6.2.4 RQ4: What are the contributing factors that counteract and undermine aspirational and preferential decision-making by prospective customers?

In the literature, three studies by Wang (2012), Zhang et al. (2013) and An (2014) have investigated the negative aspects of the choice of medical tourism destination such as potential travel-related risks to health, and physical and psychological distance.

Wang (2012) firstly considers the two factors of perceived risk and perceived fee of the medical product as perceived sacrifice, based on the potential medical tourists in mainland China. The results show that perceived risk (unavailability of post-operative care, occurrence of malpractice, medical side effects and complications) has a significant negative influence, while the perceived fee (monetary transaction, costs of flights, accommodation, a luxury holiday, medical treatment) does not have a

significant influence on perceived value. The later study by Zhang et al. (2013), unlike previous research by Roghmann and Zastowny (1979) and Stock (1983), has found in particular for potential Chinese customers selecting a destination country for international healthcare services that geographical distance has limited effects and is significant only when the diseases are not serious. It was also found that, rather than physical distance, psychological distances such as cultural, language, economic, and political distance have a greater effect. A recent cultural study by An (2014) found that the health-related risks are the major factors for customers in the US and Japan, while travel-related risks are the major factors for Russia and China.

In relation to this research question, the following replies appeared most frequently from the respondents regarding the main sacrifices of medical tourism and the main factors of destination choice, for comparison to see how they relate to each other. In other words, it has questioned what negative aspects of medical tourism affect aspirational and preferential decision-making.

The main sacrifices of medical tourism:

- Perceived Fee: extra **cost**
- Perceived Uncertainty: language, follow-up care, quality, **safety**
- Perceived Inconvenience: **distance**

The main factors of medical tourism destination choice:

- Medical quality, **cost**, reputation, **safety**, travel (easy of access, **distance**)

However, from the current study of semi-structured questions for consumers, following on from the main sacrifices of medical tourism, people consider ‘extra cost’ for travel and medical treatment itself most highly, followed by ‘distance’, ‘language’, ‘follow-up care’ and ‘quality of care’ as the main sacrifices in medical tourism. There are also concerns regarding cultural difference, the stress of new environments, and aspects of safety. All these factors can be confirmed in the literature (Bookman and Bookman, 2007; Connell, 2013; Crooks et al., 2010). Importantly, the literature did

not support empirical evidence, and this study has explored the main factors directly from consumers.

On the other hand, with regard to the most listed factors in destination choice, 'medical quality', 'cost', 'reputation', 'safety', 'ease of access', and 'distance' are given. To answer this question, the discovered elements of both consumer perceptions of sacrifices of medical tourism and the medical tourism destination choice have been examined, in order to ascertain whether the negative perceptions of medical tourism affect consumers' decision-making. The discouraging factors such as 'cost', 'distance' and 'safety' are found, implying that these factors would decrease the choice of a medical tourism destination for consumers.

The three key factors are discussed in more detail. With regard to cost, in the tourism and hospitality literature, the price of a product or service is generally considered one of the most significant factors in purchasing and consumption behaviour for consumers (Law and Chung, 2003; Liang and Law, 2003; Law, 2003). Within this sense, Wang (2011) attempted to examine the perceived fee as a negative effect on the perceived value of a medical tourism product. However, the result did not show a significant impact. This was assumed by the collecting samples at a high level of income.

The current study has discovered that cost, in terms of perceptions of both benefits and sacrifices, has a great impact on the choice of destination. Even if the literature and respondents reveal one of the benefits of medical tourism to be cost savings, people also consider the extra cost of travel and the cost of the medical treatment itself as sacrifices that have to be made for a particular destination. This might have resulted from the diverse consumer sample of UK residents or a lack of information about medical tourism. UK residents do not need to seek medical treatment abroad because they are entitled to free treatment from the NHS, although there are long waiting times which might have affected their perceptions of cost sacrifices.

In addition, distance is also important element which appears as a deterrent factor in decision-making. When considering travelling abroad for medical treatment, this will be extra work for customers unless they enjoy travel or will be having only a minor treatment. However, Zhang et al. (2013) in their study indicated that geographical

distance has a limited effect for minor disease. In the same respect, from the answers related to the particular medical tourism destination of South Korea, this current study discovered that people consider familiarity rather than distance.

For more details, around half of the respondents would not consider the country, citing the major reasons of unfamiliarity and distance. Yet the overall Likert scale of South Korean medical tourism shows a more favourable impression, and there were more people who did not express their opinions than gave negative marks. This implies the need to improve overseas promotions and the possibility of expanding South Korean medical tourism to European countries.

With regard to safety, the literature reveals that patient safety with follow-up care and continuity of care is the most serious issue in medical tourism (Crooks et al., 2010; Samir and Karim, 2010). This current study also found the concern with safety. It did not appear to be of major concern in the perceptions of sacrifices in medical tourism. However, people considered it greatly when they came to choose the destination.

Overall, there is a correlation between the perceptions of sacrifices associated with medical tourism and the decision-making factors. In other words, the perceptions of sacrifices of medical tourism certainly do influence the destination choice. This implies the importance of understanding the consumer perceptions.

The next then discusses the key success factors of medical tourism in this particular research context of South Korea.

6.2.5 RQ5: What are the most significant key success factors driving medical tourism, which are unique to South Korea's medical tourism services?

In the literature, Heung et al. (2010) developed the conceptual model of medical tourism in terms of supply and demand based on the existing theories, and later Heung et al. (2011) particularly developed the supply side of the model with in-depth interviews with representatives of authorities in the healthcare sector. They found the barriers to the development of medical tourism to include costs, government attitude, policies and regulations, promotion, expertise/manpower, investment potential, facilities and attractions and infrastructure/superstructure.

Building on the study by Heung et al. (2010), this study also drew on the concept and elements of CPV as a trade-off between overall evaluations of perceived benefits and perceived sacrifices, which was examined by Wang (2012). This study thus sought the CPV as KSF of MT in the context of South Korea by integrating those two studies of the different perspectives of industry and consumers.

Importantly, Cormany (2008) emphasised governmental support through policies and focus, with medical, hospitality and tourism options for permanent status as a medical tourism destination. Kim et al. (2013) also identified the strong government support as one of the key strengths of South Korean medical tourism. However, the respondents from industry stakeholders in this current study addressed the need for government support.

In line with these thoughts, this study has highlighted the importance of government support to maximise customers' perceptions of benefits and minimise customers' perceptions of sacrifices associated with medical tourism. Within this sense, this case study has analysed how the governments can provide support, and the key themes of 'medical quality assurance', 'medical tourism infrastructure' and 'promotions' emerged. They are presented in detail with the aspects of support that are needed, borrowing from the contexts of respondents.

First of all, medical quality assurance was identified. This was related to concerns of the uncertainty regarding quality of results, follow-up care and safety, which emerged as customer perceptions of sacrifices. This study thus addressed the necessity of improvement in a strong legal framework and government policies to protect patient safety, JCI acquisition, and official medical tourism facilitators or websites for future medical tourists (Burkette, 2007; Crooks and Synder, 2010; Kim et al., 2013; Turner, 2011).

In terms of medical tourism infrastructure, the factors that have been pointed out are those of developing unique tourism or medical tourism products, raising medical tourism experts or professionals (Kim et al., 2013), improving language support, providing training regarding the service mindset and cultural understanding, and the ease of the visa procedures for medical tourists.

For promotions there are suggestions for efficient overseas marketing by unified government agencies as well as online marketing. In the relation to the answers about South Korean medical tourism, this study found that ‘information’ is more important for consumers than ‘distance’. This implies that ‘awareness of destination’ is significant for consumers. The medical tourism industry stakeholders also point to a lack of brand image in South Korean medical tourism and especially the need for advertising to support online marketing.

Accordingly, having considered all the key factors, this current study believes that the best option would differentiate the targets and promote specialised South Korean medical tourism products based on medical quality assurance supported by government.

Furthermore, in keeping with presentations of previous word clouds (Tables 21, 31, 39 and 40), the following word cloud of the South Korean context is finally presented based on the interpretation of all empirical data.

Table 43 Benefits, sacrifices and support services of SKMT (word cloud in English)




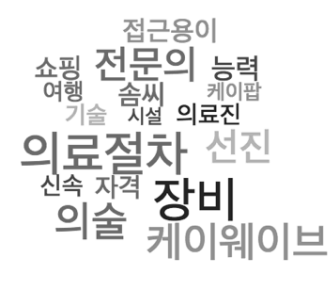
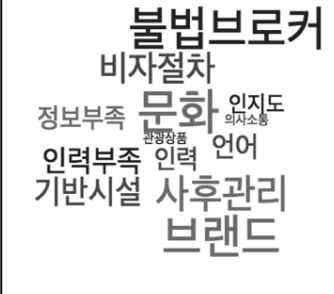
Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)
		

Table 44 Benefits, sacrifices and support services of SKMT (word cloud in Korean)

Benefits (Advantages)	Sacrifices (Disadvantages)	Support services (Suggestions for improvement)
		

Based on the discussion with all the interpretations of data analysis, the next section presents the model of CPV as KSF, which is the aim of this current study.

6.3 Discussion of key research models

Drawing on Phillimore and Goodson (2004), in the inductive process of building a theory, it is important to bring multiple sources of evidence together in order to define a construct or a causal relation. They indicate that confronting emerging hypotheses with existing theories and looking for alternative interpretations help in forming more credible conclusions (p. 163).

Thus, to develop further the CPV as KSF model based in the context of South Korean medical tourism as well as to reach a credible conclusion for this research, this section firstly discusses the units of analysis in this study in comparison to the two key theoretical models of Heung et al. (2011) and Wang (2012), and other key literature.

The final model of this case study is finally presented based on the following discussion of the two key models in the next section.

6.3.1 CPV of MT and the factors that influence MTD

For the consumer perspective, this study has been developed taking into consideration the theoretical research model regarding the value perceptions of benefits and sacrifices by Wang (2012). The study of Wang (2012) tested 301 questionnaires from potential mainland Chinese customers within the context of Taiwanese medical tourism to investigate the perceived value in terms of perceived benefits and sacrifices

in relation to customer intention to purchase medical tourism products. The result found that perceived value was a key predictor of customer intentions.

Drawing on the study of Wang (2012), this study sought more in-depth understanding of the value perceptions of medical tourism itself and factors of choice for the destination of medical tourism. The concept of the perceived value was explored in terms of benefits and sacrifices as well as the factors relating to destination choice (customer intention). This has been achieved based on the multi-national perspectives of consumers considering biographical data within a qualitative approach. The following model of CPV of MT and the factors that influence MTD has been developed based on the thematic map (Figure 39). The details of this model are discussed by comparing the conceptual framework of this study and the research model of Wang (2012).

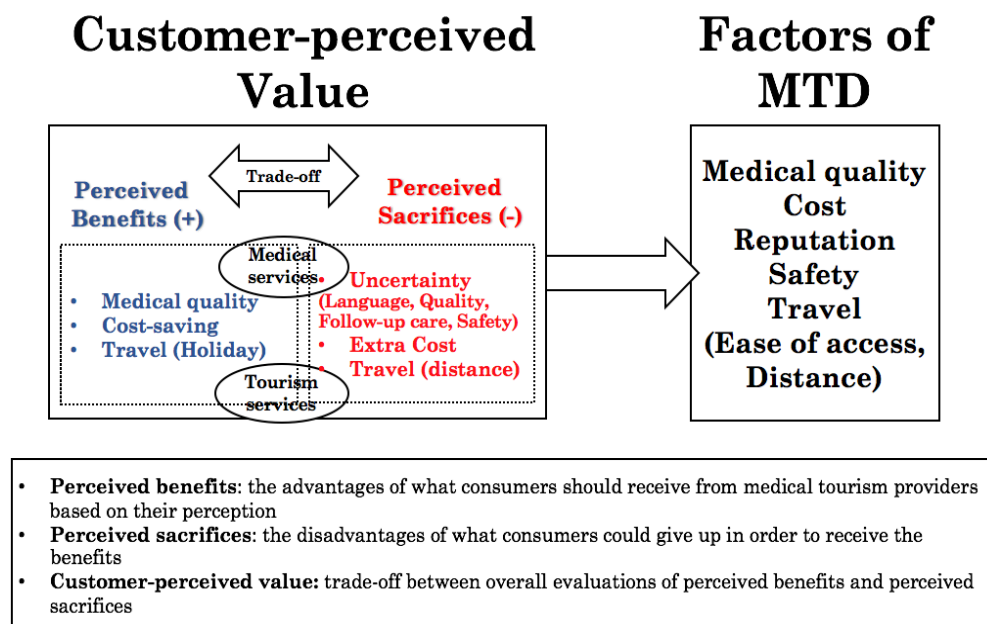


Figure 41 Model of CPV and the factors that influence MTD (Author)

Wang (2012) suggested that perceived benefits would be medical quality (Bie and Zacharia, 2007; Connell, 2006), service quality (Walker et al., 2001) and enjoyment (Arnold and Reynolds, 2003; Lin et al., 2005) based on the literature. For more details, perceived medical quality was defined as an advanced medical environment, a high medical standards and expertise, and a medical tourism package of high quality.

Perceived service quality was defined as the ability to perform the promised service, and prompt service as well as to resolve customer complaints and offer flexible services by medical tourism agencies and hospitals, while perceived enjoyment was defined as making potential tourists feel pleased, relaxed, joyful and wonderful. These three constructs measuring perceived benefits had a significant influence on customers' value perception. In particular the greatest impact was discovered from perceived enjoyment. This implies the importance of personal emotions from the products.

This study has explored how customers understand the benefits of medical tourism based on the semi-structured questions, and the respondents have suggested that the main perceived benefits would be medical quality, cost savings, travel for holiday, and time savings. These findings were supported in this study by empirical evidence. The literature primarily concludes that when judging medical tourism, customers tend to focus on medical quality (Bie and Zacharia, 2007; Connell, 2006; Wang, 2012). This study has confirmed that medical quality is the greatest benefit in medical tourism. However, the other aspects such as cost savings, travel for holiday and time savings have also been presented. These elements were identified in the literature but emerged differently compared to Wang (2012). Yet the elements of perceived support services presented in the conceptual framework did not emerge at all in this study. This implies that consumers mainly expect the product performance of the medical treatment and tourism services.

On the other hand, Wang (2012) presented perceived fee and perceived risk as the constructs of perceived sacrifices, which would have a negative effect on perceived value. Perceived fee was defined as the monetary transaction costs of purchasing a medical tourism product such as flights, accommodation, a luxury holiday and medical treatment. Perceived risk was defined as unavailability of post-operative care, occurrence of malpractice, medical side-effects and complications. Based on perceived fee and risk, the investigation by Wang (2012) found that the perceived fee does not have a significant influence, whereas perceived risk has a significant negative influence on perceived value in the Taiwanese medical tourism context.

However, this current study from the respondents has found the greatest influence to be cost, distance for travel, uncertainty regarding language and follow-up care. While

these were all expected in the conceptual framework, they were different from the findings of Wang (2012) except for risk. This was assumed to be due to the sampling of the high-income Chinese groups for medical tourism products in Taiwan.

Importantly, a new model of consumer decision-making factors related to value perceptions has been developed in this study. It has found empirical evidence of the generally perceived benefits and sacrifices of medical tourism as well as the main factors for choosing a medical tourism destination (MTD). It has also proved that CPV has a great impact on the factors of MTD within a qualitative approach. This implies the significance of the concept of CPV regarding the benefits and sacrifices in a medical tourism context.

The next section presents the South Korean version of the model from industry stakeholders.

6.3.2 KSF of MT in South Korea

From an industry perspective, this study has determined the key success factors of medical tourism by investigating the key elements of CPV in the context of South Korea. It was built based on the studies of Heung et al. (2011) and Wang (2012). The study of Heung et al. (2011) investigated the factors influencing the development of medical tourism in Hong Kong using 12 in-depth interviews with representatives of private and public hospitals, government bodies and medical institutions based on the literature (Bookman and Bookman, 2007; Connell, 2006; Heung et al., 2010; Smith and Forgione, 2007; Ye et al., 2008). The result indicated the main barriers to the development of medical tourism such as policies and regulations, government support, costs, capacity problems and the healthcare needs of the local community. In particular, it shows the interrelationship between the barriers of policies and restrictions with government attitude, investment potential and promotion.

Drawing on both the studies of Heung et al. (2011) and Wang (2012), this study believed that understanding the key elements of CPV is KSF, and the conceptual framework was thus developed to take into account the elements that appeared in the literature. As a result of seven in-depth interviews and government reports in the South

Korean context, the elements that emerged from the study by Heung et al. (2011) also appeared with the same or different aspects in this current study.

The following model of the KSF of MT in South Korea has been developed based on a thematic map (Figure 40) and the suggestions related to the major themes by respondents were also included. This has also discussed by comparing the conceptual framework of this study and the model of Heung et al. (2011).

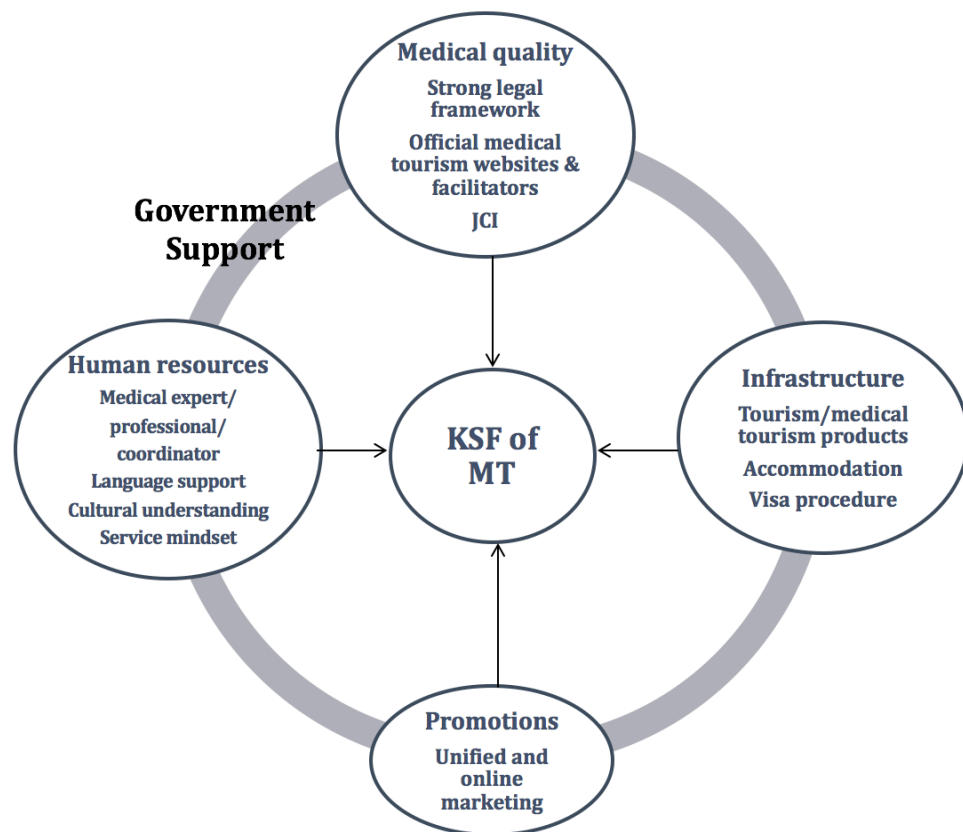


Figure 42 Model of KSF of South Korean medical tourism (Author)

Medical quality

Medical quality is the primary concern for consumers in medical tourism. In the study of Heung et al. (2011), it was not issues were identified relating to medical quality. The industry stakeholders in current study highlighted the importance and strength of the high quality of medical services related to skilled doctors, advanced equipment and facilities in South Korea (Kim et al., 2013). However, the need for a strong legal

framework to protect the medical tourists' safety considering any possible malpractice and follow-up care was pointed out (Crooks and Synder, 2010; Kim et al., 2013; Turner, 2011). They also suggested the acquisition of JCI certificates by industry stakeholders (Burkette, 2007) and the use of official government medical websites and facilitators by medical tourists.

Infrastructure

In relation to infrastructure, the study by Heung et al. (2011) highlighted the insufficient capacity of the public health system, land scarcity, and insufficient supportive facilities and physical environment for companions or family in Hong Kong. Improvements were also required in terms of extra beds, new hospitals, and special facilities and services for both medical tourists and companies.

However, South Korea is in a different position from Hong Kong. The respondents point to a lack of tourism infrastructure as opposed to medical infrastructure in Hong Kong. South Korean medical tourism industry stakeholders point out that it has good infrastructure in terms of medical services but needs to improve the tourism infrastructure such as accommodation and food, tourism products, and language support (Bookman and Bookman; 2007 Eman, 2011; Ko, 2011).

While Heung et al. (2011) pointed out the lack of natural attractions and facilities in Hong Kong despite its good hotels, restaurants and shops, the industry stakeholders appraised many potential interesting resources in terms of culture, history, food and art in the territory. However, tourists are not aware of this. Shopping was found to be one of the favourite tourism activities for medical tourists in the report *Overview of South Korean Medical Tourism 2013* by KTO. This implies that government or service providers need to develop and advertise other tourism products so that consumers are more aware of them.

Human resources

With regard to human resources, Heung et al. (2011) found a lack of specialised treatments, specialists, nurses and other special training in Hong Kong. In relation to language, they indicated that Hong Kong needed to prepare medical staff able to speak foreign languages such as Putonghua, and even its official languages Cantonese and

English. Hong Kong would be in a better position than South Korea in terms of language because English is one of its official languages.

On the other hand, the medical tourism industry stakeholders in South Korea particularly point to the increase in medical tourism experts who have both medical and tourism knowledge, language skills, cultural understanding and a service mindset, not related to specialised medical services such as in Hong Kong. They suggest expanding the number of professionals such as consultants, coordinators and agents with constant training as these will be needed to develop this market (Kim et al., 2013). It has particularly highlighted the need for Russian translators for the current growing market.

Promotions

In terms of promotion, the study from Heung et al. (2011) highlighted the need to build a brand image in Hong Kong, referring to the active promotion of medical tourism by governments such as those of Greece, South Africa, Jordan, India, Malaysia, the Philippines, and Singapore. They believed that development of an iconic brand would support the generation of medical tourism products.

Although the study by Yu et al. (2011) found the active promotions of South Korean medical tourism, this current study has indicated a lack of brand image and awareness of South Korean medical tourism, and the fact that most consumers do not recognise its availability. South Korean medical tourism industry stakeholders particularly suggest the need for unified overseas marketing to avoid double marketing in the same market, and online marketing support to make consumers feel assured.

Government support

In terms of government support, Heung et al. (2011) found that the Hong Kong government needed to encourage investment in such tourism by respondents, and particularly indicated exploration of the model of public-private partnership (PPP) initiatives as a good strategy for the government.

In the current study, the government report *Statistics on International Patients in South Korea 2013* by KHIDI shows government efforts to develop South Korean medical

tourism such as developing the MOU (Memorandum of Understanding) contracts overseas and holding conferences, seminars and public relations events. Kim et al. (2013) indicated this as a strength of South Korean medical tourism. The respondents from among the industry stakeholders have formed a positive impression of the current government support. However, there is still a desire for more support regarding promotions, laws and regulations, infrastructure and human resources. This has implied the importance of government support (Cormany, 2008; Eman, 2011; Ko, 2011).

Importantly, the model of KSF of MT in South Korea has been developed not only by revealing the key elements, but also by suggesting relevant actions related to supporting them for the development of this industry. It was built based on the empirical evidence of South Korean medical tourism industry stakeholders. This model can provide a good example to any emerging industry with the framework developed by Heung et al. (2011).

Overall, the two models for each perspective of consumers and industry have been developed in this current study. The findings and analysis related to the key research models were drawn upon and discussed. The following main theory of this case study has been developed through the integration of two research models for the future favourable destination of medical tourism in the context of South Korea.

6.4 Theory building

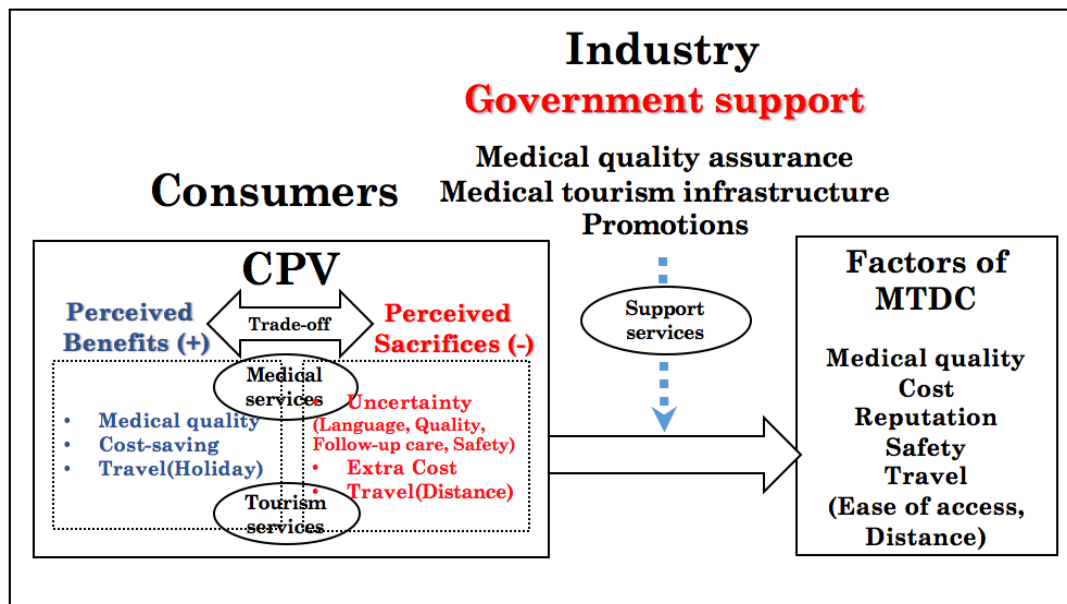
In the previous section, the models for consumers and industry were developed, and they were continuously interpreted by comparing the key studies of Heung et al. (2011) and Wang (2012), the conceptual framework of this study, and other relevant literature. Based on the two key theoretical aspects of consumer and industry, the final integrated model of the main thesis has been developed to achieve the aim of this case study of CPV as KSF in SKMT.

This study has firstly developed the new model of CPV of MT, which determined the beneficial and sacrificial perceptions that influence MTD. When coming to make a decision, customers tend to judge between the perceptions of benefits (what they

should get) and the perceptions of sacrifices (what they could give up), as is widely described in the literature. Based on the empirical evidence of respondents, this study has also confirmed that each element of perceived benefits and sacrifices is associated and could be considered a trade-off. In other words, people choose the destination for medical tourism taking into consideration many aspects of perceptions such as benefits and sacrifices. Industry should also be aware of these elements and try to maximise the customers' perceptions of benefits and minimise their perceptions of sacrifices in order to attract future medical tourists. This will also boost this emerging industry, and it can be achieved with the efficient support services of government.

Within this sense, the following integrated model of this case study has been developed by indicating the importance of support services to be provided by government based on the assertions of respondents among industry stakeholders. Interpretations on the key elements interacted with consumers and industry were presented, and they were also checked against the relevant literature.

CPV as KSF in SKMT



- **Perceived benefits:** the advantages of what consumers should receive from medical tourism providers based on their perception
- **Perceived sacrifices:** the disadvantages of what consumers could give up in order to receive the benefits
- **Customer-perceived value:** trade-off between overall evaluations of perceived benefits and perceived sacrifices

Figure 43 Case study: model of CPV as KSF in SKMT (Author)

In more detail, medical quality is the most important factor and the perceived benefit of medical tourism for consumers, and medical tourism industry stakeholders in South Korea also have confidence in the medical quality. However, consumers still express their worries about the quality of results, which might go wrong or be found unsatisfactory. This study thus suggested medical quality assurance supported by government. The respondents of industry stakeholders gave details such as a strong legal framework for the protection of medical tourists' safety and JCI certificate acquisition to ensure quality. These are also supported in the literature (Burkette, 2007; Crooks and Synder, 2010; Kim et al., 2013; Turner, 2011). Furthermore, the practical suggestion of using official government medical tourism websites and facilitators was raised. Those actions will minimise consumer perceptions of uncertainty of medical tourism by the assurance of medical quality and the safety of medical tourists.

In addition, consumers have both perceptions of benefits and sacrifices regarding the cost of medical tourism. In other words, some respondents believe that they can save on the overall cost of medical treatment by combining it with a holiday in the medical tourism destination, while the others just assume that there will be a cost for the medical treatment itself as well as for the travel abroad. The industry stakeholders believe they are charging reasonable costs considering the medical quality. However, the South Korean medical tourists pointed out the high medical cost as a disadvantage and suggested the reduced price (*International Patient Satisfaction Survey 2013* by KHIDI). The cost can be solved with clear and open medical price guidelines (Kim et al., 2013) or medical tourism products combined with accommodation or other tourism activities (Han and Hyun, 2014, 2015). Consumers can then consider the price to be reasonable.

Most consumers perceived that medical tourism means travel abroad. Some respondents saw being away on holiday as a benefit, while others believed being a long distance from home to be a sacrifice. However, when choosing a destination, respondents take into account accessibility as well as distance rather than holiday. It has been pointed out that obtaining a visa for South Korean medical treatment is currently not easy. Visa procedures for medical tourists therefore need to be eased with government support (Bookman and Bookman, 2007).

The physical distance cannot be solved. Considering the distance, this study thus

suggests the development of South Korean medical tourism products differentiated by market segments (Kim et al., 2013). The industry will need to consider improving other elements such as medical quality, cost, reputation and safety since the distance cannot be changed.

The awareness of current South Korean medical tourism is very low, although its reputation for cosmetic surgery is recognised by a few. South Korean medical tourism industry stakeholders highlight the improvements and promotions needed to counteract its current lack of brand image and awareness (Kim et al., 2013). Respondents also noted the need of government support, and they suggested overseas promotion using online marketing. Evidence for this can also be found in the medical tourism literature addressing the subjects of internet branding (Viladrich and Baron-Faust, 2014) and online interactivity (Moghavvemi et al., 2017). It will be helpful for future prospective medical tourists to be able to access sufficient information and in this way become familiar with South Korean medical tourism.

Overall, potential customers worry about language and safety in terms of the quality of medical treatment, malpractice, and follow-up. They are also concern about the extra cost and distance of travel abroad. However, they would feel more comfortable when they could rely on guaranteed medical tourism products and enough expertise and manpower with government support for medical tourists. Moreover, promoting specialised medical tourism package products will be beneficial in helping medical tourists to feel that prices are reasonable.

Importantly, this current integrated model has provided a holistic view of medical tourism in terms of decision-making processes influenced by beneficial and sacrificial customer perceptions. However, this has comprised interaction between the two perspectives of industry and consumers.

The new model of this study has been evaluated by comparing it to the proposed integrated model by Heung et al. (2010), which is relevant to this study. The study of Heung et al. (2010) proposed an integrated model of supply and demand by critical reviews of the existing models such as factors affecting the choice of medical facility and destination (Smith and Forgione, 2007), market description of medical tourism

(Caballero-Danell and Mugomba, 2007), the distribution channel model (Caballero-Danell and Mugomba, 2007) and an analytical framework of medical tourists' motivations (Ye et al., 2008).

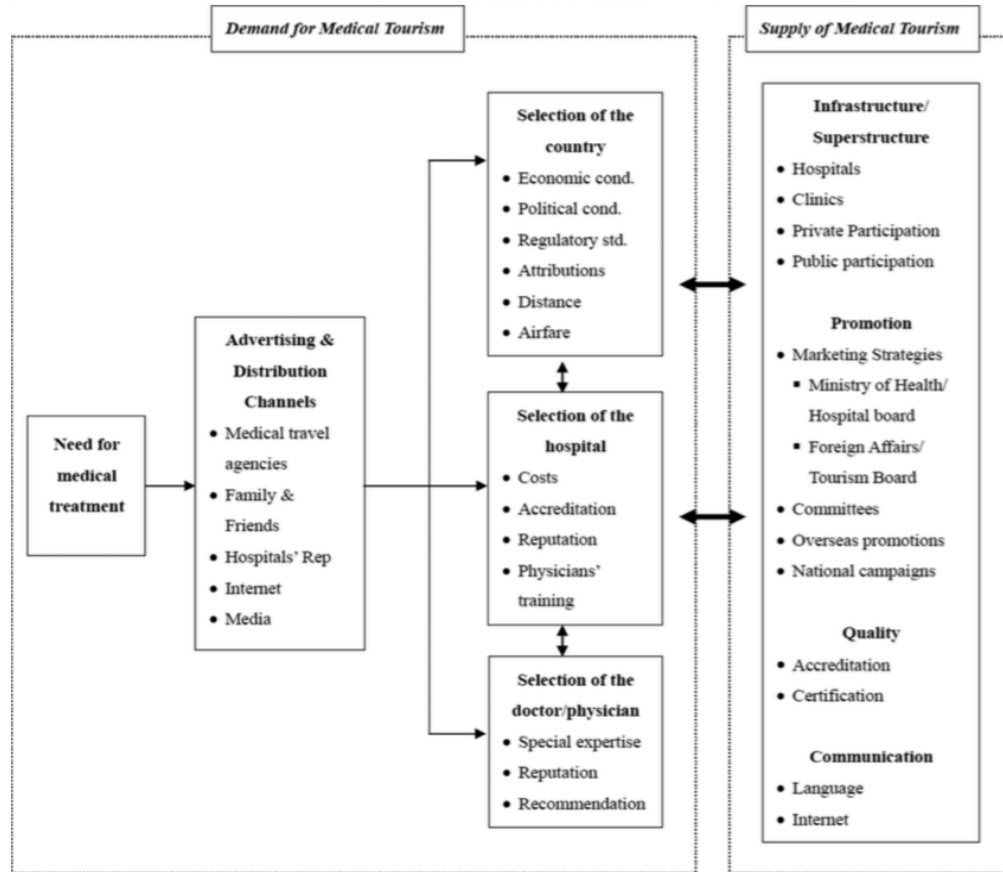


Figure 44 Proposed supply and demand model of medical tourism by Heung et al. (2010)

In their proposed model, the supply side of medical tourism included the infrastructure/superstructure facilities, promotional activities, quality assurance, and communication facilities, while the demand side of medical tourism was described as advertising and distribution channels (medical travel agencies, family and friends, hospitals' representative, Internet, media), selection of the country (economic conditions, political conditions, regulatory standards, attributions, distance, airfare), hospitals (costs, accreditation, reputation, physicians' training), and doctor/physician (special expertise, reputation, recommendation). The model offers the details to accommodate the decision-making processes of potential medical tourists with different medical needs and encompasses all the efforts, facilities and services offered

by the medical tourism host destination (Heung et al., 2010).

In terms of demand, this model has confirmed the relevant elements regarding the selection of country, hospital and doctor/physician as well as advertising and distribution channels, which are offered by Heung et al. (2010). Importantly, borrowing the consumer respondents' words, this present study has determined the key influencing factors of medical quality, cost, reputation, safety, and travel related to ease of access and distance. This implies that people consider the elements with regard to the selection of hospital and doctor/physician rather than selection of the country. In addition, this study confirmed the influence of recommendations from family and friends, and the previously experienced patient, referral from doctors and research by the media. This model thus offers valuable empirical evidence for industry to confirm the decision-making factors influenced by customers' beneficial and sacrificial perceptions.

Furthermore, this current model also confirms the importance of all the key elements of the supply side such as infrastructure, promotion, quality and communication, which should be supported by the medical tourism industry. The factor of communication was presented as the element of medical tourism infrastructure in this current study. Detailed practical actions have been suggested for improvements related to the key elements facing the current medical tourism industry with the example of South Korea. This was adapted to correspond to the factors of demand by interpreting customers' perceptions of the benefits and sacrifices of medical tourism.

In conclusion, the case study model in the current study has been developed by bringing together and integrating the demands of both industry and consumers.

6.5 Chapter summary

This chapter has discussed three main subjects, namely the research questions, the key research models and the main thesis model of this study. In particular, it has brought together all the key literature, theories and findings from Chapters 2, 3 and 5 to compare any differences and similarities to be found between the literature and unit investigation. Based on the thematic units of analysis, the five research questions were

answered and the two key research models for industry and the consumer were developed. Finally, the main thesis model has been developed.

As has been indicated, there currently appears to be confusion in the usage of the term ‘medical tourism’ with wellness and health tourism. They should be covered by the same term and meaning for global use in the future. In addition, the most perceived benefit of medical tourism appears to be ‘medical quality’ as stated by both the literature and respondents, but the most perceived sacrifice of medical tourism appears to be ‘cost’ from the point of view of consumers, while the literature concerns the risks related to patient safety and follow-up care.

In responses to the key factors influencing destination choice, the ‘quality of doctors’ in terms of medical services appears to be the most important factor in medical tourism in both the literature and this current study. Aspects of tourism services seem to be important in the literature and in the industry, while consumers take more account of medical services rather than tourism services. ‘Cost’ is of the most concern in tourism services, and in terms of support services ‘language’ is the factor of most concern.

Overall, the model of CPV as KSF in South Korean medical tourism, which is the aim of this study, is finally presented by interweaving the two key theories of both consumer and industry. This was founded on the importance of understanding the elements of CPV as perceived benefits and sacrifices as well as combinations of medical, tourism and supportive services. It has been thus suggested that good government support can maximise the perceived benefits and minimise perceived sacrifices.

The next chapter presents the overall summary of this study and its theoretical contributions.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The previous chapter has revealed the two research models for the different perspectives of industry and consumers and the final integrated model of this case study. This has been achieved based on the discussions of constant comparisons and interpretations with the key literature. The proposed integrated model has also been evaluated in relation to the existing literature to prove its reliability.

This chapter summarises the key findings, the results of the research questions and the theory building of the current study, based on the research problem. It finally presents the significance of contributions to knowledge but also proposes the limitations of the research and suggestions for further research.

7.2 Summary of the research problem

There have been increasing numbers of medical tourists as well as more research into medical tourism and greater media attention in recent years. People wish to travel abroad to receive a better quality of medical services than their own healthcare system with regard to specific medical procedures. The reasons can be for better medical quality, cost savings, time saving and availability. For example, the NHS in the UK has a big issue with long waiting times, while the medical treatment in the US is very expensive. By responding to these difficulties and inconveniences that consumers face, medical tourism had been opened up for business to the public by providing package deals that include accommodation, flights and tourism activities. Thus, people can now easily find the information they require and book for any desired medical procedures online.

South Korea as an emerging medical tourism destination is also trying to promote confidence in its medical industry through high-quality medical services and improvements in medical tourism infrastructure. However, it is still far behind compared to other major destinations such as Thailand, Singapore, India and Malaysia. Furthermore, in spite of the increasing marketing-related medical tourism research

since 2010, there are still remaining gaps in the research requiring further empirical and theoretical evidence, one of which has been examined in this study.

Various studies have indicated the importance of customer-perceived value, examining the relationships between perceived value, behavioural intention and satisfaction in marketing and even tourism literature (Chen and Chen, 2010; Cronin et al., 2000; Dodds et al., 1991; Duman and Mattila, 2005; Gallarza and Sura, 2006; Hutchinson et al., 2009, Tam, 2004; Zabkar et al., 2010). The definition and concept of CPV regarding a trade-off between the overall evaluations of perceived benefits and perceived sacrifices has also been widely described and used (Dodds et al., 1991; Monroe, 1990; Woodruff, 1997; Zeithaml, 1998). However, the literature apparently shows a lack of in-depth understanding of this concept in the tourism context and even more so in the medical tourism context.

In view of this recently increasing phenomenon of medical tourism and the existing gaps in the research into value perception in medical tourism, this study advances the following key positions:

- ❖ Medical tourism is a type of tourism, and it is not necessarily to participate in tourism activities since travelling abroad itself can be seen as a part of tourism activity.
- ❖ Medical tourism should be well facilitated by each medical, tourism and support services.
- ❖ Customer-perceived value can be judged by a trade-off between the overall evaluations of the perceptions of benefits and sacrifices, and this influences decision-making. The current study believes that understanding the key elements of beneficial and sacrificial customer perceptions is the key success factor in this emerging industry. Thus, this study proposes to investigate the key elements of customer-perceived value from the perspectives of both industry and consumers.
- ❖ Customer perceptions can be improved by industry efforts, and industry should try to maximise the customer perceptions of benefits and minimise the customer perceptions of sacrifices to attract potential medical tourists to the destination.

For the purpose of this study, the relevant issues have been presented in order to explore the concept of perceived value as a trade-off based on Zeithaml's (1998) assertion: people go aboard for medical treatment to receive certain benefits such as

cost-savings, better quality, time-saving or other ‘get’ (perceived benefits) perceptions, while it is also associated with sacrifices such as extra costs, distance, possible risks, or other ‘give’ (perceived sacrifices) perceptions. In other words, people choose a destination for healthcare services based on their judgement of maximised benefits and minimised sacrifices, much the same as when buying any product or choosing any services, and the industry needs to be aware of these value perceptions.

Thus, the aim of this case study was to develop a model of CPV as KSF in medical tourism, using the concept of perceived benefits and sacrifices, in the particular context of South Korea. This study has examined the aspects of both industry and consumers in an attempt to understand the diversity of views. From the consumer perspective, it has identified the key elements of CPV of MT and the factors that influence a MTD. This implies which key beneficial and sacrificial drivers affect customers’ intentions toward a medical tourism destination. From an industry perspective, it has examined the key success factors or barriers to the future development of the medical tourism industry. They were both undertaken taking into consideration understanding of the key elements of CPV, but named differently according to the different viewpoints of industry and consumers. The case study of CPV as KSF in SKMT was then investigated by drawing on the constant comparisons and interpretations of the two different perspectives.

7.3 Summary of key findings

To explore the current research problem in this study, the research questions were formulated based on the conceptual framework. The interpretive case study within the thematic units of analysis was then employed to answer the research questions as well as to achieve the aim of this case study. This current study reveals many valuable findings with empirical evidence. It has discovered the current existing gaps in the literature by determining the customers’ decision-making factors in a beneficial and sacrificial aspect, as well as by suggesting the key success factors of medical tourism by revealing weaknesses facing this emerging industry. The key findings in this section are briefly summarised in regard to the current understanding of the term medical tourism and the perspectives of both medical tourism industry stakeholders and prospective medical tourists.

Firstly, a synthesis of the definition of medical tourism from the both aspects of industry and consumer can be summarised as follows:

- ❖ It involves travel abroad or to a different country for medical treatment.
- ❖ The main purpose of medical tourism is for medical treatment in terms of accessibility, availability, cost and quality.
- ❖ The main benefit is medical treatment plus tourism activity.
- ❖ There is improvement in general health and well-being.

However, there seems to be some confusion in using the term in the present society, which suggests that there should be an agreed upon word or definition to avoid any future confusion as medical tourism becomes more globalised and extended towards the public.

The key findings for each perspective can be summarised as follows.

From the industry perspective of medical tourism industry stakeholders in South Korea, ‘high-quality medical services’ are provided in Asia, and this is their key strength and unique proposition for the potential medical tourists. However, it has been pointed out that improvements are required in many aspects of ‘promotions’, ‘infrastructure’, and ‘human resources’. The details were discovered such as global awareness or positioning, unified governance, language, clear and standard price guidelines, medical tourism professionals or co-ordinators, legal framework, service training and tourism or medical tourism products.

From the consumer perspective of prospective medical tourists, the general value perception of medical tourism has either more positive or both positive and negative views rather than just negative ones. In more detail, the following key elements have been found in terms of the perceived benefits and sacrifices of medical tourism.

- ❖ **Key beneficial elements of perceived medical tourism:**
Medical quality, cost, holiday with medical treatment, time
- ❖ **Key sacrificial elements of perceived medical tourism:**
Cost, distance, language, follow-up care

In addition, the key factors influencing a medical tourism destination have been identified, and they are addressed in relation to each aspect of medical, tourism, and support services as well as the means of choosing a destination.

- ❖ **Key factors that influence a medical tourism destination:**
Medical quality, cost, reputation, safety, ease of access, distance
- ❖ **In terms of medical services:**
Quality of doctors, cost, waiting times, reputation
- ❖ **In term of tourism services:**
Cost, accommodation, quality, travel
- ❖ **In terms of support services:**
Language, transport, insurance, finance
- ❖ **In terms of the main way of choosing a destination:**
Research, recommendation

Having considered the nature of the reality of perception, this study expected to find different results from the groups of experienced and inexperienced with regard to key beneficial and sacrificial elements of medical tourism as well as key factors in the choice of a medical tourism destination. This study thus analysed the differences of the key subjects within the divided groups of the experienced, the heard and the not heard. Importantly, they all highlighted ‘medical quality’ and ‘cost’ the most. The results cannot be simplified with those small and unbalanced numbers of divided groups. However, this still implies the significance of perceptions of ‘quality’ and ‘cost’ benefits and ‘cost’ sacrifices and their influences on decision-making, whether people are experienced or not. This requires the further in-depth investigations considering the division.

Furthermore, this current study has additionally collected consumers’ biographical data such as age, gender, education, employment, residence and ethnicity, in order to examine what types of people have heard of or experienced medical tourism and would consider further engagement. It has been found that the group most strongly interested in engagement of medical tourism appears to be in their ‘thirties, twenties and forties’, are ‘females’, are ‘full-time workers’ and are ‘postgraduate degree holders’. These

were all confirmed by the industry reports from KHID except for the data related to education. This has offered further empirical evidence and can provide useful additional information to attract the future targeted groups in this emerging industry. In particular, this current study has found that other ethnic groups among UK residents are likely to engage in medical tourism. However, considering the small number of research participants in UK ethnic groups, further investigations on this group will be required.

This current study has examined medical tourism in the South Korean context, using both semi-structured questions and a Likert scale. The majority of respondents have already heard of the term medical tourism, but there is a huge lack of familiarity with South Korean medical tourism. However, the respondents expressed more favourable feelings using the overall Likert scale. This implies that it can be improved by promotions and by making more information available.

Based on these key findings for both industry and consumers, the next section presents the summary of the results from the research questions and theory building.

7.4 Summary of the results from the research questions

The key results from the research questions in this section are summarised based on the discussion in Chapter 6.

The literature appears to suggest different views regarding the definition of medical tourism, and the first question asked was how the term was understood among the research participants. It has been suggested that in the future globalisation and industrialisation of this industry there should be a single term and a single meaning to avoid the current apparent confusions over the understanding of the term medical tourism. The respondents in this research show that a mixture of terms are used, with some people understanding medical, wellness and health tourism to be the same concept. However, the literature presents a clear distinction between them, with wellness tourism referring to attempts to prevent diseases and illness, medical tourism referring to the restoration of health, and health tourism referring to both the prevention of diseases and restoring health (Muller and Kaufmann, 2001; Smith and

Puczko, 2009).

The CPV is an integral part of the decision-making process and is widely defined as perceived benefits and sacrifices. However, none of the previous studies have examined this important concept. This current study has thus explored how medical tourism industry stakeholders and prospective medical tourists understand the benefits and sacrifices associated with medical tourism.

The factors related to medical services provided the most benefits and reasons for medical tourism for consumers, as also discussed in the literature, while industry stakeholders expressed their confidence in the high quality of medical services offered by South Korea. In particular, the 'medical quality' among medical services appeared to be considered most highly. For the sacrifices of medical tourism, consumers were most concerned by 'extra travel cost', followed by 'distance', 'language', 'follow-up care' and 'quality', and these factors have also raised in the literature. The industry stakeholders were also aware of these issues and trying to improve the medical tourism infrastructure to support any potential sacrifices for medical tourists. In particular, they suggested improvements in strong 'legal framework' for patient safety, 'medical tourism professionals or co-ordinators' and 'official packages of tourism or medical tourism products' related to concerns about language, follow-up care, cost and quality. However, the distance cannot be solved or improved, which will be likely to be the biggest barrier for medical tourists with severe conditions. This was thus suggested to differentiate the market with regard to the range of medical treatments and unique and specialised medical tourism products.

The literature indicates the importance of the combination of medical and healthcare services, tourism and travel services, and support services in order to develop a competitive medical tourism destination, from the point of view of the service industry aspects (Cormany, 2008; Eman, 2011; Ko, 2011). The third research question was thus created to explore the factors that influence medical tourism destination choice in each service aspect. This study found from the consumer respondents that the 'quality of doctor', 'travel cost' and 'language support' were the factors most considered in each aspect. The industry stakeholders also identified the highest value for the 'skills of doctor' in South Korea, but highlighted the improvement in both tourism and support services. The details were language, accommodation and food, human resources and

promotions.

The fourth question was to discover the factors that counteract and undermine aspirational and preferential decision-making by prospective customers. This is related to the answers to the question of what sacrificial perceptions of medical tourism affected the factors in destination choice. The results were thus compared in the relation between the perceived sacrifices in medical tourism and factors in the choice of destination, and the elements of 'cost', 'distance' and 'safety' were found in both. The industry or service providers should be aware of these factors.

Finally, the last question was to explore the most significant key success factors of medical tourism in South Korea, which was related to the aim of this case study, CPV as KSF in SKMT. To achieve the aim of this study, the interpretive case study has been employed with the thematic units of analysis. The first unit of analysis was undertaken with regard to CPV of MT and the factors that influence MTD, and the major themes emerged as medical quality, cost, travel and uncertainty, reputation and safety. The second unit of analysis related to KSF of MT in South Korea, and the major themes emerged as medical quality, tourism infrastructure, human resources and promotions. The results of those two units of analysis appeared differently in the points of view of consumers and industry. The final unit of analysis was thus undertaken by integrating those two perspectives, and the major themes emerged as medical quality assurance, medical tourism infrastructure and promotions.

However, these should be supported by government as urged by the respondents among industry stakeholders. In other words, sufficient government support or governance for these themes can increase the positive consumer perceptions as well as strengthen the favoured medical tourism destination in the future.

The following theory building of this case study is presented based on the analysis.

7.5 Summary of the results on theory building

The main model of this case study, CPV as KSF in SKMT, has been achieved based on the units of analysis. Taking into account the purpose of integrating both consumer and industry perspectives, this current study drew from the study of the CPV model

proposed by Wang (2012) as well as the industry study conducted by Heung et al. (2011).

In this sense, this study has firstly developed the new model of CPV of MT, which influences decision-making by customer perceptions with regard to benefits and sacrifices. It was based on the empirical evidence of generally perceived benefits and sacrifices of medical tourism as well as the main factors for choosing a medical tourism destination (MTD). This also implies the proof of the significance of the concept of CPV regarding the benefits and sacrifices in a medical tourism context as well as the great impact of CPV upon the MTD within a qualitative approach.

Furthermore, the model of KSF of MT in South Korea has been developed not only by revealing the key elements but also by suggesting relevant actions to support them for the development of this industry. It was built based on the empirical evidence of South Korean medical tourism industry stakeholders. This model can be a good example to any emerging industry along with the framework developed by Heung et al. (2011).

Finally, the integrated model has provided a holistic view of medical tourism in terms of the decision-making processes influenced by beneficial and sacrificial customer perceptions. This also comprises the interaction between the two perspectives of industry and consumers. In other words, people choose the destination for medical tourism taking into consideration many aspects of perceptions such as benefits and sacrifices. Industry should also be aware of these elements and try to maximise the customer perceptions of benefits and minimise the customer perceptions of sacrifice to attract future prospective medical tourists. That will also boost this emerging industry. However, this can be achieved through sufficient support services by government, as shown in the model.

Lastly, the following section presents the contributions to knowledge as the heart of this study.

7.6 Contributions of research to knowledge

This study has contributed particularly to the knowledge of theoretical and managerial aspects based on the gaps identified in the literature. They were listed in the following sections.

7.6.1 Theoretical contributions

The studies by Connell (2013), Kim et al. (2013) and Lunt and Carrera (2010) have drawn attention to the existing gaps in the current literature of medical tourism. One of the subjects is related to consumer behaviour. In particular, Kim et al. (2013) suggested that researchers should gain a better understanding of medical tourists' behaviour, destination selection, perceived motivations and constraints, information searches for destinations, influential factors in the decision-making processes, and the effects of medical tourism (p. 443). In line with these thoughts, this current study has illuminated the influential factors in decision-making processes by investigating CPV in terms of benefits and sacrifices.

The interpretive case study with the units of analysis has been employed to achieve the integrated model of CPV as KSF in SKMT with the empirical evidence of both perspectives. This drew on the two studies of the industry perspective by Heung et al. (2011) and the consumer perspective by Wang (2012). Importantly, it provides the entire picture of this emerging industry by revealing not only the customer decision-making factors affected by the perceptions of benefits and sacrifices, but also the key success factors along with the current weaknesses and strengths facing the business. This can provide a good example to any emerging medical tourism industry stakeholders or government that desire to develop this industry. In particular, this study has contributed to the current literature in three meaningful aspects such as customer-oriented research with regard to decision-making factors, development of an emerging industry, and the harmonisation of both perspectives. The details are as follows.

First of all, the analysis of consumers in this current study determined what key beneficial and sacrificial factors affect medical tourists' choice of destinations, which is the first attempt in medical tourism literature. In relation to this subject, Wang (2012) tested which key variables regarding the benefits and sacrifices of medical tourism

brought positive and negative influence to bear on buying intentions of medical tourism products, using 301 questionnaires from potential Chinese customers within the Taiwan medical tourism context. In particular, the study pointed out that his proposed model is original – there is no existing paper with the same constructs and relationships among those constructs. However, Wang (2012) indicated some limitations on collecting data of a certain group of tourists in mainland China, and suggested further studies be conducted to consider more possible components of perceived benefits and sacrifices and other possible variables such as gender, age and experience.

Drawing on his limitations and suggestions, this current study has used 45 open-ended questionnaires with the additional collection of biographical data such as age, gender, education, employment, residence and ethnicity. It has thus determined the key elements of customer perceptions regarding benefits and sacrifices as well as the key factors of destination choice in medical tourism from a multinational perspective rather than targeting a specific sample. Furthermore, building on the empirical evidence and meaningful data, this study has also contributed to a new theoretical model of decision-making based on the customers' beneficial and sacrificial perceptions in the context of medical tourism. In other words, this qualitative study offers a strong proof of the effects on decision-making by value perceptions of benefits and sacrifices with identification of the key elements, compared to the study of Wang (2012).

Secondly, this current study of the industry perspective identified the key success factors of medical tourism in the context of South Korea, building on the study by Heung et al. (2011) and Wang (2012). In relation to this subject, Heung et al. (2011) investigated the factors influencing the development of medical tourism in Hong Kong using 12 in-depth interviews with representatives of private and public hospitals, government bodies and medical institutions based on the literature (Bookman and Bookman, 2007; Connell, 2006; Smith and Forgione, 2007; Ye et al., 2008; Heung et al., 2010). The resulting framework suggested that factors such as policies and regulations, language and communication, promotion, investment potential, expertise/manpower, infrastructure/superstructure, economy, government attitude, facilities and attractions, are the main barriers to the development of medical tourism

in Hong Kong. However, Heung et al. (2011) suggested further studies not only on potential medical tourists to determine the basic needs from the demand perspective, but also on two or more destinations for detailed comparisons.

This study has thus offered another good example of a different context of South Korea as one of emerging medical tourism destinations. Importantly, this current study has included examination of the elements of CPV, building on the studies of both Heung et al. (2011) and Wang (2012). This means that it has investigated the key factors taking into consideration both sides of industry and consumers from the perspective of industry. In other words, it has investigated how current medical tourism industry stakeholders appreciate the key elements of customer value perceptions regarding benefits and sacrifices. This could be applied to any current issues or suggestions facing this emerging industry in a specific country, considering the beneficial and sacrificial elements for consumers.

Building on the limitations and suggestions of the studies of Heung et al. (2011) and Wang (2010), this current study has finally explored the emerging industry of medical tourism in the context of South Korea by encompassing both industry and consumer perspectives, employing an interpretive case study approach with the units of analysis. This case study model offers a whole picture with meaningful interaction between industry stakeholders and potential medical tourists in this emerging service industry.

From an emerging industry perspective, the industry should be aware of the customers' beneficial and sacrificial factors influencing the choice of destination and reflected in their situations. In so doing, they will be able to attract more potential customers and boost this emerging industry.

From the service industry perspective, this current study has also implicated the significance of each of the medical, tourism and support services. Medical tourism in general is described as travelling abroad for medical treatments. Meeting the requirements of elements related to medical services will be fundamental. However, this also means that people are expected to be exposed to the various tourism aspects of a destination by travelling abroad. In this sense, industry needs to be aware of the key factors of the medical tourism destination component influencing consumers in each aspect of medical, tourism and support services. The medical tourism destination

can thus support the demands of potential medical tourists. Importantly, the support services to be provided by the government are highlighted as one of the key factors in the South Korean context. However, this will be applicable to any emerging destination.

7.6.2 Managerial contributions

This study has contributed to the managerial aspects based on the findings from the biographical data of consumers, the key elements of customer perceptions regarding benefits and sacrifices, and the key factors of destination choice in medical tourism.

According to the findings from consumer biographical data, ‘females’ between the ages of ‘30-39’ and ‘21-29’ are more interested in or have heard of and experienced medical tourism. Highly educated ‘postgraduate degree holders’ and ‘full-time workers’ also have a strong likelihood of experiencing engagement. Thus, these groups of people can be involved in future targeting in this industry.

Furthermore, based on the findings of the elements of negative and positive perceptions and the key factors of destination choice in medical tourism, the service industry could consider those essentials that are attracting potential medical tourists.

In particular, ‘medical quality’ and ‘cost’ are the most beneficial elements of medical tourism as well as the important factors when choosing the destination, while ‘cost’ is also perceived as the greatest sacrifice. South Korean medical tourism industry stakeholders have confidence in the quality of their medical services, offering reasonable medical costs considering that medical quality, while current South Korean medical tourists believe costs to be high. This can be solved with clear and open medical price guidelines for medical tourism products combined with accommodation or other tourism activities felt to be reasonably priced for consumers.

With regard to ‘reputation’, the awareness of current South Korean medical tourism is very low, although its awareness for cosmetic surgery is recognised by a few. Having appeared as the important factor in destination choice, this has to be improved and supported by the government. It can be achieved by overseas promotion such as online

marketing so that South Korean medical tourism can expand across the globe.

People also would worry in terms of the quality of medical treatment and travel abroad with regard to ‘safety’. However, they could trust the government guarantee with the support of policies and regulations and expertise or manpower for medical tourists.

With regard to ‘ease of access’, people take into account how easily they can access the destination. However, it has been pointed out that obtaining a visa for South Korean medical is currently not easy. This should be taken into consideration with government support.

Finally, ‘distance’ emerged as the main negative aspect of medical tourism as well as a factor that influences a choice of medical tourism destination. The problem of distance cannot really be solved or improved and it is likely to be the biggest barrier for medical tourists with severe conditions. However, this can be offset by promoting unique and specialised medical tourism products to targeted markets. For minor medical treatments such as a health check-up or dental treatment, people will be more willing to sacrifice the distance to travel if they experience the greatest benefits of high medical quality with interesting tourism services from the journey.

In relation to the answers on South Korean medical tourism, the overall measurement on a six-point Likert scale showed more favourable feelings for South Korean medical tourism, stating ‘very good’ and ‘good’ together with more non-expressions than negative measures. As an example from the UK to South Korea, the distance appeared an important factor when choosing a medical tourism destination, but the majority of research participants from the consumers pointed out the lack of ‘information’ rather than ‘distance’ on South Korean medical tourism. This implies that people do want to gain more information and that there is a potential market in the UK.

7.7 Research limitations

Even though this study has investigated the research based on the identified gaps in the literature, there are some limitations in the approach to the literature review and methodology as follows.

7.7.1 Limitations on literature review

This research has tried to review various other subjects appearing in the literature such as risk, equity and ethics, and policy and regulation in relation to medical tourism. However, it has mainly focused on reviewing the subject of medical tourism in the tourism literature. High-quality academic journal papers and subjects related to South Korean medical tourism were also considered. In this respect, it could have limited the selection and review of the literature.

Furthermore, this study was focused on reviewing the key subject of perceived value in the marketing and tourism literature. This could have limited the review of other related subjects such as the key success factors and the decision-making process in journal papers in other fields.

7.7.2 Limitations on methodological aspect

This research was limited in its approach to data collection with regard to changes over time as individuals' perceptions and experiences can change. Further research could consider examining the same people for a longer period of time asking several times to see the differences.

In addition, each investigation for industry and the consumers has limitations. From an industry perspective, only seven medical tourism industry stakeholders were included for the very best in-depth understanding of their views. Although a report of 60 in-depth interviews with medical tourism practitioners by KTO (the Korean Tourism Organisation) was used for an additional support, this still might have presented limited views.

From the consumer perspective, the purpose was to explore the diverse sample in the UK with regard to personal perception and experience, as every individual has different ideas. The 45 research participants were thus collected with biographical data such as age, gender, education, employment, residence and ethnicity to examine the types of people as one of the methodological considerations. However, there was limited ethnic balance of the group, including 10 Asians, 3 Africans, 6 Americans, 9 from the UK and 17 Europeans among 31 UK residents, and there might be different

views among these groups. In addition, a qualitative survey was undertaken for consumers. They were gathered directly face-to-face, by email or through a link on Survey Monkey, in order to increase the choice of mode of response taking into account associated privacy concerns, as well as to help increase the diversity of respondents with their demographic characteristics. However, this might have resulted in limited views of their responses since the interpretations were only made in given contexts.

7.8 Further research suggestions

This study has attempted to develop a model of the growth of the medical tourism industry associated with consumer behaviour, using their perceptions or experiences in the South Korean context with a diversity of samples based in the UK. This has generated a focus on the phenomenon of medical tourism from the tourism and marketing perspective taking into account the expansion of the South Korean medical tourism industry from a positive point of view. It also takes into account the nature of this study of multiple and individual perceptions, with diverse consumer samples of the heard, experienced or even not heard being included. However, having reviewed other aspects of the medical tourism literature and chosen this research design, further research could be developed in terms of the subjects, the chosen research participants of both industry and consumers.

Further research could be undertaken to investigate in more depth the key findings in the model of this case study. For example, the key components of perceptions in terms of perceived benefits and perceived sacrifices can be examined in greater depth in order to understand those points of view. Specific medical procedures or people may also be targeted to investigate consumer behaviour in more depth. For example, specific key medical procedures in South Korea can be examined with regard to consumers, or the specific medical procedures which are considered for medical tourism in the UK can be examined with regard to the destination of South Korea or others.

Also, research can be conducted into the effects of medical tourism on public health in relation to ethics and equity concerns in the South Korean context, as there is some concern in the literature that in the countries involved this is considered as a negative

effect.

Further research can include more in-depth interviews with international medical tourism providers to compare their views on South Korean medical tourism. A cross-cultural study of in-depth interviews with medical tourism providers could also be considered based on the current major medical tourism destinations in Asia such as Thailand, India, Singapore, Malaysia and Taiwan.

Further research could include more in-depth interviews with experienced medical tourists to hear their real voices and stories, while other medical tourists in continents such as Africa, Asia, Europe, North America and South America could be investigated as a cultural study to see how their views differ based on the ethnic groups. More samples of major medical tourism destinations in Asia such as Thailand, India, Singapore, Malaysia and Taiwan could be examined with regard to consumers in comparison with the position of South Korea.

Furthermore, the study can be extended further to examine how the perceptions and experiences of the same participants change over a longer period of time. Further research could also be used to compare other issues among those who are experienced or not in medical tourism.

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APPENDICES

Appendix 1 High quality journals regarding medical tourism on the tourism and management Field (ABS rating/24)

Journal Name	Authors & Year	Title	Method	Findings
Tourism Management (★★★★)	Goodrich & Goodrich (1987)	Health-care tourism – an exploratory study	Surveys with 206 travellers, 22 travel agents, 12 medical doctors and 2 herbalists, content analysis with 284 travel brochures about 24 countries	Exploring the concept of health-care tourism and it can be used to define an effective marketing strategy.
	Connell (2006)	Medical tourism: Sea, sun, sand and ... surgery	Secondary data	A new form of niche tourism
	Sayili et al. (2007)	Psoriasis treatment via doctor fishes as part of health tourism: A case study of Kangal Fish Spring, Turkey	104 surveys	Investigating socio-economic and visitor characteristics of the people visiting Kangal Fish Spring
	Lee (2010)	Health care and tourism: Evidence from Singapore	28 observations	Analyzing the role of the health care sector in international tourism and the impact of international tourism on the stat of health care in Singapore.
	Cormany & Balogu (2011)	Medical travel facilitator websites: An exploratory study of web page contents and services offered to the prospective medical tourist	2 sets of criteria among 57 website, cross cultural	Discovering the differences in website content and in services offered on medical tourism facilitator's websites to the prospective traveller.
	Ye et al. (2011)	Motivations and experiences of Mainland Chinese medical tourists in Hong Kong	9 semi-structured in-depth interviews (Experienced setting)	Understanding the medical tourists' travel motivations of the 'one child' policy in China, and experiences of their satisfaction and perceived discrimination.
	Moghimehfar & Nasr-Esfahani (2011)	Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments	67 documentary surveys and questionnaires	Religious ethical issues and legal or moral restrictions in home country are the most important factors.
	Heung et al. (2011)	Medical tourism development in Hong Kong: An assessment of barriers	12 in-depth interviews with representatives of private and public hospitals, government bodies and medical institutions	Revealing policies and regulations, government support, costs, capacity problems, and the healthcare needs of the local community are the main barriers to the development of medical tourism.
	Yu & Ko (2012)	A cross-cultural study of perceptions of medical tourism	Questionnaires surveys from 265 Korean, 194 Japanese and 190 Chinese (Inexperienced setting)	Finding the significance of the selection factors, inconveniences, and preferred products with the differences from three nationalities.
	Wongkit & McKercher (2013)	Toward a typology of medical tourists: A case study of Thailand	292 self-response surveys and 53 online surveys (Experienced setting)	Finding motivations by the differentiated into four groups of medical tourists in Thailand
	Han (2013)	The healthcare hotel: Distinctive attributes for international medical	Mixed method of qualitative and quantitative research. A focus group of 15 medical tourism experts and 418 questionnaire surveys from customers (inexperienced setting)	Finding the discovered attributes from medical experts of healthcare hotel exert a significant influence on visit intention through perceptions/cognitions, affect and trust. Personal security is the utmost important at a healthcare hotel.
	Connell (2013)	Contemporary medical tourism: Conceptualization, culture and commoditization	Secondary data	Medical tourism is now seen as relatively short distance, cross border and diasporic, and is of limited gravity despite cosmetic surgery dominating media discussions.
	Zhang et al. (2013)	The impact of psychological distance on Chinese customers when selecting an international healthcare service country	1292 surveys (Inexperienced setting)	Finding high quality as the key determinant for customers, limited effects on geographical distance on minor diseases and greater effects on physical, psychological distances. Not significant effect on cost of care.
	Yeoh et al. (2013)	Understanding medical tourists: Word-of-mouth and viral marketing as potent marketing tools	524 questionnaire surveys (Experienced setting)	Finding Indonesians and Singaporeans as a major tourist influenced from friends, family or relatives and doctors.
	Chuang et al. (2014)	The main paths of medical tourism: From transplantation to beautification	Secondary data	Analyzing 392 medical tourism related academic papers and recommending more economic and marketing issues need to discuss

	Pan & Chen (2014)	Chinese medical tourists – Their perception of Taiwan	In-depth interviews with 18 Chinese medical tourists	Four factors affected the satisfaction were resulted. (Advanced equipment, professional and skilful technicians, professional and reliable physicians, and the medical quality of a hospital)
	Han & Hyun (2015)	Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness	309 survey questionnaires with international travellers at medical clinics	Perceived quality, satisfaction, and trust in the staff and clinic have significant associations affecting intentions to revisit clinics and the destination country
	Lee & Fernando (2015)	The antecedents and outcomes of the medical tourism supply chain	133 email survey from medical tourism suppliers	Showing medical tourism supply chain coordination and medical tourism supply chain information sharing have a direct effect on organizational performance.
	Moghavvemi et al. (2017)	Connecting with prospective medical tourists online: A cross-sectional analysis of private hospital websites promoting medical tourism in India, Malaysia and Thailand	Provided information by their websites from 51 hospitals in India, Malaysia, and Thailand	Pointing the need for hospital managers to improve their hospitals' online presence and interactivity
	Skountridaki (2017)	Barriers to business relations between medical tourism facilitators and medical professionals	32 semi-structured interviews with health professionals	Revealing the undermined mutual beneficial between facilitator and MD relation and the interrupted collaboration by MDs in Greece
Annals of Tourism research (★★★★)	Hunter-Jones (2005)	Cancer and tourism	Interviews with 24 patients	Cancer patients were found to have altered post-diagnosis with an increasing emphasis placed upon domestic trips and visiting friends & relatives. International activity was characterized by short-haul, package holidays, primarily located within English speaking destinations.
	Garcia-Altes (2005)	The development of health tourism	Secondary data	Reviewing the factors of the health tourism and constraints of trade in health services. Showing the case of Malaysia as one of health tourism countries.
	Viladrich & Baron-Faust (2014)	Medical tourism in tango paradise: The internet branding of cosmetic surgery in Argentina	content analysis of the online marketing literature of Internet-based advertisements and promotional articles and blogs	Cosmetic surgery with tango imagery deployed as a powerful advertising tool
Journal of Travel Research (★★★)	Goodrich (1993)	Socialist Cuba: A Study of Health Tourism	Secondary data	More studies on health tourism are needed.

Appendix 2 Medical tourism in other tourism literature (ABS rating/12)

Journal Name	Authors & Year	Title	Method	Findings
International Journal of Tourism Research (★★)	Reddy, York & Brannon (2010)	Travel for treatments: Students' Perspective on Medical Tourism	336 questionnaire surveys from undergraduate students in classroom (Inexperienced setting)	Students did not have positive intentions for mere willingness to seek more information about travelling to a developing country to receive medical treatment.
International Journal of Hospitality Management (★★)	Han & Hwang (2013)	Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travellers' decision-making process	341 questionnaire surveys (experienced setting)	Perceived benefits were generally associated with perceived value and behavioural intentions, that value had a significant mediating impact, and that national culture had a significant moderating role in the proposed relationships.
Journal of Hospitality and Tourism Management (★)	Hallem & Barth (2011)	Customer-Perceived Value of Medical Tourism: An Exploratory Study - The Case of Cosmetic Surgery in Tunisia	netnographic research	Exploring the value dimensions of the use of the Internet in medical tourism context based on the consumption value theory developed by Sheth, Newman & Gross (1991)
Journal of Travel and Tourism Marketing (★)	Heung, Kucukusta & Song (2010)	A Conceptual Model of Medical Tourism: Implications for Future Research	Secondary data	Proposing an integrated model for the investigation of medical tourism
	Yu, Lee & Noh (2011)	Characteristics of a Medical Tourism industry: The Case of South Korea	Secondary data	Finding that the promotional activities were actively pursued, analyzing 252 articles on medical tourism by theme posted on the websites of the Korean Tourism Organization and the Korean International Medical Association
	Lee, Han & Locker (2012)	Medical Tourism- Attracting Japanese Tourists for Medical Tourism Experience	237 questionnaire surveys (Inexperienced setting)	Examining the intention of Japanese tourists to travel to Korea in a medical tourism context by applying the Theory of Planned Behavior (TPB)
	Han & Hyun (2014)	Medical Hotel in the Growth of Medical Tourism	Mixed method of qualitative and quantitative research focus group of in-depth discussions with experts and 387 surveys with medical tourists	Dimensions of perceived advantages, price perception, and willingness to stay are, in general, significantly associated.
Asia Pacific Journal of Tourism Research	Kim et al. (2013)	Assessment of Medical Tourism Development in Korea for the Achievement of Complete Advantages	Content analysis of written publications and 15 in-depth interviews with experts	Discussing the solutions addressing the weaknesses and threats, and presenting the future strategies
	An (2014)	Understanding Medical Tourists in Korea: Cross-Cultural Perceptions of Medical Tourism among Patients from the USA, Russia, Japan and China	883 questionnaire surveys from medical tourists (Experienced setting)	Overall attitudes significantly differ across the four nations
	Guiry & Vequist (2015)	South Korea's Medical Tourism Destination Brand Personality and the Influence of Personal Values	1588 online surveys by US consumers	South Korea's medical tourism destination personality comprised three dimensions of sincerity, competence, and ruggedness
International Journal of Tourism Sciences	Ko (2011)	Medical Tourism System Model	Secondary data	Developing a medical tourism system model. Applying basic principles introduced by Leiper
Journal of Quality Assurance in Hospitality and Tourism	Woo & Schwartz (2014)	Towards Assessing the Knowledge Gap in Medical Tourism	Mixed methods Four focus groups of medical tourism providers with in-depth interviews and 74 online survey	Assessing the medical tourism providers' perceptions about the tourists' perceived important product attributes when selecting a medical tourism destination.

Appendix 3 Medical tourism literature based on the references chase from top three journals in tourism field (33)

Name of Journals	Authors & years	Title	Key Issues
Journal of Vacation Marketing	Mueller & Kaufmann (2001)	Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry	Marketing
British Medical Journal	Borman (2004)	Health Tourism	Ethics
Optometry	Newman (2006)	Medical Tourism	General reviews
Mathematical and Computer Modelling	Bies & Zacharia (2007)	Medical tourism: Outsourcing surgery	Marketing
Deloitte	Keckley (2008)	Medical tourism: Consumers in search of value	General reviews
Surgeon	Leahy (2008)	Medical tourism: the impact of travel to foreign countries for healthcare	Patient Safety
Journal of Marketing Communication	Upadhyaya (2008)	The Growth and Development of Indian Global Healthcare Destinations	Marketing
Deloitte	Keckley (2009)	Medical tourism: Update and implications	General reviews
The Lancet	Barclay (2009)	Stem-cell experts raise concerns about medical tourism	Risks
Legal Medicine	Kokubo (2009)	A consideration of diseased kidney transplants in Japan and transplant tourism over the world	Legal issues
International Journal Infectious Diseases	Balaban & Marano (2010)	Medical tourism research: a systematic review	General reviews
The Hastings Centre Report	Cohen (2010)	Medical Tourism: The view from ten Thousand feet	Policy & Politics
Journal of Public Health Policy	Hopkins, Labonté, Runnels, Packer (2010)	Medical tourism today: What is the state of existing knowledge?	Equity
The Lancet	Crooks & Synder (2010)	Regulating medical tourism	Regulations
International Journal for Equity in Health	Johnston, Crooks, Snyder & Kingsbury (2010)	What is known about the effects of medical tourism in destination and departure countries? A scoping review	Equity
BioMed Central Health Services Research	Crooks, Kingsbury, Snyder & Johnston (2010)	What is known about the patient's experience of medial tourism? A scoping review	Experience
The American Journal Surgery	Birch, Vu, Karmali, Stoklossa & Sharma (2010)	Medical tourism in bariatric surgery	Ethical & moral issues & follow up care
Social Science & Medicine	Horton & Cole (2011)	Medical returns: Seeking health care in Mexico	Marketing
Social Science & Medicine	Crooks, Turner, Snyder, Johnston, Kingsbury (2011)	Promoting medical tourism to India: Messages, images, and the marketing of international patient travel	Marketing
OECD	Lunt et al. (2011)	Medical Tourism: Treatments, Markets and Health System Implications: A scoping review	General reviews
International Journal for Quality in Health Care	Turner (2011)	Quality in health care and globalization of health services: accreditation and regulatory oversight of medical tourism companies	Regulations
Tourism Review	Hall (2011)	Health and medical tourism: a kill or cure for global public health?	Regulation, ethics and risks
Tourism Review	Hall & James (2011)	Medical tourism: emerging biosecurity and nosocomial issues	Risks
Public health ethics	Snyder et al. (2012)	Perceptions of the ethics of medical tourism: Comparing patient and academic perspectives	Ethics
World Academy of Science, Engineering and Technology	Chen, Kung, Huang, Chen & Pei (2012)	Exploring the medical tourism development barriers and participations willingness in Taiwan: An example of Mainland tourist	Marketing
Managing Service Quality	Wang (2012)	Value as a medical tourism driver	Marketing
International Journal for Equity	Snyder, Crooks, Turner &	Understanding the impacts of medical tourism on health human resources in Barbados: a prospective, qualitative study of stakeholder	Public health system and

in Health	Johnston (2013)	perceptions	health equity
Journal of Nursing Scholarship	Eissler & Casken (2013)	Seeking Health Care Through International Medical Tourism	Experience
World Health Organization	Kelley (2013)	Medical tourism	General reviews
British Medical Journal	Holliday & Elfving-Hwang (2013)	Gender, Globalization and Aesthetic Surgery in South Korea	Korean cosmetic surgery
Social Science & Medicine	Hanefeld, Lunt, Smith & Horsfall (2015)	Why do medical tourists travel to where they do? The role of networks in determining medical travel	Marketing

Appendix 4 Key literatures of ‘medical tourism’ on Google scholar (10)

Sources	Authors & Years	Title	Cited	Key Issues
Journal of medical ethics	Pennings (2002)	Reproductive tourism as moral pluralism in motion	144	Ethics
Human Reproduction	Pennings (2004)	Legal harmonization and reproductive tourism in Europe	117	Ethics
Expert Review of Pharmacoeconomics and Outcomes research	Carrera & Bridges (2006)	Globalization and health care: understanding health and medical tourism	138	General review
Physician executive	Horowitz & Rosensweig (2007)	Medical tourism-health care in the global economy	121	General review
BioSocieties	Turner (2007)	First world health care at third world price: globalization, bioethics and medical tourism	164	Ethics
Medscape General Medicine	Horowitz, Rosenweig & Jones (2007)	Medical tourism: globalization of the healthcare marketplace	199	Policy
National Center for Policy Analysis	Herrick (2007)	Medical tourism: Global competition in health care	169	Policy
Journal of Legal Medicine	Burkett (2007)	Medical tourism: Concerns, Benefits, And the American Legal Perspective	119	Equity
Journal of Continuing Education in the Health	York (2008)	Medical tourism: The trend toward outsourcing medical procedures to foreign countries	113	General review
Maturitas	Lunt & Carrera (2010)	Medical tourism: assessing the evidence on treatment abroad	133	General review

Appendix 5 Taxonomy of the research on customer-perceived value in the marketing literature at ABS

ABS Rank	Journal name	Authors and year
★★★★	Journal of Marketing	Zeithaml (1998), Grewal et al. (1998), Baker et al. (2002), Yang & Peterson (2004)
★★★★	Journal of Marketing Research	Dodds et al. (1991), Shinha & Desabro (1998)
★★★★	Journal of Consumer Research	Bolton & Drew (1991)
★★★★	Journal of Retailing	Kerin et al. (1992), Sweeney et al. (1999), Cronin et al. (2000), Sweeney & Soutar (2001),
★★★	Industrial Journal of Research in Marketing	Ruyter et al. (1997)
★★★	Industrial Marketing Management	Flint & Woodruff (2001), Ulaga & Chacor (2001), Ulaga (2001; 2003), Lindgree & Wynstra (2005), Cretu & Brodie (2007), Hansen et al. (2008), Ritter & Walter (2012), Keränen & Jalkala (2013), Prior (2013), Arslanagic-Kalajdzic & Zabkar (2015),
★★★	Journal of Academy of Marketing Science	Teas & Agarwal (2000), Parasuraman & Grewal (2000), Parasuraman (2001), Woodruff (2001), Lam et al. (2004)
★★★	Journal of Marketing Management	Gronroos (1997), Tam (2004)
★★★	Journal of International Marketing	Toften & Oslen (2004), Alden et al. (2013)
★★	International Journal of Market Research	Ma et al. (2013), Marimon, et al. (2009),
★★	Journal of Interactive Marketing	Kim & Niehm (2009)
★★	Journal of Business and Industrial Marketing	Lapierre (2000), Eggert & Ulaga (2002), Liu(2006)
★★	Advances in Consumer Research	Doods & Monore (1985), Monore & Chapman (1987)
★★	Journal of Service Marketing	Cronin et al. (1997), McDougall & Levesque (2000), Boksberger & Melsen (2011), Hu, Kandampully and Juwanhee (2009)
	Journal of Relationship Marketing	Keith et al. (2004), Gounaris et al. (2007), Gao et al. (2005), Chahal & Kumari (2011)
	Journal of Marketing Theory and Practice	Agarwal & Teas (2001)

Appendix 6 Review of perceived value based on ★★★★★ and ★★★ ABS ranks on marketing journals

ABS Rank	Journal Name	Authors & Year	Constructs & Items	Study Method	Research Context
★★★★	Journal of Marketing	Zeithaml (1998)	Perceived quality, Perceived price, Perceived value	30 in-depth interviews	Beverages
		Grewal et al. (1998a)	Advertised selling price, Internal reference price, Perceived quality, Perceived transaction value, Perceived acquisition value	Two Experimental Survey(361 & 600)	Bicycle
		Baker et al. (2002)	Interpersonal service quality, perception, Merchandise quality perceptions, Monetary price perceptions, Time/effort perceptions, Psychic cost perceptions, Merchandise value perception	Two Experimental Survey (297 & 169)	Retail outlet
★★★★	Journal of Marketing Research	Dodds et al. (1991)	Perceived sacrifice, Perceived quality, Perceived value	585 Experiment	Calculator, stereo headset player
		Shinha & Desabro (1998)	Relative quality, Relative price	95 survey	Cars
★★★★	Journal of Consumer Research	Bolton & Drew (1991)	Performance, Expectation, Disconfirmation, Service quality, Sacrifices, Customer characteristics, Service value	1,408 Survey data	Telephone service
		Babin et al. (1994)	Hedonic, Utilitarian value, Perceived value	Two focus group interviews (6 & 8)	Shopping
★★★★	Journal of Retailing	Kerin et al. (1992)	Shopping experience perceptions, Merchandise price perceptions, Merchandise quality perceptions, Store value perception	Focus Group interviews & 1,193 Telephone survey	Grocery shopping
		Grewal et al. (1998b)	Price discount, Brand name, Store name, Internal reference price, Perceived brand quality, Perceived store image, Perceived value	309 survey	Bicycle
		Sweeney et al. (1999)	Functional service quality, Technical service quality, Product quality, Relative Price, Performance/Financial risk, Perceived value for money	1,068 Mail survey	Electrical appliance
		Cronin et al. (2000)	Sacrifice, Service quality performance, Service value	1,944 Interviews	6 service industries
		Sweeney & Soutar (2001)	Emotional value, Social value, Functional value(price), Functional value(quality), Service value	635 Mail survey	Furniture, Car stereo
★★★	Industrial Marketing Management	Uлага & Chacor (2001)	Quality, Price, Customer perceived value	36 in-depth interviews	Food manufacturers
		Uлага (2003)	Product quality, Service support, Delivery, Supplier know-how, Time-to market, Personal Interaction, Direct Product costs (Price), Process costs, Value drivers	21 in-depth interviews	Manufacturing companies
		Cretu & Brodie (2007)	Brand image, Product Services quality, Prices & costs, Company Reputation, Customer value	377 Telephone interviews	Hair salons
		Hansen et al. (2008)	Corporate reputation, Information sharing, Distributive fairness, Flexibility, Customer perceived value	264 Telephone survey	Telephone service industry
		Ritter & Walter (2012)	Operation-related relationship functions, Change-related relationship functions, Customer perceived relationship value	112 Email survey	Manufacturers
		Keränen & Jalkala (2013)	Value potential identification, Baseline assessment, Performance evaluation, Long-term value realization, Customer value assessment	18 on-depth interviews	Metallurgical, Chemical, Paper and fibre technology industries
		Prior (2013)	Communications, Planning, Risk management, Coordination, Customer perceived value	10 Online communities' discussion board & 17 Face-to-face interviews	Complex industrial solutions
		Arslanagic-Kalajdzic & Zabkar (2015)	Marketing accountability, Customer perceived value	10 Semi structured in-depth interviews	Business relationship
★★★	Industrial Journal of Research in Marketing	Ruyter et al. (1997)	Emotional value, Practical value, Logical value, Perceived value	Two cross-cultural Survey (193 & 287)	Museum visit
★★★	Journal of Academy of Marketing Science	Teas & Agarwal (2000)	Country name, Brand name, Store name, Price, Perceived quality, Perceived sacrifices, Perceived value	530 Survey	Watch, calculator

Appendix 7 Overview of research participants from prospective customers

	Participant's Biographical data				Participant's Biographical data		
	Gender /Age	Degree /Employment	Residence /Ethnicity		Gender /Age	Degree /Employment	Residence /Ethnicity
C#1	F/18-20	Undergraduate Bachelor Degree, Part-timer	UK/UK	C#24	F/30-39	Postgraduate Master Degree, Full-timer	UK/Europe (Poland)
C#2	F/30-39	Undergraduate Bachelor Degree, Full-timer	UK/UK	C#25	F/40-49	Postgraduate Master Degree, Full-timer	Europe/Europe (Netherland)
C#3	F/30-39	High school education, Full-timer	UK/UK	C#26	F/40-49	Postgraduate Master Degree, Part-timer	UK/Europe
C#4	F/50-59	-	UK/UK	C#27	M/21-29	Undergraduate Bachelor Degree, Full-timer	UK/South Asia (India)
C#5	M/30-39	Postgraduate Master Degree, Full-timer	UK/UK	C#28	M/30-39	Postgraduate Master Degree, Full-timer	UK/South Asia (Nepal)
C#6	M/40-49	- Self-employed	UK/UK	C#29	M/30-39	Postgraduate Master Degree, Full-timer	UK/East Asia (China)
C#7	M40-49	Undergraduate Bachelor Degree, Full-timer	UK/UK	C#30	M/30-39	Higher Diploma, Full-timer	UK/Southeast Asia (Thailand)
C#8	M/50-59	- Full-timer	UK/UK	C#31	M/50-59	Undergraduate Bachelor Degree, Retired	Southeast Asia/ Southeast Asia
C#9	M/60 or older	Undergraduate Bachelor Degree, Full-timer	Southeast Asia /UK	C#32	F/30-39	Postgraduate Master Degree, Full-timer	UK/East Asia (China)
C#10	M/21-29	Undergraduate Bachelor Degree, Self-employed	UK/South eastern Europe (Albania)	C#33	F/30-39	Postgraduate Master Degree, part-timer	UK/East Asia (China)
C#11	M/21-29	Higher Diploma, Full-timer	UK/Europe (Italy)	C#34	F/30-39	Undergraduate Bachelor Degree, Full-timer	Southeast Asia/ Southeast Asia
C#12	M/21-29	Higher Diploma, Full-timer	UK/Europe (Italy)	C#35	F/30-39	Postgraduate Master Degree, Full-timer	UK/South Asia (Myanmar)
C#13	M/21-29	Undergraduate Bachelor Degree, Full-timer	UK/Europe (Spain)	C#36	F/40-49	Undergraduate Bachelor Degree, Full-timer	UK/East Asia (China)
C#14	M/30-39	Undergraduate Bachelor Degree, Full-timer	UK/Europe (Hungary)	C#37	M/30-39	Higher Diploma, Full-timer	Africa/Africa
C#15	M/30-39	Undergraduate Bachelor Degree, Full-timer	UK/Europe (Germany)	C#38	M/30-39	Postgraduate Master Degree, part-timer	UK/Africa
C#16	M/30-39	Postgraduate Master Degree, Full-timer	Europe/Europe	C#39	F/41-49	Postgraduate Master Degree, Full-timer	UK/East Africa (Mauritian)
C#17	M/30-39	Undergraduate Bachelor Degree, Not employed	Europe/Europe (France)	C#40	M/18-20	- Full-timer	US/US
C#18	M/50-59	High school education, Not employed	UK/Europe	C#41	M/21-29	Undergraduate Bachelor Degree, Full-timer	US/US
C#19	F/21-29	Undergraduate Bachelor Degree, Full-timer	UK/East Europe	C#42	F/21-29	-	US/US
C#20	F/21-29	Postgraduate Master Degree, Not employed	UK/South eastern Europe (Albania)	C#43	F/40-49	Postgraduate Master Degree, Full-timer	US/US
C#21	F/21-29	Undergraduate Bachelor Degree, Full-timer	UK/East Europe	C#44	F/21-29	High school education, -	North Americas (Caucasian)/ North Americas (Caucasian)
C#22	F/21-29	Undergraduate Bachelor Degree, Full-timer	Europe/Europe (France)	C#45	M/21-29	High school education, -	North Americas (Mexico)/ North Americas (Mexico)
C#23	F/21-29	Undergraduate Bachelor Degree, Full-timer	UK/Europe (Hungary)				

Appendix 8 The lists of key answers on perceived value of medical tourism from research participants with colour code

Participants	Value	Benefits	Sacrifices
Experienced(10)	C#10	-	accessibility
	C#16	I can live without	Time, cost reduce holiday cost + cosmetic surgery quality of service varies
	C#20	-	good quality cost
	C#21	I see it as a positive thing but I often hear about it as something negative when it comes to people visiting UK for the free NHS treatments.	flexibility and opportunity to have better establishment, experts, cost getting away from home could be very stressful, travel time and cost, language barriers
	C#24	-	high quality service, qualified professionals language barrier, distance, cost
	C#25	I regret that my country's own hc system is not able to avoid hc tourism of its population	increased competition thus better value for money, opportunities to low-income/high-educated countries hc system suffers from competition
	C#28	-	high success rate of care, early diagnosis, adventure and travelling experience not meet expectation cultural shocks, stress and fear in new place
	C#30	-	Good economy for country, reputation of medical tourism Excess and safety risk
	C#35	-	success of rate cure, time saving, treatment and travel reality and expectation can be different, limited human resource, political and safety issues
	C#39	-	high skilled doctors, cost, waiting time, good care services, safety language barrier
Not heard(9)	C#1	Country- income, person- no value	saving cost, cutting time, experienced doctors cultural & language barrier, travel cost, being away from home
	C#3	-	holiday any possibility goes wrong far away
	C#6	More choice + cheaper	cheaper, quicker skills of doctors
	C#15	Improvement of the medical	high quality long journey, cost
	C#17	-	cost, helpful care language barrier
	C#32	Very good for patients' choice	better treatment, improve economy for country unfamiliar culture, life style
	C#33	-	Best medical procedure Distance, time, cost, different environment, language, procedures
	C#36	Top healing/ treatment level	Good treatment unvalued treatment, bad service
Heard(26)	C#44	-	accessibility(legal) safety, no guidelines
	C#2	-	better environment to recover from procedure, holiday and cost, quality of procedures follow up care
	C#4	Acceptable for anyone its availability to	advanced medical procedures cost
	C#5	low	Availability, access to treatment not available in base country travel, lack of continuity
	C#7	Obtaining specialism not in your own country	procedure specialism cost, language barrier
	C#8	Quite important	saving the life Transport
	C#9	middling	- follow up care
	C#11	-	update technology language, food
	C#12	-	availability Cost, distance, stress
	C#13	-	better performance -
	C#14	-	price, quicker recovery lack of information, different options
	C#18	not in my choice, but i understand it has virtue	cost potential risk on local population, where strong currency from abroad can be an to big incentive
	C#19	6 on a scale of 1 to 10	
	C#22	-	good medical treatment country paying for the tourists' treatments
	C#23	-	Cost, new environment Unknown environment and doctors
	C#26	Can be an often cost-efficient alternative to the same procedures at home	cost, privacy, location (combination of break) potential risks in terms of quality, results, distance, cost
	C#27	-	Change of environment, good for country's economy illegal immigrations
	C#29	-	improving service, getting more funds decreasing local medical service
	C#31	None. It is merely a means to seek better healthcare at a more reasonable cost and perhaps seeking advanced medical procedures not available locally	more choices None
	C#34	comfort	two things get done in one trip malpractice
	C#37	Though expensive but it saves life.	right services follow up support, expensive to

				continue going back for further reviews
	C#38	great value as health is wealth	competence, speed	financial cost
	C#40	-	reduced cost	safety, distance
	C#41	-	better care	cost, distance
	C#42	-	good for economy	bad stories on the internet
	C#43	-	get away, rejuvenate, learn something new	outcome, follow up care
	C#45	-	travel	cost

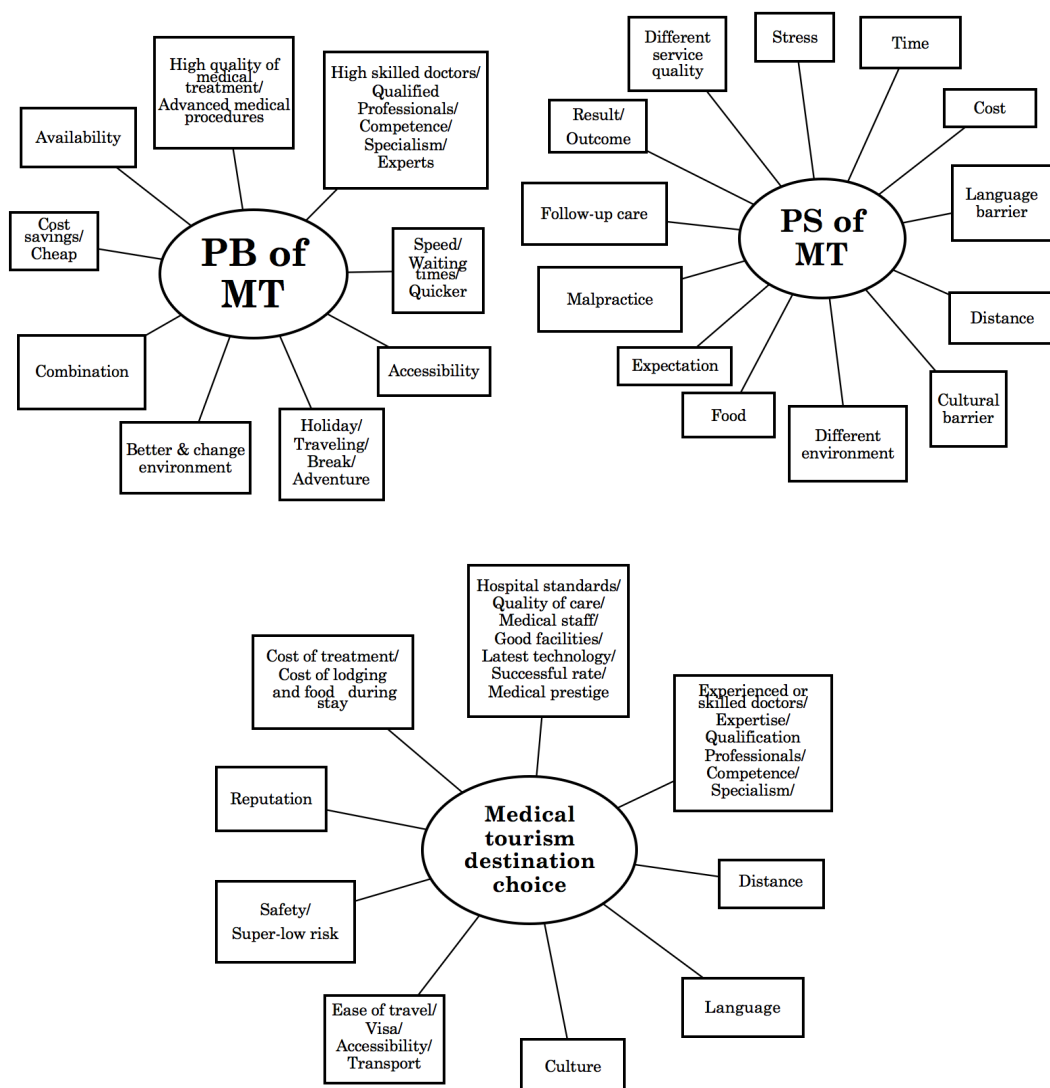
Appendix 9 The lists of answers on factors in choosing a medical tourism destination from research participants with colour code

Participants		Most important factors in choosing a medical tourism destination	In terms of medical services	In terms of tourism services	Government and additional support	How to choose the destination	What about South Korea
Experienced(10)	C#10	Reputation, base of travel	Expertise, specialisation, reputation	Price, quality	No idea	reputation	No, Too far
	C#16	time to service, availability, quality, price	time to service, availability, quality, price	none, i do everything online	introduce different working hours for health services. I need to take a day off to go for the skin doctor.	time to service, availability, quality, price + the destination I would like to go	Too far from Europe
	C#20	Visa and quality	Quality	Quality, cost		Visa, quality	UK, Turkey, Switzerland, No information
	C#21	Good reputation - Referral from a friend, comfort, safety, Good infrastructure	- Good reputation - Good infrastructure and travel links - Possibly a friend living in the country - Good knowledge of the country, the culture and the language - Cost	- Good reputation - Cost - Good infrastructure and travel links - Attractions or picturesque views	opportunity to use your health insurance abroad or opportunity to connect with trusted local insurer	Good reputation, good infrastructure, distance from home, are easily accessible, cost	Nope, no information, don't know about culture
	C#24	Price, distance, a good reputation	Reputation, branding of the place, good review, recommendation	Price, easy access to the place	Language support, interpreter and easy access, transport	By research	consider
	C#25	1. Quality / super low risk 2. Cost 3. Travel	1. Quality 2. Money	1. money 2. Quality	information Affirmation (by stakeholder/consumer-patient groups etc)	Web research	Consider
	C#28	available of experts, success stories in news media regarding the specific treatment, costs of treatment, and costs of lodging and food during stay, hospitality in relation to service provided in the hospital	Timely receive medical treatment, Sufficient information and assessment reports Information on risks associated with the treatment, Friendly and healthy environment and safeguard in the hospital	Costs, Local and accessible mall and stores, Tax and VAT free goods	Airport pick up and drop off facilities, Support in staying arrangement	Referral, Success stories in news media, cost and expertise	India or UK, I would prefer to consider South Korea provided enough information about the treatment process related to experts available costs and visa process.
	C#30	Safety, medical personal skill, cost	Medical needs and offer in this country	Accommodation, safety, comfort, discovers	Medical insurance	-	Thailand, consider
	C#35	Availability of medical experts, Successful stories regarding the specific treatment or surgery, Treatment and accommodation costs, Customer service in hospital	Waiting time for medical treatment, Receiving Sufficient information on treatment, hospital environment should be healthy	Costs, Easily Accessible, Easy Communication	Friendly environment for tourism, Timely manner in accessing the reports, Accommodation arrangement	Nation's political and security issues, Referral from known person and their success stories, Treatment cost and expertise	Thailand, lack of information
C#39	Skilled doctors, cost	High skilled doctors, good medical costs, short waiting times, hospital facilities and equipment	Accommodations, transport, foods, attractive places	Patient mobility support	Other patients experiences	India, Singapore, South Africa are well known in my country No information, might consider for cosmetic surgery	
Not heard(9)	C#1	Experienced doctor, experience, qualification, cost	Cost, time, experienced doctor, culture/language barrier, distance	Cost, comfort, experience	Financial support, shorter waiting times, easy access to these services	based on doctor, travel time, cost of procedure and flight	No, language and culture difference, not comfort
	C#3	English office	Recommendation	Recommendation	?	Recommendation	Too far
	C#6	Safety, Cleanness	Safety, Cleanness	-	-	European countries	Fear the unknown
	C#15	Qualification	qualification	Cost, convenience, language	Medical document & files	Safety, cost	US, Germany

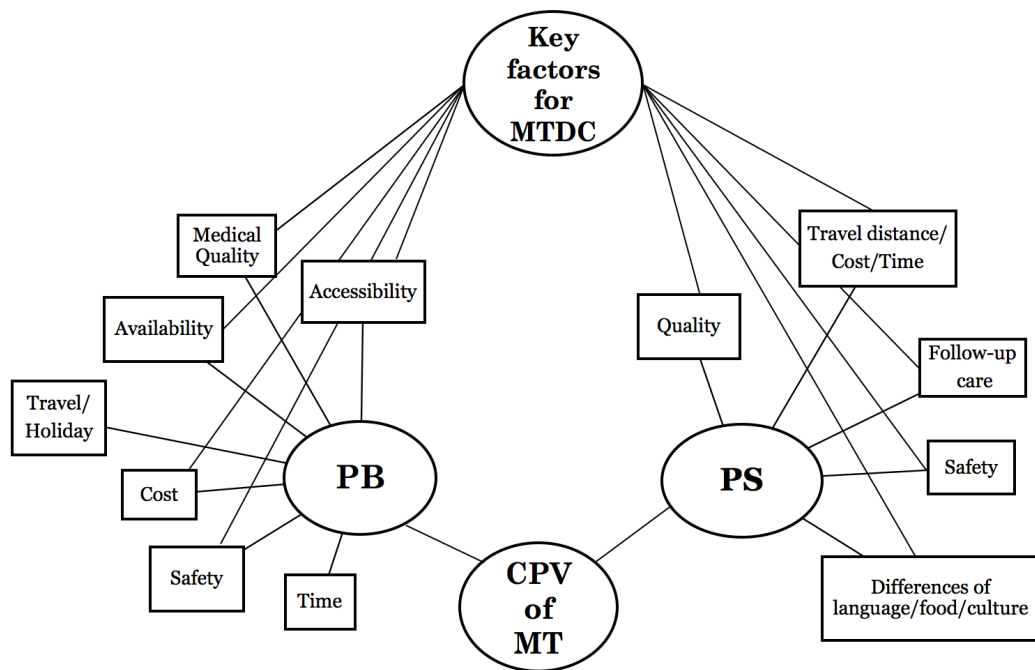
Heard(26)	C#17	Cost, level of care	Time to spend in hospital, Level of care, English speaking	-	language	Cost & quality	Eastern Europe, Cost but can be consider if it no choice for care
	C#32	Cost successful rate, reputation	Cost value, reputation, successful rate	Cost	Information, advertising	Internet, friends' recommendation	Consider for plastic surgery
	C#33	Quality	Doctor capabilities, waiting times	Accommodation, culture	Language	Safety, tourists favoured	US, Consider regarding distance
	C#36	Specialism	Value, cost	Value, cost	Government accurate information	Good at special treatment	consider
	C#44	Safety, professionalism	all	Cost quality, rating online	Language	Safely, cost, online research	Consider for dental
	C#2	Review of surgeon, hospital standards, cost	Skilled doctors, cost care procedures	Accommodation, transport, food	Contact detail Counterpart hospital in home country, airport transfer	Cost, travel time, recovery period after medical procedures, language barrier	Europe, consider
	C#4	Availability for treatment	Qualification of medical staff and success of any treatment	-	funding	communication	US
	C#5	Quality	Quality	Quality	Part payment of procedure	quality of care and procedure, technical ability, ease of adapting to culture	No, language barrier, distance, no information, difficulty in follow up
	C#7	Specialism	Code of ethics of country visited	language	-	Language, distance	No, too far
	C#8	cost	Europe country	distance	insurance	European countries	France, Spain
	C#9	reputation	price, reputation, convenience	price quality, reputation	registration and accreditation	-	consider
	C#11	Distance, cost, language, culture	Hospital facilities, hospital equipment, high skilled doctors, care procedures, short waiting times, cost	history	Language support	Structure, culture	US, no information, language
	C#12	Cost, distance, feedback from other patients	Quality, time, feedback	Not consider	A travel assurance, help in the choice of the place where to go	Feedback form previous patients	Swiss, Germany, No information
	C#13	Quality, cost, reputation	Hospital equipment, high skilled doctor, short waiting times, cost	Accommodation, reputation	Communication, language support	Recommendation	No information
	C#14	Responsibility, follow up care, cost	Quality (high skilled doctors, care procedures, cost)	Accommodation, relaxing atmosphere	Follow up care	safety	Europe, No, too far and cost
	C#18	doctors, medical staff and logistic at par with Europe in term of qualification	drastic deterioration of European Medical system	if it is medical, drastic deterioration of European Medical system	I do not expect gov to support travel as medical tourist	doctors, medical staff and logistic at par with Europe in term of qualification	Could consider None satisfied with current system, UK, EEC
	C#19	Experienced doctors and good facilities	-	-	-	-	No, not familiar with South Korea being specialized in any medical services
	C#22	Reputation, quality, cost	Quality (high skilled doctors, clean), follow up care	Accommodation, cost	?	?	Depends on experts, yes
	C#23	Transport, distance, reliable service	Quality (high skilled doctors, care procedure), medical costs	Attractive places, relaxing and recovering options	Follow up care, personal mentor who can give advices	Safety	Home country, No information
	C#26	1. effectiveness 2. reputation 3. cost	Reputation, reviews, professionalism (qualifications etc), years in operation	destination, cost	Safe location, language (use of English)	Internet enquiry, talking to other who have done this experience already	Yes, if reviews very positive and verifiable
	C#27	Easy to get visa, Excellent service, Good facility, Latest technology, Expert doctors, Safety	Quick and Easy access for patients and their family, Expert treatment	Quick and easy Visa, Peaceful environment, Professional guides in many languages	Anytime access	prefer advise from family doctor or any friends or relatives, search on internet	If such treatment is not available in my country then yes
	C#29	Quality	Hospital facilities, equipment, high skilled doctors, care procedures, short waiting times, good medical costs	Accommodation, culture, transportation	Language, transport	Medical journals and internet search	UK, US consider
	C#31	Perceived expertise	Expertise and cost	How it is promoted and the parties involved	There should be none	Cost and expertise	No, perhaps not known to me and also language issues
	C#34	reputation, accessibility	the doctors' quality	the quality of service	insurance	reputation and accessibility	no, they are popular for plastic surgery
	C#37	Reasonable distance from home country, business to get travel documents, convenient flight connections, positive	The complexity of the ailments, the existence of the right technologies and personnel	The likelihood of getting the right services to respond to the ailments	Certainty of sufficient financial coverage	The advancement in technology and how popular are the lead medical personnel	I am more acquainted with Indian health services.

		recommendations from previous patients				
C#38	Competence	Competence, time, service delivery, cost	safety	Environment, policy	Human right record of the country and the antecedent of government policies on health and medical practice	Not applicable because i reside in one of the countries known for its medical best practice
C#40	Safety, cost	Successful rate, quality	sightseeing	Translation, follow up care,	-	India, Consider – good to travel
C#41	Quality of care, ease of access, cost	Quality + costumer services	All except tour packaging	Language, transport, company escort	Medial quality	UK, Switzerland, Germany, consider
C#42	safety	Professionalism of doctors, cleanness, reliable review	Entertainment, food	-	-	consider
C#43	English speaking	expertise, American testimony, comments, feedback	Options	-	Services provided	consider
C#45	Medical prestige, cost	All + good service	All +food and drink	language	research	US, from Mexico

Appendix 10 Thematic map of CPV of MT and the factors that influence a MTD

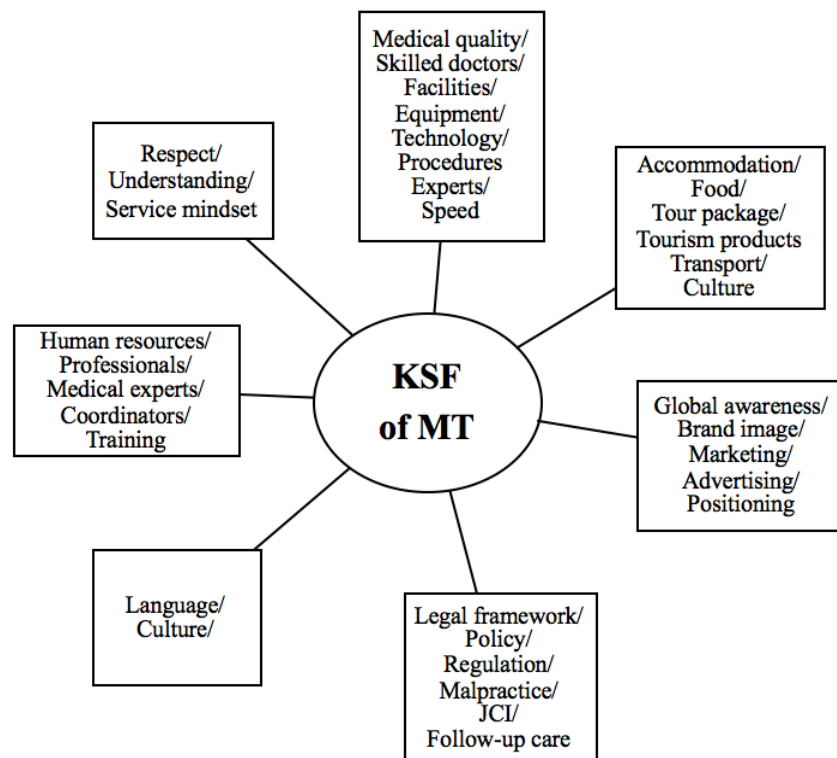


Thematic map 1

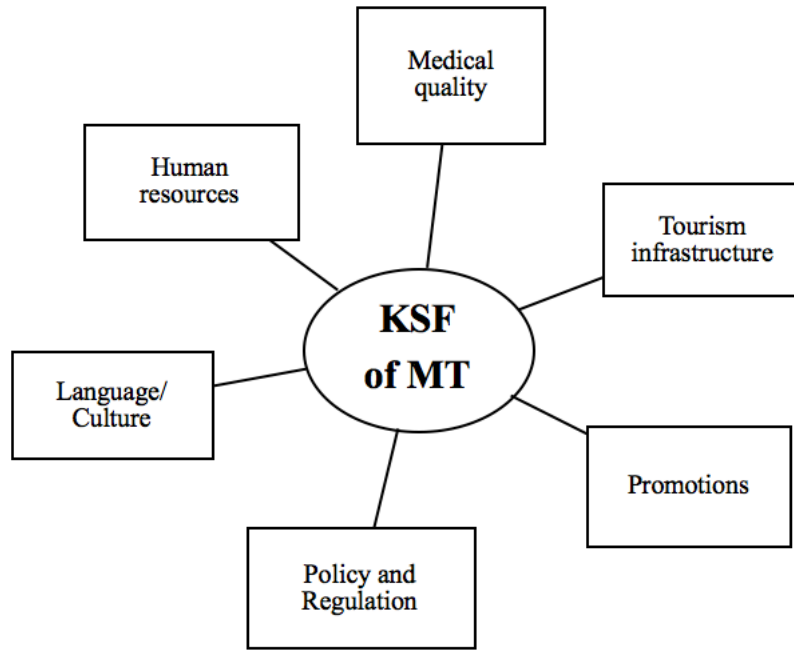


Thematic map 2

Appendix 11 Thematic map of key success factors of medical tourism in South Korea



Thematic map 1



Thematic map 2