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Medical tourism: investigating the tourism potential of the medical cosmetic market

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Abstract

Medical tourism has become the trademark of many destinations. Global literature suggests that cosmetic surgery, as a component of medical tourism, provides an opportunity for developing countries to stimulate tourism and related industries. Although the literature suggests that medical tourism is more of an international activity, there is sufficient evidence of medical tourism within the borders of South Africa. This article will contribute to the literature by investigating the medical tourists in South Africa. The population of the study was patients visiting plastic surgeons registered with APRSSA in Cape Town and Johannesburg. A total of 236 usable questionnaires were analysed. Results indicate that respondents travel from and within provinces for cosmetic surgery. The most important factors identified when choosing a medical tourism destination were the quality of medical facilities, quality of services and accreditation. Respondents indicated that privacy and anonymity, unavailability of procedures in the home region are some of the major motivation factors for seeking procedures outside place of residence. Cosmetic medical tourism may not be self-sustaining yet but if added to current destination attractions it could develop into a strong emerging market to stimulate domestic tourism.

Keywords: South Africa, medical tourist; domestic medical tourism; cosmetic surgery; tourism; destination choice; motivation

Introduction

The concept of travelling around the world for medical treatment comes as a fresh idea that captures the imagination. Medical tourism has grown significantly in recent years. Medical tourism is a niche industry “where people often travel long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense” (Connell, 2006:1094). According to Rosensweig and Horowitz (2007:24), medical tourism is different from the traditional form of seeking international medical care where patients typically journey from less developed nations to major medical centres in highly developed countries for advanced treatment. Medical tourists are willing to make long haul trips to obtain medical care, whether the destination is in an exotic resort halfway around the world

There are various reasons for the rapid global expansion of medical tourism. The main factor, however, is the affordability of procedures at a specific destination (Reddy, York & Brannon, 2010:513). Although this is generally what motivates the tourist, popularity may also be fuelled by other factors such as the fact that some medical procedures not available or are prohibited in the originating region (Rosensweig & Horowitz, 2007:25). Another reason for the growing popularity of medical tourism is the opportunity to combine medical treatment

with a vacation depending on the type of medical treatment sought, which adds to the overall appeal of medical tourism (Bookman & Bookman, 2007:2). Researchers Lunt, Hardey and Mannion (2010:1) suggest that medical tourism growth has largely been facilitated by developments in information technology, with specialised Internet websites becoming more common, leading to greater accessibility of information. According to (Samir and Karim, 2011:215) medical tourism is not just a trip to the hospital, but a complete environment that satisfies the medical tourist's desire for leisure and entertainment such as post-surgery recuperation time overlooking the beach or having rejuvenation treatment in natural scenic surroundings.

The medical tourism industry comprises a number of interlinked role players, from private medical practitioners, to clinics and hospitals that perform a vast number of procedures, to agents who act as the link between medical tourists and medical services, to suppliers of accommodation, transport and tourist activities. Medical tourism can be subdivided into outbound (domestic patients seeking medical procedures abroad), inbound (foreign nationals arriving for medical procedures in South Africa) and intra-bound (travelling within a country to receive a medical procedure, but outside their home geographic area) (Deloitte, 2008:3).

Theoretical background

What is medical tourism?

Various researchers understand medical tourism differently. There is no single definition for the term "medical tourism", and it is generally acknowledged that this term is used to refer to travel activity abroad or domestically that involves a medical procedure whilst promoting tourism. Bookman and Bookman (2007:1) define medical tourism as travel with the aim of improving one's health, an economic activity that entails trade in services, and as representing the splicing of at least two sectors: medicine and tourism. According to Connell (2006:1094) medical tourism is a niche industry "where people often travel long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense". The idea is to combine travel with a medical procedure or procedures: the destination choice is therefore imperative (Ben-Natan, Ben-Sefer & Ehrenfield, 2009:1).

By definition, medical tourism is also referred to as medical travel, cross-border care, offshore healthcare, health tourism and global healthcare, all of which refer to the practice of patients leaving home with the core purpose of obtaining access to medical care, diagnostic, consultancy or other healthcare services and procedures such as surgery (Shaywitz, & Ausiello, 2002:354-357; Johnston, Crooks, Snyder & Kingsbury, 2010:1). Medical tourism as a potential market has developed rapidly into an industry, where tourists undertake trips (domestic and international) to a destination to receive medical care whilst at the same time being vacationers and spending money at the destination on such items as accommodation, attractions and transportation, for example (Connell, 2006:1093-1098).

Even though most definitions focus purely on the international perspective, it must be noted that medical tourism also includes the medical tourist that travels within the home country to receive medical attention. As previously mentioned, medical tourism can be subdivided into outbound, inbound and intra-bound (Deloitte, 2008:3). This study will be focusing on the inbound and intra-bound medical tourists in selected areas of South Africa. In order to truly understand the concept of medical tourism, it is important to comprehend the definition and the context in which this term is used. From a destination perspective, medical tourism can be defined as the provision of medical services, in combination with other conventional tourism products, influenced by a comparative cost advantage (Awadzi & Panda, 2006:76, Carrera & Bridges, 2006:449). From the perspective of the medical tourist, the aim of engaging in medical tourism is to obtain obligatory or elective medical treatment in a city

other than the city or country of residence (Connell, 2006:1094, Jones & Keith, 2006, Carrera & Bridges, 2006:449).

The concept of medical tourism

The medical tourism market has grown significantly in recent years (NaRanong & NaRanong, 2011:336; Pocok & Phua, 2011:1 & Connell, 2006:1093). It is therefore imperative to understand this market, both international and domestic pertaining to the reason for growth, types of procedures, suppliers, and the use of information technology and destination choice. There are various reasons for the rapid global expansion of medical tourism. The main factor, however, is the affordability of procedures at a specific destination (Reddy, York & Brannon, 2010:513). Another reason for the growing popularity of medical tourism is the opportunity to combine medical treatment with a vacation depending on the type of medical treatment sought, which adds to the overall appeal of medical tourism (Bookman & Bookman, 2007:2). According to Connell (2006:1097) the issue of privacy makes medical tourism even more popular for medical tourists. The need to define medical tourist is essential for this study. Medical tourism is different from the traditional form of seeking international medical care where patients typically journey from less developed nations to major medical centres in highly developed countries for advanced treatment (Rosensweig and Horowitz, 2007:24).

Literature presents a multitude of definitions of the medical tourist on what and/or who a medical tourist is (Ehrbeck, Guevara & Mango, 2008:4-5; Gan, Koh, & Frederick, 2012:769-774; George & Nedelea, 2009:175 & Cohen, 2008:25-26). According to Cormany (2010:43) a medical tourist can be defined as a person whose travel is primarily motivated by health objectives, suggesting that, regardless of the tourism element, the main pull-factor should be receiving treatment. George and Nedelea, (2009:175) there are two types of medical tourists – preventative and curative medical tourists. Preventive medical tourists may be defined as those with the dominant and express intention of consuming healthcare services that are more focused on behaviours that are more defensive, precautionary and deterrent in nature. Preventive medical tourists are more likely to engage in protective behaviours to ensure longer, more healthy lives. Curative medical tourists are those with the dominant and express intention of consuming healthcare services targeted toward restorative, therapeutic and healing oriented outcomes.

The field of medical tourism is vast and includes a variety of medical procedures: cosmetic surgery is one aspect of the spectrum. Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration or enhancement of an individual's physical appearance though surgical, non-surgical and medical techniques (Swami, Chamorro-Premuzic, Bridges & Furnham, 2009:7). Facelifts, nose jobs, breast reduction and implants have been common procedures over the decades and the profession and practice of cosmetic surgery is well established in many countries (Berer, 2010:4). This study will focus on cosmetic surgery as a sub-sector of medical tourism.

Medical tourism comprises both medicine and tourism as mentioned, and although the core products are centred around medical treatment, attractive hospitality and travel options become essential to complete the package (Heung, Kucukusta & Song, 2010:237). Samir and Karim (2011:215) medical tourism is not just a trip to the hospital, but a complete environment that satisfies the medical tourist's desire for leisure and entertainment such as post-surgery recuperation time overlooking the beach or having rejuvenation treatment in natural scenic surroundings. Medical tourists are making use of emerging companies that acts as medical intermediaries. These companies are known as medical tourism facilitators.

Medical tourism facilitators are companies that provide guidance in the field of medical tourism for both patients and the medical providers. A medical tourism facilitator may be defined as a third party who connects a medical tourist with hospitals and/or surgeons in

another country or area of residence. A medical facilitator, who acts as a coordinator between medical tourists and other medical service providers, arranges treatment itineraries, lodging and manages local logistics (Medical Tourism Association of South Africa, 2012**:**1). Facilitators have the know-how in terms of the medical tourism process and are capable of addressing concerns or queries that a medical tourist might have (Deloitte, 2008:12).

Technology has also fuelled medical tourism. Modern technology makes it feasible for prospective medical tourists to investigate and arrange medical care anywhere in the world from home, either directly with service providers or with the assistance of medical tourism facilitators (Horowitz, Rosensweig & Jones, 2007:2; Lunt, Smith, Exworthy, Green, Horsfall & Mannion 2011:16; Herrick, 2007:1; Hansen, 2008:43). Researchers believe that the growth of medical tourism has been facilitated by the rise of the Internet (Connell, 2006:1094) and Bookman and Bookman (2007:61) even suggest that the Internet is undoubtedly the most important tool for both consumers and suppliers of medical tourism. The Internet is a huge source of information for medical tourists, enabling them to know more about destinations, facilities, services suppliers and hospitals.

In medical tourism the choice of destination is much more complex and multifaceted as there are various factors (internal and external) which must be taken into consideration by a medical tourist when selecting a destination. Ko (2011:36-41) gives a different perspective by looking at factors such as political and social environment, government regulations in terms of entry requirements, tourism experience and the perceptions of the host community to the inbound tourists as important factors in choosing a medical tourism destination. According to Cormany (2010:49), depending on the type of procedure sought and especially for minor procedures, the leisure component to medical tourism in terms of the culture, weather and relaxation opportunities offered by a medical tourism destination may also be a critical consideration when choosing a destination**.**

Problem statement

Currently, limited statistics, reports and research data concerning medical tourism in South Africa are available, therefore justifying a comprehensive analysis of this market. Research related to this market, in terms of understanding the medical tourists, becomes essential in an environment and economy where any form of travel is very important. It is important to produce basic research into the current medical cosmetic tourism industry. This information will contribute to the limited amount of literature from a South African point of view. The research will provide specific industry role players such as surgeons, medical tourism facilitators and tourism product owners with information that can be used to understand medical tourists, their needs and the market in which money is spent. The research will also in general provide valuable information to destination marketers, government, tourism organisations and industry role players. For the purpose of this study, vacation makeovers or cosmetic surgery in South Africa as a subsector of medical tourism will be researched as this sector may contribute to the realisation of the National Tourism Sector Strategy to grow domestic tourism (National Department of Tourism (NDT), 2011:11) whilst internationally, medical tourism may assist to position South Africa as a recognised tourism destination brand.

Purpose and objectives of the study

This research attempted to investigate the medical cosmetic tourism market by profiling medical tourists. The following objectives were set to answer this question:

- Establish the demographic profile of medical tourists in selected areas of South Africa.
- Investigate what motivates their decisions to travel for cosmetic surgery outside the usual place of residence.

- Investigate whether cosmetic medical tourists make use of the tourism products.
- Assess how a medical tourism destination is selected by a medical tourist.

Research strategy

The method of research used is discussed under the following headings: questionnaire design; setting; sample frame and data analysis.

Questionnaire design

For credible research, it is necessary to ensure that the content of every question is in line with the study and is aimed at addressing the research problem (Leedy & Ormrod, 2005:192). For the purpose of the study, a questionnaire was designed which included questions intended to explore the demographic profile, motivations, travel patterns and destination choice of medical tourists, as well as their decision to travel outside their usual place of residence for cosmetic surgery. The questionnaire was developed using information derived from the literature review. In designing the questionnaire the researcher was guided by literature from similar studies (Hallem & Barth, 2011; Heung, Kucukusta & Song, 2011; Yu & Ko, 2012). In support of this strategy, Chambliss and Schutt (2010:164) state that question writing may start with a review of similar studies. No questions related to the procedure were included in the questionnaire.

Setting

The population for the empirical study included inbound and intra-bound medical tourists receiving cosmetic surgical procedures in South Africa. A complete list of plastic surgeons in South Africa (129) was obtained from the website of the Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA) of which the majority of 59 surgeons are located in Johannesburg and surrounding area, followed by 43 surgeons in the Cape Town area. APRSSA represents over 98% of registered plastic surgeons in South Africa. Johannesburg and Cape Town were included in the study as the main areas for which the motivation is threefold: firstly, Plastic surgeons are specialists and are traditionally located in major centres, secondly; the majority of the total number of surgeons on the list are located in Johannesburg and Cape Town and lastly, Johannesburg and Cape Town airports serve as international hubs for local and international visitors to South Africa.

Sample frame

According to Zikmund (2003:373), the first question in establishing a sampling frame concerns identifying the target population: that is, the complete group of definite population components relevant to the research project. Provided that the study focused on cosmetic surgery as a sub-sector of medical tourism, the sampling frame was selected on the basis of the essential limitations noted below:

- The respondent had to be an intra-bound (not residing in Cape Town or Johannesburg) or an international tourist;
- The medical tourist had to see a plastic surgeon registered with APRSSA in Johannesburg or Cape Town;
- An individual had to see a surgeon for consultation, pre-operation or post operation.

In the current study it was impossible to determine the precise number of individuals who satisfied criteria mentioned above. In instances where a population size is unknown, the arbitrary figure of 20 000 may be used (Raosoft, 2010:1). Using a population size of 20 000 the Raosoft sample calculator was used to calculate a sample size of 267. Raosoft Incorporated Web Survey Software specialises in the production of software programs for data gathering and analysis. A 5% marginal error and 90% confidence level were used (Raosoft, 2010:1). Data collection proved to be intricate due to the unwillingness of

respondents to participate, only 236 questionnaires could be used for analysis. A large number was not fully completed.

Data analysis

The data analysis was conducted on the medical tourists' responses to the questionnaire. The data was processed using Microsoft Excel and STATISTICA. The current research used numerous tests such as frequency distribution and factors value analysis. These tests enabled comparison between the responses of medical tourists in different cities and also comparison of variables in regard to motivations, spending and destination choice.

Results and discussion

Profile of the respondents

As can be seen in table 1, the majority of the respondents were female (80.91%), with 36.9% aged between 35 and 44 and 34.3% aged between 45 and 54, and employed with a degree as the highest level of education. There were no respondents under the age of 25. This result is similar to that found by the American Society for Plastic Surgeons (2012:6). Previous global research regarding gender in medical tourism studies indicates that the current research supports global research results, where it is often found that in most instances female medical travellers outnumber males (Guiry & Vequist, 2010:123; Moghimehfar & Nasr-Esfahani, 2011:1432; Yu & Ko, 2012:84). There have been few research studies where a greater number of medical tourists are male (Lunt, Smith, Mannion, Green, Exworthy, Hanefeld, Horsfall, Machin & King, 2014:33; Alsharif, Labonté & Lu, 2010:319).

In terms of age distribution the dominant age group appears to be between the age group of 35 and 44 as well as 45 and 54. The reliability of the results is supported by previous research. In studies on medical tourists such those of as Yu and Ko (2012:84) and Yeoh, Othman and Ahmad (2013:198) the age breakdown of age groups indicated that the majority of the respondents were in their forties, whilst a minority were in their sixties and above. With regard to the level of education, a significant proportion of the respondents were well educated with 61.04% having obtained a Bachelor's degree, 22.94% a Diploma and 12.99% having obtained a Master's degree. There were a small percentage of respondents (2.16%) with Doctoral degrees. The result shows the relatively high educational level of respondents.

In terms of employment, the majority of the respondents (62.98%) were employed. There was a significant number of business owners (28.09%), and relatively small percentage of retired (1.70%) respondents and students (0.43%).

With regard to the respondent's monthly income, the largest group included those earning between ZAR 20 000 and above (71.43%), followed by ZAR 10 000 to ZAR 20 000 (24.55%). Only (4.02%) of the respondents had a monthly income between ZAR 5000 to ZAR 10 000. As seen in Table 6.1, the monthly income categories are relatively small: this was done by the researcher as advised by the surgeons to avoid asking respondents sensitive questions. The monthly income categories were therefore classified according to income groups of low, middle and upper groups. The overwhelming majority (71.43%) fall in the upper income group, and this may be linked with the respondent's level of education and employment; as already indicated, the majority of the respondents are well educated and employed. It is suggested that future research investigate the correlation between income group and the level of education and employment status.

Large percentage (52.14%) of the respondents had a companion in the form of a friend/family member. This could be a positive for the growth strategy to increase the domestic tourism market. There were a small number of respondents who travelled with a spouse (14.53%) and a number of respondents (33.33%) who had no companion. No clear conclusion can be made in this regard; however, the latter group of respondents could be

respondents who sought cosmetic surgery outside their usual place of residence for privacy reasons.

From a domestic perspective, medical tourists come from all over South Africa as there is representation of each province. This confirms that people do travel for cosmetic surgery within the borders of South Africa. This also reaffirms the fact that domestic medical tourism should not be neglected as it has been in medical tourism literature (Hudson & Li, 2012:227-246).

Table1: Demographic profile

Demographic profile		
Item	**Response**	**Percentage**
Gender	Female	**83.91**
	Male	16.09
Age	18 - 24 25 - 34 35 - 44 45 - 54 55 - 64	0 16.5 **36.9** 34.3 12.3
Level of education	(Grade 12) Matric Diploma Bachelor's degree Master's degree Doctoral degree	0.87 22.94 **61.04** 12.99 2.16
Employment	Employed Business owner Employed on contract Student Retired	**62.98** 28.09 6.81 0.43 1.70
Monthly income (ZAR)	R5 000 – R10 000 R10 000 – R20 000 More than R20 000	4.02 24.55 **71.43**
Travel companions	Friend/Family Alone Spouse	**52.14** 33.33 14.53
Province of residence (intra-bound)	Eastern Cape Free State KwaZulu-Natal North West Mpumalanga Northern Cape Gauteng Western Cape Limpopo	**20.9** 17.8 16.9 10.2 10.2 8.4 7.1 5.8 2.7

Overall, the majority of the respondents (95.34%) were domestic/intra-bound tourists (medical tourists originating from within the borders of South Africa). The remaining percentages of the respondents were evenly distributed among the small number of inbound tourists. These inbound tourists were from destinations such as Angola (0.42%), Australia (0.42%), Botswana (0.42%), Lesotho (0.24%), Nigeria (2.12%) and United Kingdom (0.85%).

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Travel motivation for cosmetic surgery

The researcher wished to investigate the motives (push factors) of medical tourists in seeking medical treatment outside the usual place of residence. As indicated in figure 1, privacy and anonymity (27.88%) are major motives, followed by unavailability of certain procedures in the home region (24.40%). Improvement of health and substantial costs (16.35%) also feature as one of the motives. In previous research (Karmakar, 2011:101-102; Connell, 2006:1097; Marlowe & Sullivan, 2007:10), cost and privacy were highlighted as important motivations. Unavailability of procedures in the home region also recorded a high percentage (24.4%); this could be explained by the fact that in South Africa the majority of people still have to travel to major cities to access specialised healthcare such as cosmetic surgery. From an inbound point of view, the medical tourist is highly motivated by having cosmetic surgery away from the place of residence (privacy and confidentiality) as well as by costs in comparison with an alternative medical tourism destination.

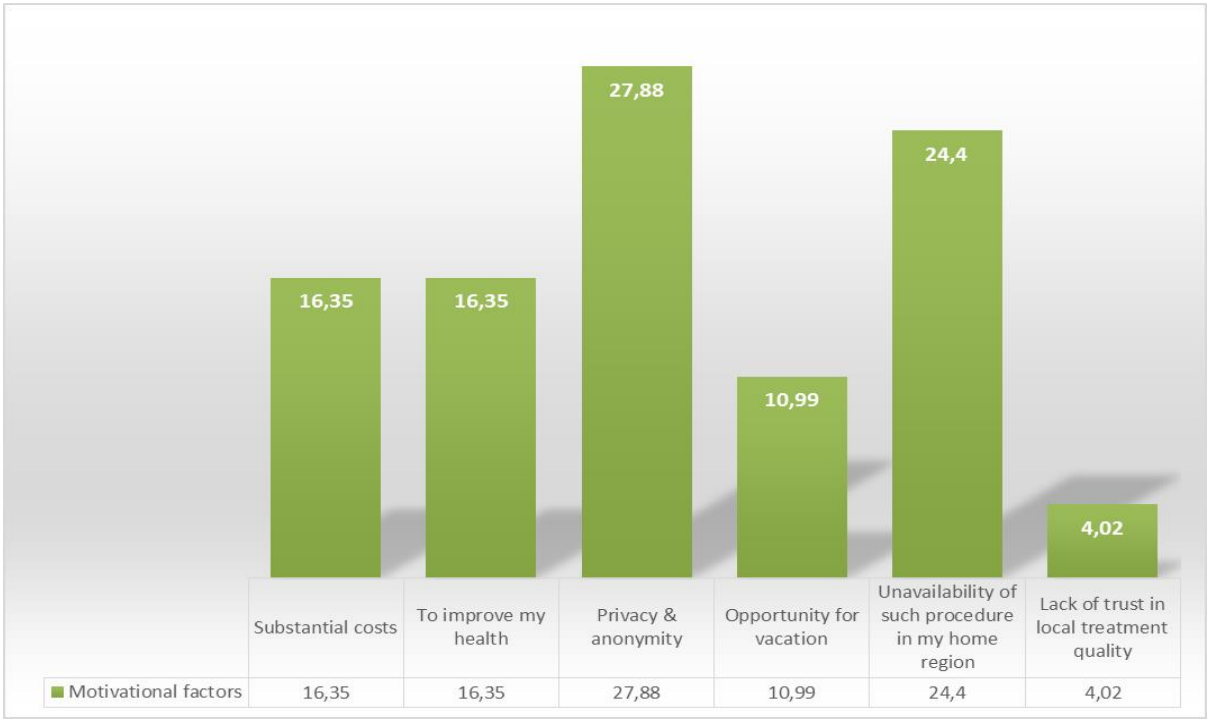

Figure 1: Medical tourist's travel motivation

Sources of information

The tourism services travel pattern of the medical tourists is presented in table 3. With regard to sources from which information pertaining to surgery was obtained, the Internet (63.64%) was the primary source of information. This high percentage for the Internet as a source of information is consistent with the literature. Word of mouth marketing by means of friend(s) (14.77%) and family/relatives (10.61%) is another popular source of information for this market. Previous research by Yeoh et al., (2013:199) support this.

Accommodation

In terms of accommodation, a significant number of the respondents (95.28%) used accommodation whilst at the destination and only 4.72% did not make use of accommodation. The latter percentage could be respondents staying in close proximity to, or within a day's drive from the destination. As indicated in table 3, of those who made use of accommodation, guesthouse/bed and breakfast establishments (38.14%) were the overall preferred form of accommodation, whilst 25.85% and 16.1% stayed at hotels graded 1-3 stars and 4-5 stars respectively. It appears that medical tourists prefer guesthouses or informal lodging, which may be explained by the number of reasons: guesthouses present the ambience of a home away from home, and they are generally known to be less expensive than hotels.

Transportation

Transport is one of the major components of tourism as it serves as a link between the tourist generating region (TGR) and the tourist destination region (TDR), and it also forms part of tourist spending. As indicated in table 3, the majority of the respondents (64.41%) used air transportation to get to their selected medical tourism destination, while 34.75% of the respondents used a car as their form of transportation. Interestingly, the majority used air transport to get to their destinations. With the exception of inbound medical tourists, the domestic respondents' usage of air transport perhaps could be explained by the geographical spread of cities in South Africa in relation to Johannesburg and Cape Town. Even though there are no airports in some towns, one would need to drive to a nearby city airport and fly to a medical tourism destination. In terms of spending this could be beneficial to the airline industry as well as the promotion of the domestic tourism in accordance with the National Department of Tourism strategy (National Department of Tourism, 2011:1).

Tourism activities

The researcher wanted to investigate whether medical tourists engage in activities other than medical and particularly tourism-related activities, during their stay at the destination. The current debate among some medical tourism researchers such as Cohen (2008:25-26) proposes that patients do not necessarily engage in other activities as time is mostly reserved for recuperation. It was deemed necessary to investigate this assertion. As can be seen in table 3 6.8, 39.92% of the respondents engaged in shopping activities. Visiting tourist attractions (27.76%) was the second most popular activity whilst at the destination. This suggests that most medical tourists view seeking medical treatment outside their usual place of residence as an opportunity to engage in typical tourist activities.

Length of stay

In terms of the number of nights spent at the destination, as seen in Table 3, 33.49% of the respondents stayed for 3 nights, 26.61% for 4 nights, and 22.48% stayed for more than 5 nights; 17.43% stayed for only 2 nights. The length of stay may be influenced by, amongst other things, the type surgery sought: the more intricate the procedure, the larger number of days spent at the destination. As indicated earlier, the current research did not include questions pertaining to the type of surgery as agreed with participating surgeons and based on ethical considerations. It is suggested that future research investigate the relationship between length of stay and cosmetic procedure sought as a large number of cosmetic procedures today only require medical tourists to be admitted as a day visit.

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Table 3: Tourism services

Tourism Services	Frequency	Percentage
Sources of information:		
Family/Relatives	28	10.6
Medical facilitator/Travel agent	5	1.9
Travel guide book	21	7.6
Friends	39	14.8
Internet	167	63.6
Other	4	1.5
Accommodation: *(6.78% of the respondents did not give a response in terms of the usage of accommodation)		
5-4* Hotel	37	15.7
3-1* Hotel	61	25.9
Friends & relatives	31	13.1
Guesthouses / B&B	90	38.1
Transportation:		
Air transportation	152	64.4
Car	82	34.8
Other modes	2	0.85
Activities:		
Shopping	105	39.9
Relaxing/recuperating	34	12.9
Visiting tourist attractions	73	27.8
Visiting friends & relatives	51	19.4
Length of stay:		
2 nights	37	17.4
3 nights	73	33.5
4 nights	58	26.6
More than 5 nights	49	22.5

Destination choice

Respondents identified factors that made them choose the medical destination. Figure 2 illustrates the factors that influenced their choice of destination. As can be seen, better healthcare facilities (43.18%) for respondents in both Cape Town and Johannesburg features as an important factor whilst price (value for money) (24.43%) is also considered an important attribute of destination choice. Overall, respondents selected their destinations for 'better' healthcare facilities. From both domestic and inbound perspectives, when looking at the origins of the respondents, it may be argued and that there are better healthcare facilities in, for example, the United Kingdom or Durban, KwaZulu-Natal, yet were for numerous reasons these destinations were not selected. It is important to note that word of mouth marketing plays an important role in destination choice as medical tourists may spread the word about facilities and services which the destination has to offer.

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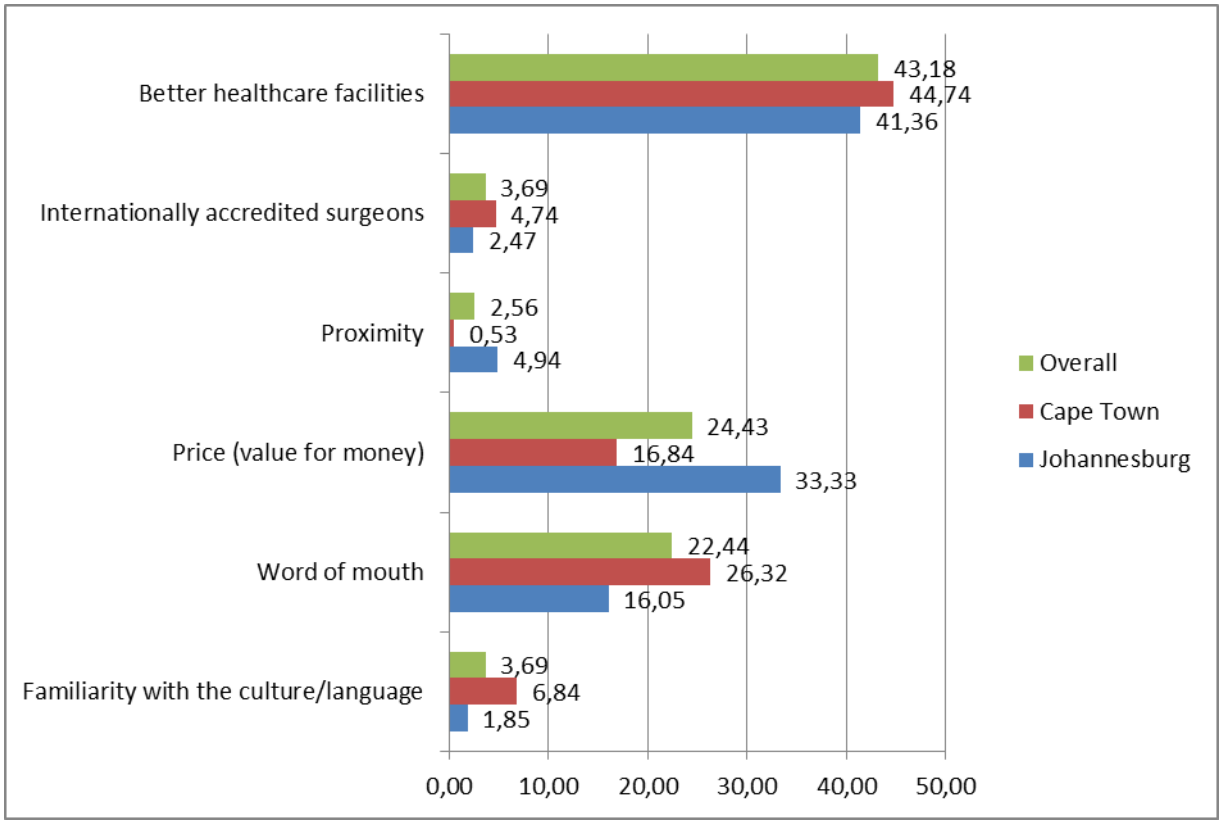

(Percentages do not add up to a hundred, because the respondents could choose more than one option)

Figure 2: Medical tourist's travel motivation

Factor analysis

Table 4 presents the means of destination selection factors. A five-point Likert scale, where one is extremely unimportant and five extremely important, was used to determine the importance of factors when selecting a destination. The responses were then added and divided to calculate the mean (average) value ranging from 1.00 to 5.00, with 3.00 representing the middle value. A mean value lower than 3.00 indicates that respondents fundamentally disagree, thus the closer the mean is to 5.00, the more positive are the respondents regarding the specific factor. However, because categorical variables are being worked with, the mean cannot be interpreted as it is. Therefore, the mean for each question was changed into factor value (FV) or an average score (AS). The FV was then calculated. A mean of 3.00 is equal to an FV of 0.5 (or 50%); this means that a high FV (>0.5) indicates that the majority agree with the statement. The FVs were ranked with the highest value indicating that the factor is the most important.

Table 4: Factor Value Analysis

Factors	Overall		Johannesburg		Cape Town	
	Mean	FV	Mean	FV	Mean	FV
The quality of medical facilities	**4.93**	0.982	4.90	0.974	4.95	0.989
Recommendation by a local doctor	4.14	0.785	3.95	0.738	4.29	0.823
South African government policies and laws (e.g. entry requirement such as VISA application)	1.89	0.221	2.08	0.269	1.73	0.183
The quality of medical services	**4.97**	0.992	4.94	0.986	4.98	0.996
The quality of accommodation	4.47	0.866	4.31	0.829	4.59	0.897
Food and beverage quality	2.92	0.481	2.71	0.428	3.09	0.523
General tourism supply (e.g. tourist attractions and quality of infrastructure)	4.03	0.757	3.84	0.710	4.18	0.796
Language and culture (communication)	3.38	0.596	3.51	0.629	3.28	0.569
Accreditation of health facilities	**4.96**	0.990	4.95	0.988	4.97	0.992
Holistic image of the destination	3.77	0.693	3.59	0.648	3.92	0.729

As can be seen in Table 4, from the overall group the top three factors were the quality of medical services (1), accreditation of medical facilities (2) and quality of medical facilities (3).

Limitations of the study

The main limitation of this study was the willingness of surgeons to participate due to reasons such as confidentiality, privacy, ethical issues, busy waiting rooms and time schedules. There were considerable adversities in carrying out this study, the fact that this is a relatively new research area and topic, many surgeons were not familiar with the concept; this created a barrier to participation. Limited available data and previous research on people who come to South Africa or those who travel within the borders of the country for cosmetic surgery, made the research challenging as there was no frame of reference from a South African point of view. This study was constructed around only two cities in South Africa. Therefore, findings cannot be generalised. However, findings may be selectively applied to other destinations in South Africa. Perhaps for future studies in medical tourism, cooperation from surgeons and private hospitals could yield effective research.

Conclusion and recommendations

This study has attempted to profile medical tourists. Little research has been undertaken to assess the profile of medical tourist market in attempt to comprehend this market segment and its potential as a tourism market. Profiling medical tourist may provide an insight into this market in terms of tourism, particularly in a competitive domestic tourism industry. This market can also be a major support during the off-peak season. A larger study is required to provide a holistic view. It is suggested that surgeons and medical tourism facilitators should consider marketing their services, products and/or packages in glossy, noticeable fashion and woman's interest magazines, online and in social media, for both the domestic and the international market. The market could further be stimulated by creating awareness around procedures for men, as research and recent ground-breaking penile transplant surgery, for example, indicates that there might be a gap for domestic and international male medical

tourists. This will create an opportunity to grow the market and possibly double the revenue. It will also be ideal for packages aimed at the travel companions to include activities that specifically focus on keeping the companion occupied, such as going on excursions.

Developing a strong medical tourism destination image will have a direct impact on the rest of the country. From a city point of view, medical tourism may be used as a marketing instrument to further supplement the popularity of these destinations. This way both destinations will also be able to generate revenue for tourism stakeholders such as accommodation, transport and leisure providers. The tourism opportunities and points of interests offered by the destination should be communicated to the prospective medical tourist via the surgeon and the service and product owners in the tourism industry. These efforts could result in a multiplier effect from medical tourist's initial spending. It is important for destinations to create brand awareness which may or may not be aimed at the medical tourist.

It is recommended that the surgeon's website should include information about *where to stay?* (Accommodation) in the area where the surgeon is located, information on *How to get there?* (ground/air transportation) in terms of the modes of transport that can be used, and *What to see?* (day excursion attractions) in and around the area where the surgeon is located. Marketing material should highlight privacy and confidentiality as priorities. The importance of privacy should be common cause amongst all product and service providers associated with the treatment.

Lodging facilities should be suitably organised and equipped for the recuperation period, particularly for guests with special needs. A separate, post-operation room could be made available for companions.

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