SOUTH AFRICAN VACATION MAKEOVERS: EVALUATING MEDICAL-COSMETIC TOURISM IN SELECTED AREAS OF SOUTH AFRICA

Lehlohonolo Gibson Mokoena

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Supervisor: Dr. R. Haarhoff

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Declaration of Independent Work

I, **L.G MOKOENA**, identity number [redacted], and student number [redacted] do hereby declare that this research project has been submitted to the Central University of Technology for the degree **MAGISTER TECHNOLOGIAE: TOURISM AND HOSPITALITY MANAGEMENT**, is my own independent work; and complies with the Code of Academic Integrity, as well as other relevant policies, procedures, rules and regulations of the Central University of Technology; and has not been submitted before by any person in fulfilment (or partial fulfilment) of the requirements for the attainment of any qualification.

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SIGNATURE OF STUDENT **DATE**

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Dedication

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I can do all things through Christ who gives me strength.

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Abstract

The act of travelling from one destination to another for medical purposes has been practised for ages. Today, known as medical tourism, this practice has become the trademark of many destinations. Global literature suggests that cosmetic surgery, as a component of medical tourism, provides an opportunity for developed countries to stimulate tourism and related industries. Although the literature suggests that medical tourism is more of an international activity, there is evidence of medical tourism within the borders of South Africa. This research aims to add to the limited body of knowledge on this possible emerging market: cosmetic medical tourism. The research includes the perceptions of medical tourists, their motivations, destination choice and expenditure from a domestic point of view. Structured questionnaires were used to gather data in the consultation rooms of APRSSA-registered plastic surgeons in Johannesburg and Cape Town. No questions related to the medical procedure, surgeons and/or medical facilities were included. A total of number of 236 questionnaires was collected for data analysis. Results indicate that respondents travel from and within provinces for cosmetic surgery, with little evidence of inbound medical tourists. The most important factors identified when choosing a medical tourism destination were expenditure, and impact beyond the tourism industry such as shopping and destination attractions. 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: *medical tourist; medical tourism industry; cosmetic surgery; tourism; destination choice; motivation; medical tourism facilitator*

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List of Abbreviations and Acronyms

SA	-	South Africa
APRSSA	-	Association of Plastic and Reconstructive Surgeons of Southern Africa
CPT	-	Cape Town
JHB	-	Johannesburg
MTFs	-	Medical Tourism Facilitators
MTDR	-	Medical Tourist Destination Region
MTGR	-	Medical Tourist Generating Region
US	-	United States of America
JCI	-	Joint Commission International
NTD	-	National Tourism Department
UNWTO	-	United Nations World Tourism Organisation
WHO	-	World Health Organisation
TAs	-	Travel Agents
MTASA	-	Medical Tourism Association of South Africa
TRAM	-	Tourism Research and Marketing
UNESCAP	-	United Nations Economic and Social Commission for Asia and The Pacific Publications
ANOVA	-	Analysis of Variance

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Chapter 1: Introduction

1.1 Introduction

The concept of travelling around the world for medical treatment comes as a fresh idea that captures the imagination. 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).

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) practices (Deloitte, 2008:3).

Medical tourism is considered a niche research area and publications in relation to this are limited. However, articles and discussions on medical tourism are beginning to appear in the press and on the airways with increasing frequency. In 2004, the medical tourism industry grossed about US$40 billion worldwide and this was estimated to rise to US$100 billion by 2012 (McKinsey and Company, 2007, cited in Herrick, 2007:1). However, the transparency market research (2013:1) reports that the value of the global medical tourism industry was pegged at US$10.5 billion in 2012. This is figure is estimated to grow to US$32.5 billion by 2019.

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, or whether the medical facility is some hours away from the tourist generating region (Deloitte, 2008:3). Medical tourists include a broad range of people, but the bottom line is that they are tourists who are also seeking a surgical intervention or wellness and preventative care. In addition, such people are willing to travel abroad in order to be treated (Menvielle, Menvielle & Tournois, 2011:53 and Perfetto & Dholakia, 2010:104).

The reasons that encompass the need for medical tourism vary; but according to Rosensweig and Horowitz (2007:24), lower cost is the primary reason that patients from developed countries seek medical care in countries that are considered less developed. In countries where a governmental health care system controls access to health care, the motive for a patient to avoid local medical care is the desire to have quicker medical treatment, thus avoiding long waiting lists which delay the process of receiving medical care (Badulescu & Badulescu, 2014:408, Perfetto & Dholakia, 2010:104).

South Africa's strength as a medical tourism destination lies in the promotion of cosmetic surgical packages. A typical package in South Africa, for instance, may comprise a consultation and surgery, personal physical therapist and personal assistant during one's recovery in a spa, with the added attraction of a safari afterwards. Some tour operators will even bundle these components (Crush, 2012:1). This in context means that medical tourists spend generously in the tourism industry, and that sales of medical tourism packages may increase dramatically in the future.

Vacation makeovers, cosmetic surgery and reconstructive surgery form part of medical tourism and these include amongst other things procedures such as cosmetic dental procedures, liposuction, facelifts, breast augmentation, eyelid surgery, tummy tucks and nose reshaping. Some patients, particularly those undergoing plastic surgery and sex change

procedures, choose to go to destinations far away from their homes because they are more confident that their privacy and confidentiality will be protected in such settings. For many, what makes medical tourism so appealing is that no one needs to know there was anything medical about the trip. Andrews (2004:1) mentions in his report on vacation makeovers that a couple indicated that once they had returned from South Africa they hosted a Super Bowl party where "friends kept saying we looked fantastic": funny how a good vacation can be such an uplifting experience.

It is also reported that medical tourists utilise the possibility of medical care abroad for the opportunity to travel to exotic locations and to vacation in affordable yet luxurious surroundings (Breen, 2007:1). According to Suthin, Assenov and Tirasatayapitak (2007), the main reasons for the growing popularity in medical tourism are: the low cost of medical treatments in the developing countries; affordable international air fares; favourable exchange rates; and the Internet. The growth of the Internet has been integral to the growth of medical tourism as it has allowed destination hospitals to advertise details about facilities, staff and services to a wide audience, while maintaining tight control over the information. Websites prominently feature the credentials of surgeons, many of whom have trained in prestigious institutions in high income countries (Howze, 2007:1017). In order to protect such personal information on the internet, some governments have created polices and laws to protect patient privacy and confidentiality (Polito, 2012:36).

With the development of better methods of communication, new travel management companies have emerged that act as the middlemen between patients and hospital networks, giving patients easy access to information, prices and options related to medical tourism and procedures. These companies are often referred to as medical travel intermediaries. They coordinate travel details such as airline reservations and ground transportation once the medical tourist has reached the destination. They also confirm medical procedures, book accommodation for the medical tourist's recovery period and make holiday arrangements, in exchange for a service fee paid by the medical tourists and commission from the hospitals on a per-referral basis (Leahy, 2008:260). Such travel management companies further entice the medical tourists with names such as 'Surgeons and Safaris' offering low-priced cosmetic

surgery packages, especially to countries such as Argentina and South Africa (Turner, 2007:309).

Cosmetic surgery is a surgical speciality which is one of the main components of medical tourism (Algoe, 2011:1). A growing interest in cosmetic surgery and procedures such as liposuction, breast enhancement or reduction, cosmetic dental work and eye surgery have created new demands (Connell, 2006:1094). Most of the mentioned procedures are carried out mainly for aesthetic purposes and in many instances are non-disease related (Tourism Research and Marketing, 2006a). These procedures, which are rarely covered by medical insurance policies or healthcare programmes, are some of the most popular medical treatments and, arguably, have given rise to the medical tourism phenomenon (Marlowe & Sullivan, 2007:8). As this type of treatment is generally paid for by the patients themselves, cost-conscious consumers are seeking the best value for their money and are willing to travel to get it (Chordas, 2007:56-57).

The medical tourism market of South Africa has grown prominent in recent years, especially for cosmetic surgery, since it offers a 30% cost saving when compared to the United States of America (Connell, 2006:1095), for instance. South Africa has proven to be very successful in merging medical services with traditional tourism activities such as African safaris, which serve as the selling point (Emory University, 2008:1). It appeals to the tourist to visit the country for a safari and the opportunity to see lions and elephants, with a quick stopover for plastic surgery (Hutchinson, 2005:1). Currently in South Africa, there is no verifiable data regarding the monetary value of this market, however in 2008 it was estimated that medical tourism is already a R300 million a year business (Mzolo, 2008:1) whilst the majority of medical tourists who visit South Africa come for the purpose of cosmetic surgery. Although the country's skilled surgeons can also provide transplants and other surgeries, cosmetic surgery remains the most popular (Erasmus, 2009:1).

There is no doubt that South Africa is already well-established as a holiday destination, and medical tourism may be used as an opportunity to further stimulate tourism. Currently, there is limited data available in South Africa regarding medical tourism and therefore it is imperative to evaluate cosmetic medical tourism industry in South Africa. This study will focus

solely on cosmetic surgery as a part of medical tourism, as literature confirms that cosmetic surgery is predominant in South Africa (Erasmus, 2009:1).

1.2 Problem statement

Cosmetic surgery as a sub-sector of medical tourism does not only benefit the recipient. Its impact extends to a wide spectrum of beneficiaries such as the healthcare industry, the commercial sector and the travel and tourism industry, amongst others. The growing medical tourism industry stimulates economies, industry and international government relationships globally, yet there has been limited research in South Africa to synthesise the knowledge pertaining to this market. Currently, there is a lack of information on cosmetic medical tourism in South Africa and literature trends indicate that the combination of cosmetic surgery together with travel and tourism is showing a rapid potential to increase in numbers. The aim of this study is therefore to analyse medical cosmetic tourism in selected areas of South Africa.

While medical tourism is not a new phenomenon, it is a moderately new segment of tourism for South Africa. Currently, limited to no 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 the benefits to South Africa and the impact and value thereof, becomes essential in an environment and economy where money is very important. It is important to substantiate the existence of medical tourism. For the purpose of this study, vacation makeovers or cosmetic surgery in South Africa as a subsector of medical tourism will be researched.

1.3 Objectives of the study

The following section will outline the primary and secondary objectives of the study.

1.3.1 Primary objective

The primary objective of this research is to evaluate medical cosmetic tourism in selected areas of South Africa.

1.3.2 Secondary objectives

Objective 1:

- To conduct a literature analysis of medical tourism including cosmetic surgery as a component thereof (Chapter 2).

Objective 2:

- To analyse the components of the medical tourism industry globally by means of a literature study (Chapter 3).

Objective 3:

- To analyse the perceptions of medical tourists regarding destination choice by means of a literature study and empirical survey (Chapter 4 and 6).

Objective 4:

- To gain better understanding of medical tourists in terms of demographics, travel expenditure and leisure activities by means of empirical survey (Chapter 6).

Objective 5:

- To draw conclusions and make recommendations concerning the medical tourism industry in South Africa (Chapter 7).

1.4 Methodology

In order to reach the goal and objectives of this study, the research was divided into two parts, namely literature and empirical research.

1.4.1 Literature study

The literature study will focused on conceptualising medical tourism, as well as cosmetic medical tourism as a sub-sector of medical tourism, and investigating the nature of medical tourism. The literature explored the topic from the point of view of tourism as well, in terms of destination choice, motivations and behaviour. The literature study incorporated relevant books, journal articles, academic papers, official reports, newspaper articles, and other applicable published material.

1.4.2 Empirical survey

This section of the research discusses the research design and sampling method that was used. It also explains the development of the questionnaire, how the research was conducted and how the data was captured and analysed.

1.4.2.1 Research design and method of data collection

Research design is regarded as significant in any research as it functions as a catalyst or an outline as to how the research will be conducted. This comprises selecting a research model, methodology, data gathering methods and a data analysis strategy (Badenhorst, 2008:53). It refers to the master plan which explains the methods and process to be used in order to collect and analyse the necessary data provide by respondents (Zikmund, Badin, Karr & Griffin, 2010:66).

For the purpose of this study, exploratory research was conducted, in order to get a better understanding of the medical cosmetic tourism. It is of quantitative nature and data was collected by means of a self-administered questionnaire. Quantitative research is used to answer questions about relationships among measurable variables with the purpose of elucidating, forecasting and controlling phenomena and seeks explanations and predictions that will generalise to other persons or places (Leedy & Ormrod, 2005: 94).

1.4.2.2 Population and sampling

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. The remaining 27 plastic surgeons are scattered around the other regions of South Africa. APRSSA represents over 98% of registered plastic surgeons in South Africa. Medical tourists visiting surgeons located in Johannesburg and Cape Town were included in the study for which the motivation is threefold:

1. Plastic surgeons are specialists and are traditionally located in major centres.

2. The majority of the total number of surgeons on the list are located in Johannesburg (59) and Cape Town (43).
3. Johannesburg and Cape Town airports serve as international hubs for local and international visitors to South Africa.

All of the identified surgeons in the Johannesburg and Cape Town areas were contacted either telephonically or via email to establish their willingness to allow the researcher access to the patients in the surgeon's waiting rooms. The benefits and value of such data and research findings were explained to the surgeons in an attempt to ensure a sufficient number of participating surgeons. No permission from an ethical point of view is needed for the study as the focus was not be on the surgeon or the procedure, and it was not in any way related to the medical treatment or hospital. The focus of the survey was purely on the motivation to travel to a specific destination, the expenditure and the impact thereof on the tourism industry.

The population for the study cannot be defined in numerical value, as there is no data available concerning the numbers of inbound and intra-bound medical tourists in South Africa. The population included any patient who does not reside in Johannesburg and/or Cape Town respectively and who has made an appointment with the plastic surgeon, either for planned cosmetic surgery or post-consultation. The population for this study did not include patients residing in Cape Town and Johannesburg respectively as they are not considered to be medical tourists in terms of expenditure for either the medical or tourism (accommodation, transportation, service) industries. The Raosoft sample calculator was used to calculate a sample size of 267. In instances where a population size is unknown, a figure of 20 000 may be used. 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).

The sample size of 267 questionnaires was divided pro rata amongst the number of participating surgeons in Johannesburg and Cape Town. Extra questionnaires were included to compensate for unusable questionnaires. The researcher monitored the process and ensured that all receptionists were familiar with and understand the content of the

questionnaire. The surgeons' receptionists handed out and collect of the questionnaires from inbound and intra-bound visitors over a period of three months. Completed questionnaires were monitored and collected by a courier at regular intervals. An incentive in the form of a shopping voucher was be used to ensure the willing participation of each receptionist whilst also serving as a token of appreciation for her efforts.

1.4.2.3 Development of the questionnaire

A questionnaire was used to gather quantitative data. The questionnaire focused on expenditure in the major components of the tourism industry such as transportation, accommodation and supporting services. The questionnaire focused on the perception and motivation of destination choice and the length of stay. A combination of open and closed-ended questions was included as well as preferences measured by means of a five-point Likert scale. Respondents were guaranteed anonymity during the survey and no form identification was used in the questionnaire. The questionnaire allowed for identification of whether respondents are pre- or post-surgery as this may have a direct influence on perceptions, expectations and perceived expenses.

1.4.2.4 Data analysis

The data was captured and analysed using Microsoft Excel and Statistica. Before administering the main survey, a pilot study was conducted in Bloemfontein on five patients in the waiting room of a cosmetic surgeon. The aim of the pilot study was to ensure that the questionnaire is clear and understandable.

To avert concerns regarding the willingness of receptionists to administrate the collection of data, an enquiry into their willingness to assist was conducted as well. The receptionists expressed interest to participate in the study.

It is of great importance to ensure that field workers, in this instance the receptionist, is familiar with the content of the questionnaire. For this reason, receptionists were asked to indicate their level of familiarity with the term medical tourism. Where needed, receptionists were familiarised with the content and terminology used in the questionnaire.

Overall, the receptionists confirmed that the time needed to complete the questionnaire would be sufficient for the patient to do so in the waiting room. There was a significant correlation between receptionists' willingness and the above mentioned factors based on the surgeons' permission.

1.5 Limitations of study

There were a number of possible limitations pertaining to this research.

- The first limitation concerned access to respondents, particularly to the medical tourists. The willingness and ability of the sample to participate in the study was essential.
- The second limitation concerned the lack of research on medical tourism in South Africa. This made the resources very limited to non-existent, which led to heavy reliance on Internet-based sources.
- The third limitation was the willingness of receptionists to assist with the questionnaire.

1.6 Preliminary chapter classification

This study consists of the following chapters:

Chapter 1: Introduction

This chapter comprises an introduction to medical tourism concept and discusses the problem statement investigated, rationale and background to the study. The chapter also outlines the objectives and research methods used in this study.

Chapter 2: Medical tourism and cosmetic surgery

The aim of this chapter is to provide a theoretical analysis of medical cosmetic tourism and cosmetic surgery as sub-sector of the medical tourism. This chapter focuses on conceptualising medical tourism from a global as well as a local perspective. It further elaborates on the growth of medical tourism, medical tourism destinations, defining medical

tourists and the leisure component very often included during recuperation. The importance of legal and ethical aspects in medical tourism is also addressed.

Chapter 3: The medical tourism industry

In this chapter provides a holistic view of the medical tourism industry by addressing factors such as demand and supply, medical tourism facilitators, accreditation and insurance, the role of internet, domestic medical tourism and the potential industry benefits of medical tourism.

Chapter 4: Medical tourism: destination image and choice

The aim of this chapter is to provide a literature analysis on the concept of destination image and choice for the medical tourist. This is achieved by looking at the different components of a destination product, destination image formation and factors affecting the destination choice of a medical tourist.

Chapter 5: Methodology

This chapter contains detailed information regarding the research methodology that was applied to the study. It also gives an in-depth discussion on the research problem, the design and methodology and the methods of data collection.

Chapter 6: Empirical research results

This chapter provides in-depth results pertaining to the research objectives. Numerous tests such as frequency distribution, Analysis of Variance (ANOVA), factors value analysis, Cronbach's Alpha, t-test and Mann-Whitney U test were conducted.

Chapter 7: Conclusion and recommendations

This last chapter comprises conclusions and recommendations concerning the medical cosmetic tourism industry in selected areas of South Africa.

1.7 Definitions of concepts

The following concepts are defined:

1.7.1 Tourism

Tourism may be defined as “a social, cultural and economic phenomenon which entails the movement of people to countries or places outside their usual environment for personal or business/professional purposes. These people are called visitors (which may be either tourists or excursionists; residents or non-residents) and tourism has to do with their activities, some of which involve tourism expenditure” (United Nations World Tourism Organisation, 2014:1).

1.7.2 Medical tourism

Medical tourism is a form of niche tourism, which links leisure travel, the act of seeking pleasure and relaxation, with purposeful escape to medical interventions (Buzinde & Yarnal, 2012:783). It is travel with the aim of improving one’s health, an economic activity that involves trade in services, and as represents two sectors: medicine and tourism (Bookman and Bookman, 2007:1).

1.7.3 Medical tourism facilitator

A medical tourism facilitator 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). “Medical tourism facilitator” is the provider of arrangements and accompanying support services. This facilitator may be located in either the traveler's home country or the host country (Cormany & Baloglu, 2011:709).

1.7.4 Cosmetic surgery

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). It is “the branch of plastic surgery which deals with procedures designed to improve the patient’s appearance by plastic restoration, correction, removal of blemishes, etc.” Dorland‟s Illustrated Medical Dictionary (2011:1808).

Chapter 2: MEDICAL TOURISM AND COSMETIC SURGERY

2.1 Introduction

Globalisation has given rise to a new form of tourism that is commonly known as health tourism. Within the health tourism arena, medical tourism is among the fastest growing sectors, and many countries are now making permissible and practical plans to serve it (Heung, Kucukusta & Song, 2010:236). Sarwer, Magee and Crerand's study (as cited in Swami, Arteche, Chamorro-Premuzic, Fumham, Stieger, Haubner & Voracek, 2008:211) states that, on a global scale, contributing factors to the growth in specifically cosmetic medical tourism include the way in which such procedures are portrayed in the mass media and entertainment industries, higher disposable income, procedural advances made, the Internet as a significant source of information and openness towards such procedures. According to Davis, Sadgrove and Edmonds (cited by Swami *et al*., 2008:211) competitive pricing furthermore now makes cosmetic surgery a realistic option for many.

According to Gupta (2004:1), medical tourism can be broadly defined as provision of cost-effective private medical care in cooperation with the tourism industry for patients requiring surgical and other forms of treatment. The process is being facilitated by the relevant stakeholders such as the corporate sector in medical care, and both the private and public sectors within the tourism industry. The definition implies that tourism is used as a facilitating vehicle by means of which buyers of medical services locate providers, travel to the destinations and combine vacations and other activities with the medical procedure(s). Opportunities in the tourism industry have thus been prominently stretched by this developing phenomenon (Awadzi & Panda, 2006:76). The term medical tourism was coined by travel agents and the mass media to publicise this new combination of travel and medical services. Today, it is no longer jargon; it has become a common phrase to describe the rapidly-growing practice of travelling to access healthcare (Samir & Karim, 2011:215).

South Africa's economic growth depends greatly on the tourism industry and its interrelated industries (National Department of Tourism, 2011).

In 2014, tourist arrivals to South Africa grew by 6.6% (587,671) to reach 9,549,236 million tourists. This performance is above the global average which saw a 4.7% increase in tourist arrivals. Despite the increase in tourist arrivals, when compared to other destinations, South Africa is ranked 33 in terms of tourist arrivals in 2014 and is down from its previous rank of 30 (South African Tourism, 2014:7). South Africa may therefore enhance its tourism product and also distinguish itself from competing destinations by venturing into alternative areas of tourism such as medical tourism which may complement and enhance current marketing strategies and sectors as an attractive add-on.

2.2 Medical tourism

The following section discusses the concept and growth of medical tourism, the medical tourism system, cosmetic surgery and the legal aspects of medical tourism by means of a literature.

2.2.1 Conceptualising medical tourism

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 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). Destinations that choose to pursue medical tourism openly endorse their health-care facilities and services, as augmentation to their other conventional tourism features (Marlowe & Sullivan, 2007:8). 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 term *obligatory treatment* refers to "urgent, unscheduled treatment for serious illnesses", whereas the term *elective treatment* refers to "scheduled non-essential" treatment. In both cases, medical tourists choose to obtain treatment elsewhere because the desired therapies are unavailable, illegal, costly, or associated with an unacceptable waiting time in the home town (Jones & Keith, 2006).

In ancient times medical tourism was realised when people travelled to spas, hot springs, and rivers seeking cures and/or rejuvenation (Goodrich, 1994:228). More recently, people from developing countries travel to developed countries seeking more sophisticated medical treatment (Awadzi & Panda, 2006:77). However, the contemporary trend is now in the opposite direction as an increasing number of patients from developed countries travel to developing countries to receive what is perceived to be relatively 'cheaper' medical treatment. This constitutes what Awadzi and Panda (2006:78) have termed the "third world advantage". This reversal of the older trend is mainly due to the increasing costs and other limitations such as unavailability of certain medical treatments (Marlowe & Sullivan, 2007:8; MacReady, 2007:1849; Deloitte, 2008:4). Moreover, in recent years, many doctors and nurses in developing countries are increasingly well-trained according to international standards (Awadzi & Panda, 2006:79). In modern, privately owned clinics and hospitals established in such countries, facilities possess the latest technologies available and are able to offer an array of complex medical procedures at lower cost than in developed countries (Garcia-Altes, 2005:264). These mentioned developments, together with trade liberalisation and ease of travel (Fletcher & Brown, 2002, cited in Jotikasthira, 2010:24) are what have contributed to the growth of medical tourism.

2.2.2 Growth of medical tourism

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). The increase in medical tourism is also often attributable to the high cost of medical care in developed countries such as the United States of America, which may fuel the demand for medical tourism destinations. Other factors that contribute to the growth of this sector are the ease and affordability of international travel, together with rapidly growing technology leading to higher standards of medical care on a worldwide basis. Proven safety records of medical care in many developing countries around the world are also a major contributor to the growth of medical tourism (Bookman & Bookman, 2007:59-60).

According to Awadzi and Panda (2006:77), the reasons why medical tourists travel for treatment vary. Many medical tourists, such as those originating from the United States, are in quest of treatment that is a quarter or less of the cost than it is in their generating region. In countries such as Canada, for instance, people are often frustrated by long waiting times to receive medical treatments and as a result seek for quicker medical treatments outside the country. According to Connell (2006:1097) the issue of privacy makes medical tourism even more popular. Medical procedures such as sex changes have slightly decreased in terms of popularity, particularly in countries such as Thailand (Connell, 2006:1097). However, they still form an integral part of medical tourism, particularly in destinations such as Thailand, where "recuperation and the consolidation of a new identity may be better experienced at a distance from standard daily life" Connell (2006:1097). In an effort to protect their privacy and

confidentiality many patients (including celebrities) seek medical care in other countries (Gray & Poland, 2008:195).

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 some authors, the Internet has become a significant driver in the medical tourism phenomenon, providing the platform for the patients to obtain access to information pertaining to healthcare, advertising and medical tourism packages. Organisations such as insurance companies also stimulate growth in medical tourism (Appleby, 2010:1) by introducing medical tourism incentives to their employee benefit plan. Hall (2011:7) underscores again the motivation that medical tourism provides the opportunity to combine medical services with a holiday in an exotic location, and Page (2009) summarises the fact that medical and socio-economic problems at home, such as the unavailability of procedures in the home country, high cost and long waiting lists for certain procedures are seminal to the appearance of medical tourism.

2.2.3 The medical tourism system

According to Ko (2011:24) the medical tourism system needs to be properly understood in order to be able to explain the phenomenon comprehensively. Keyser (2009:144) states that a system is a collection of interrelated elements that interact to a produce desired result. Each system has a particular function to fulfil or a result to achieve. Systems theory begins from the assumption that even the most complex phenomena can be conceptualised into a mutually connected system. The advantage of the systems approach is that it can undoubtedly define compound phenomena. Taking into account that medical tourism is a complex composite industry with a common goal of attracting medical tourists, Ko (2011:25) believes the systems approach may be useful in studying and understanding the various phenomena in the medical tourism industry. He also adopts Leiper's (1995) tourism system as a foundation for a medical tourism system to explain the phenomenon.

Leiper (1995:25), Ko (2011:25), Boniface, Cooper & Cooper, (2012:7) & George (2015:19) explains tourism phenomena in terms of five components of tourism: tourists, traveller-

generating regions, transit route regions, tourist destination regions, and tourism industries. Omitting the transit route region, which is not applicable, the medical tourism phenomena may be explained by the remaining four components of the above mentioned tourism system:

- **Medical tourists (Market**) - The consumers of medical tourism products and related services, can be divided into a variety of types, all of which have distinct qualities. For example you have medical tourists motivated by cost.

- **Medical tourist-generating regions (MTGR)** – This refers to the countries or cities that produce medical tourists and form a base for the demand. For example countries such as the United States of America produce a large number of medical tourists seeking treatments at lower prices.

- **Medical tourist destination regions (MTDR)** – This refers to countries or cities attracting medical tourists from overseas markets. MTDRs must select target markets from various generating regions and conduct appropriate marketing promotions. For instance, a number of countries such as Singapore, Thailand, and India have become early leaders in the industry by promoting themselves and providing services for patients from around the world.

- **Medical tourism industries** – This refers to related services provided, in terms of medical tourism products, such as types of medical services providers, medical tourist intermediaries and medical tourism servicers.

Each component forms part of the medical tourism system, and each is mutually connected and interdependent in their mechanisms. Medical tourists require all four areas of the service which are needed for successful medical tourism. While the medical service itself may be the most important factor which the medical tourists consider when they choose a destination for medical tourism, accommodation, food and beverage, tourism experience, government regulations and socio-cultural factors are also crucial factors affecting the choice of a medical tourism destination (Ko, 2011:40-41).

The medical tourism system is the conceptual framework underpinning the constituent variables encompassing inputs, processes and outputs necessary for a functioning medical tourism sector (George & Nedelea, 2009). Medical tourists move from their originating

regions (their country or city of residence) to destination regions (those regions where the care is available or preferred). The transit refers to both the actual mode and trajectory of the transportation utilised for this movement, as well as any constraining and /or facilitating forces in the travel experience. The destination is the medical tourism destination, not just because of the healthcare facility available there, but also because of the availability of destination attractions, both natural and cultural.

2.2.4 Medical procedures

Medical procedures include a variety of complex types of surgery such as heart surgery, knee or hip replacements, and transplants. They also include elective surgeries such as cosmetic surgery and dental procedures (Singh, 2008 cited in Heung *et al.,* 2010:238). Preventative medical services such as medical check-ups and health screening may also be considered to fall within the scope of medical tourism (Heung *et al.,* 2010:238). According to Lovering (cited by Cohen, 2008:27), while cosmetic surgery was initially considered to be the main instigator for medical tourism (and the mainstay of the medical tourism industry), the field later expanded to include a wider range of medical treatments. Medical tourists, therefore, travel for various types of medical procedures ranging from general wellness enhancement to major surgery. Cormany (2008:35) identifies six different categories of medical procedures or medical services normally desired by medical tourists:

- Necessary major surgery/treatment (heart surgery, cancer treatment or joint replacement).
- Necessary minor surgery/treatment (dental or bariatric (weight loss) surgery treatments).
- Diagnostic service (travel for imaging and laboratory tests that are essential for determining the cause of an illness).
- Alternative therapy treatment (acupuncture, knowledge of life or herbal therapy).
- Lifestyle/wellness (travel for stress alleviation, to learn healthier lifestyle or to overcome addiction).

- Cosmetic surgery (preservation, restoration, or enhancement of physical appearance).

From the literature it is apparent that the range of medical treatments available to the tourist is diverse. These treatments range from elective and straightforward to necessary and complex procedures. This study will focus on cosmetic surgery as a popular form of medical tourism in South Africa.

2.2.5 Cosmetic surgery

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). In a study on cosmetic surgery conducted by Hallem and Barth (2011:126), the aspects that stand out the most from the data relate to improving one's physical appearance with the aim of improving self-esteem. According to Dingman, Otte and Foster (2012:18), however, cosmetic surgery is more than just improving self-image. Amongst other things, plastic surgeons reconstruct disfigured faces, graft tissue on burns, repair cleft palates and remove tumours. Many modern techniques used in plastic surgery developed from efforts to repair faces damaged on battle-fields.

Cosmetic surgery has become a lucrative specialty within the broader field of medicine. For example, Cognard-Black (2007:1) states that the cosmetic surgery industry may also be considered as an extension of the beauty industry: an industry that learned decades ago how to empower women into consumer feminism by selling elective surgery and other cosmetic procedures as a matter of choice, and the increase in cosmetic surgery amongst men is accompanied by a rationale that goes beyond vanity (Adams, 2009:118). The growing interest in cosmetic surgery has created new demands Connell (2006:1094) and it is no longer the preserve of the rich and famous. Different demographics are observable (Sarwer, Cash, Magee, Williams, Thompson, Roehrig, Tantleff-Dunn, Agliata, Wilfley, Amidon, Anderson &

Romanofski, 2005:931-938), and people of widely different socio-economic statuses (Didie & Sarwer, 2003:241-253) now "go under the knife" for the purpose of improving their appearance.

Despite the increasing popularity of cosmetic surgery, not too much is known about the factors that determine attitudes toward these procedures (Slevec & Tiggemann, 2010:65). Slevec and Tiggemann (2010:66) mention that in some ways, the media have both direct and indirect influences on the attitudes toward cosmetic surgery. In terms of direct effect, there is little uncertainty that the media has played a role in increasing public awareness about cosmetic surgery. Magazine and television advertising, as well as television programmes, increasingly feature the latest advances in cosmetic surgical procedures (Sarwer & Crerand, 2004:100), as well as prolific celebrity discussion of such procedures. More recently, cosmetic surgery has also become the focus of a number of popular reality television programmes, such as Extreme Makeover (Sarwer & Crerand, 2004:100) which further enhances its popularity. Women's magazines, too, advise women on gender roles, methods of self-improvement, and how to deal with new technologies, including surgical innovations (Chatterjee, 2007:133). Within the changing cultural values of society, the media has played a crucial role in making cosmetic surgery a permissible medical procedure.

The global survey of the International Society of Aesthetic Plastic Surgery (2010:1) indicates that globally, the most common surgical procedure is liposuction (18.8%), followed by breast augmentation (17%), eye lifts (13.5%), nose jobs (9.3%), and then abdominoplasty. In the United States of America it was found that the top five elective cosmetic surgeries for men in 2010 were lipoplasty (liposuction), rhinoplasty (nose modification), blepharoplasty (cosmetic eyelid surgery), gynecomastia (pectoral surgery), and otoplasty (ear surgery), all of which were more popular than hair transplants, a commonly reported interest of balding midlife and older man (American Society for Aesthetic Plastic Surgery, 2010:1).

It is obvious that the increased popularity of cosmetic surgery can be attributed to consumer driven culture and increased media popularity. With all of the immense media coverage and advertising related to cosmetic surgery, one can only forecast further growth. This will inevitably have an enormous influence on the growth of medical tourism as more people will feel the need to access such elective procedures at the low cost in other countries or cities.

Cosmetic medical procedures are in most instances not covered by insurance or national healthcare programmes, and therefore, cost-conscious consumers will continue seeking the best value for their money and are willing to travel to get it (Chordas, 2007:55).

2.2.5.1 Types of cosmetic procedures

Treatment Abroad (2012:1), a medical tourism company that makes bookings and provides information to medical tourists about clinics, hospitals, and specialists across the world that are attracting medical tourists, identifies the following common procedures sought by medical tourists in different countries including South Africa:

- Facial cosmetic surgery: improves sagging skin, lessens wrinkles and gives the face a more defined, more youthful appearance.
- Cheek or chin implants: this operation is often, but not always, performed at the time of rhinoplasty to help balance the facial proportions. Chin implants help to build a better profile.
- Rhinoplasty: commonly called a “nose job”, involves reshaping the nose to modify its external appearance and also sometimes to correct nasal breathing issues such as a deviated septum.
- Pinnaplasty otoplasty: pinning back of ears that stick out from the side of the head.
- Non-surgical treatments: Botox, chemical skin peels, dermabrasion, fillers or laser skin treatments.
- Breast cosmetic surgery: includes different procedures such as breast augmentation, which enlarges the size of the breast using implants, and breast reduction, which makes the breast smaller by removing tissue. This is sometimes recommended for medical reasons, as over-sized breasts may create back problems. Breast uplift is done to reshape breast tissue to produce more youthful breasts. This can be done using one’s own tissue, or in conjunction with implants. Male breast reduction (gynaecomastia surgery) is a less extensive cosmetic surgery as no major incisions are made; the excess fatty tissue in the chest area is removed using liposuction.

- Body restructuring and liposuction: refers to the reshaping and removal of fat and excess skin around the abdomen, arms, thigh and the stomach. While exercise and healthy eating can help to trim down the excess fat and tone underlying muscles, cosmetic surgery provides a quick solution.

2.2.5.2 Cosmetic surgery in South Africa: Sun, sand and cost-cutting surgery

For international medical tourists, cosmetic surgery in South Africa is becoming an attractive proposition for those people that demand value for money, or who are looking to combine cosmetic surgery with a period of recuperation in beautiful natural surroundings. South Africa's skilled surgeons are rated as some of the best in the world and are able to perform a variety of surgical procedures, with cosmetic surgery as possibly the most popular form (Erasmus, 2009:1). Reports indicate that the majority of international medical tourists who visit the country come for the purpose of cosmetic surgery (Mzolo, 2008), which is very popular, and certainly not a new practice.

South Africa offers a number of modern private cosmetic surgery clinics with access to the latest technology and treatments (Treatment Abroad, 2012:1). South Africa has gained a reputation for cosmetic surgery and safaris aimed at overseas visitors (Emory University, 2008:1). One of the reasons, besides the excellent reputation of qualified surgeons, is the affordability due to South Africa's attractive exchange rate. For the domestic medical tourist, benefits other than excellent reputation of qualified surgeons include the shorter distance to be travelled. Thus the inconveniences of long flights are avoided and medical tourists have the benefit of avoiding language and cultural barriers.

For medical tourists the appeal is clear. In terms of prices charged, seeking cosmetic procedures in South Africa is very reasonable compared to other developed countries. Medical tourists from the United Kingdom who would normally spend £200 million on cosmetic surgery each year in Britain have realised that similar procedures can be done in South Africa for a third of the price (Surgical Attractions, 2012:1). According to Wilhem

(2002:1), South Africa has become a magnet for those in search of more affordable elective cosmetic procedures.

In comparison, an all-inclusive breast augmentation package in South Africa costs approximately £2,900 and a facelift package £3,900, whilst in the United Kingdom similar packages would cost £3,500 to £5,000 and £4,200 to £5,800 respectively (Treatment Abroad, 2012:1). According to Nicolaides (2011:12) in the United States of America a facelift normally costs about US$25,000 while in South Africa, excellent facilities are available for the same procedure at a cost of about US$2,000. This makes South Africa a far cheaper destination for medical tourists than either the United Kingdom or the United States of America. Table 2.1 lists the average prices for different procedures in few medical tourism destinations, as published on service provider websites.

Table 2.1: Price comparison (USD) (in selected countries)

Procedure	South Africa ($)	USA ($)	United Kingdom ($)	Thailand($)	India ($)
Blepharoplasty	$3911	$6900	$4769	$1400	$2200
Breast augmentation	$5319	$10 000	$8000	$3150	$3300
Face lift	$5476	$20 000	$7500	$4800	$3360
Rhinoplasty	$5319	$7300	$7600	$3850	$1800
Otoplasty	$2900	$4700	$5730	$1400	$1800
Lipoplasty	$4000	$10000	$6000	$3000	$2500

*Note: * Estimated prices are subject to change and currency fluctuations*
Source: compiled by the author from online websites on medical tourism.

A review of the prices as tabulated in Table 2.1, shows that South Africa as a developing country is cheaper than developed countries such as United States of America and the United Kingdom. Compared to other developing countries such as India and Thailand, the review indicates that cosmetic surgery prices in South Africa are higher than in other developing destination countries. South Africa cannot compete with most other medical tourist destinations on price alone (Crush, Chikanda & Maswikwa, 2012:20), because prices in developing countries such as Thailand and India are more competitive than in South Africa.

Cost-effectiveness is of course a major pull factor for medical tourism (Hunter, 2007:134), and the sensitivity of medical tourists toward the cost of medical travel is widely acknowledged. However medical tourists do not select their medical destination based on price alone. According to Hunter (2007:131), for a medical tourist, medical tourism involves procedures along with recuperation and the concurrent enjoyment of certain activities associated with nature, culture and leisure, all unique to a particular destination. In essence, medical tourism incorporates the medical industry and the tourism industry at a destination. Apart from quality of medical care and cost saving, the image of a medical destination with regard to hygiene and safety are also significant in selecting a medical tourism destination (York, 2008 cited in Jotikasthira, 2010:4).

The medical tourists visiting South Africa may also benefit from other factors such as the quality of treatment, cultural sensitivity, safety and security, world-class infrastructure and warm climate for recuperation and relaxation throughout the year, idyllic surroundings after surgery, and the fact that English is widely spoken (Nicolaides, 2011:13, Medical tourism South Africa, 2014:1). As indicated in the literature the mentioned destination competitiveness attributes, combined with the lower cost for cosmetic surgery, are major enticements for medical tourists, especially those who originate from developed countries such as United Kingdom where prices are high.

2.2.6 Risks, ethics and legal aspects in medical tourism

Receiving safe and quality care is a primary issue for any medical tourist and like any other emerging industry, this industry has its own challenges mainly related to the risks involved, ethical aspects and legal liability within cosmetic surgery as a subsector of medical tourism. In more detail, challenges may include issues surrounding cultural sensitivity, language barriers, dietary requirements, religion and customs of the home country or region, personal beliefs, liability, accreditation, legislation and international diversity (Deloitte, 2008:8-21).

Any medical procedure performed involves some component of risk. Such risks may include complications regardless of hospital accreditation and the quality of medical providers, and prospective medical tourists must always bear these risks in mind (Marlowe & Sullivan, 2007:9). Many of the medical providers that advertise heavily to medical tourists are located

in low-cost, developing countries that may be experiencing social, political, and/or cultural problems. In some of these 'medical tourism destinations, infectious and parasitic diseases may be prevalent (Forgione & Smith, 2007:31). According to Puri, Singh and Yashik (2010:17), exposure to diseases without having built up natural immunity can be hazardous to weakened individuals. For medical tourists having to make long distance trips, lengthy flights may also pose unique health challenges. The oxygen level is low in airplanes, and on a 14 hour flight to a medical destination, this could be problematic to a medical tourist. Deep vein thrombosis aggravated by long flights is also a serious concern (Patient UK, 2010:1).

Medical tourism may also give rise to several ethical issues. Dr Prem (2011:1) highlights overcharging of the medical tourist as a common practice amongst unethical doctors. In some developing countries, the doctors may neglect their everyday patients and pay more attention to medical tourists who are paying higher rates. Deloitte (2008:21) points out that some ethical issues are concerned with the understanding (or lack thereof) of social and cultural differences such as language, religion and customs or beliefs. Different regions of the world have different norms, customs and belief systems which should be taken into account. For example, a medical tourist and his/her family may need a prayer area or the services of a priest, while another might require that medical providers have female physician for treating a female medical tourist. Diets also differ according to religion and region: food might need to be halaal or kosher, for example, for religious reasons. In some situations, there may be linguistic barriers to overcome. Pashley (2012:7) states that medical tourists may receive excellent care, but it may be delivered in a foreign language, which would add to the anxiety of undergoing the procedure. Deloitte (2008:21) recognises the importance of knowledge of medical terminology in the medical tourist's language as well as English for better overall communication. Many medical tourism destinations do not pay attention to issues such as language barriers and cultural sensitivities, which could create concern for medical tourists.

The receiving medical tourist, be it outbound or intra-bound, may be faced with unfamiliar legal issues. Caballero-Danell and Mugomba (2006:67-68) warn that there are no international governing regulations for medical tourism according to which medical tourists may seek legal advice in cases of malpractice regarding the procedure performed. Vick (2012:1) reports, however, that even though there is no international regulation of medical

tourism, a dissatisfied medical tourist may institute legal proceedings for negligence in most medical tourism destinations. Most countries have systems in place for obtaining compensation for malpractice: proof of fault is however required. Even though medical tourists receive reassurance regarding the quality of care and the qualifications of the surgeon, one of the biggest concerns is the possibility of post-surgery complications, because surgeons in the medical tourist's generating regions (MTGR) might be reluctant to take professional and legal responsibility for later problems that arise (Marlowe & Sullivan, 2007:9). Jeevan, Birch and Armstrong (2011:146) share the same sentiments, and allude to the fact that poor measures for follow-up care may mean that the medical tourist would routinely present to local (plastic) surgeon with post-operative complications or concerns from their medical tourism destinations that arise after the patient returns home.

All countries employ a range of methods to control access to their territories for security reasons. Therefore visa requirements for inbound medical tourists are one of the issues within the legal framework concerning medical tourism which could become an obstacle. Kerala Travel Tourism (2006:1) explain that some procedures need a considerable amount of time to be fully completed, particularly if recuperation is included in the medical travel package, and standard visa benefits are not enough. Medical tourism destinations such as India have taken the initiative to pioneer medical visas, to make it possible for medical tourists to enter India and stay for the duration of their treatment (World Health Organisations (WHO), 2007:1). According to Bookman and Bookman (2007:158), if the Indian government had burdensome entry or visa requirements, the American medical tourists would be less likely to choose India as their preferred medical tourist destination. Many developing countries are introducing medical visas which are specifically given to international medical tourists.

2.3 Tourism perspective of medical tourism

The concept of medical tourism entails a combination of medicine and travel. The following section will focus on what motivates people to travel, and also look as the leisure as a component of medical tourism and define medical tourists.

2.3.1 Travel motivators

Motivation to travel refers to a set of needs that causes a person to participate in tourism-based activity (Pizam, Neumann & Reichel, 1979:195; Park & Yoon, 2009:100). In essence, motivational factors may be defined as the psychological needs that play a significant role in causing an individual to feel psychological disequilibrium that may be corrected through a travel experience (Crompton, 1979; Kim, Crompton & Botha, 2000). The key to understanding the motivations of tourists is to see travel as a satisfier or fulfilment of a need or want. In trying to figure out the motivations of tourists, in terms of why people travel, tourism researchers (for example Crompton, 1979; Dann, 1981; Maslow, Frager & Fadiman, 1970; Nicholson & Pearce, 2001; Bansal & Eiselt, 2004; and Josiam, Mattson & Sullivan, 2004) have created travel motivation models, although none specifically address the travel motivators for medical purposes. In principal, travel motivators are generic and will also be applicable to medical tourists.

2.3.1.1 Theories of motivation

Most studies on tourist motivation have used the two factors categorised as the "pull factors" and "push factors" as the major influence on travel decision.

2.3.1.1.1 Push and pull motivation factors

Tourist motivations based on pull and push factors is one of the most used theories in the study of travel motivation (Dann, 1977; Pearce & Caltabiano, 1983; Crompton, 1979). Push factors can be seen as the intrinsic desire for escape, socialisation, adventure, health and fitness, family togetherness and dream fulfilment (Crompton, 1979; Lam & Hsu, 2006). Major push factors for medical tourism are rising health needs and the rising costs of medical care in developed destinations. Pull factors on the other hand refer to tangible and intangible destination attributes such as cultural attractions, natural scenery and facilities (Klenosky, 2002; Kim *et al.,* 2000). The pull factors for medical tourism are affordability and availability of services in combination with a vacation (Hunter, 2007:134). Uysal and Hagan (1993:800) provide a model which portrays examples of push and pull factors and their influence on tourists. This model explains the essential roles that pull and push factors play in tourists' travel motivations by looking at these two factors as internal and external forces.

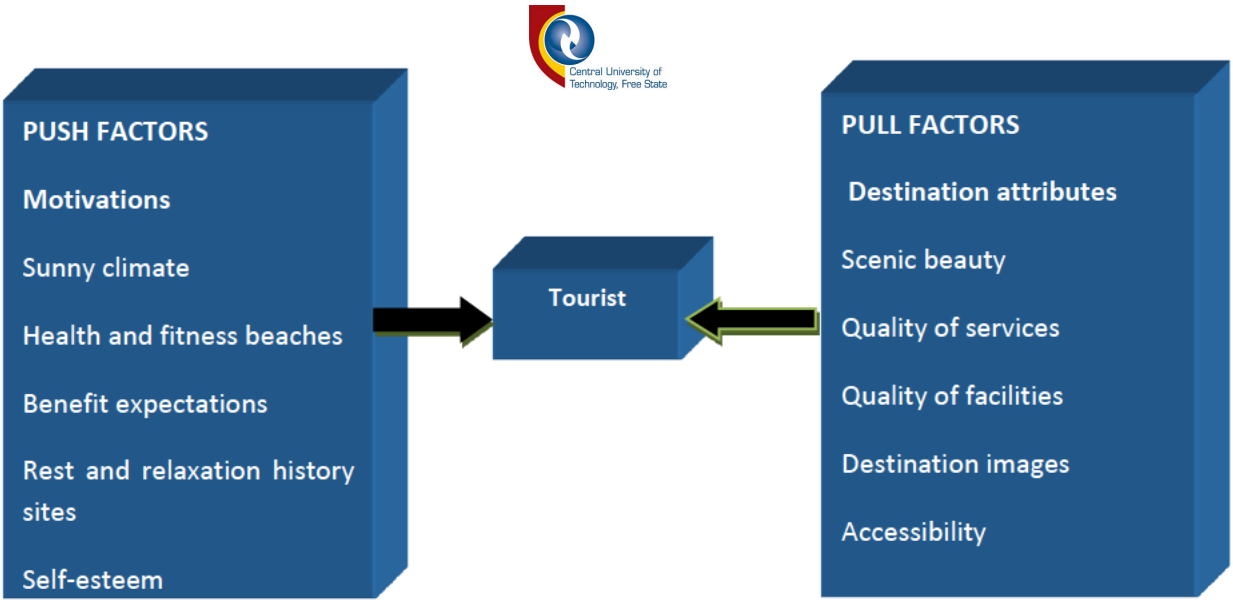


Figure 2.1: **Model of push and pull tourism motivations** (Uysal and Hagan, 1993:800)

The model incorporates some of the aspects associated with medical tourism literature, vacation, fun and relaxation (Heung *et al.,* 2010:236), quality of service and accessibility (Sarwar, Manaf & Omar, 2012:3). In essence, push factors explain how tourists are pushed to making travel decisions while pull factors explain how tourists are attracted by the destination. According to Voigt, Laing, Wray, Brown, Howat, Weiler and Trembath, (2010:67), it can easily be hypothesised that the motivation for those who travel for necessary medical procedures is to save money and to improve one health. However, motivation for individuals travelling for elective procedures such as cosmetic surgery is more complex.

2.3.1.1.2 Maslow's motivation theory: medical tourist

Even though travel motivators are said to be generic, the motivations for medical tourism have caught the attention of researchers. According to Maslow's motivation theory (Maslow *et al.,* 1970), travelling for medical tourism purposes to international destinations is based on survival-related needs.

Survival-related needs, also known as physiological needs, are the physical requirements for human survival. From a medical tourism perspective, this statement is only applicable to necessary medical procedures sought by a medical tourist. However, an elective surgery such as cosmetic surgery cannot be regarded as a requirement for survival.

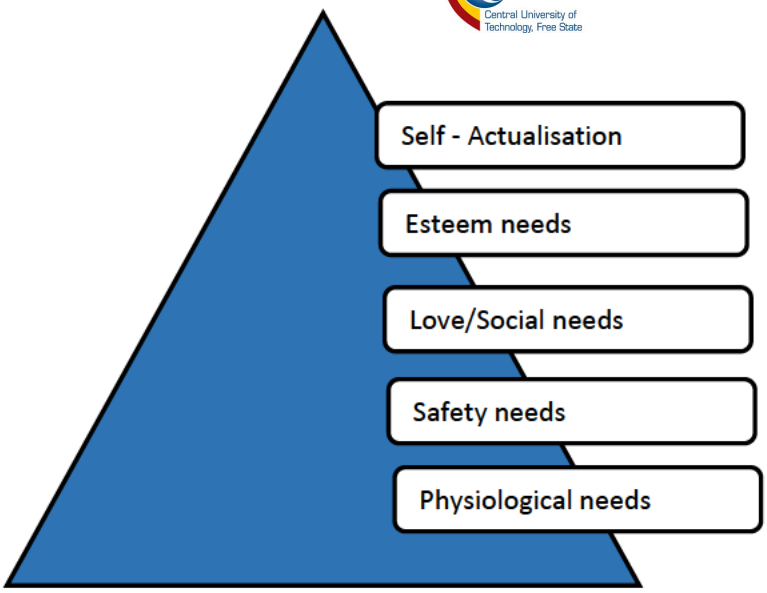


Figure 2.2: Maslow's motivation theory (adapted from Cooper, Fletcher, Fyall, Gilbert & Wanhill, 2008:45; Hsu & Huang, 2008:15)

Maslow notes five different tiers, beginning with physiological needs, then safety and security needs, social needs, self-esteem and finally self-actualisation needs. Maslow's point is that all behaviour patterns are motivated firstly by physiological needs. Applied to medical tourism, esteem needs which are associated with ego needs may influence medical tourists to travel for medical procedures outside their normal place of residence in order to gain recognition and also for safety. For example, Connell (2006:1097) states privacy as one of the motivations that can be linked with safety. Andrews (cited in Connell, 2006:1097) writes:

"A couple from the United States visited South Africa a year ago for tummy tucks, liposuctions and eyelifts. Back from South Africa they threw a Super Bowl party. Friends kept saying they looked fantastic, funny how a good vacation can be such an uplifting experience".

This goes to show that medical tourists may travel for cosmetic surgery in order to satisfy esteem needs. Although Maslow's motivation theory is not specifically designed for the field of medical tourism research, it can certainly be incorporated.

For medical tourists the motive for travelling is complemented by the medical benefit. Ehrbeck, Guevara & Mango (2008:4) identify five distinct motive segments of medical tourist needs as reflected in Figure 2.3. The largest segment comprise of 40% of all medical tourists

seeking the world's most advanced technologies, followed by 32% of all medical tourists desiring better care than they would find at their home destinations. The third largest segment, 15% of all medical tourists, includes people who want quicker access to necessary medical procedures. The last two segments are motivated by lower costs (9%) and 4% looking for lower priced discretionary procedures.

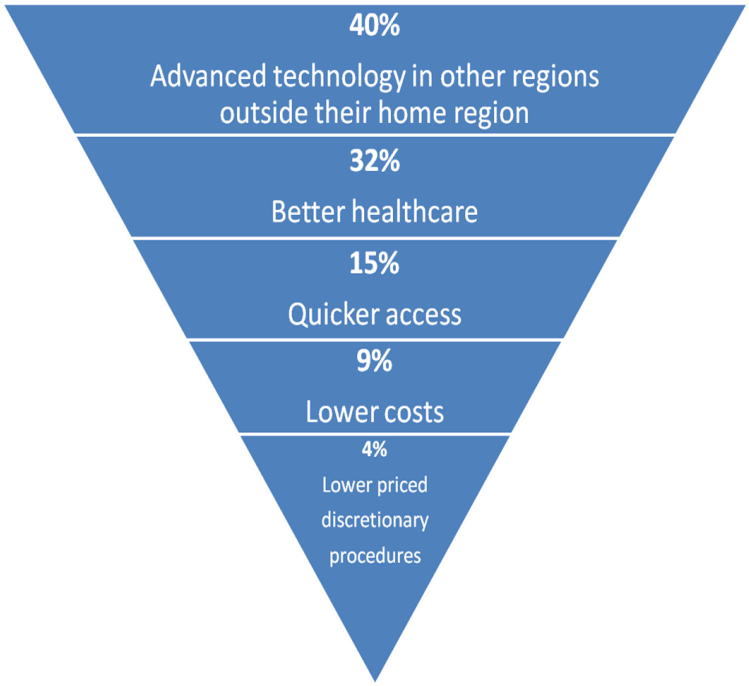


Figure 2.3: Medical tourism motivation (adapted from Ehrbeck *et al.,* 2008:4)

Another travel motivator linked to costing and prices was indicated in research results provided by Gan, Koh & Frederick (2012:769-770), which shows that income affects the medical tourist's sensitivity to economic issues. More specifically, it is shown that cost-saving or economic reasons to use medical tourism are less likely to motivate the high-income medical tourists than the lower income groups to travel for foreign treatment. Instead, high-income medical tourists, having adequate private medical insurance, were more likely to be motivated by treatment-related issues such as confidentiality and privacy (Ronsenweig & Horowitz, 2007:25; Fried & Harris, 2007:6) to travel for foreign treatment. Glinos, Baeten, Helble & Maarse, (2010:1147) identify five main motives behind the demand for medical tourism: familiarity, availability, cost, quality and legislation. Heung, Kucukusta and Song (2011:1001) see support from family members, friends, or others with similar medical travel experiences as a major motivating factor for a medical tourist. In addition, this support

decreases the medical tourist's feeling of uncertainty about seeking medical services outside the normal place of residence. Table 2.2 provides a brief summary of medical tourism motivators as identified by various researchers.

Table 2.2: A summary of medical tourist motivation literature

Author	Medical tourists' motivation addressed
Gan *et al.* (2012:769-770) and Crooks, Turner, Snyder, Johnston and Kingsbury (2011:727)	Costing saving, prices and income
Heung *et al.* (2011)	Support from family members, friends, with similar medical travel experiences
Alsharif, Labonte and Lu (2010:325)	Quality of care and timely access
Voigt *et al.* (2010:70)	Cultural affinity and geographical proximity
Hudson and Li (2012:235)	Privacy and anonymity
Glinos *et al.* (2010:1147)	Familiarity, availability, cost, quality and legislation

From the discussion it is clear that travel motivators are complex and multi-motive-dimensional. Medical tourists, similar to leisure tourists, may have more than one motivator to be satisfied when they decide to travel for medical reasons.

Theories of motivation have been applied to most forms of tourism. Medical tourism is not an exception, yet there are no theories of motivation pertaining to medical tourism specifically. However, from the investigation of the travel motives of the different types of tourism, it is evident that tourists may have diverse motives when engaging in different tourism-related activities. From a medical tourism perspective, it is imperative to scrutinise the travel motives of medical tourists. This will aid in serving the needs of this market. This study will investigate the motivators of medical tourists (inbound, intra-bound and outbound) for seeking medical procedures outside their normal places of residence **(cf. Objective 3).**

2.3.2 "Leisure" component

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 *et al.,* 2010:237). The tourism side of medical tourism is incorporated in numerous ways by the medical tourism facilitators (Helmy, 2011:297):

- One stop facilitation of all travel arrangements such as accommodation, air transportation and tourism services to and from destination.
- Provision of travel services such as insurance, visa and health requirements at the destination.
- Packaged recreational and cultural activities, entertainment and/or excursions.
- Promotion of specific recreational activities at negotiated rates during the recuperation stage.
- Marketing of a tourist programme to the patient's travel companions(s) and/or family.
- Selling of tailor-made individual pre or post-surgery packages.

According to the literature, researchers seem to have common ground that a medical tourism product includes a medical service with a tourism component. Chacko (2006, cited in Heung *et al*., 2010:238) believes that once a medical tourist decides to have a medical procedure performed, he or she requires both healthcare and tourism services. Detailed travel arrangements must be made and amongst other things, the availability of the medical team and services must be planned. All these services require cooperation between the two sectors. According to Helmy (2011:296-297) the medical tourism sector and its development does not solely depend on healthcare, but also other on support services which form part of its value chain. Such support services encompass tourism visas, airports, airline services, transfers and entertainment, with special facilities and services, excursions, air and land ambulance and transport services. The 2008 Deloitte American Survey of Health Care

confirms the crucial involvement of the tourism industry as medical travel planners where experience, negotiated rates and know-how are essential whilst hotel groups and travel agencies have jumped at the business opportunity that medical tourism provides (Deloitte, 2008:12). Samir and Karim (2011:215) echo this, stating that 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.

Depending upon the type of medical treatment, options for enjoying the sites, culture, weather and relaxation opportunities of an area may also be a consideration in destination choice – especially for routine, minor procedures in which cost savings are the main consideration for an otherwise commoditised medical treatment. These factors, as well as other tourism facilities and services, such as airport access and ground transportation availability, may be of greater importance in destination choice for procedures such as minor cosmetic surgery, dental work and other procedures which do not greatly restrict mobility or require extended recovery periods (Cormany, 2010:49). The wish to combine traditional tourist attractions, hotels, climate, food, and cultural visits with medical procedures are also thought to be key contributing factors to the demand for medical tourism (Turner, 2007: 308).

Tourism is certainly an integral part of medical tourism. Medical tourists have even chosen holiday destinations with the secondary goal of medical treatment, usually for high-cost low-risk operations such as dentistry (Connell, 2006:1098). For the medical tourist, the procedures for a particular medical treatment along with recuperation and the concurrent enjoyment of certain activities associated with nature, culture and leisure sports, may all be unique to a particular destination. However, it must be noted that not all medical tourism destinations offer such facilities and that destinations may also be chosen for their close proximity to the home town.

2.3.3 Medical tourism destinations

The potential medical tourist wishing to access medical procedures chooses key destinations (local or international) known to provide care for patients (Ramirez de Arellano, 2007:194). As previously mentioned, a number of countries have become early leaders in the medical

tourism industry, providing services and facilities for patients from around the world. These countries include India, Singapore and Thailand. Promotional tools such as brochures, websites, and other marketing materials promote the services of hospitals in these countries aiming to draw international patients from all over the globe (Howze, 2007, cited in Crooks, Kingsbury & Johnston, 2010:1). Many other countries, such as Columbia, Argentina, Bolivia, Brazil, Costa Rica, Mexico and Turkey are also promoting themselves as attractive healthcare destinations, particularly for cosmetic surgery (Singh, 2008, cited in Heung *et al*., 2010:237). At present, however, Asia remains the main region for medical tourism (Connell, 2006:1095). In 2003, Thailand emerged clearly as the leader in the Asian Pacific region, welcoming approximately 400 000 foreign patients for a variety of medical services (Teh & Chu, 2005:308). In 2005, approximately 150 000 and 250 000 foreigners sought medical care in India and Singapore respectively, whereas Thailand treated one million foreign patients (Hutchinson, 2005:1).

The development and popularity of this sector within the tourism industry has led to the emergence of new niche markets, with different destinations specialising in a particular types of treatments, such as dental procedures, heart surgery, or cosmetic surgery (Heung *et al*., 2010:238). Lately, India seems to have seized greater attention as a noticeable medical tourism destination compared other countries. In 2009 the Indian government, wishing to increase the number of medical tourists to India, declared its intention to give medical tourists the opportunity to explore other types of tourism like adventure or rural tourism, with the cost of these packages absorbed by the government (Ahmad, 2009:1).

The International Society of Aesthetic Plastic Surgery (2010:1) recently published a study of the countries performing the most surgical and non-surgical cosmetic procedures. The top ten nations were the United States of America, China, Brazil, India, Mexico, Japan, South Korea, Germany, Turkey, and Spain. Cosmetic surgery is also gaining popularity on the African continent, and Nigeria and South Africa are increasing in popularity as destinations for such procedures (Dingman *et al*., 2012:183). Across the Atlantic, Brazil has taken the stance that even the poor have a right to be beautiful, meaning that cosmetic surgery is not only for the elite (Edmonds, 2007:363). Together with the actual cost of medical treatments, medical tourists are also in quest of medical tourism destinations that have significantly less currency

instabilities (Gill & Sigh, 2011:317). It must be noted that although India, Thailand and Singapore (as mentioned previously) have been branded as early leaders in medical tourism, the mentioned survey only lists India as a leader in the cosmetic tourism industry, implying that Thailand and Singapore are favoured for other medical procedures.

2.3.4 Defining medical tourists and visitors

It is not uncommon for academic researchers and authors to disagree on a particular definition. A 'tourist' however, it is accepted by most as an individual who has travelled and stayed away from their normal place of residence for longer than 24 hours, often utilising some form of accommodation. In other words, a traveller (domestic, inbound or outbound) is classified as a tourist (or overnight visitor), if his/her trip includes an overnight stay. (United Nations World Tourism Organisation (UNWTO), 2014:1). Travellers who do not meet the 24 hour criterion are generally referred to as visitors or excursionists. Travellers that travel internationally for medical purposes, notionally, would meet the definition for that of a tourist (Lee, 2007:4). However this definition may not be accommodative to intra-bound medical tourists, as domestic medical tourists usually travel shorter distances compared to inbound medical tourists.

For the purposes of the study, medical tourists will include any tourist or visitor in quest of affordable, high quality cosmetic surgery away from their normal place of residence, making use of any of the components of the tourism destination such as accommodation, transportation and services. While many medical tourists are those with limited or no health insurance for cosmetic surgery, medical tourism is not restricted to such individuals. Medical tourists often choose to travel abroad for elective procedures not covered in their existing health insurance, including cosmetic surgeries. In addition, medical tourists include individuals who do not want to deal with the hassle of long waiting periods for elective procedures in their country of residence (Perfetto & Dholakia, 2010:104). Apart from people from developed economies, medical tourists may also include the so-called privileged from

developing countries and foreign refugees residing in neighbouring countries (Ramirez de Arellano, 2007:195).

Presenting a single definition for the medical tourist is no simple task, as a lack of agreement amongst researchers on defining many key terms in the discipline is a trait of tourism studies (Keyser, 2009:5). The exact definition of a medical tourist seems to create a similar debate. Literature presents a multitude of definitions of the medical tourist on what and/or who a medical tourist is. Table 2.3 provides a summary of various definitions, each of which will be discussed in detail below.

Table 2.3: Summary of typology of medical tourists

Author	Medical tourist type	Motivation/classification
Ehrbeck *et al.*, (2008:4)	Segment one	Seeks the most advanced technologies
	Segment two	Seeks better care
	Segment three	Seeks quicker access
	Segment four	Seeks lower costs
	Segment five	Most fragmented
Gan *et al.*, (2012:769-770)	Economically motivated	Sensitive to economic concerns
	Treatment motivated	Sensitive to treatment concerns
	Travel motivated	Quite sensitive to travel-related concerns
	Generally insensitive	Not sensitive to travel or treatment related issues
Cohen (2008:25-26)	Mere tourist	Does not make use of medical services while vacationing
	Medicated tourist	Receives medical treatment accidentally, while in the host destination
	Medical tourist proper	Visit to the host destination includes both tourism and medical treatment components
	Vacationing patient	Purpose: to receive treatment, but makes use of vacationing opportunities
	Mere patient	Purpose: solely to receive medical treatment and does not make use of any vacationing opportunities
George & Nedelea (2009:175)	Preventive medical tourists	Precautionary measures to ensure longer healthy lives
	Curative medical tourists	Therapeutic and healing oriented outcomes

Adapted from: Ehrbeck *et al.*, (2008:4); Gan *et al.*, (2012:769-770); Cohen (2008:25-26); George and Nedelea, (2009:175).

Ehrbeck *et al*., (2008:4) in the McKinsey and Company report identify five discrete segments of medical tourists:

- **Most advanced technologies** – The largest segment (40%) of medical tourists seeks the world's most advanced technologies. These medical tourists take their search for high quality medical care global, giving little attention to the proximity of potential destinations or the cost of care.

- **Better care** – With 32% of medical tourists, the second largest segment comprises patients who seek better care than they could find in their home countries, which are often in the developing world. When selecting a destination, such medical tourists generally weigh the perceived quality against factors such as cost, distance, and unfamiliar cultures.

- **Quicker access** – The third largest segment (15%) comprises people who want quicker access to medically necessary procedures delayed by long waiting times at home.

- **Lower costs** – While only 9% of the medical tourists seek lower costs for medically necessary procedures, this segment has the greatest potential for growth. Since the price of treatment varies greatly around the world, patients can save significant amounts depending on the procedure.

- **Most fragmented** – This segment (4%), whose expansion correlates with growth in GDP and discretionary income, is the most fragmented: patients travel to many smaller, specialised providers rather than to large, multispecialty hospitals.

Gan *et al.,* (2012:769-770), on the other hand, propose four groups of medical tourists:

- **Economically motivated** – tourists who are sensitive to economic concerns but have only average sensitivity to treatment-related and travel-related issues.

- **Treatment motivated** – tourists who are sensitive to treatment concerns, moderately sensitive to economic concerns for travel-related issues and have little concern for travel-related issues.

- **Travel motivated** – medical tourists who are quite sensitive to travel-related concerns, moderately sensitive to economic issues and have little concern for treatment-related issues.

- **Generally insensitive** – medical tourists who are not sensitive to travel-related and treatment-related issues but show some responsiveness to economic issues.

According to Cohen (2008:25) the term medical tourism is often indiscriminately used in statistical reports to include all foreigners having received medical treatment in the host country. These statistical reports also neglect the significant differences in the relative importance of medical treatment received by genuine medical tourists during temporary stays in the host destination. To avoid confusion Cohen (2008:25-26) has developed a typology of five medical tourists based on the extent to which medical treatments play a role in tourists' motivations for and conducts on the trips relative to vacationing, as depicted in Figure 2.4.

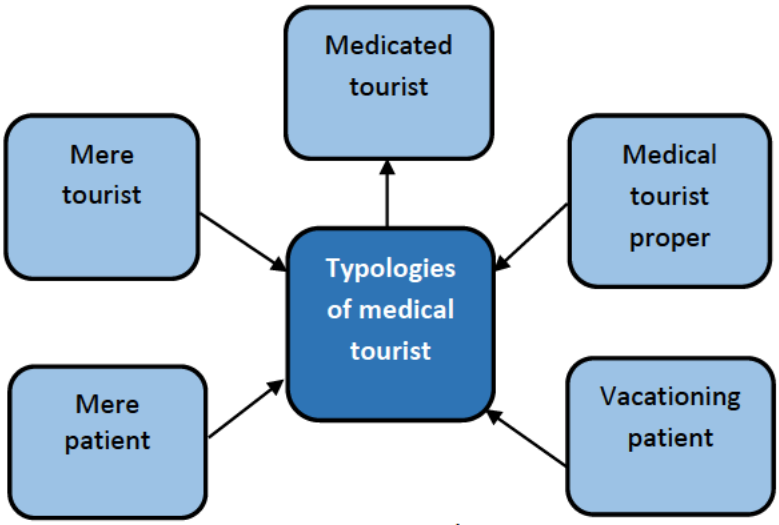


Figure 2.4: Typologies of medical tourist (adapted from Cohen, 2008:25)

In Figure 2.4 a mere tourist may be defined as an individual who does not make any use of medical services while vacationing in the host destination. A medicated tourist is one who incidentally receives medical treatment for health problems occurring while visiting the host destination. A medical tourist proper, on the other hand, is an individual whose visit to the host destination includes elements of both tourism and medical treatment (for matters unrelated to the trip). Medical tourists proper include individuals travelling to the host

destination with the intention of receiving treatment while on vacation, as well as those deciding on such treatment once in the country. A vacationing patient is an individual who visits the host country mainly to receive medical treatment, but who makes incidental use of vacationing opportunities, especially during the convalescence period that follows an operation of some specific treatment. A mere patient is an individual who visits the host country solely to receive medical treatment, and does not make use of any vacationing opportunities the country offers (Cohen, 2008:26). 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.

According to 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.

It is evident from the discussion above that medical tourists can be classified according to the reasons for, or the purpose of, the trip. Even though there are different definitions of medical tourism and different ways of characterising medical tourists, they all imply a tourist or visitor to a destination together with an element of medical treatment. Therefore it may be concluded that the term medical tourist includes a visitor who receives medical treatment at a destination, combined with any form of tourism which includes transportation and/or accommodation.

2.4 Conclusion

It is evident from the above discussion that medical tourism is a fast growing phenomenon driven by economic factors for low cost procedures supported by quality services. Even though there is no single definition of medical tourism or medical tourist that all researchers

and scholars agree on, the above multitude of definitions seem to have two common elements: medical care and tourism. Medical tourism therefore includes the act of travelling either domestic or internationally to receive medical treatment while making use of travel and tourism services at the destination.

Medical tourism is however more than visiting a destination for medical treatment. It can involve a variety of medical procedures, both elective and non-elective. Cosmetic surgery as a subsector of medical tourism is gaining popularity due to mass media coverage, reality programmes and the contribution of the entertainment industry. South Africa as a medical tourism destination is gaining a reputation for being a destination for quality affordable cosmetic surgery.

Lucrative and growing as it may be, this industry is also faced with its own challenges which may contain the seeds of its own destruction. The challenges that should be acknowledged include poor follow-up care, increasing entry requirements such as visas, the possibility of malpractice and unethical behaviour, and cultural insensitivity. In order to deal with concerns relating to risks and ethical and legal challenges, a well-constructed governing regulation for medical tourism is needed to protect vulnerable medical tourists and those at risk of exploitation by the medical tourism industry.

Chapter 3: THE MEDICAL TOURISM INDUSTRY

3.1 Introduction

The challenge to define the tourism industry is often associated with the diverse characteristics of tourism. The medical tourism industry is no different as it possesses even more heterogenic characteristics due to the coordination of tourism with medicine. The reason for the need to define and understand the tourism industry is that governments are very concerned with knowing how many businesses forms part of the industry, and also with knowing what the total monetary value is of such businesses to the economy (Keyser, 2009:195). According to Vanhove (2005:9) an industry is defined as a group of firms engaged in the manufacture or production of the same or similar product or service. If this definition of an industry is applied specifically to the medical tourism industry, then the medical tourism industry can be defined as both medical and tourism businesses engaged directly or indirectly in the production of medical tourism services.

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 facilitators or agents act as intermediaries particularly for international medical tourists, offering services ranging from the confirmation of accommodation packages at hotels to the coordination of post- surgery tourist activities. These attractive packages ultimately provoke demand for this industry, and are often found as a result of an information search on the Internet. The industry is also characterised by a variety of factors such as the Internet, accreditation of medical service providers, economic value, and marketing of services, which ultimately influence the involvement of different stakeholders. According to Lunt, Smith, Exworthy, Green, Horsfall and Mannion (2011:9) the medical tourism industry is dynamic and irregular and a range of factors such as economic climate, advertising practices, consumer behaviour and domestic policy changes may all contribute towards shifts in patterns of consumption and production of domestic and international medical tourism services.

Against this background, this chapter of the thesis presents a review of the literature dealing with the structure of the medical tourism industry by assessing the role players, supporting industries and the factors that shape the medical tourism industry or may have an influence on the potential growth or development of this industry. The chapter also explores the neglected local perspective of medical tourism and the benefits of medical tourism as an economic activity particularly for developing destinations.

3.2 Assessing medical tourism industry markets

The assessment of markets particularly in the medical tourism research field has been carried out as one of the most important aspects of understanding a given market. In this section of the chapter we assess the prospective demand for medical tourism by looking at four most important factors namely, the demand factors, the supply factors, travel motivators and the supply chain.

3.2.1 Demand factors

Like the tourism industry, the medical tourism industry is built primarily around the existing demand evinced by prospective medical tourists. Medical tourism exists because individuals are interested in utilising medical services in combination with a vacation away from their normal place of residence. The supply-and-demand equation is one the most explored fields in tourism research in the effort to comprehend the tourism market (Page & Connell, 2009; Formica & Uysal, 2006:418-430; Frey & George, 2008). To understand the medical tourism industry, both demand and supply must be scrutinised. According to Gan and Frederick (2011:3), a review of literature on medical tourism seems to focus more on the growing supply side of the market, while the demand aspects have been inadequately reviewed. Lunt and Carrera (2010:30) and Smith, Martinez-Alvarez and Chanda (2011:278) state that medical tourism is commonly perceived as an economic issue, with high costs in home destinations being a major driver of individual demand, and with these expenditures being a major driver for the supply side for destinations and medical tourism companies that feel they can meet this demand by offering significant cost advantages to a large number of potential medical tourists. Freire (2012:47) believes that medical tourism is a result of an insufficiency between the supply and demand of healthcare in a destination. Determining the demand for medical

tourism is crucial for the development of the industry and for understanding its potential for growth in developing destinations. In essence, understanding the demand for medical tourism will clarify its possible role as a leading sector in economic development (Bookman & Bookman, 2007:42).

According to Cohen (2008:27) two interrelated developments in today's world have facilitated the demand for medical tourism: commodification and globalisation. Had the medical field not been commodified prior to being exposed to international medical market, medical tourism would not have grown so rapidly. The other key factor in the development of medical tourism has been globalisation. The extension of globalisation beyond emerging world markets in goods, labour and capital, to additional spheres such as information flows, technology transfer, and professional training has had a significant impact on the expansion of medical tourism. Supporting these factors is the development of relatively cheap air transportation that has made remote destinations easily accessible and affordable to foreigners seeking medical treatment (Cohen, 2008:27).

Demand for medical tourism is further stimulated by people in developed destinations seeking medical care in developing destinations for reasons of cost and availability (Awadzi & Panda, 2007:76-77). One of the fundamental reasons for this demand is the existence of regulatory constraints in most developed destinations that prohibit the presence of foreign operators such as doctors and investment in healthcare sector, thus limiting the capacity of domestic healthcare systems to supply services in terms of both infrastructure and human resources (Garcia-Altes, 2005:263).

It must be noted that the assessment of tourism demand is also applicable to medical tourism. On a microeconomic scale, this industry is influenced by a number of supply and demand factors such as medical tourists' demand, factors associated with cost, and local or international factors including political environment and destination marketing (Wendt, 2012:3). According to researchers (Keyser, 2009:253; Swarbrooke & Horner, 1999:6) existing tourism demand patterns explain that certain basic factors in the generating market elicit demand and determine the level of participation by the population in tourism. These factors influencing demand are often referred to as demand determinants. Demand determinants can be divided into eight categories (Page & Connell, 2009:53-55; Keyser, 2009: 253-254):

- **Economic factors** – economic circumstances of individuals, such as income levels, disposable income and employment influence travel propensity.

- **Demographic factors** – attempt to understand the human populations by describing and analysing the social characteristics of the population. For example, the age of a tourist will often exert an influence on the type of travel product and destination chosen.

- **Geographic factors** – refer to location, patterns of economic development and climate which influence demand. Populations of countries with high levels of urbanisation are likely to have high propensities to travel.

- **Political, legal or regulatory factors** – governments can also influence whether or how often the residents of a country are able to travel. This includes exchange control, taxation of tourists and visa regulations.

- **Comparative prices** – the price of a product determines how many items consumers will buy. For example in international tourism, price is complicated by the effect of exchange rates between countries of origin and destination.

- **Socio-cultural factors** – include the broad trends in any society's attitudes. A person's individual motivations will be influenced by these factors.

- **Media and communications technology** – the population's access to technology is a major influence of travel demand in the population.

The mentioned demand determinants are also evident in medical tourism where medical tourists are influenced by factors such as high surgical procedure prices, lack of medical aid/insurance, lack of certain cosmetic surgical procedures and other factors in the medical tourist generating region (MTGR). Several studies show that prospective medical tourists who need elective medical procedures are more likely to be middle-aged (Milstein & Smith, 2006:1637; Lunt & Carrera, 2010:29), particularly over the age of 50 (MacReady, 2007:1849). Demand drivers of medical tourism include globalisation, economic, social, cultural and technological factors which ultimately shape the level of participation in medical tourism

(Lunt *et al*., 2011:15). Bookman and Bookman (2007:53-63) identify the following demand drivers for medical tourism in general:

- **Income** – the greater the personal disposable income of the medical tourist, the more quests for medical tourism outside one's normal place of residence becomes a necessity.

- **Travel experience** – regardless of the surgical procedure required, the individual has to be fond of travel. Many people are not accustomed to travel; as a result there is no desire to travel.

- **Propensity for medical tourism** – individuals, who tend to travel for medical tourism, are more globally-oriented. They have a comprehensive understanding of outsourcing.

- **Expectations** – decisions regarding the demand for medical tourism are tied to the medical tourism destination expectations of the medical tourists who want to combine the medical travel with a vacation.

The medical tourism demand drivers are very much an extension of tourism demand determinants. In conclusion, the demand determinants discussed influence the extent to which medical tourists take part in medical tourism.

3.2.2 Demand and supply models

Despite the lack of academic research on supply and demand of medical tourism, some researchers have developed theoretical frameworks for this field (Smith & Forgione, 2007:22; Caballero-Danell & Mugomba, 2006:12; Ye, Yuen, Qiu & Zhang, 2008). Heung *et al.,* (2010:2-3) propose a framework for the study of medical tourism which may provide a comprehensive picture of the industry in terms of both the supply and demand perspectives. The model highlights how significant the medical tourist's needs are when selecting a medical tourism destination, medical facility and surgeon. The model represents the factors that affect the destination choice and medical treatment options of the tourist. These factors are considered to drive the medical tourist's decision. The destination selection process of the medical tourist is also determined by supply-side factors such as the infrastructure/superstructure,

promotional activities, quality assurance and communication facilities at a destination. Hudson and Li (2012:239) have built on the "existing" mentioned frameworks to produce a new model of medical tourism: this new model not only portrays the supply and demand perspectives and the intermediaries that bridge them, but also the growing movement towards the provision of an integrated medical tourism facility, an amalgam institutional form that integrates features of both a hospital and a hotel (see Figure 3.1). What makes this model unique is the fact that it recognises the relationship between medical and tourism stakeholders, and also acknowledges that medical tourists do not only have to be domestic and can also be international.

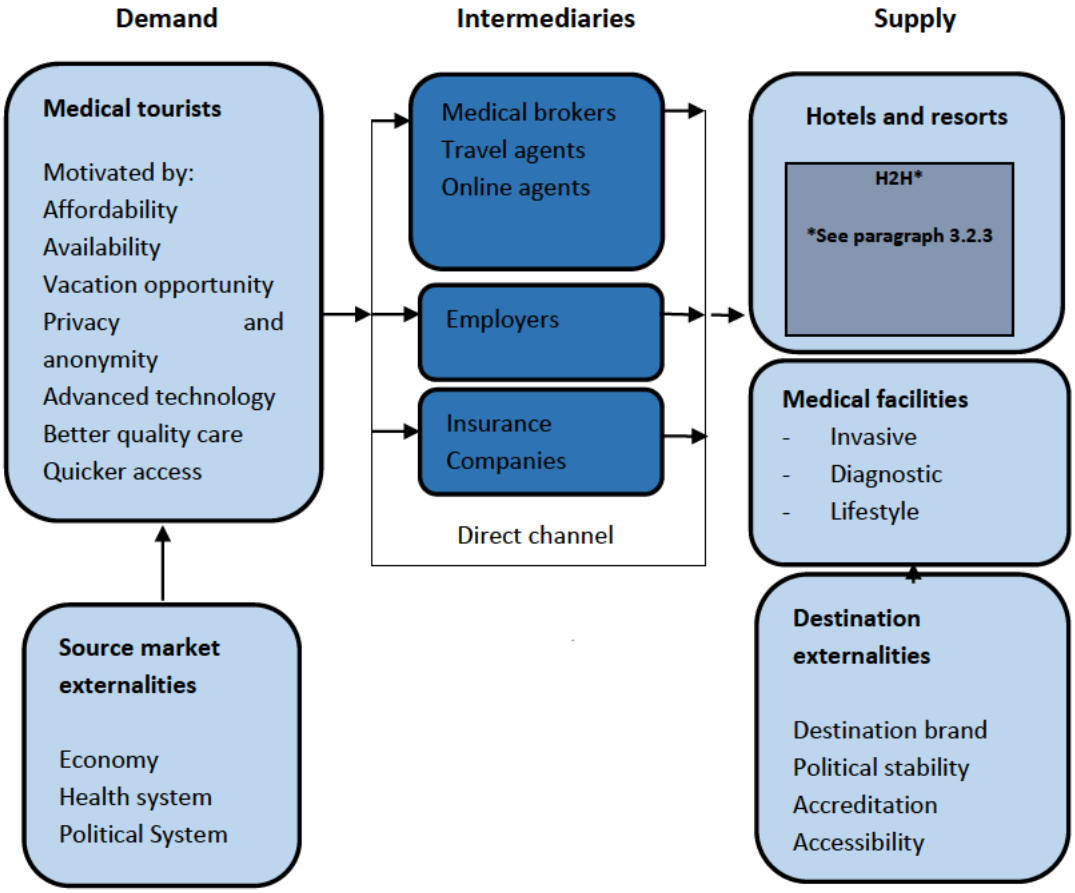


Figure 3.1: Medical tourism: integrated model (adapted from Hudson & Li, 2012:239)

The demand side of the model provided in Figure 3.1 relates to the needs of the medical tourists, and is influenced by a number of factors such as privacy and anonymity (Marlowe & Sullivan, 2007:10), unavailability of procedures such as cosmetic surgery in the home region (Rosensweig & Horowitz, 2007:25), cost or affordability (Reddy *et al.,* 2010:315), better technologies, health facilities and better quality care, and quicker access to a specific medical

procedures (Ehrbeck *et al,* 2008:4), as well as the opportunity to combine medical treatment with a vacation (Bookman & Bookman, 2007:2). Medical tourists can also be influenced by extrinsic factors of the home country such as the current health and political systems, and the present economic situation (Smith & Forgione, 2007:23). Hudson and Li (2012:238) also acknowledge the importance of traditional intermediaries, with the inclusion of various distribution networks that a medical tourist might use to arrange medical tourism experience. An important channel in particular is the medical tour operator (medical tourism facilitator) or travel agency used to bridge the gap between prospective medical tourists and medical tourism service providers (Turner, 2007:306). Medical tourism researchers such as Lunt *et al.,* (2010:1) have emphasised that medical tourism development has been largely facilitated by the rise of the Internet.

The effect of these supply and demand factors in medical tourism has stimulated significant changes in the global business environment in recent years. These changes include: increasing globalisation and trade liberalisation, enhanced communication through digital technologies, increasing economic deregulation in developing destinations, and a greater prosperity for western medical tourists to travel abroad (Awadzi & Panda, 2006:75).

3.2.3 Supply factors

The supply side of medical tourism includes a combination of medical tourism destination products such as hotels and resorts along with the medical tourism facilities themselves, with the surgeons providing the three types of treatment – invasive (which involves high tech procedures performed by a specialist), diagnostic and lifestyle, as identified by Bookman and Bookman (2007:43). Major players on the supply side of medical tourism industry include hospitals, clinics, healthcare providers and medical tourism facilitators (Guiry, 2010:21). The supply side will include external factors influencing the choice of destination, such as information and accessibility in terms of entry requirements (Ehrbeck *et al*., 2008:4), branding (Heung *et al*., 2010:2), accreditation of medical facilities (Herrick, 2007:15), and political stability (Fried & Harris, 2007:11). The area of the model indicated **"H2H"** forms part of medical tourism, this indicates an overlap between hotels and the medical facilities. (Cohen, 2010:232). H2H is a trend which has seen the incorporation both a hospital and a hotel

features to assist to change the image of the hospital as a place associated with pain and suffering, into a luxurious hotel associated with pleasure (Ongdee, 2003).

The current study noted that the framework (Hudson & Li, 2012:239) as illustrated in Figure 3.1 does not elaborate significantly on the pull factors. The supply side also lacks reference to communication, considering that supply is more than merely hotels and resorts. The communication element must be incorporated: this includes factors such as the Internet and languages spoken. The literature (Hallem & Barth, 2011:121; Lunt *et al.*, 2010:3; Connell, 2006:1094; Bookman & Bookman, 2007:61) also confirms that the Internet is one of the major pull factors in medical tourism, pull factors includes accessibility, and the attractions and amenities of a tourism destination (Boniface, Cooper & Cooper, 2012:9). In addition, other supply factors such as promotion and medical infrastructure which entails information about hospitals and clinics should also be incorporated (Heung *et al,* 2010:997). Figure 3.2 acknowledges some of the components that may affect the supply side of the medical tourism.

From the literature it is apparent that the demand determinants very much influence the extent to which members of the population participate in medical tourism, and it is evident that prospective medical tourists are influenced by a number of push factors (both at home and abroad) such as the affordability, vacation opportunity and better quality care. This demand has also fuelled the emergence of medical travel intermediaries, which will be discussed later in the chapter. In South Africa, specifically, such medical tourism facilitators are marketing their services extensively to both domestic and international medical tourists. The Internet, which is undoubtedly the most significant tool for information, has especially been the mechanism by means of which medical tourism stakeholders have bought into globalisation. The supply side, including infrastructure, marketing strategies, ensuring quality of care and destination accessibility, is equally important as it deals with how the services are supplied and promoted. South Africa has the ability to meet this demand, not only in terms of value for money and quality service, but also the well-developed hospital and clinic infrastructure. From a South African perspective, limited data exists regarding the demand of the domestic tourist, particularly related to cosmetic surgery, which further compels the need for this study.

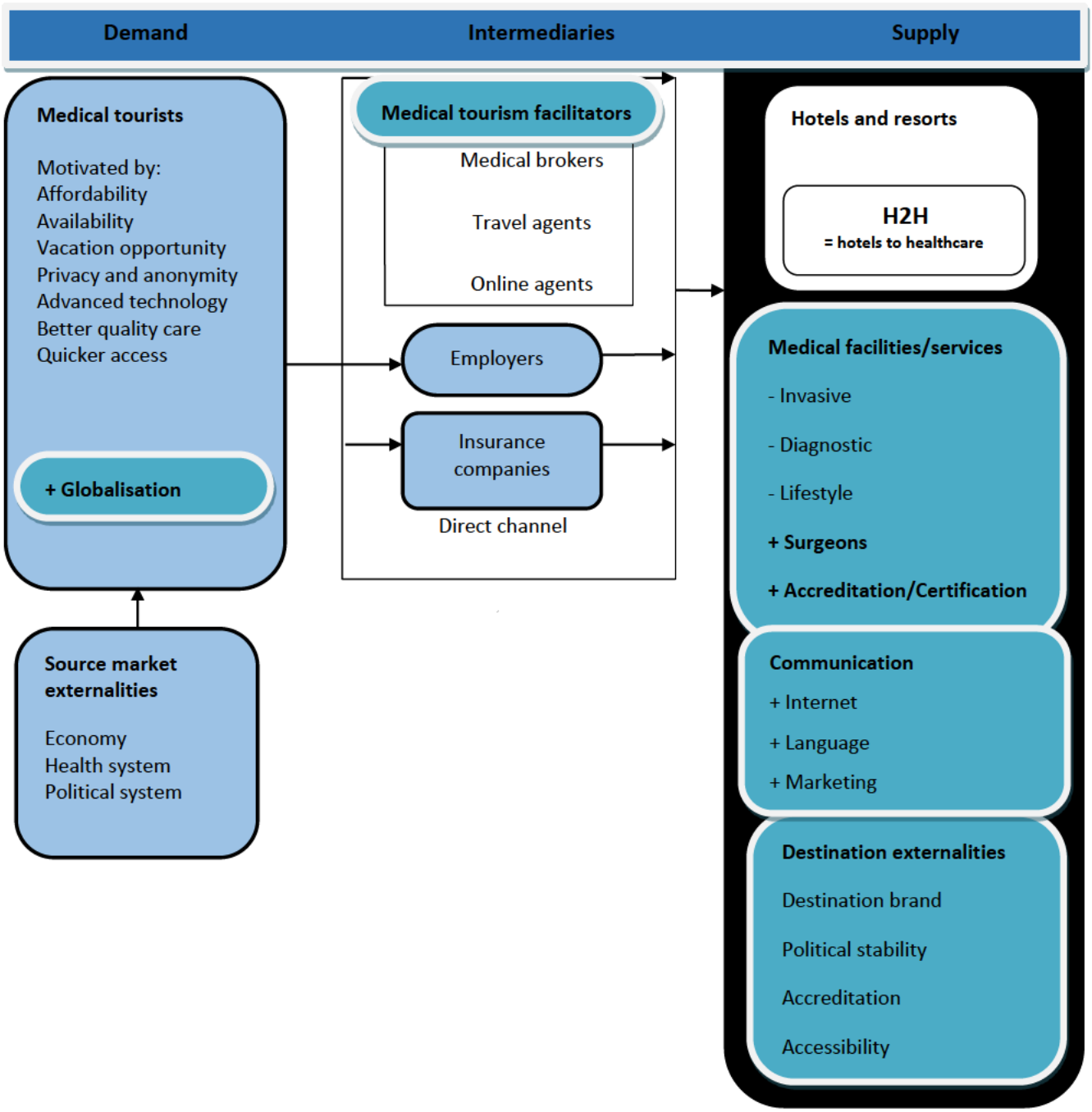


Figure 3.2: Medical tourism (supplementary model by author)

3.3 Medical tourism facilitators (MTFs)

Brokers, medical travel agents, medical travel facilitators and medical tourism companies are all words used to describe the types of intermediaries and companies that have emerged to act as links between the medical tourists and medical tourism products. For the purpose of the study the term 'medical tourism facilitator' will be used to describe the distributor/intermediary of medical tourism services.

As the medical tourism industry continues to grow, the above mentioned intermediaries, companies and organisations begin to focus on this sector. It is critical for those involved on the supply side of the medical tourism industry (also see Figure 3.1) to deliver a consistently high level of service quality to differentiate themselves in the market place and to satisfy the needs and motives of the various types and growing number of medical tourist consumers (Jyothis & Janardhanan, 2009:82; Mueller & Kaufmann, 2001:11). Medical tourism facilitators who do not provide high quality service or maintain an excellent customer satisfaction rating, will find it more and more difficult to remain competitive in the increasingly competitive market environment (Lee & Spisto, 2007:4).

3.3.1 Defining medical tourism facilitators (MTFs)

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).

The decision-making process for medical tourists considering treatments outside their normal place of residence can be daunting and because of these complexities, so many medical tourists look to the medical tourism facilitator to assist in navigating the process. For many patients, making use of a medical tourism facilitator is more convenient and beneficial than searching for appropriate medical services on their own. 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).

According to Deloitte (2008:12) there are various reasons why medical tourists choose to make use of bundled packages offered by medical tourism facilitators:

- Convenience: This can be a one-stop service, where medical tourism facilitators offers integrated knowledge and information about medical services (Mohamad, Omar & Haron, 2012:360).

- Facilitator experience and know how: Medical tourism facilitators have first-hand experience and information, and are able to network in terms of the best healthcare providers and medical travel arrangements.

- Cost effectiveness: Saving as a result of negotiated ratings and package deals (Mohamad *et al.,* 2012:360; Dr Prem, 2011:1) confirm that medical tourists may save time and money by engaging medical tourism facilitators to act on their behalf. Such interventions eliminate stress for the medical tourist.

- Logistics: Assistance regarding logistics and other arrangements is taken care of, as medical tourism facilitators' services include the processes of pre- and post-care treatment, handling of travel arrangements in terms of air travel and visa, as well as accommodation for the recuperation period (Gan & Frederick, 2011b:146).

- Post-procedure follow-up questions: Medical tourism facilitators have a complete and comprehensive perception of any pre- and post-surgery requirements, among many other things (Dr Prem, 2011:1).

According to Penney, Snyder, Crooks and Johnston (2011:2), a highly visible and influential resource available to patients thinking about going abroad for medical care is the medical tourism facilitator. Connell (2006:1094) believes that the growth of medical tourism has been facilitated by medical tourism facilitators as the emergence of companies that are not health specialists, but rather brokers between patients and hospital networks, has increased proportionally. In this aspect of their business models, medical tourism facilitators resemble travel agencies in a similar intermediary chain. The daily operation of medical tourism facilitators provides insight into how medical care can be connected to activities more typically associated with traditional forms of tourism (Turner, 2011:12).

The investigation of medical tourism facilitators, because of their intermediary function in facilitating medical travel, is a crucial element of the turn toward more empirically-informed and socially-situated studies of medical tourism (Turner, 2011:3). It is especially helpful for the tourist who is seeking medical treatment, because, quite often, the person is ill or impaired, and the assistance of a medical tourism facilitator relieves the stress of organising the travel and accommodation alongside the medical procedure (Lee, 2007:1). Arranging medical treatment in other destinations requires a number actions to be taken, like finding an appropriate medical facility with suitably accredited and qualified surgeons, arranging payments, transferring medical records, obtaining air tickets, negotiating prices and making accommodation reservations for travel companions. Medical service facilitators, also known as medical tourism facilitators, are helping to close the gap between medical tourists and medical tourism services (Turner, 2007:306). The growth of medical tourism facilitator businesses may provide an opportunity for further research in South Africa – investigation of the role and importance of medical tourism facilitators as one of the emerging trends in the tourism distribution channel of medical tourism.

3.3.2 The role of medical tourism facilitators

The exact number or percentage of medical tourists who choose to use the services of medical tourism facilitators is unknown, but researchers think it likely to play a significant role in decision-making in the medical tourism sector (Lunt *et al.,* 2010:6). For many medical tourists, the medical tourism facilitator provides critical information and services that would be difficult to acquire independently, particularly when travelling to a foreign country for the first time or outside the area of residence. Medical tourism facilitators can help make travel arrangements, suggest physicians and services abroad, book surgeries, assist in the transportation and translation of medical records and help arrange follow-up care and administer post-operative complications (Turner, 2010:447; Klaus, 2006:227).

Medical tourism facilitators coordinate medical travel for a variety of procedures. A survey by Peters and Sauer (2011:119) outlines a general array of procedures for which medical tourism facilitators commonly coordinate travel. The entire sample of facilitators offer to organise trips for hip or knee surgery, and over 75% of facilitators organise trips for heart surgery, general surgery, laparoscopic surgery, obesity surgery, dental treatments, infertility

treatments, or scans and investigations. The average medical tourism facilitator in the sample offers the tourist over twelve different procedures, suggesting that it is common for medical tourism facilitators to coordinate travel for a wide range of procedures rather than specialising in one or two areas. The South African perspective is discussed in paragraph 3.4.

3.3.3 Bundling tourism

Medical tourists are realising that money may be saved by combining health needs along with vacation desires. Several companies acting as intermediaries provide bundled, or all-inclusive and tailor-made, packages which include airfare, accommodation, airport transfers, cost of surgery, and local sightseeing trips and excursions (Reddy *et al*., 2010:513; (Menvielle *et al.,* 2011:58). Bundling tourism into medical tourism packages also includes linking medical tourism facilities and inexpensive but quality treatments, concierge services and the promotion of exotic side trips such as visits to the vineyards of Stellenbosch in South Africa or the Taj Mahal in India (Hudson & Li, 2012:233). A major increase is being experienced in the creative 'bundling' of products and services into different packages. Such packages include all the necessary components: medical treatment, travel and related hospitality services (George, Henthorne & Williams, 2010:6). Service benefits are also considered by medical tourists. Special agencies develop specific services for medical tourists who are willing to travel and receive treatment whilst on holiday. Utilising all-inclusive packages allows the medical tourist to take advantage of their stay with the least possible amount of worry. The Cape Town-based company, Mediscapes, offers many (what is promoted to be) relatively economical surgical procedures with quicker access to procedures. The company is setting the tone for the South African industry as its medical tourism packages generally include visa support, meet-and-greet on arrival, a private nurse, accommodation pre- and post- surgery, and to top it all an optional luxury safari or excursion at the end of the stay (Nicolaides, 2011:13).

3.3.4 The process involved in making use of (MTFs)

Numerous researchers (such as Turner, 2007:308-310; Chordas, 2007:56; Smith & Forgione, 2007:21) have tried to explain the processes involved in making use of medical tourism facilitators. To explain this process, Deloitte (2011:43) refers to it as a medical supply chain

and process which involves several steps. A medical tourist may, for example, ask providers of medical services for whatever he/she needs and may organise each step of the process him/herself to access the procedures sought. On the other hand, the medical tourist may utilise a medical tourism facilitator to arrange everything. The process however does not seem to represent all the types of medical tourism (inbound, outbound and intra-bound), and rather focuses on inbound/outbound medical tourism, in essence neglecting intra-bound medical tourism. This is evident even in medical tourism literature, where Mohamad, Omar and Haron (2012:360) state that medical tourism facilitators play an important role as moderators connecting medical tourists with a "foreign healthcare provider" to arrange cosmetic treatment outside the medical tourist's home country. According to the director of business development at Global Medical Tourism Facilitators, however, this company also does referrals for intra-bound medical tourists. The process described below involves making use of the medical tourism facilitator (Deloitte, 2011:42).

- The prospective medical tourist may enquire directly from medical tourism facilitator.
- The medical tourism facilitator will source the sought procedure as well as the appropriate surgeon from a specified medical tourism destination, assist with travel logistics, visas and accommodation and provide the medical tourist with an inclusive quote.
- Once the medical tourist arrives at the destination, consultation takes place after which the surgeon will provide the details regarding the hospital in which the procedure will take place as well as supporting services such as x-rays.
- The medical tourist receives a diagnosis and/or treatment.
- The medical tourism facilitator organises post-procedure care and other services that the medical tourist may need during the recuperation process, recommended by the surgeon, for example, physiotherapy.
- Depending on the nature of the procedure, the medical tourism facilitator may organise tourism activities for the medical tourist.

- Lastly, upon assurance by the surgeon that the medical tourist has recovered sufficiently, he/she will head back to his/her generating region. The medical tourism facilitator must send medical records to a referral surgeon from the country of origin.

It must be noted that the medial tourist may also choose not to make use of a medical tourism facilitator and go directly to the medical tourism provider. In this instance, the medical tourist will organise or source travel information, as well as relevant travel documentation such as visas and possibly a pre-arrival medical assessment. In distribution channel terms, this would be classified as a direct distribution channel. This process may not be as effective as making use medical tourism facilitators due to the fact that medical tourism facilitators (MTFs) have the knowledge and contacts needed to ensure the efficient supply of packaged medical tours.

3.4 South African medical tourism facilitators

Looking at the local perspective, it is difficult to quantify the number of medical tourism facilitators in South Africa. Internet based research using the key words 'medical tourism facilitators in South Africa' identified that an estimated 17 South Africa-based medical tourism facilitators exist. These medical tourism facilitators are already taking advantage of the potential of the medical tourism industry in South Africa and are marketing themselves as such to attract potential medical tourists. The following are primary examples of medical tourism facilitators in South Africa.

- **Surgical Bliss**

  Based in Cape Town, this company plans and coordinates surgery as well as a recovery holiday in Cape Town and the Western Cape, offering packages that are inclusive of flights, accommodation, surgery and holiday. Examples of packages available for medical tourists are spa packages, golf packages and safari packages, as well as Garden Route tours (Surgical Bliss, 2008).

- **Afri-Care Health Service**

  Located in Sandton, in the heart of Johannesburg, this medical tourism facilitator provides integrated medical services at affordable rates to inbound medical tourists seeking high quality and advanced medical care and tourism packages into and around

South Africa. Hospitality begins on arrival to ensure tourists a pleasant stay in South Africa. Important components such as accommodation, transport, secured hospital admissions; surgeon's appointments and even language translation (if needed) are pre-arranged. For recuperation, the company requires medical tourists to choose from their 'pamper pack' tailored to suit the tourist's medical needs (Afri-Care Health, 2012:1).

- **Surgeon and Safari**

  Located in Johannesburg and operating in association with a number of South Africa's qualified and registered plastic and reconstructive and dental surgeons as an independent medical tourism facilitator, Surgeon and Safari offers medical tourism services such as the coordination of all medical correspondence with the tourist's selected surgeon, preparation of a detailed cost estimate which includes accommodation, medical evaluation and surgery, arranging of all medical consultations and assistance in preparation for surgery which includes the services of a medical concierge. Added to this, a fully inclusive accommodation package at a unique private home is offered, and a safari with four-star guesthouse accommodation with all services and support needed (Surgeon and Safari, 2009:1).

- **Surgical Attractions**

  Based in Johannesburg, this company arranges cosmetic surgery procedures especially for medical tourists originating from the United Kingdom. The company arranges holiday packages for medical tourists, in beautiful settings where tourists can recuperate in style, in perfect privacy and away from the public eye (Surgical Attractions, 2012:1).

Other than the above mentioned medical facilitators, South Africa has numerous medical facilitators such as Cape Health Destination, Afrisug, Nu Look surgery, ETI Health and Leisure, Dental Safari and Surgeon Assist (Crush *et al.,* 2012:41) offering similar services and packages to those discussed above.

The role of medical tourism service providers is an important one in the medical tourism industry as it bridges the gap between medical tourists and medical tourism services/products. However it must be noted that medical tourism facilitators do not offer their services only to international medical tourists, but also domestic medical tourists. Although the demand for domestic medical tourism service is much lower than for international service, it is easier to arrange domestic travel and procedures. Local residents are more familiar with transportation options, languages and have greater access to contact information of medical providers. It is evident that medical tourism facilitators have direct influence on medical tourists and on the medical tourism industry as a whole. The present study will investigate the use of these facilitators in the South African medical tourism context **(cf. Objective 3).**

3.5 Domestic medical tourism

Page and Connell (2009:14) define domestic tourism as the activities of the tourist travelling from their normal residence to other areas within the borders of the country. The medical literature seems to neglect the domestic side of medical tourism, as the majority of medical tourism definitions suggest that medical tourism is an offshore activity. Over the last five years, media coverage has focused mostly upon international travel of medical tourists and this has also become the main focus in the academic literature (Behrmann & Smith, 2010:82). However, evidence exists that medical tourists do travel within the borders of their country to receive medical treatments in other cities (Reddy *et al.,* 2010:511). It is the benefits of domestic medical tourism that set it apart from international medical tourism. Domestic medical tourism generally includes a shorter travel distance, making the concept more attractive and affordable, and access to legal recourse within the home destination or country should complications arise. The lack of any language barriers and the fact that patients may feel more comfortable in their home country also stimulate the domestic market (Choy, Stewart & Long, 2011:1).

According to Behrmann and Smith (2010:82), this focus on international medical travel may be considered misleading since many medical tourists, notably in Canada, cross provincial or regional boarders to obtain health services. For example, there are instances where province-specific health policies generate provincial differences in access to, and affordability of, health

products, such as pharmaceuticals (Sibley & Glazier, 2009:96). This in turn motivates many Canadians for example to acquire medical goods and services by engaging in provincial cross-border travel.

In South Africa, many specialists and the majority of plastic surgeons are located in the main centres of the country (Association of Plastic & Reconstructive Surgeons of Southern Africa, 2012:1), particularly in Johannesburg, Cape Town and to a lesser extent Durban. The implication is that South African residents not residing in the mentioned centres but wishing to receive plastic surgery could have to travel long distances to such centres. It is thus difficult to establish the general picture of domestic medical tourism in South Africa, and this is due to the fact that medical tourism is not distinguished as a separate type of tourism when statistics are compiled, but rather combined with other purposes of trips such as shopping. The pie chart based on the South African Tourism Annual Report (Figure 3.3) below is helpful in giving some indication of the situation (South African Tourism, 2010:10). There is evidence of domestic medical tourism in South Africa, although, as can be seen, the distribution of the domestic trips by purpose shows that travelling for health reasons if far less popular at 1% in comparison with other types of trips. Of the estimated 30 million domestic trips in different categories and for different purposes, the 1% of medical tourists amounts to an estimated 300 000, highlighting the need for the study. South African Tourism (2010:1) estimated an increase in the number of medical tourists from an estimated 327 000 in 2006 to 500 000 in 2009. In 2014 the number of 2.4% of the medical tourists were accounted for, compared to 4.1% in 2013 South African Tourism (2014:1).

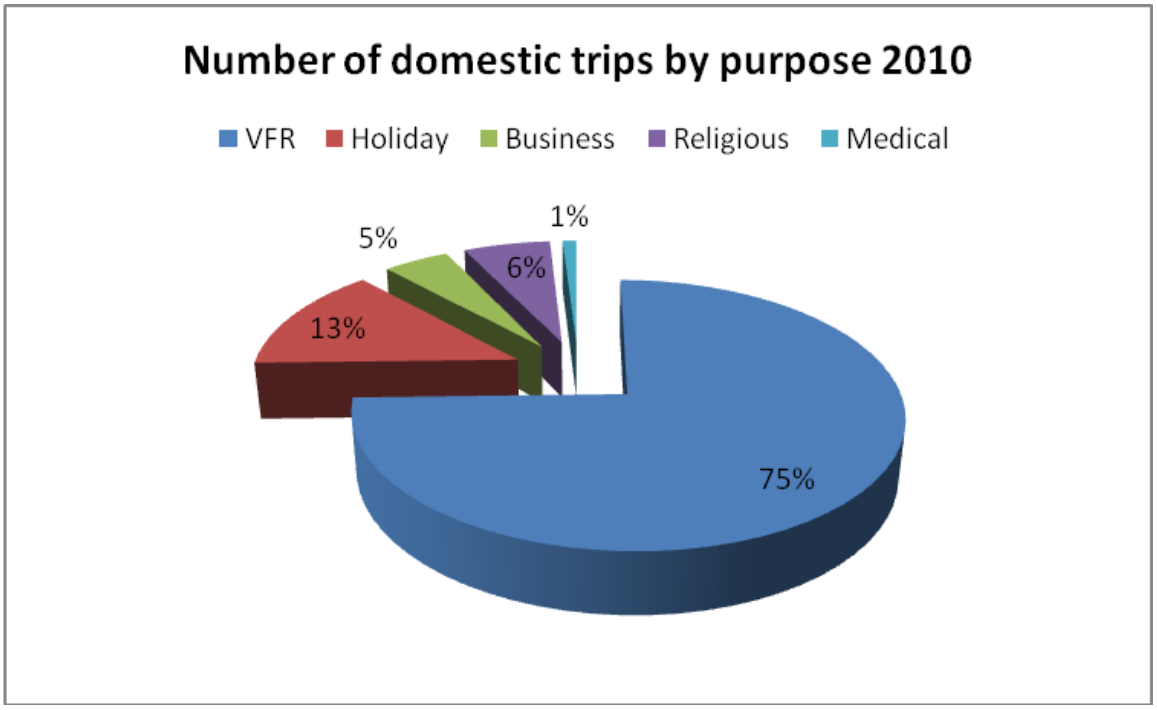


Figure 3.3: Number of domestic trips by purpose 2010 (South African Tourism, 2010:10)

3.6 The role of the Internet in cosmetic surgery

Continual technological developments, particularly the Internet, have made it easy for businesses to interact with consumers. Likewise, consumers can conveniently interact with the product or service providers. The medical tourism industry is no exception, as 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 *et al.,* 2011:16; Herrick, 2007; 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. Hospitals such as Apollo in India, for example, and Bumrungrads in Thailand have their own elaborate websites where they advertise their medical services to medical tourists (Hallem & Barth, 2011:121). Researchers claim that the success of the Internet as a commercial platform is the result of the medium's ability to create and deliver superior value (Han & Han, 2001:26; Mathwick,

Malhotra & Rigdon, 2001:50). Helmy (2011:298) supports this statement by pointing out that the integration of information technology (IT) into tourism and healthcare, coupled with the expansion of the business of medical tourism intermediaries through networks and websites such as MedicalTourism expos, hospital networks such as the StarHospitals, electronic medical tourism guides, Treatment aboard and specialised e-journals such as the International Medical Travel Journal and Medical Tourism Guide (Medical Tourism Guide, 2013:1; International Medical Travel Journal, 2013:1; Treatment Abroad, 2012) has fuelled the growth of tourism.

The use of IT and especially the Internet in healthcare has the potential to change the medical industry worldwide in terms of costs and quality of service (Wickramasinghe & Goldberg, 2004 cited in Hallem & Barth, 2011:123). The Internet has become an especially important tool for marketers and healthcare providers to provide information and market a wide variety of health care services and products (Bodkin & Miaoulis, 2007:28). Consumers can obtain online medical and health information through a growing number of international and also local websites. Information about the benefits and risks of engaging in medical tourism presented on these sites may have a strong impact on whether or not the prospective medical tourists pursue treatment abroad, and also on how they pursue such treatment (Mason & Wright, 2011:170). It has been ascertained that perceived value is greatly impacted by the use of the Internet as a medium for the search and procurement of goods (Hallem & Barth, 2011:123). The Internet has revolutionised the way consumers search for information, and has completely changed consumers' decision-making processes, particularly within the medical care industry (Goetzinger, Park, Lee & Widdows, 2007:128-129).

In South Africa, most medical tourism services are advertised through specialised websites which are constantly increasing in number. Medical tourism.com, discovermedicaltourism.com and onlinemedicaltourism.com are some of the information websites providing information on destinations, procedures, medical tourism facilitators, hospitals and surgery (Hallem & Barth, 2011:123). Some governments, such as that of Malaysia, have launched institutional medical tourism websites to promote medical tourism services (Bookman & Bookman, 2007:61) and are even using in-flight magazines such as Selamta (2013:26) Ethiopian Airline's inflight magazine to promote medical tourism.

As already mentioned, an influential factor for patients to gain healthcare information about the medical tourism phenomenon is the marketing platform provided by the Internet. Equally, the Internet offers providers vital new avenues for marketing to reach into non-domestic markets. Commercialisation is at the heart of the growth in medical tourism and in a large part this is due to the availability of web-based resources that provide consumers with information, advertisements and market destinations, and which connect consumers with an array of healthcare providers and brokers. Lunt *et al*. (2010:3) suggest the following typology of websites:

- **Portals** – provide an entry point to many medical tourist destinations. Medical tourists can explore medical tourism providers and compare costs of procedures. Other portals include treatment portals which provide information regarding the range of treatments.

- **Media sites** – support the growing media presence of medical tourism and commercial interests. Information regarding providers, medical tourism facilitators, insurance and interviews with industry interests can be found on these sites.

- **Consumer-driven sites** – include medical tourism blogs and discussion boards. Consumers share information and debate about the issues and experiences related to medical tourism.

- **Commercial-related sites** – provide information on commerce, based on cost comparison and financial advice.

- **Professional associations** – are policy sites that provide information on medical tourism. These are mainly medical tourism professional associations and state regulatory institutions.

- **Social media** – the social media has influenced almost every industry, and the tourism industry is no exception. The study therefore recognises the need for social media to be included as one of the media tools influencing the demand for medical tourism. Most stakeholders in the industry, from medical tourism

facilitators such as surgeons and safari operators in South Africa, to medical tourism providers globally, are already using social media such as Facebook and Twitter.

The main services of these sites can be separated into five main functions: they provide a gateway to medical and surgical information; they provide connectivity to related health services; they can assess and/or promote services; and they provide commerciality and the opportunity for communication (Lunt *et al*., 2010:4).

The exact number of medical tourists making use of the Internet is unknown. However, studies suggest that many prospective medical tourists use this resource and according to Losken, Burke, Elliot & Carlson, 2005 (cited in Lunt *et al.,* 2010:6) 68% of medical tourist respondents in their study had utilised Internet and were influenced by Internet information to make a decision on the choice of procedures, surgeon and hospital. An American survey also indicated that 73% of medical tourists used the Internet to search for information on medical tourism destinations and hospitals (Medical Tourism Association, 2009). This study will also investigate the South African trend in this regard **(cf. Objective 4).**

3.6.1 The quality of information

Even though the Internet appears to have revolutionised the medical tourism industry by making it easier for the medical tourists to obtain information regarding medical procedures, surgeons and facilities, there are nevertheless concerns regarding the quality of information found on medical tourism websites. Most researchers (Eysenbach, Powell, Kuss & Sa, 2002; Bock, Graham, Sciamanna, Krishnamoorthy, Whiteley, Carmona-Barros & Abrams, 2004; Gordon, Barot, Fahey & Matthews, 2001:175) caution against the possibility of unreliable products being marketed via the Internet, such as poor quality surgery, inadvisable or unnecessary treatments and even potentially dangerous treatments. Mason and Wright (2011:163) echo these sentiments by mentioning the fact that medical tourist sites promote the benefits and downplay the risks. Eysenbach *et al*. (2002:2691-2698) also state that health information online should be viewed with caution, and that information found may at best be variable and at worst misleading.

The medical tourism industry, similar to other industries, increasingly follows the latest trends by promoting their offerings on the Internet (Hallem & Barth, 2011:123). In a study conducted on domestic cosmetic surgery in the United States of America, the search keywords 'breast augmentation' established 130 sites and concluded that 34% of these sites contained information that was either false or misleading (Jejurikar, Rovak, Kuzon, Chung, Kotsis & Cederna, 2002 cited in Lunt *et al*., 2009:19). According to Lunt *et al*. (2010:9) the information presented on these sites is selective, and in some cases important issues such as post-operative care and support are being ignored. In a methodical assessment of 50 medical tourism websites (Lunt & Carrera, 2011:60) it was found that a small number of these sites were not even properly developed and quality assured, as both sentence structure and spelling were poor. In essence this gives little confidence in a clinic's ability to communicate clearly in English.

The lack of quality information on the Internet is not applicable only to medical tourism; this is a common phenomenon in all industries and on many websites. Krimsky (2007:164) reports that the channels of risk communication have grown in complexity along with the development and expansion of the Internet and this specifically affects the functions of industries such as science, medicine and engineering. The issue of poor quality or misleading information on the Internet is a problem in all industries, and particularly so in the service industries. Accommodation establishments also fit into this category, because (for example) the service or product offering can only be fully evaluated by the consumer once the service has been rendered (Campos-Soria, González García & Ropero García, 2005).

In theory the Internet should able to successfully link demand and supply; however, there is a thin line between quality information and information that may eventually lead to medical tourism 'malpractice'. Therefore it is always important for the medical tourist to select and act upon information from websites where accreditation of surgeons and associations is evident.

3.7 Accreditation and insurance

Quality of information includes detailed content and elaboration on accreditation and insurance in the medical tourism industry. These aspects play a significant role in the medical

tourist's decision to engage in medical tourism and Bookman and Bookman (2007:148) refer to them as obstacles in terms of promoting medical tourism, from a point of view that a destination that does not have accredited health service providers is less attractive.

3.7.1 Accreditation

Healism (2013:1) defines accreditation as a process by means of which an entity such as a clinic, hospital or surgeon, usually non-governmental, is assessed by the healthcare organisation to determine whether it meets a set of standard requirements designed to ensure quality of care. In essence accreditation is verification of authenticity and quality of service. According to Helmy (2011:305) international accreditations have become a prerequisite for any medical service provider to position itself in the medical tourism industry. Within the medical tourism industry the largest accreditation agency is the Joint Commission International (JCI). In a study conducted by the America-based Medical Tourism Association (MTA, 2009), 81% of medical tourists indicated that accreditation played an influential role in their decision to travel for medical reasons. Accreditation is associated with quality and is one of the selection criteria for medical tourists when selecting medical services (Wendt, 2012:7). Should the prospective medical destination fall short of providing satisfactory demonstration of accreditation, medical tourists may substitute it with an, alternative destination. Accreditation remains the most precise way of assuring medical tourists of the provision of quality of medical services.

JCI is an international healthcare accreditation system established in 1994 by the Joint Commission and has presence in more than 90 countries. It interacts with healthcare organisations such as the World Health Organisation (WHO) and governments to promote meticulous standards of healthcare (JCI, 2013:1). However, a considerable number of medical tourism destinations such as India, Singapore and Thailand (Helmy, 2011:305) have established their own national hospital accreditation associations such as a National Accreditation Board for Hospitals and health providers (NABH) in India, and the Hospital Accreditation (HA) programme conducted by the Institute of Hospital Quality Improvement and Accreditation in Thailand.

South Africa has the Council for Health Service Accreditation of Southern Africa (COHSASA) which is accredited by the International Society for Quality in Health Care (ISQua). Currently there are more than 90 medical institutions accredited with COHSASA in South Africa including private and public hospitals, public and private clinics, Hospices, addiction treatment centres and environmental health offices. The other accreditation association used for surgeons is the Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA), which represents 98% of plastic surgeons across South Africa, with most located in major cities, such as Johannesburg, Cape Town and Durban. Nicolaides (2011:13) affirms that South Africa has had a reputation as a medical innovator for many years. Most medical providers in South Africa are accredited by recognised bodies. Many hospitals still need to obtain international accreditation such as that of JCI, which may lead to an increase in medical tourists. Medical tourism service providers use JCI in marketing campaigns directed at medical tourists to demonstrate that medical service offered by surgeon or hospital is of international quality (Turner, 2007:311).

3.7.2 Insurance

Insurance in general can briefly be defined as a tool for the risk management of an unpredictable situation (Hristovska & Mirceska, 2010:911). Yet, from the literature review, it has become clear that the term insurance could very well refer to any of the following types of insurance: medical insurance also known as health insurance, commonly referred to as a medical aid in South Africa, travel insurance and general insurance. Relevant to the study, the focus will be on medical insurance and travel insurance. The primary difference between medical insurance and travel insurance is that the latter only covers medical emergencies during travel, whereas medical insurance mainly provides cover for day to day consultations and procedures or surgery obtained in the home country.

In a study conducted by Deloitte (2011:53-57) results indicate that individuals without medical insurance are more willing to travel to places outside their usual places of residence for surgery and/or treatment. Health-Tourism (2012:1) supports this statement by alluding to the fact that individuals without medical insurance are more likely to resort to other options of obtaining care due to the fact that the medical tourist will have to foot the bill personally.

3.7.2.1 Medical insurance

Medical insurance, also known as a medical aid, is a type of insurance that provides financial assistance for a variety of medical treatments and medications. Within this coverage, the company pays according to the option, the total or a portion of the medical expenses incurred due to injuries or illness. The majority of these companies do not cover elective surgeries such as cosmetic surgeries, hence fuelling the move towards medical tourism (Investopedia, 2013:1). According to Marlowe and Sullivan (2007:8) the majority of Americans in search of medical treatment abroad are those who need cosmetic surgeries which are generally not covered by medical insurance. For medical tourists travelling for medical treatment it is important to get specialist medical travel insurance. In South Africa, medical insurance or a medical aid traditionally does not include cosmetic surgery with the exception of reconstructive surgery with prior authorisation (Cosmetic Clinic, 2014:1). Such insurance will also not cover the cost of selective surgeries outside the borders of the country.

Internationally the response of medical insurance companies to treatment outside the country of residence is contradictory. Several insurance companies have embraced medical tourism by offering services through medical tourism facilitators or sending their clients to JCI accredited hospitals in developing destinations (Smerd, 2008:8). However, the majority of medical insurance companies exclude cover for individuals travelling abroad for procedures such as cosmetic surgery, resulting in patients having to pay out of their own pockets (Lee, 2007:446; Mattoo & Rathindran, 2006:358-359).

3.7.2.2 Travel insurance

Travel insurance generally underwrites medical and dental expenses incurred by travellers during a specified holiday period. It covers the policy holder for insurable events that may occur prior to and during the period of travel, such as, amongst other things, trip cancellation, medical treatment in the case of misadventure or ill health, baggage and theft (Hristovska & Mirceska, 2010:911; Leggat, Carne & Kedjarune, 1999:243). Travel insurance does not cover the medical costs related to planned surgery and/or treatment. It is not customary for a domestic tourist to purchase travel insurance.

The importance of all possible types of insurance in the medical tourism industry cannot be ignored, particularly in an industry where malpractice of surgery is a possible occurrence. It is therefore imperative that the medical tourist together with the medical tourism facilitator ensure that medical insurance is obtained before travelling for surgery. Insurance companies must also come on board to cover elective procedures such as cosmetic surgery. Interestingly, new insurance packages that protect medical tourists against malpractice are also starting to emerge (United Nations Economic and Social Commission for Asia and The Pacific Publications, 2007:1).

3.8 Evaluating the economic impact of medical tourism

The expenditure of a medical tourist will include money spent at the destination on medical procedure(s), food, accommodation, transportation, tourist attractions and tours and excursions, depending on the nature of the procedure and the recuperation period. As a result, the medical tourist creates substantial income for the medical tourism destination. According to Ramirez de Arellano (2007:195), investing in the medical tourism industry is a way to increase the Gross Domestic Product (GDP) and also to boost tourism. Globally, it is evident that a considerable number of destinations are considering medical tourism for revenue. It estimated that the medical tourism industry currently generates revenues of up to $610 billion, with 20% annual growth (Horowitz *et al.,* 2007). A report by the Tourism Research and Marketing Group estimates that there are 37 million health-related trips each year, generating $50 billion (TRAM, 2006:1b). Figure 3.4 depicts the economic value and shows the growth of this industry. In 2004, the medical tourism industry grossed approximately $40 billion worldwide (McKinsey and Company, 2007, cited in Herrick, 2007:1). Estimations, according to McKinsey and Company, are that this sum will rise to $100 billion by 2012. The medical tourism industry is showing signs of growth and with the aid of the Internet and intermediaries there is no doubt that it will continue to grow.

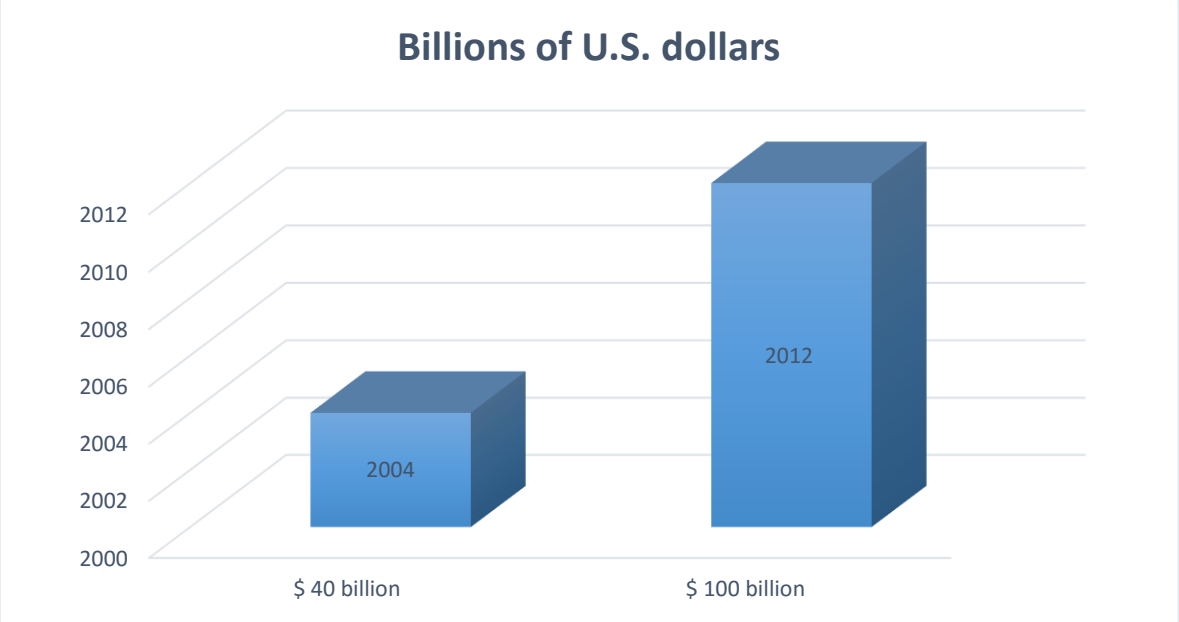


Figure 3.4: The economic value and growth of the medical tourism industry (McKinsey & Company and the Confederation of Indian Industry, 2007, cited in Herrick, 2007:1)

As can be seen from the paragraph above, there are broadly contrasting figures. The current study therefore recognises the variation in terms of estimates of the economic value of this medical tourism industry.

Most destinations that engage in delivering care to medical tourists do so to increase the level of direct foreign exchange earnings coming into the country, thus improving the balance of payments position (Timmermans, 2004:445-446; Ramirez de Arellano, 2007:196; Turner, 2007:322). According Awadzi and Panda (2006:78), many third world destinations see medical tourism as a gold mine and are promoting it aggressively, thus also boosting competition in the industry. Egypt, previously a popular tourist destination, is ambitious to invest in its human, physical and investment capacities for the development of a stable medical tourism sector (Helmy, 2011:294) by developing a medical tourism strategy.

In South Africa, conclusive data regarding the economic value and growth of medical tourism is insufficient, but the information extracted by South African Tourism from tourist arrival data to South Africa is a stepping stone to analysing the growth and value of medical tourism in South Africa. South African Tourism (2010 as cited in Crush, Chikanda & Masikwa, 2012:1) states that the number of international medical tourists increased from an estimated 327 000 in 2006 to over 500 000 in 2009. This survey also estimates the total annual spend by medical

travellers in South Africa to amount to over R1.5 billion (South African Tourism, 2010:1). Limited data is available regarding the value of domestic medical tourism.

South Africa could greatly enhance local prosperity by maximising the contribution of medical tourism (Nicolaides, 2011:8-12). The revenue-earning potential of medical tourism for the host medical destination has been much touted and Mattoo and Rathindran (2006:367) estimate that a representative health care destination country could earn $400 million annually even if trade were to be limited to only 15 kinds of medical procedures.

3.9 The potential industry benefits of medical tourism

Literature has a strong focus on the medical tourist when it comes to the benefits of the medical tourism industry. When assessing the benefits of medical tourism one must go beyond the mere medical tourist as discussed in Chapter 2 and examine all the relevant stakeholders as the evolution presents opportunities across governments, surgeons/health professionals, tourism industry and entrepreneurs. Such benefits may include economic activity, generation of foreign exchange, creating job opportunities and tax revenues through linkages with insurance, food and accommodation establishments (Janjaroen & Supakankuti, 2000:98). According to Elliott (2012:1) the domestic medical tourism industry may also benefit from capturing a share of medical tourists who are seeking selective surgeries not covered by the medical aid.

3.9.1 The public sector (Government)

Most developing nations pursue medical tourism for economic gains (Smith *et al*., 2011:278). According to Leng (2010:347) medical tourism as an economic activity generates highly skilled jobs, which may enable developing destinations to escape from economic dependency. Besides the generation of foreign exchange, governments who acknowledge the value of this industry support it by providing infrastructure. Medical tourism also contributes to the promotion of destinations since medical tourism facilitators market and brand these destinations by enticing prospective medical tourists with inclusive packages that involve an optional tourism element.

3.9.2 Health professionals

Ormond (2008:2) states that medical tourism may be used as a powerful tool to contribute to the reduction of the brain drain of surgeons. Brain drain is the term often used to explain the movement of surgeons from developing destinations to developed destinations, to source higher income (Dodani & Laporte, 2005:487). Like many other developing nations, South Africa has experienced a brain drain over the past 20 years (Junior Doctor, 2010:8) and according to Serghini (2010:1), the majority of doctors and high qualified professionals who are leaving the country to practise abroad, do so because of factors such as better remuneration and working environment. According to Deloitte (2011:53-57) the medical tourism industry can combat the brain drain by improving surgeons' income and creating a situation where such surgeons can also command international profiles due dealing with different types of medical tourists. Surgeons can also develop new surgical skills, since high-tech medical equipment is used in home regions to attract medical tourists. According to Economic and Social Commission for Asia and the Pacific (2009) this is evident in Thailand where salary increases and high quality facilities driven by the medical tourism industry are attracting overseas-trained Thai medical graduates back to Thailand.

3.9.3 The travel and tourism industry

According to Sharma, Sharma and Tiwari (2012:183), medical tourism may enhance connectivity with transportation, information and communication industries. Like any other type of tourist, medical tourists also make use of tourism product facilities and infrastructure: accommodation, transportation, ancillary services, intermediaries and attractions (Connell, 2011:4). Even though there is an on-going debate about the engagement of medical tourists in tourism, it must be noted that the medical tourist's engagement in tourism activities depends on the nature of the procedure sought. Even if a medical tourist does not engage in tourism activities, two of the largest components of the tourism industry, namely accommodation and transportation, have already been utilised, whilst destination awareness is also automatically enhanced. Those who seek minor procedures such as otoplasty generally do participate in activities such as sightseeing tours (Deloitte, 2011:54). The tourism industry benefits a lot due to the high usage of the overall tourism product/service, thus creating entrepreneurial opportunities.

3.9.4 Entrepreneurs

Medical tourism provides an opportunity for some specialised business and employment opportunities in the medical tourism industry. So far, a few companies have exploited the business opportunity presented by medical tourists. For example, there is an emergence of new companies that are not health specialists but rather medical tourism facilitators who interact as a link between the medical and tourism components (Connell, 2006:1094). An entrepreneurial opportunity is also seen in the situation where the language barrier has resulted in the employment of interpreters. Special concierges are also employed to assist medical tourists during the recuperation period. Entrepreneurship thus addresses alternative opportunities: diversifying economic activity and generating revenue for both tourism and medical industries alike.

3.10 Conclusion

Discussion in this chapter provides evidence of the fact that the medical tourism industry is indeed a multifaceted, fast-growing industry, comprising many components. It is also evident that it has significant social, economic, marketing and branding benefits which support the medical industries of the various destinations. The medical tourism industry is built primarily around existing needs and demands of the prospective medical tourist. The rising demand is stimulated by a number of factors such as globalisation, media coverage, and reasonable costs of procedures, availability and quicker access to procedures, better quality care, and the opportunity to fuse a medical procedure such as cosmetic surgery with a vacation, privacy and anonymity. Medical tourism facilitators who aid in bridging the gap between medical tourists and the medical providers are attempting to meet this demand by dealing with the logistics such as arranging visas, accommodation, air transportation, finding the appropriate medical facility and most importantly qualified surgeons, and presenting inclusive and pre-arranged packages.

In this process, the Internet plays a crucial role, as it allows access to information, and provides a means of communication and confirmation. Accreditation and insurance are both important and lead to reassurance for the medical tourist that the medical services offered are of good quality. Substantial economic gains are clearly associated with the growth of

medical tourism and it furthers augments the Gross Domestic Product and the tourism industry.

Although considered to be a third world country, South Africa is already well-established with good infrastructure. Medical facilities have a good track record and are accredited; they also employ health professionals that have trained with internationally recognised medical institutions. South Africa also has superiority in terms of climate, natural beauties, and established medical tourism facilitators. South Africa offers competitive prices and services which makes this a niche market with huge potential. Hunter (2007:138) confirms this by stating that medical tourism has the potential to contribute to longer stays and an increase in tourist expenditure, both of which are in line with South African tourism's strategic objectives.

Chapter 4: Medical tourism: destination image and choice

4.1 Introduction

Tourism destinations have become more and more competitive in order to lure prospective tourists. Most of these destinations have put strategic measures in place to position or to differentiate themselves from other destinations by means of branding themselves and their products in the minds of prospective tourists, thus enhancing their image. This emphasis on branding is fuelled by the increasing number of tourists who use the destination image as a selection criterion. Very often destinations become trendy and attract a large number of tourists. However, often the tourist's needs or tastes change over time, or certain external events take place that cause travellers to substitute a specific destination for another. For example, the 9/11 incident had an immense effect on the travel industry, particularly affecting the airline sector (Tate, cited in Evans and Elphick, 2005:137). This is why it is important for destinations to ensure continuously that the market needs are met and adapted to new trends, and to apply effective crisis management strategies to remain competitive and not irrelevant in the market. This may be the same reason why destinations such as Thailand have added medical tourism to their product mix – to revive their destinations. This also emphasise that in as much as a destination's attractions and its supporting services are important, the image of a destination is equally significant. Destination image may be defined as the sum of impressions, beliefs, ideas, expectations and feelings collected about a destination over time (Kim & Richardson 2003:218). Having a positive destination image is crucial for the development of tourism in general (Grosspietsch, 2006:226), as this has a strong impact on customer's decision making processes and behaviour.

To be competitive and attractive in the medical tourism market, a destination must create a favourable image for prospective medical tourists. According to Crouch and Ritchie (1999:146) and Dwyer and Kim (2003:403-405), there are several important determinants of destination attractiveness. These factors are: geographical proximity, cultural familiarity, supporting factors and secondary resources, destination image and management, destination infrastructure, destination environment, risk, reward and value. The value of each factor and

its influence on the tourist's choice is dependent on the generating region. Each factor has a different value for each tourist. There are different types of tourists with different personalities: cultural proximity, for example, might be of high importance for a cultural tourist but not so important for medical tourist. Having identified the major generic factors that complement destination competiveness, the question arises as to which of these factors, if any, are considered to be significant for a medical tourist and play a role in the decision-making process of the potential medical tourist.

4.2 Components of a destination as a product

For many, a destination is just an element of the tourism system. A destination however, can be regarded as a distinctive product consisting of many factors such as infrastructure, climate and services of the area that make up the tourist industry (Kim, 1998:340). According to Murphy, Pritchard and Smith (2000:44), a destination can be seen as mixture of different products combined to produce a total experience of the destination region visited by a tourist.

Youell (1996:186) states that a destination comprises a mixture of six components:

- Attractions – enticing, luring or attracting prospective tourists to the destination region.
- Transportation – transport from point A to point B. The means of reaching the destination and also ensuring accessibility or movement at the destination by means of water, air, land and rail.
- Hospitality – concerned with the provision of physiological and psychological comfort and guest–host relations. A typical example is the friendliness of local people and direct employees within the tourism industry.
- Infrastructure – built structures such as airports, recreational parks, buildings and associated and supplementary services such as conservation and tourism guiding.
- Accommodation - provision of overnight shelter, such as hotels, guesthouses, caravan parks, motels or lodges.

- Facilities - or ancillary services and goods that facilitate and enable tourism. Such supporting services include information offices, tour guides, travel insurance and foreign embassies at generating regions.

According to Laws (1995:14) there are two main factors that form part of the tourism destination attractiveness. The primary features are those such as climate, culture and land forms, and secondary features include those such as hotels, transport and activities intended for the tourist. This also highlights the complexity of a destination.

It is evident from the above mentioned points that this amalgam of destination elements is important in order to create a "total experience" for any type of prospective tourist including medical tourists. From a medical tourism point of view there is no conclusive research on how tourists are affected by these elements. From the literature, however, it appears that the attractions are secondary since the main purpose of a medical tourist is to undergo a medical procedure. Medical tourists may make use of attractions during the recuperation period depending on the nature of the procedure performed. The other elements are just as important as they are to leisure or any other type of tourist. Accommodation during the recovery period is needed, for example, as well as transportation to provide accessibility to the surgeon, infrastructure as a support service, and friendliness of the local people. Most of these elements are provided as a package by medical tourism facilitators (see Chapter 3).

4.3 Destination image

The study of destination image is not a new phenomenon in the field of tourism research. Several studies, including those of Hosany, Ekinci and Uysal (2006:638-642), Molina, Gomez and Martin-Consuegra (2010:722-728), and Chi and Qu (2008: 624-636), have been carried out on the concept of destination image. It is apparent from the mentioned studies that destination image influences tourist behaviour (Jenkins, 1999:1; Bigne, Sanchez & Sanchez, 2001:608; Chi & Qu, 2008:625). Destination image is also a crucial concept in selecting a tourism destination (Watkins, Hassanien & Dale, 2006:321; Tapachai & Waryzcak, 2000). According to Bign'e *et al*., (2001:614), destination image is a key factor for destination managers as it has an influence on perceived quality and satisfaction and can be seen as the basis of marketing activity and a prerequisite to forming the destination's brand. Destination

image is the way to differentiate one destination from another destination with similar attributes: hence, the importance cannot be overlooked. Yilmaz, Yilmaz, Icigen, Ekin and Utku (2009:473) support this by alluding to the fact that image plays an essential function for destination marketers in order to separate one particular destination from other destinations in the current highly competitive market. It is evident from the literature that there is a strong link between destination's image and its competitive advantage. The aim of the study is to evaluate this niche market. Should medical tourism prove to be worthy, South Africa will need to build up a favourable medical tourism destination image. The literature suggests that the more favourable the image of a medical tourism destination, the more it is perceived as high quality by the medical tourist, and the higher the probability of the destination being selected as a medical tourism destination of choice.

4.3.1 Destination image: conceptual framework

Several studies, Kim and Richardson (2003:216-237), Echnter and Ritchie (2003:37-48), Hosany, Ekinci and Uysal (2006:638-642), have been conducted on the concept of destination image, and destination image has been commonly used by destinations as a marketing strategy. However, it is worthwhile noting that this concept has been elucidated in different ways and there is no consensus on the details of the concept. According to Pearce (1988:162) image is one of those vague terms with shifting meanings. Echtner and Ritchie (2003:41) support the latter statement by stating that most studies on destination image have lacked a conceptual framework. In this section different interpretations and conceptualisations of the concept of destination image are discussed.

Destination image is defined as individual interpretation of reality by a prospective tourist (Bigne *et al*., 2001:607). Echnter and Ritchie (2003:43) define destination image as the rounded impression made by the destination. In essence, the focus is not only on the perception of an individual. Even though there is a lack of consensus among researchers, most of the definitions are along the lines of perceptions from an individual point of view and impression from a destination perspective. Perhaps the most frequently quoted definition of destination image in the literature is that of Crompton (1979: 19):

"The sum of beliefs, ideas, and impressions that a person has of a destination".

Destination image is commonly described as "impressions or perceptions" of a place although Echtner and Ritchie (1993) argue that such definitions lack functional, holistic and psychological attributes associated with destination image. They believe that the image of a destination varies, from that which is based on common functional, such as the price or the type and availability of transportation, and psychological characteristics such as the level of friendliness and service quality, to those images that are based on unique features. Table 4.1 provides a condensed overview of different definitions of destination image found in literature:

Table 4.1: Selected definitions of destination images

Author	Definition of image
Kim and Richardson (2003:218)	A totality of impressions, beliefs, ideas, expectations and feelings accumulated towards a place over time.
Baloglu and McCleary (1999:870)	An individual's mental representation of knowledge, feelings, and global impression about a destination.
Alcaniz, García & Blas (2009:716)	Consists of all the destination evokes in the individual; any idea, belief, feeling or attitude that tourists associate with the place.
Crompton (1979: 19) Gertner and Kotler (2004:42)	The totality of beliefs, ideas, and impressions that an individual has of a destination.
Murphy *et al.,* (2000:44-45)	A sum of associations and pieces of information connected to a destination, which would include multiple components of the destination and personal perception.

Common phrases are found in the definitions but the most important factor is that image is based on an individual's own perception. The definition of destination image proposed by Kim and Richardson (2003:218): "a totality of impressions, beliefs, ideas, expectations and feelings accumulated towards a place over time" adequately represent the definitions as discussed in Table 4.1. Destination image is a critical part of destination marketing and for destination managers the formation of image should be a priority. However, understanding how the destination image is formed is also critical.

4.3.2 Destination image formation

Building a favourable tourism destination image is influenced by a number of communicational networks and various sources of information, for example digital media, promotional mechanisms and even word of mouth marketing from reference groups. Therefore, forming a favourable destination image is a complex task, also because image, once formed, is generally difficult to modify. According to Lopes (2011:308) any individual can form an image of any destination in the mind, even without prior visitation.

The medical tourist will make a decision to travel to a medical destination based on the image that has been created by sources of information, undergo a procedure, participate in a travel experience, and return home. By this time the medical tourist will have accumulated new images based on experience (Jotikasthira, 2010:70-71).

From a medical tourism perspective, destination image is a critical aspect. Medical tourists are highly involved with information searches from different sources of information which ultimately influence the image. The Internet, as well as intermediaries, plays a crucial role in influencing the images held by prospective medical tourists. Konecnik (2004:309) notes that the images held by the travel intermediaries and medical tourism facilitators (see Chapter 3) are equally as important as those held by the tourists, since tourists rely on professionals to determine potential destinations. In medical tourism, travel intermediaries such as medical tourism facilitators, are regarded as important sources of information that may influence the images and decision-making processes of medical tourists through their promotional efforts. This is important especially for first-time visitors.

Paying attention to the images that tourists may have of a destination is essential in order to pinpoint the destination's weaknesses and strengths (Chen & Uysal, 2002:991). This compels the need for destinations to form an image. Molina *et al*. (2010:723) define image formation as the development of psychological belief based on limited impressions coming from a single information source. According to Gartner (1994) and Gunn (1988), information can derive from several and various sources such as induced information and organic information. Induced images are derived from promotional material such as brochures and the opinions of travel services providers such as travel agents and tour operators (Molina *et al*., 2010:273). In

essence, the induced image is formed through the influence of tourism promotions directed by marketers (Pike, 2008:205) or marketing efforts by a destination and suppliers. Examples in medical tourism may include medical tourism facilitators, health providers and medical tourism organisation.

Organic images on the other hand, consist of information obtained from friends and relatives, as well as from personal experience (Molina *et al*., 2010:273-724). In other words, this is information sharing on an informal basis, for example word of mouth sharing within reference groups. In medical tourism for example, a medical tourist may sometimes get information regarding the medical procedures and surgeons from friends who have travelled before for their own medical purposes. According to Yang (2011:1), access to medical tourism information is essential for an effective decision-making process. He states that previous experience, word of mouth information from friends and relatives, and medical advertisements are the main sources of information.

In a study conducted by Yeoh, Othman and Ahmad (2013:199) in Malaysia, the results indicate that medical tourists are influenced by three main sources of information: 44.47% of respondents were influenced by friends, 37.66% by relatives and 24.47% by health providers. Other sources included medical tourism facilitators, websites and magazines. This suggests that even though organic images may be informal, they play an important role. It is also essential to acknowledge that destination image may also be formed from a domestic medical tourism point of view, where the images are formed through experiences of travel and word of mouth information from friends and relatives.

Assessing the two above mentioned types of images, it has become evident that destinations should recognise the importance of information sources as promotional tools. Molina *et al*. (2010:729) also emphasise that this has a robust influence on the formation of tourist destination images. Consequently, this study suggests that focus on induced images by destination marketers may yield positive results on destination image, since there is not much control over organic images. Control over organic images can only be exercised by providing medical tourists with excellent service and this will inevitably result in further positive information being conveyed by word of mouth.

In this study, research will be conducted in Johannesburg and Cape Town. From a tourism perspective, both cities have a good destination image. Cape Town, for instance, has been named one of the top cities in the world on a number of occasions (Cook, 2013:1).

4.3.2.1 Stages of destination image formation

The effect of various sources of information and the role played by these sources of information in destination image formation can also be seen in the stage theories of the destination image model developed by Gunn (1972: 120), shown in Figure 4.1. This is also known as the seven phases of the travel experience.

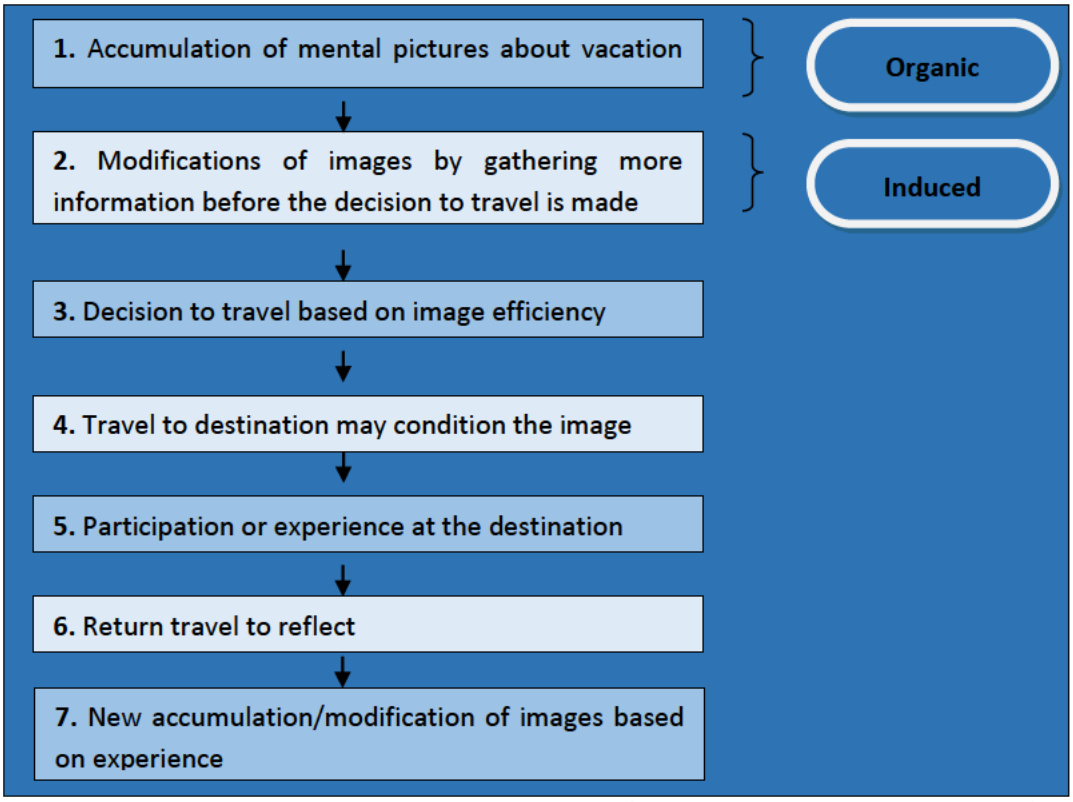


Figure 4.1: Stage theories of destination image (adapted from Gunn, 1972:120)

According to Gunn, stage 1 can be labelled an ***organic image*** that is formed as information at this stage is only derived from non-commercial sources of information such as friends and relatives. In this case, commercial sources of information are only used in the second phase where information is derived from travel service providers, such as travel agents and tour operators. Once a tourist has accumulated additional information about a destination, the organic images (stage 1) may be modified. These altered images which occur in phase 2 can be labelled ***induced images***.

From a medical tourism perspective, the stage theories of the destination image can be seen in the medical tourist behaviour patterns where in the first phase a medical tourist accrues mental images about a medical tourism destination. This is usually achieved by gathering information from non-commercial sources. This is clear in a study conducted by Ye, Qui and Yeun (2011:1126) where medical tourists cite friends' experience in Hong Kong. Ye *et al.,* (2011:1126) state that word of mouth as a source of information is very common in the medical tourism industry for medical tourists. The sharing of information regarding the surgeons, the clinics and/or hospitals and travel experiences is used to facilitate the travel decisions. In essence, the medical tourist creates an image based on information from the experiences of friends. We can therefore classify this as an ***organic image***.

In the second phase, the medical tourist will gather additional information, from commercial sources, such as printed brochures from hospitals, personal surgeons' opinions and from the Internet. In the previous chapter, the influence of the Internet and medical tourism facilitators in the medical tourism industry were analysed. The literature indicates that the Internet acts as a medical information search instrument for medical tourists looking for information on the destination, quality of services and medical providers before they make a decision (Medhekar & Newby, 2013:85). This additional information may modify the images held in the mind of the medical tourist, thus creating an ***induced image***.

From the above literature it is evident that understanding the image formation process may aid in improving destination competitiveness. The destination image is formed, therefore, by a multifaceted process, where tourists develop a psychological concept based on impressions. These impressions are derived from both non-commercial and commercial sources.

4.4 Destination choice

Looking at the previous section on destination image, it has been established that there is a strong correlation between destination image and the final destination choice. Therefore, the image is an imperative determinant in the tourist's destination choice process. The current study recognises destination choice as a symbolic key aspect of medical tourism.

The influence of destination image on the choice of tourist destination has been analysed by a number of researchers (Cai, 2002:721; Leisen, 2001:49-66; Jacobsen & Munar, 2012:39-47;

Hsu, Tsai, & Wu, 2009:288-297). According to literature, destinations with more favourable images are more likely to be considered in the tourist's decision-making process as far as the destination choice is concerned. From a medical tourism point of view, a reasonable number of studies on the choice of medical tourism destination have been carried out (Turner, 2007; Connell, 2006; Hopkins, Labonte, Runnels & Packer 2010; Yu & Ko, 2012; Gill & Singh, 2011; Cormany, 2010:49). These studies have identified the low cost of medical procedures in the destination regions as one of the key common factors in selecting medical tourism destinations. However, not much is yet known of how medical tourists select medical tourist destinations, or how the medical tourism destination choice process differs from those of other typologies of tourists (Cormany & Baloglu, 2011:709).

4.4.1 Factors affecting the choice of medical tourism destination

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. For example, the distance between the medical tourist's country of origin (MTGR) and the destination (MTDR) may affect both transportation cost and accessibility. Bansal and Eiselt (2004:391) echo this opinion by alluding to the fact that some of the factors affecting the choice of destination are associated with travel distance, safety, time and expenditure, lengthy recuperation period (Johnston, Crooks & Snyder,2012:7), price matters and favourable exchange rates (Gill & Singh, 2011:317; Yu & Ko, 2012:81). Medical tourists may also choose a medical tourist destination based on popularity. Turner (2007) and Connell (2006) state that medical tourists try to find a popular tourism destination in order to enjoy the trip throughout the treatment period.

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. Income, culture and language are some of the major influences on the choice of medical tourism destination for different medical procedures (Connell, 2013:5). Johnston *et al.,* (2012:9) looked into individual experiences that could influence the destination that medical tourists visit for procedures. This is something that might have been overlooked by many researchers. Their analyses propose that prior

experience in terms of travel to outbound destinations may have an influence on the medical tourism destination selected.

To comprehend the factors that affect the choice of destination for US patients seeking procedures outside the United States of America, Gill and Singh (2011:322) conducted an exploratory study. Their study suggests that medical facility and services, as well as the surgeon's recommendation, are the most important factors that are taken into consideration when choosing a medical tourism destination (see Figure 4.2).

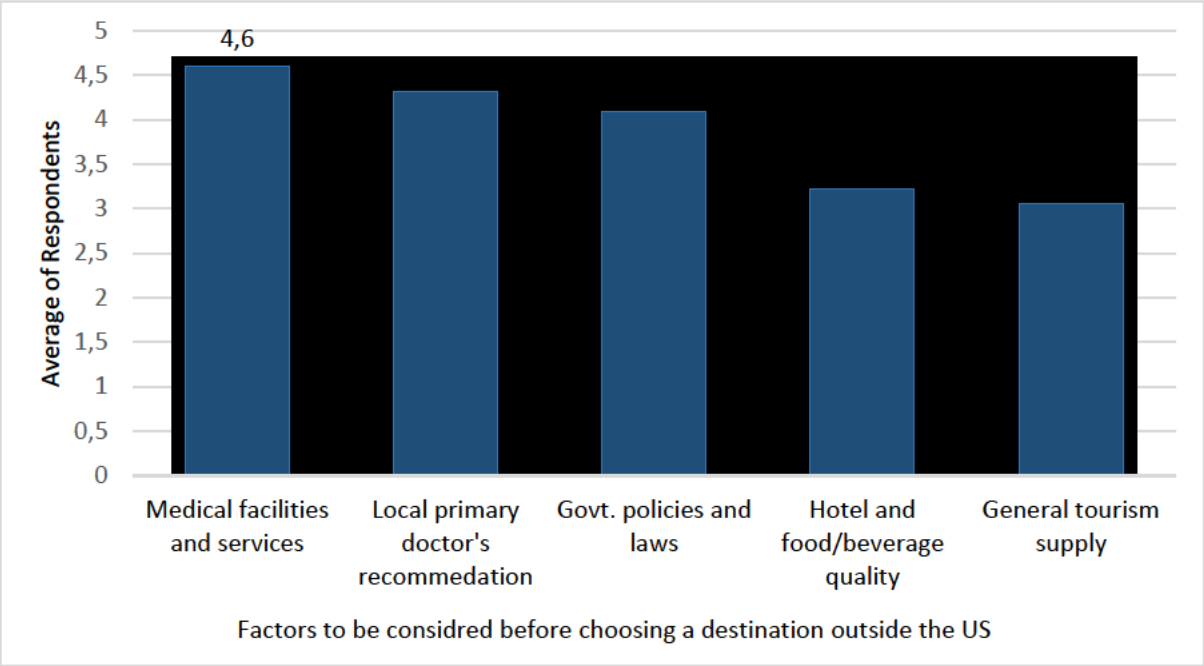


Figure 4.2: Factors to be considered before choosing a destination outside the USA (Gill and Singh, 2011:322)

The results highlighted in Figure 4.2 are very much in line with the survey conducted by KTO (2008, cited in Yu and Ko, 2012:83) in which Chinese, Japanese and American medical tourists who had prior medical tourism experience in Korea considered the medical skill and facilities as some of the most important factors of 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. Lee, Han and Lockyer (2012:81) have the impression that medical tourism facilitators play a significant role in the medical tourism

destination choice. In essence, their medical tourism product knowledge may influence the medical tourist's decision-making process.

Cseriova and Koniecza (2012:5) give an interesting perspective on "trust" in relation to choosing a medical tourism destination. Cseriova and Koniecza (2012:5) state that medical tourism is based on the medical tourist's choice of obtaining the medical procedure either intra-bound or outbound. Regarding intra-bound medical tourism, the medical tourist is likely to be much more acquainted with the environment in terms of procedures and regulations, while outbound medical tourists are more likely to be subjected to an unfamiliar environment with unknown customs, which may increase anxiety and ultimately create feelings of vulnerability (Altin, Singal & Kara, 2011:9).

For this reason, according to Cseriova and Koniecza (2012:5), trust seems to be the most important factor when choosing a medical tourism destination, particularly for outbound medical tourism. Because medical tourism is a high risk type of travel for a medical tourist, the medical tourism providers (see Chapter 2) attempt to condense the perceived risk of the medical offering by developing a strong brand image and a favourable reputation. This is very important as it helps to create a positive judgment on the part of the medical tourist, and thus also to create a trust relationship (Menvielle *et al.,* 2011:58).

In as much as medical skills and facilities are the primary factors for choosing a medical tourism destination, personal factors should not be ignored. Such factors have a pivotal influence on the way in which a specific medical tourism destination is selected. The relationship between personal characteristics and medical tourism destination choice remains under-investigated. According to Altin *et al.* (2011:9), personal factors such as language and culture, and demographic variables such as education, age and income, have an effect on the decision-making process, while Beerli and Martin (2004:663-664) also investigated the influence of the socio-demographic characteristics such as education, gender and age on destination choice.

Smith and Forgione (2007:22) developed a conceptual two-stage model (see Figure 4.3) indicating the factors affecting choice of medical tourism destination. Although the model is based on international medical tourism, it may be generic enough to accommodate all types

of medical tourism including domestic medical tourism. What is evident from the model is that no factor is primary or secondary: they are all regarded as important. According to the model the decision-making process has two phases. Phase one involves selecting the medical tourism destination for a medical procedure. During this phase the prospective medical tourist may consider the basic variables such as economic conditions, political climate and government or regulatory factors. Perfetto and Dholakia (2010:400) state that it is obvious that a medical tourist would be attracted to a low-cost medical destination where one can relax and enjoy an exotic cultural environment while recuperating. Turner (2011:4) echoes, also stating that continuity of care should be regarded as a vital element of choosing treatment abroad. Regulatory issues play an important role in the selection of a medical tourism destination. Many governments are now permitting visas to be easily obtained to make the process of receiving treatment by the inbound tourist easier, thus encouraging medical tourism (Lee & Spisto, 2007:4). The political aspect also has an influence on the attractiveness of a medical tourism destination (Menvielle *et al.,* 2011:49).

Phase two involves choosing a medical facility that includes variables such as cost (Kogut, 2011:36), accreditation, physician training (Gan & Frederick, 2011a:159; Mattoo & Rathinfran, 2006: 359-360) and most importantly quality of care. The factors outlined in phase two have been discussed extensively (see Chapter 2).

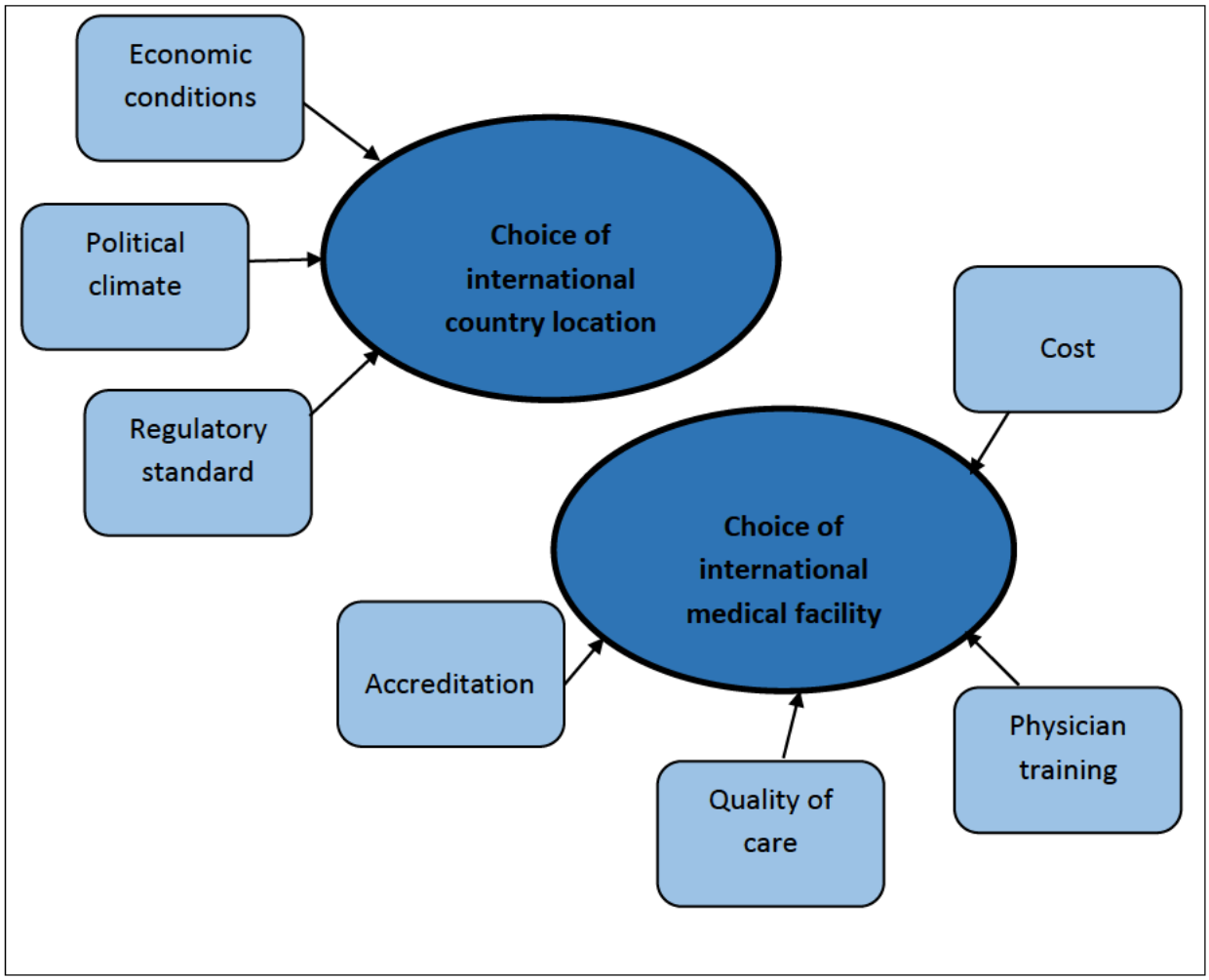


Figure 4.3: Medical tourism factors affecting choice of facility and country (Smith and Forgione, 2007:22)

It is apparent from the literature that the medical tourism destination choice is much more complex than is the destination choice for leisure tourism. In the context of medical tourism, a comprehensive selection by a medical tourist requires an extensive information search from reliable sources of information such as medical tourism facilitators. From a medical tourism perspective, literature has not paid attention to socio-demographics as one of the factors that may affect destination image formation and choice. The current study acknowledges the lack of information with regard to the socio-demographics.

4.4.2 Destination attributes

It is also evident from the literature that a variety of attributes are important when choosing a medical tourism destination. Against this background, Table 4.2 illustrates the attributes

important to consider when selecting a medical tourism destination. It also highlights the differences between this niche market and leisure tourism. These attributes may also be used to measure the destination image.

Table 4.2: Destination choice attributes

Medical tourism	Leisure tourism
Accreditation	Quality assurance, for example grading system, tour guide certification
Cost	Value for money
Economic, political and social factors	Accessibility, climate, hospitality, culture and political stability
Quality of care/ qualified surgeons, hygiene	Safety and security
Recuperation	Relaxation, infrastructure, accommodation facilities
Communication barriers	Telecommunication
Vacation opportunity	Scenic beauty, natural attraction, events and tourist activities

Adapted from: Gallarza, Saura and Garcia, 2002; Ehrbeck *et al*, 2008; Pike, 2003; Gan *et al.*, 2012:769-770; Seddighi and Theocharous, 2002.

What is evident from the table is that medical tourists and leisure tourists would certainly look at similar attributes. However, the hierarchy in terms of Importance is completely different. For example, in the previous chapters we learned that cost is the major push factor for medical tourists: medical tourists travel to places to obtain medical procedures at lower costs than what they would pay in home country destinations. Therefore, in the case of medical tourism, a tourist will place much higher importance on cost and safety as the critical aspects of medical tourism. The leisure tourist, on the other hand, is looking for relaxation as the core offering, as well as unique experiences that cannot be found in the home country. In essence, for medical tourists almost every attribute listed is primary, whereas for leisure tourist certain factors are secondary. We may assume that the medical tourism attributes are all primary due to the level of risk involved.

4.5 Conclusion

The literature review presented above has considered the concepts centred around the destination. In summary it is clear that destination images comprise many elements that are psychological or functional; many of these components cannot be practical, which makes destination image much more challenging to quantify. From a medical tourism point of view, image is crucial for both medical tourist and destination, and more so for medical tourism destinations, since the images of tourism destinations strongly influence the buying decisions of tourists. Thus, destinations are now competing according to the perceived images related to those of the competitors. It is also important to view a destination from a product point of view: all the elements (hospitality, accommodation, facilities, infrastructure, transportation and attractions) of the destination work together in order to provide a total experience to prospective tourists. For destination managers it is important to remember that tourists consume all these elements of the destination as one experience. One faulty link may taint the total experience or image.

Image can be used as an aid to differentiate South Africa from other medical tourism destinations. Differentiation may be achieved by channelling the tourism and medical industry to one common goal which is to ensure complete visitor satisfaction. The challenge is to project favourable images to prospective medical tourists. This requires cohesion amongst relevant stakeholders. Image plays an important role in luring prospective medical tourists, and it is therefore important for the South African government, healthcare institutions and the tourism industry to join hands in order to change the negative images in the minds of prospective medical tourists, especially those from developed countries, that South Africa is high risk country to travel to, that it lacks developed infrastructure, and has poor quality of service. The marketing message communicated to prospective medical tourists must be powerful enough to enhance the image of South Africa as a hub for cosmetic surgery. This may be achieved through the marketing efforts of medical providers and medical tourism facilitators – in other words, these stakeholders should endeavour to ensure positive induced images for prospective medical tourists.

Ultimately the medical tourism destination that is chosen by a prospective tourist is the one that has met the needs and expectations of the medical tourist; this translates into positive

sources of information or word of mouth advertising to the prospective medical tourist. The choice of a destination is activated by motivation to travel. The prospective tourists will then gather information about alternative destinations to aid the decision-making process. In the context of medical tourism, priority is placed on information relating to destination attributes such as cost-effective medical care and high quality of service. Such information is derived from various sources, either organic or induced, and will shape the individual's perceptions or feelings about a particular destination.

Chapter 5: Methodology

5.1 Introduction

Methodology refers to the steps taken to solve the research problems or to answer the research questions, and includes the processes needed to collect, process and analyse data (Brink, 2006:191). According to Burns and Grove (2003:488), methodology comprises the design, setting, sample, methodological limitations, and the collection of data and analysis techniques in a study. This chapter discusses the research methods adopted to address the research questions stated in Chapter 1, and includes information on the data collection, sampling, research design and the methodology employed.

The primary objective of this research is to evaluate medical cosmetic tourism in selected areas of South Africa.

In the previous chapters, the literature review focused on medical tourism and cosmetic surgery, the medical tourism industry and destination image and choice pertaining to medical tourism.

In order to achieve the research objectives set out (see Chapter 1), primary and secondary data were obtained by means of different research methods. According to Kothari (2004:95) primary data is the original information which is collected afresh and for the first time. Secondary data on the other had is information that has been collected previously and has been put through a statistical process, and has been obtained by means of literature studies.

5.2 Research problem

The following section will outline the problem pertaining to the study.

5.2.1 Background to the problem

South Africa is currently performing well as a young developing country within the global tourism sector. There are even targets in place to increase the number of inbound tourists to South Africa (National Department of Tourism (NDT), 2011:11). In order to achieve this, South

Africa will need, amongst other things, to diversify its tourism product by identifying untapped market segments. Medical tourism may be utilised as a tool to improve the South African tourism product, and by so doing, to generate more tourism revenue. According to literature (Ramirez de Arellano, 2007:194; Lunt & Carrera, 2010:29) there is evidence of people coming into South Africa and people travelling within the borders of South Africa for medical reasons, and particularly for purposes of cosmetic surgery. Cosmetic surgery as a sub-sector of medical tourism may be an answer to increasing tourist volumes and tourist spending. According to literature, the impact of this kind of tourism extends to a wide spectrum of beneficiaries such as the healthcare industry, the commercial sector and the travel and tourism industry amongst others. Based on the literature, the problem statement below has been identified.

5.2.2 Problem statement

The problem statement includes the need for the research project (Cooper & Schindler, 2003:662). The globally-growing medical tourism industry stimulates economies, various industries and international government relationships (Connell, 2006:1099). In South Africa, the number of studies and availability of data on the topic remains limited. Literature trends indicate that the combination of cosmetic surgery with travel and tourism is showing the potential to increase rapidly in numbers (Ramirez de Arellano, 2007:195; Gan & Frederick, 2011b:163; Awadzi & Panda, 2006:80; Hunter 2000). The lack of academic interest in medical tourism calls for and validates this study within the medical tourism niche market in South Africa.

This study will evaluate the cosmetic medical tourism industry in selected areas of South Africa.

5.3 Research design and methodology

Research design is regarded as significant in any research as it functions as a catalyst or an outline as to how the research will be conducted. This comprises selecting a research model, methodology, data gathering methods and a data analysis strategy (Badenhorst, 2008:53). In order to reach the objectives of a study, the study needs a cohesive method which combines

literature and empirical research. Therefore the research for this study followed a quantitative research method as it is exploratory in nature.

5.3.1 Research population

According to Neuman (2006:244), target population is a "specific pool of cases that the researcher wants to study." The research population is the entire set of individuals that meets the sample criteria of the study (Burns & Grove, 2003:233). Given that the study focuses on individuals who travel with the purpose of undergoing cosmetic surgery, the first criterion for inclusion in the target population was that individuals should be active participants in medical tourism: this includes both prospective medical tourists and the actual medical tourists. Prospective inbound and intra-bound medical tourists in South Africa were prioritised.

For the purpose of this study a medical tourist is regarded an individual who travels from his usual place of residence to a destination region for the purpose of receiving reconstructive or cosmetic surgery. The individual must spend money in the sectors of both medical and tourism.

The population included any medical tourist who does not normally reside in Johannesburg and/or Cape Town, and who has made an appointment with a plastic surgeon, either for planned cosmetic surgery or for post-surgery consultation. In essence the study excluded residents from Cape Town in the Cape Town population and Johannesburg residents in the Johannesburg population, because they are not considered to be medical tourists in terms of expenditure in the spheres of both the medical and the tourism (accommodation, transportation, services) industries. They do not meet the definition of a tourist – being away from home.

5.3.2 Sampling 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.

5.3.3 Sampling method

The sampling method must be based on the research questions you want to answer (Kothari 2004:145). It is imperative that the sample meet the main criteria: the sample needed to be representative of the entire population of prospective medical tourists visiting surgeons in a specified region. Thus it was necessary to limit the sampling process to the geographical boundaries of this research. Therefore, the study participants in this study were medical tourists visiting participating surgeons in Johannesburg and Cape Town. These two cities were selected on the basis of having a large proportion of plastic surgeons. This excluded the patients residing in both cities as they were not regarded as 'medical tourists'. The study participants were chosen based on their availability at the surgeon's practice and their willingness to participate. To adhere to this criterion a list of plastic surgeons in both regions was obtained from APRSSA and official permission letters (see Appendix A) were emailed to all the plastic surgeons in Cape Town and Johannesburg requesting permission to distribute questionnaires to available medical tourists in their consultation rooms.

5.3.4 Sample size

In order to have a representative sample of prospective medical tourists seeking cosmetic surgery in Cape Town and Johannesburg, an acceptable number of respondents was essential. As Goddard and Melville (2005:35) state: "Samples must be representative of the population

being studied otherwise no general observation about the population can be made from the studying sample". The total population for the current study is unknown.

The sample size depends on what needs to be known about the respondents, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with available time and resources (Anderson, 1998:123). 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).

The sample was divided pro rata between participating surgeons in Cape Town and Johannesburg.

During the data collection 248 questionnaires were completed, although only 236 were used for analysis. The result was that 131 questionnaires were completed in Cape Town and 105 in Johannesburg. In total for both cities, only 236 questionnaires could be used for analysis, giving a response rate of 88%.

5.4 Methods of data collection

The data used for the study were collected from both primary and secondary sources. The secondary data consists of the existing information outlined in the literature review (see Chapters 2 to 4). Given the objectives of the study, a questionnaire was used as the most appropriate form of data collection instrument for the empirical component of the study.

5.4.1 Primary data

Primary data was collected by means of a questionnaire as the main data-gathering instrument.

5.4.2 Secondary data

Secondary data was obtained by the use of existing sources or literature (see Chapters 2, 3 and 4). Information was obtained through the use of books, articles, newspapers and the Internet, EBSCOHost, ProQuest Central, Taylor and Francis Online and ScienceDirect. Throughout this research process, the Internet became major source of information because of the lack of academic books and literature on this phenomenon (as indicated earlier).

5.4.3 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 motivations, demand, and spending 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 *et al.,* 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.

The questionnaire was designed with attention paid to appearance, question sequence, wording and completion time for the respondents. It is important for questionnaires to look user friendly (Conway, 2011:159), so this aspect was borne in mind in the design. The questionnaire consisted of four sections aligned to the motivations, tourism and spending of the medical tourist as outlined in Table 5.1 below.

Table 5.1: Sections of the questionnaire

SECTIONS OF THE QUESTIONNAIRE		
SECTION	**DESCRIPTION**	**References from the literature**
Section A: **Demographic profile**	These were questions that gathered information about respondents: Such as *Gender, City, Employment status, Level of monthly income*, and *Education*	Swami *et al*. (2008:211); Bookman and Bookman (2007:53-63); Gan *et al.*, (2012:769-770); Chatterjee (2007:133)
Section B: **Medical travel**	These questions focused on the medical aspects of a medical tourist's medical trip. In order to adhere to ethical considerations, questions related to the procedure/type of surgery were excluded. Questions included were: *source of information, phase of surgery, the recuperation period for surgery.*	Helmy (2011:298); Bookman and Bookman (2007:61); Connell (2006:1094); Johnston *et al.*, (2012:7)
Section C: **Tourism services**	These questions focused on the tourism-related aspects of a medical tourist's medical trip. Important travel components such as *transport* and *accommodation, vacation opportunity, travel companions, arrangement of travel components* and *spending.*	Leahy (2008:60); Connell (2006:1093-1098); Ko (2011:40-41); Helmy (2011:297); Hunter (2007:134); Heung *et al.*, (2010:236); Deloitte (2008:12)
Section D: **Destination choice**	This section focused on the medical tourist's *motivations* behind selected medical tourism destination, *perceptions* and *image* pertaining to destinations and *destination choice.*	Turner (2007:309); Cormany (2010:49), Cormany and Baloglu (2011:709); Moghimehfar and Nas-Esfahani (2011:1431-1434); Yu and Ko (2012: 80-88); Cohen (2008:25-26)

In the questionnaire, the Likert-scale technique was adopted, with a one to five point scale where one is extremely unimportant or strongly disagree, and five is extremely important or strongly agree. After considering a number of possible question formats and also the study respondents in terms of completing questionnaires, the format adopted for this study was closed-ended questions, also known as structured questions. Nardi (2006:73-74) states that

closed-ended questions should be used when the answer categories are discreet and relatively few in number. This format is also important in terms of gaining information about the subjective perception of respondents. Closed-ended questions consist of list of questions, with filter and follow-up questions. The advantage of closed-ended questions is that they are easy and quick to answer (Conway, 2011:164). This is crucial for the study as patients do not have the time or the patience to fill in patient information prior to seeing a doctor. The length of a questionnaire is critical and therefore the researcher needs to ensure that there are not too many questions on the questionnaire and that every question has its place (Gillham, 2007:39-41).

To ensure that the researcher maintains sample consistency, validity and completeness in the application of the research, only valid and complete questionnaires were used for further analysis. Incomplete questionnaires and responses which did not follow the question requests were discarded.

5.4.4 Data collection method

According to Burns and Grove (2003:45), data collection is the specific and systematic collection of information that is applicable to the purpose, objectives, questions or hypotheses of the study

A list of all the plastic surgeons registered with APRSSA was obtained from their official website. From this list, all surgeons from Cape Town and Johannesburg were contacted and their permission requested to conduct the study at their practices (Appendix A). The main purpose of the study was communicated to all the surgeons contacted. Of the 59 possible surgeons in Johannesburg, only three (3) agreed to participate; in Cape Town out of a possible 43, only four (4) agreed. A number of surgeons declined to participate for various reasons, such as some surgeons were no longer practising, some had retired and relocated, and some were simply not interested in participating.

Due to the sensitivity required when dealing with patients or prospective patients, the receptionist of each participating surgeon was asked to assist with the administration of the

questionnaires as the patients come in to see the surgeon. To ensure the reliability of the questionnaire, a pilot study using ten receptionists was done prior to the main study, to assess their willingness and understanding to assist with the questionnaires.

Questionnaires were personally delivered to seven surgeons in the Johannesburg and Cape Town regions. The researcher administered the data collection for a period of 5 days to get the process going. The receptionists were briefed and trained on the following criteria for collecting data:

- The participation of the patients in the study was to remain strictly confidential and anonymous.
- Explanation of the aims of study to the prospective respondents.Guidelines for completing the questionnaire.
- Only patients not residing in Johannesburg/Cape Town were to be asked to voluntarily complete the questionnaire. (All those residing in either city were excluded from the study.)

To ensure a better response rate, data was collected over a period of three months, from July to September 2014, in both Johannesburg and Cape Town. This method was applied by the researcher to avoid a low participation rate as the literature in medical tourism indicates that participation in medical tourism industry research by medical tourists is relatively poor. The summary of the sample collected from each participating surgeon is depicted below:

Table 5.2: Questionnaire distribution

Destination	Surgeons (4 in Cape Town)	Questionnaires distributed: 150
Cape Town	Surgeon A	37/ 23 usable
	Surgeon B	37/ 35 usable
	Surgeon C	38/ 36 usable
	Surgeon D	38/ 37 usable
		TOTAL 150/ 131 usable
Destination	**Surgeons (3 in Johannesburg)**	**Questionnaires distributed: 150**
Johannesburg	Surgeon A	50/ 26 usable
	Surgeon B	50/ 40 usable
	Surgeon C	50/ 39 usable
		TOTAL 150/ 105 usable

5.4.5 Data analysis

According to De Vos, Strydom, Fouché and Delport (2005:333), data analysis is a method of bringing order, structure and meaning to the collected data.

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, ANOVA, factors value analysis, Cronbach's Alpha, t-test and Mann-Whitney U test. 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.

5.4.6 Pilot study

A pilot study may be described as any small-scale probing research technique that makes use of sampling but does not apply exact standards (Zikmund, 2003:63). Nardi (2003:95-96) states that pre-testing or using a pilot study is the best way of assessing whether the questionnaire has any flaws, whether the wording of the questions and the format are clear, whether the questionnaire takes realistic amount of time to complete, and to check whether the questionnaire actually produces the needed information. A pilot study may also be regarded as the final stage in the questionnaire design (Bailey, 1987:141).

Prior to the distribution of the questionnaires, a pilot study was considered significant for a number of reasons:

- To test the measuring instrument in terms of ambiguity, and to determine whether the respondents understand the questions in the questionnaire.
- To provide an indication of the rationality of the questions asked and the reliability of the data.
- To eliminate errors from the questionnaire.

The pilot study was conducted in June of 2014 in Bloemfontein, with 20 respondents. It was essential that the respondents selected for the pilot study emulate the intended prospective respondents for the final study. Therefore the respondents were selected on the basis that they were not residents of Bloemfontein – in other words they had travelled to Bloemfontein to receive medical treatment.

The patients were asked to complete the questionnaire and had to provide feedback regarding any vagueness and/or difficulty of the questions contained in the questionnaire. They were also requested to provide suggestions for any changes to the questionnaire. The questionnaire was also distributed to the surgeons upon request, to ensure that it did not include any questions that could make the patients feel uncomfortable. A statistician was also consulted prior to finalisation of the questionnaire.

Changes were made to the initial questionnaire in response to some suggestions and comments from respondents, surgeons and the statistician, as follows:

- The questionnaire was found to be too lengthy.
- Some questions in the questionnaire were too personal. (For example, type of surgery sought, personal income and expenditure on treatment sought.)
- Respondents found some questions to be ambiguous.

In response to these suggestions, the questionnaire was shortened by means of reducing the number of items from 38 to 27, without compromising the core objectives of the study. A few questions had to be rephrased to eliminate ambiguity. The amended questionnaires were sent back to the plastic surgeons for approval, before the commencement of the data collection.

5.4.7 Validity

The concept of validity cannot be regarded as a single, fixed concept, but "rather a contingent construct, inescapably grounded in the process and intentions of a particular research methodologies and projects" (Winter, 2000:1). The validity of a measurement is the extent to which the instrument measures what it is supposed to measure (Leedy & Ormrod, 2005:31). Content validity of this study was assessed through piloting of the questionnaire with 20 respondents.

5.4.8 Reliability

The degree to which results are reliable over time and exact representation of the total population under a given study is referred to as reliability. The instrument is considered to be reliable if the outcomes of the study can be reproduced under a comparable methodology (Joppe, 2000:1). To assess consistency, the Cronbach's Alpha measure was used in the study.

5.4.9 Limitations

The collection of the primary data was the most intricate part of the study. The researcher had to rely on the willingness of the surgeons to participate in the study in order to have

access to the medical tourists. Most surgeons were rather concerned that the research might unsettle their patients.

Even with permission granted from some surgeons and an explanation of the motives for the research, the next hurdle was the willingness of the patients to participate voluntarily.

5.4.10 Ethical considerations

The current study integrated the basic principles of autonomy, beneficence and justice (Hyde, 2005:297; Louw, 2004:1). Autonomy refers to the strictly voluntary participation by respondents in the research (Leedy & Ormrod, 2005:107). The current research applied the principle of informed consent. Each surgeon was provided with a letter requesting his/her informed consent (Appendix A). The letter contained information on what the research entailed, and the participation of all the respondents was strictly voluntary.

Medical tourism is considered to be a very sensitive topic. Literature indicates that some patients seek medical treatment outside their place of residence for reasons of privacy and confidentiality, and the researcher wished to ensure that the patient's rights were not in any way violated and that participants were treated with dignity and respect. Jenkins, Price and Straker (2003:46) support this requirement by stating that the basic principle of ethical research is to preserve and protect the human rights of all subjects involved in any research project.

5.5 Conclusion

The aim of the research was to evaluate medical cosmetic tourism in selected areas of South Africa, focusing on the medical tourist's perceptions of medical tourism destination, expenditure, motivations and decision-making process of medical tourism destination choice. The factors used in this study were also indicated in the questionnaire.

Firstly, the literature study was conducted in order to develop a theoretical basis for study on medical tourism pertaining to cosmetic surgery. Data had to be collected directly from effective and prospective medical tourists. The latter was addressed as the empirical element of the study. It was imperative to consider carefully the research method that would be ideal

for the study. After a careful consideration of possible methods, the questionnaire was considered the most suitable method. An instrument was designed and pre-tested before the actual study. The sample size was determined through statistical calculations.

To have access to the medical tourists, a list of plastic surgeons was derived from the website of the Association of Plastic and Reconstructive Surgeon of the Southern Africa. Surgeons in Johannesburg and Cape Town were approached. Of the 59 possible surgeons in Johannesburg and the 43 possible surgeons in Cape Town, a total of seven surgeons agreed to participate or provided permission for the researcher to distribute questionnaires at their premises.

The population scope of the research was domestic (intra-bound) and inbound medical tourists receiving cosmetic surgery in Cape Town and Johannesburg. The questionnaires were distributed at the premises of the participating surgeons. After three months of data collection there were 236 completed questionnaires. Consequently, the data were analysed and interpreted using various tests and factor analysis. The statistical analysis will be discussed in Chapter 6.

Chapter 6: Empirical research results

6.1 Introduction

The aim of this research study is to evaluate medical cosmetic tourism in selected areas of South Africa, and to gain an understanding of medical tourists' perceptions on the medical tourism destination selected, expenditure, motivations and decision-making process for the specific choice.

This section of the research presents the results gathered from the data collection. As discussed in the previous chapter, the data collection was carried out using a questionnaire as the research instrument. The questionnaire was designed to elicit answers to specific research questions and was based on literature and previous research. A total of 236 questionnaires were used for analysis after some questionnaires were regarded unusable. The data collection excluded the local residents of Cape Town (CPT) and Johannesburg (JHB) as they are not regarded as tourists.

Results may shed some light on the motivations, perceptions, spending patterns and destination choices of medical tourists as well as the potential of South Africa as a medical tourism destination. Questions with regard to the hospital, surgeon and procedures were omitted for ethical reasons.

6.2 Research results

The results are discussed in a number of sections. Firstly, an overview of the overall demographic profile of the respondents is presented, followed by the distribution of medical tourists per city and their originating markets. The results also include medical travel and tourism services used by medical tourists. Destination demand and choice, factor value analysis, expenditure and perceptions make up the results discussion.

6.2.1 The demographic profile of respondents

This section discusses the demographic factors, such as age, gender, level of education, income, province and country of residence, of the respondents who visited Johannesburg and Cape Town for cosmetic surgery. The current research deemed these factors appropriate and extremely important, especially as there is currently a lack of information available pertaining

to medical tourism in South Africa. Therefore, profiling the medical tourists presents valuable information for future studies on medical tourism. Table 6.1 indicates the demographic profile of the respondents who participated in the research.

Table 6.1: Demographic profile of respondents

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

	KwaZulu-Natal	16.9
	North West	10.2
	Mpumalanga	10.2
	Northern Cape	8.4
	Gauteng	7.1
	Western Cape	5.8
	Limpopo	2.7

Note* there were no respondents under the age of 25.

According to the results presented in Table 6.1, the respondents are predominantly 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. 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 *et al.*, 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 *et al.,* (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%). Literature identifies cosmetic surgery as

an expensive luxury and companies such as First Health Finance in South Africa are registered with the National Credit Regulator for providing loans for cosmetic surgery, dental and other procedures. From the inbound medical tourist point of view, the medical procedure may be relatively cheaper due to weak local currency, depending on the generating region of the medical tourist. Unfortunately the researcher was not permitted to include questions related to funding and/or medical aid or private payments for the medical procedure sought.

As seen in Table 6.1, 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.

According to Table 6.1 it is clear that a 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 was 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.

Table 6.1 also highlights the fact that 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).

6.2.2 Distribution of medical tourists per city

The study was conducted in Johannesburg and Cape Town. As indicated earlier, these two cities were selected on the basis that plastic surgeons are specialists, traditionally located in major centres and that plastic surgeons registered with APRSSA are predominantly located in these two cities. Figure 6.1 below illustrates the percentages of the respondents per city.

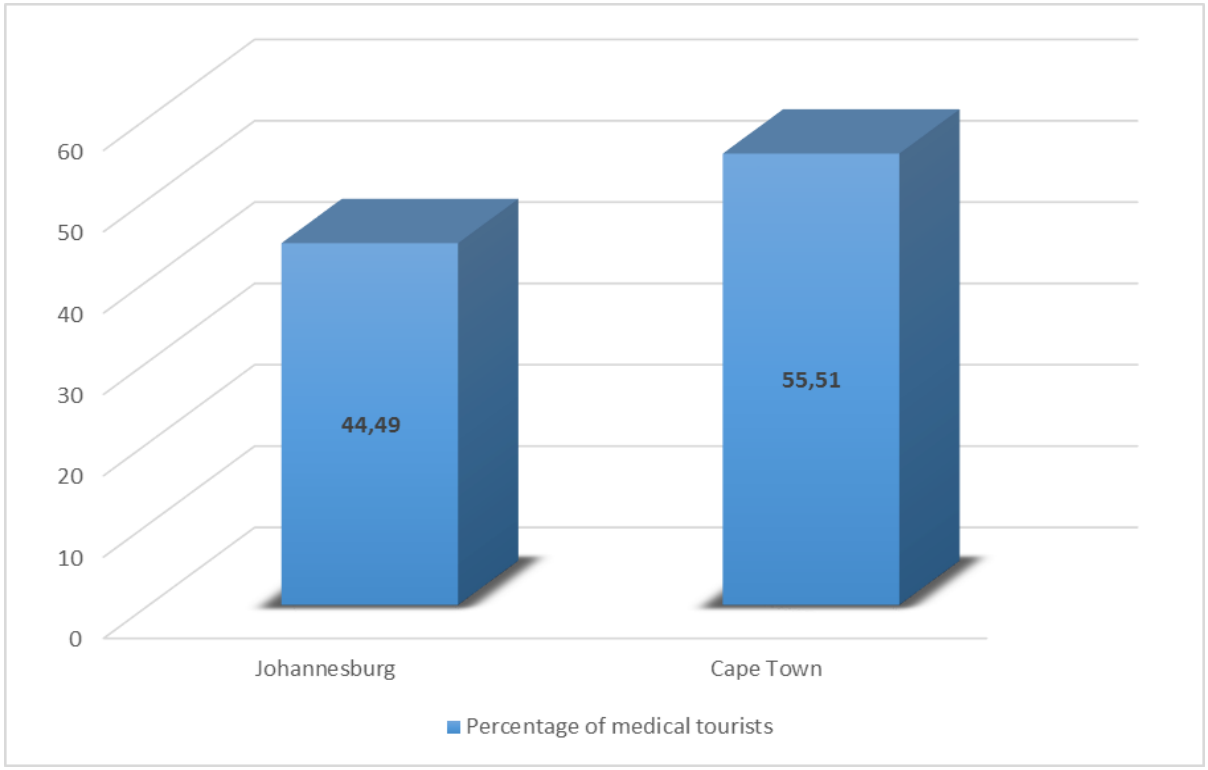


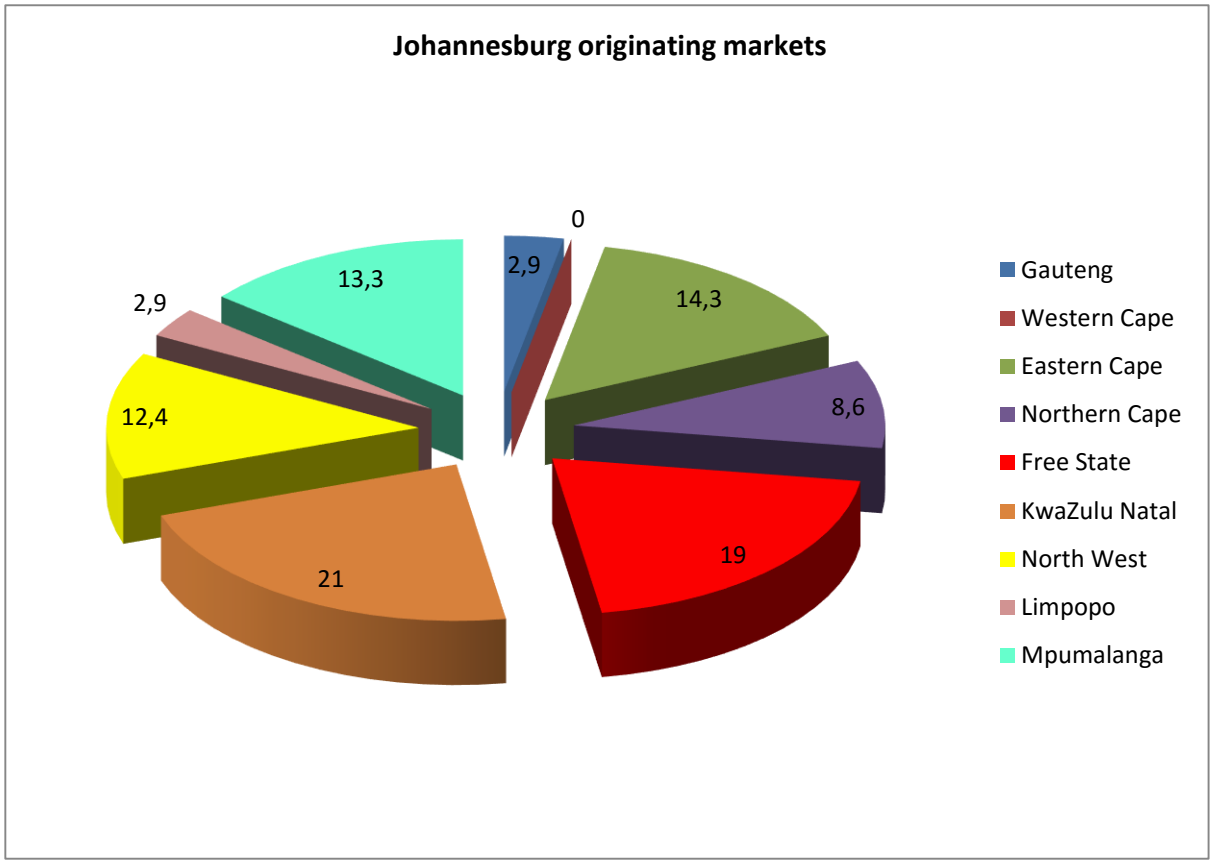
Figure 6.1: Percentage of respondents per city

As can be seen from Figure 6.1 above, the majority of the respondents were medical tourist who sought medical treatment from the city of Cape Town (55.51%), whilst 44.49% were medical tourists to the city of Johannesburg. The slight number difference between these two cities may be explained by the fact that Cape Town is one of the top tourism destinations in the world.

6.2.3 Originating markets by province (domestic medical tourists)

Figure 6.2 depicts the areas of origin of the respondents in Johannesburg. The majority (21%) were from the province of KwaZulu-Natal, followed by respondents from the Free State (19%). It is not surprising that most respondents originated from KwaZulu-Natal. According to the 2013 annual report, in terms of domestic tourism, KwaZulu-Natal together with Gauteng are the main source markets for domestic trips accounting for approximately 66% of the trips taken (South African Tourism, 2013:68). The figure also illustrates that Johannesburg surgeons attract patients from all over South Africa with the exception of the Western Cape.

Figure 6.2: Province of residence of Johannesburg medical tourists



6.2.4 Originating markets by province (domestic medical tourists)

Figure 6.3 illustrates the origins of the respondents in Cape Town. The majority (24.4%) of the respondents were from the Eastern Cape, followed by the Free State (15.3%) and KwaZulu Natal (12.2%). In terms of domestic medical tourists, Cape Town attracted patients from all over South Africa. As can be seen, patients from Gauteng (9.2%), a province with equally skilled surgeons, also travelled to Cape Town.

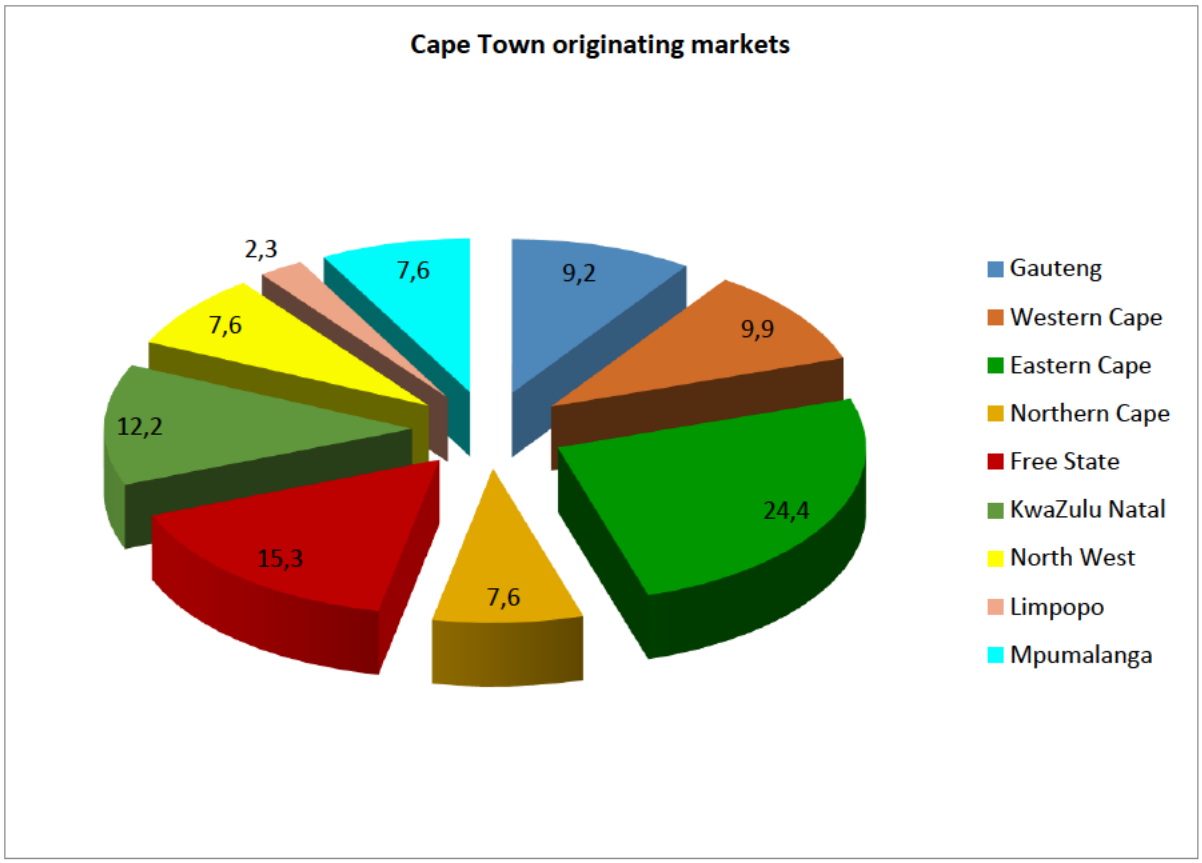


Figure 6.3: Province of residence of Cape Town tourists

6.2.5 Originating markets by country

Table 6.2 Country of origin (medical tourism generating region by country)

Country of origin	Percentages	(n)
South Africa	95.34	225
Angola	0.42	1
Australia	0.42	1
Botswana	0.42	1
Lesotho	0.42	1
Nigeria	2.12	5
UK	0.85	2

Overall, Table 6.2 indicates that 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%). Table 6.3 indicates the city where these inbound tourists sought medical procedures or medical tourism destination chosen.

Table 6.3: Origins of inbound medical tourists per city

Johannesburg			Cape Town		
Country	**Percentage**	**(n)**	**Country**	**Percentage**	**(n)**
Angola	1.0	1	Australia	.8	1
Botswana	1.0	1	Lesotho	.8	1
Nigeria	2.9	3	Nigeria	1.5	2
United Kingdom	1.0	1	United Kingdom	.8	1
Total	5.7	6	**Total**	3.8	5

The province of residence of the South African respondents (domestic tourists) is indicated in Table 6.1. The low number of inbound tourists may be explained by the fact that medical tourism is no different from any other economic activity: when travellers are confronted with financial constraints or when a destination selected is faced with negative external factors, such as natural disasters, political instability, it becomes difficult to travel. However, the medical tourists who cannot travel can still form part of the potential demand. The low number of inbound respondents may indicate that South Africa is not an established medical tourism destination and due to the fact that it is not adequately represented in the data it has not been used for statistical analysis. However, the dominant domestic response serves as a foundation for future research as there is a lack of information available in South Africa regarding individuals who travel, particularly for cosmetic/reconstructive surgery.

6.2.6 Medical travel

This section focuses on the medical aspects of a medical tourist's medical travel. This section answers questions pertaining source of information, phase of surgery, the recuperation period for surgery and the importance of privacy and medical facility for medical tourists.

6.2.6.1 Surgery phase

Table 6.4: Surgery phase

Phase of surgery	Percentages of medical tourists	(n)
First consultation	33.90	80
Pre-operation	36.44	86
Post-operation	29.66	70

It was important to know whether the respondents were seeing a surgeon for the first, second or third time. The reason for the importance of knowing the phase is that these variables are significant as they may have an influence on the number of nights spent at the destination or on perceptions of experiences. As can be seen from the above Table 6.4, the majority of the respondents (36.44%) were in the pre-operation phase, with 33.90% in the first consultation phase, and only 29.66% of the respondents were in the third phase of the surgery (post-operation/surgery). Table 6.4 highlights the equal representation of the respondents in terms of surgery phase.

6.2.6.2 Main source of information

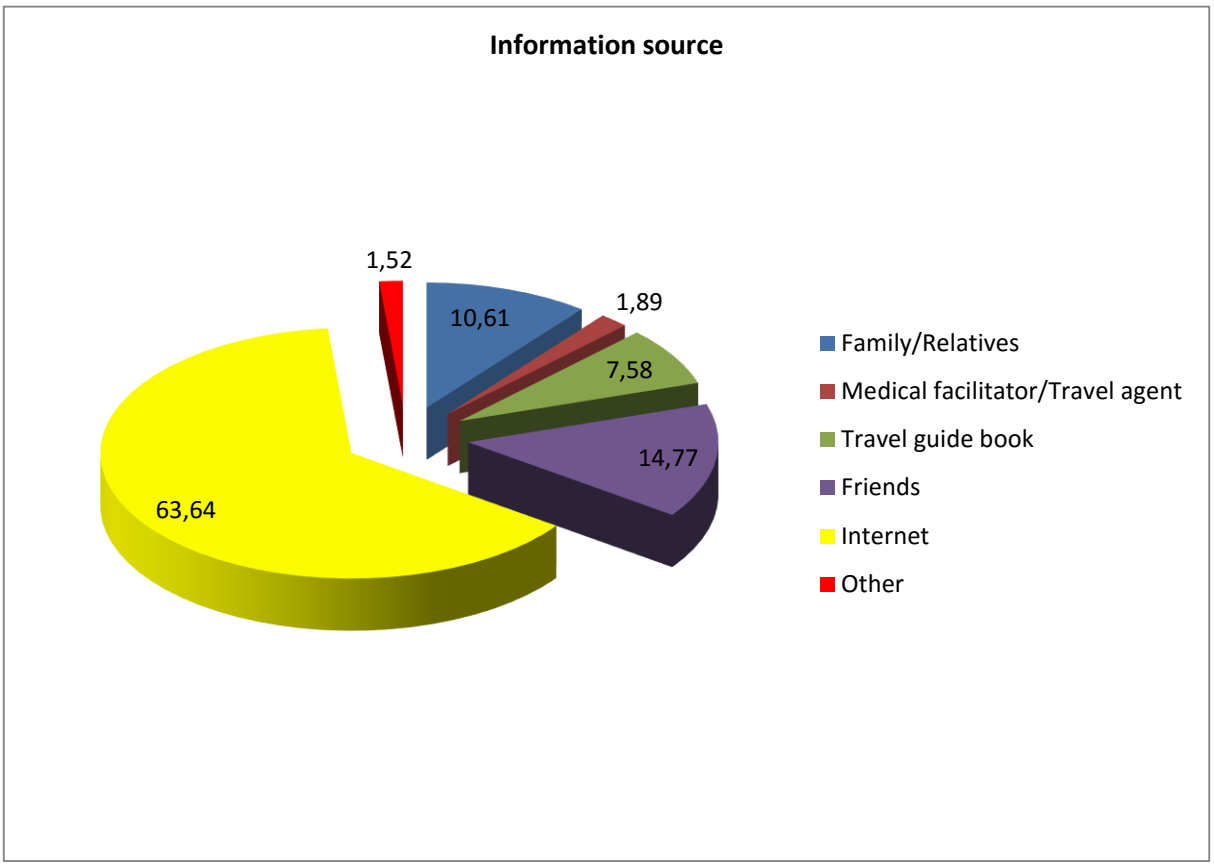


Figure 6.4: Main source of information

With regard to sources from which information pertaining to surgery was obtained, Figure 6.4 shows that 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. Medical tourism is one of the sectors that is strongly influenced by media due to the fact that many medical and cosmetic products are accessed through this medium. Furthermore, the literature (see Chapters 2 and 3) has indicated that the Internet is a huge source of information for medical tourists, pertaining to medical services and facilities. Word of mouth marketing by means of friend(s) (14.77%) and family/relatives (10.61%) is another popular source of information. This may be a friend/family member who has had surgery and is now a referral (secondary source of information). Previous research by Yeoh *et al.,* (2013:199) support this. The lack of information obtained from medical tourism facilitators or travel agents (1.89%) could indicate that there is a gap for travel retailers to penetrate this niche market domestically.

6.2.6.3 The importance of privacy and medical facility for medical tourists

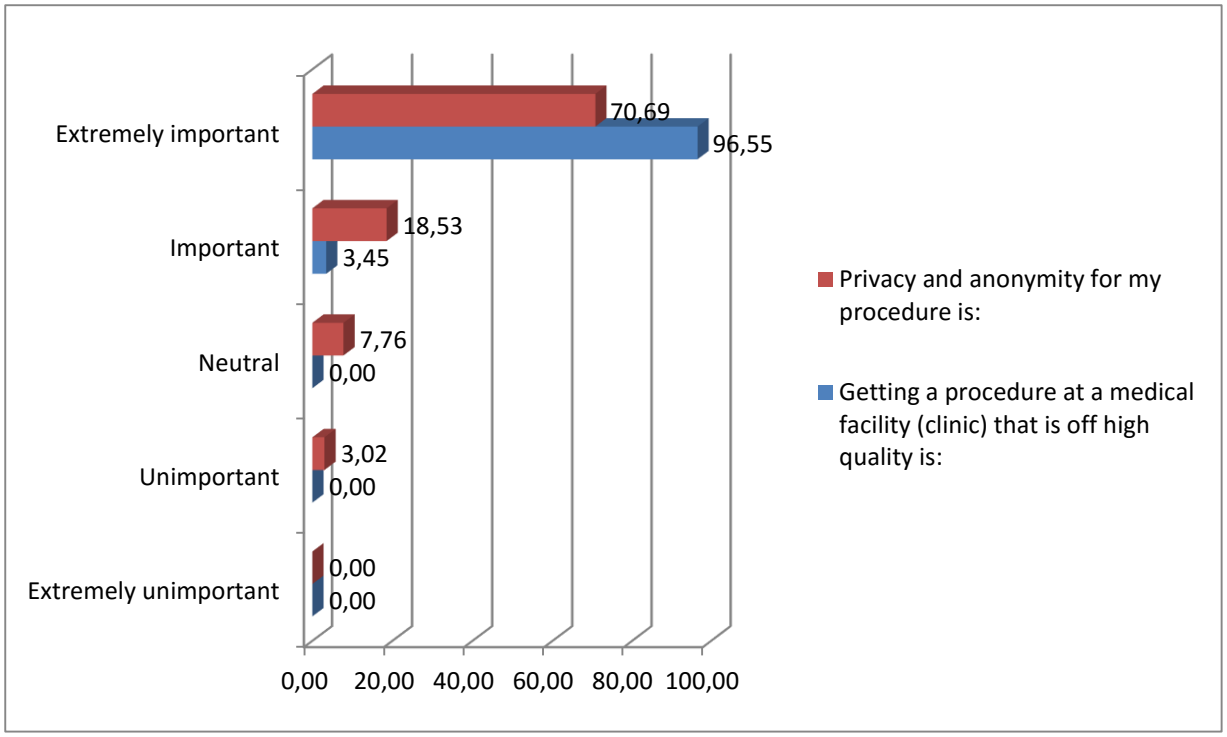


Figure 6.5: The importance of medical facility and privacy

Literature suggests that the medical facility and privacy factors are among the most important factors influencing medical tourism. The researcher requested the respondents to indicate the level of importance, on a scale of one to five, with regard to two aspects of receiving cosmetic surgery outside the usual place of residence: medical facility and privacy. According to the above information presented in Figure 6.5, it is clear that a very large majority (96.55%) of the respondents regard obtaining a procedure at a high quality medical facility as extremely important. Privacy and anonymity (70.69%) were also considered extremely important. There was a significantly low percentage of respondents who indicated both factors as unimportant, suggesting that these factors are significant to the majority of medical tourists.

6.2.7 Tourism products used by medical tourists

Section C in the questionnaire focused on the tourism-related aspects of a medical tourist's medical travel. It focused on important travel components such as transport and accommodation, vacation opportunity, travel companions, arrangement of travel components and spending. This section provides insight into these components.

6.2.7.1 Mode of transport used to reach a medical tourism destination

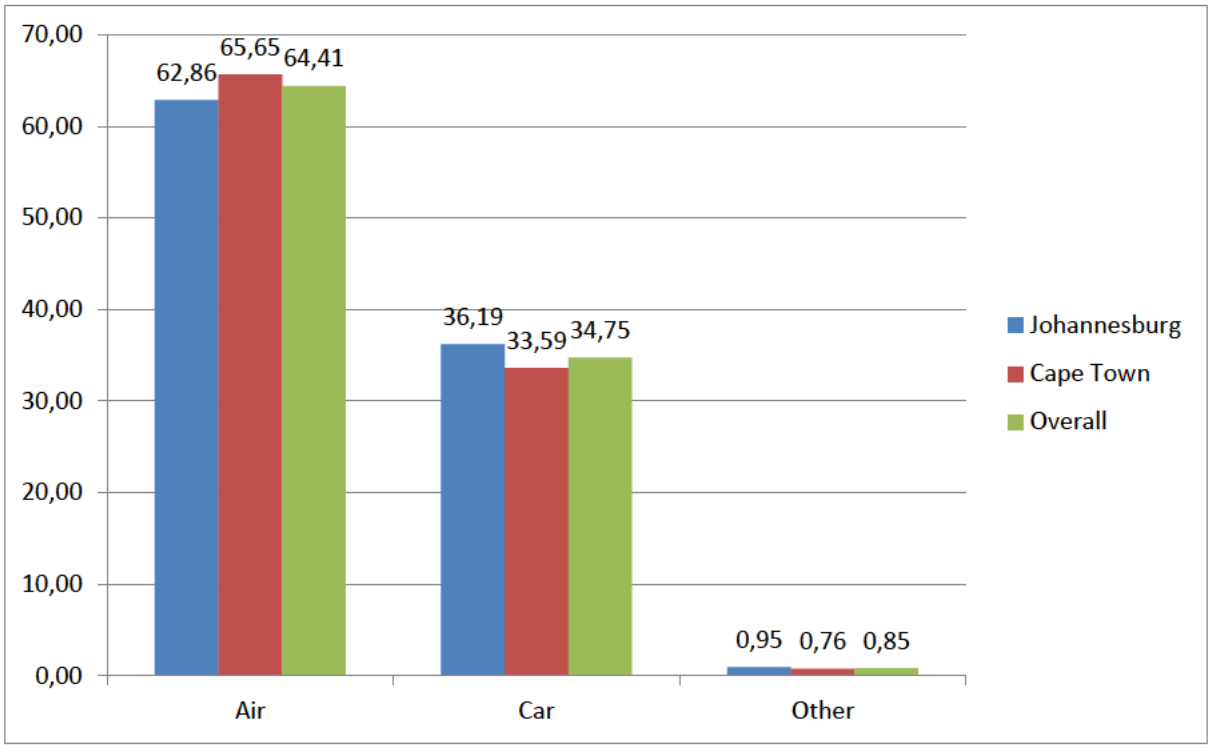
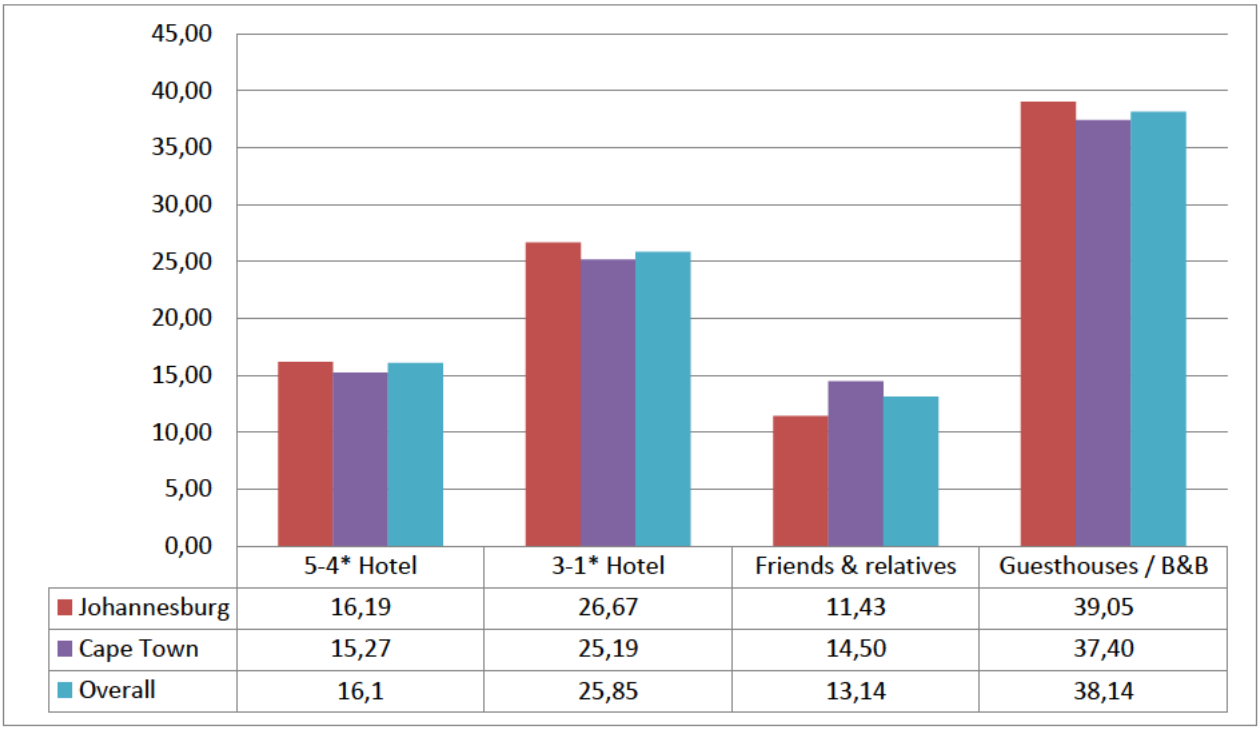


Figure 6.6: Mode of transportation used to reach a destination

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 Figure 6.6, 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. According to frequency per province (intra-bound medical tourists) shown in Table 6.1, the majority of the respondents were from the Eastern Cape, Free State and KwaZulu-Natal. 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).

6.2.7.2 Accommodation preference



	5-4* Hotel	3-1* Hotel	Friends & relatives	Guesthouses / B&B
Johannesburg	16,19	26,67	11,43	39,05
Cape Town	15,27	25,19	14,50	37,40
Overall	16,1	25,85	13,14	38,14

(6.78% of the respondents did not give a response in terms of the usage of accommodation)

Figure 6.7: Type of accommodation used by respondents

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. According to the United Nations World Tourism Organisation (UNWTO) (2014:1) a visitor (domestic, inbound or outbound) is classified as a tourist (or overnight visitor) if his or her trip includes an overnight stay. In essence, a tourist is defined as staying for more than 24 hours. United Nations World Tourism Organisation (UNWTO) (2008) also acknowledges a same day visitor if a trip does not include an overnight stay. As indicated in Figure 6.7, 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. There was also a relatively small number (13.14%) of respondents who stayed with friends or relatives. This may be explained by the fact that the majority of the respondents are domestic tourists who may have relatives and friends in the cities of Johannesburg and Cape Town. 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.

6.2.7.3 Length of stay

Table 6.5: Length of stay

Number of nights	Percentage of medical tourists		
	Johannesburg	Cape Town	Overall
Two	13.68	20.33	17.43
Three	**35.79**	**31.71**	**33.49**
Four	30.53	23.58	26.61
More than five	20.00	24.39	22.48

In terms of the number of nights spent at the destination, as seen in Table 6.5, 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.

6.2.7.4 Activities engaged in during the duration of stay

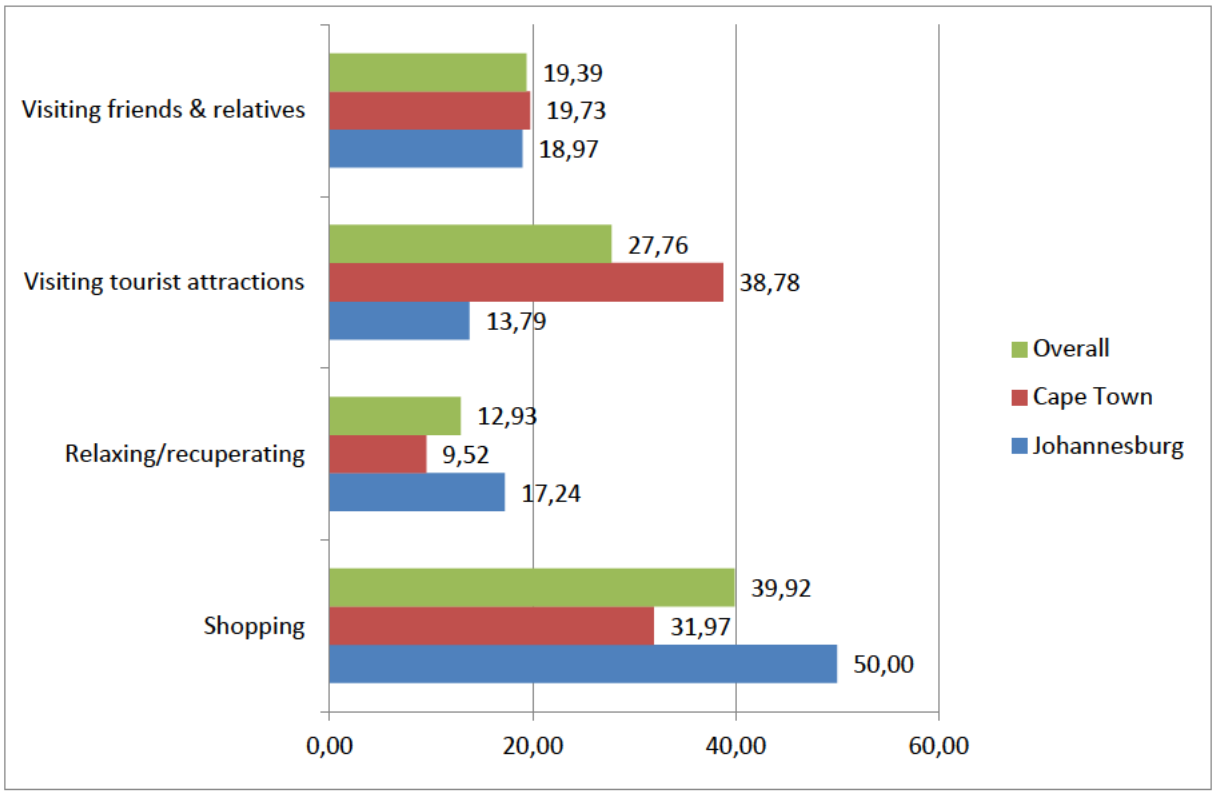


Figure 6.8: Activities engaged in by the medical tourists during their stay

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 indicated in Figure 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. Shopping was number one activity, particularly for respondents (50.00%) in Johannesburg. Visiting tourist attractions was a popular activity amongst Cape Town respondents (38.78%). These results may also be linked to the length of stay.

6.2.7.5 Distribution channel: arrangement of the major travel components

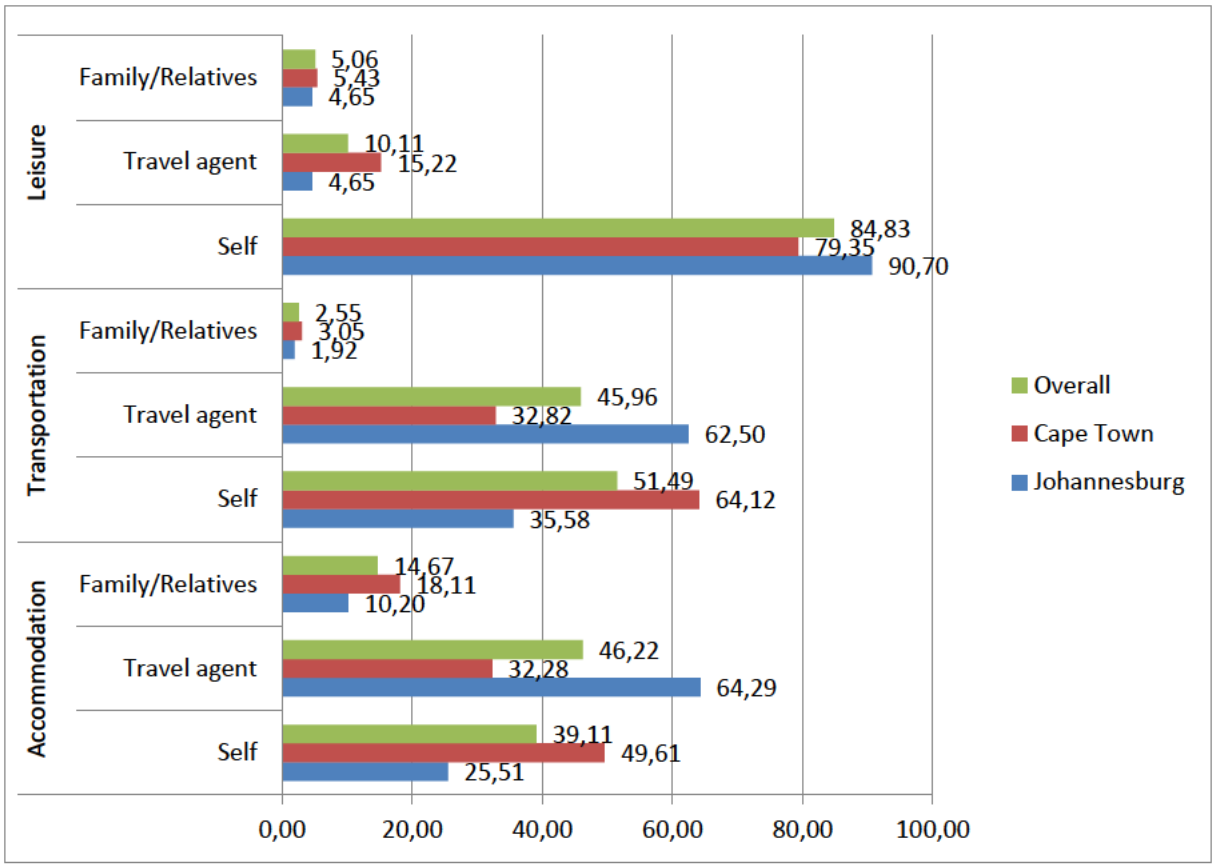


Figure 6.9: Arrangements of travel components

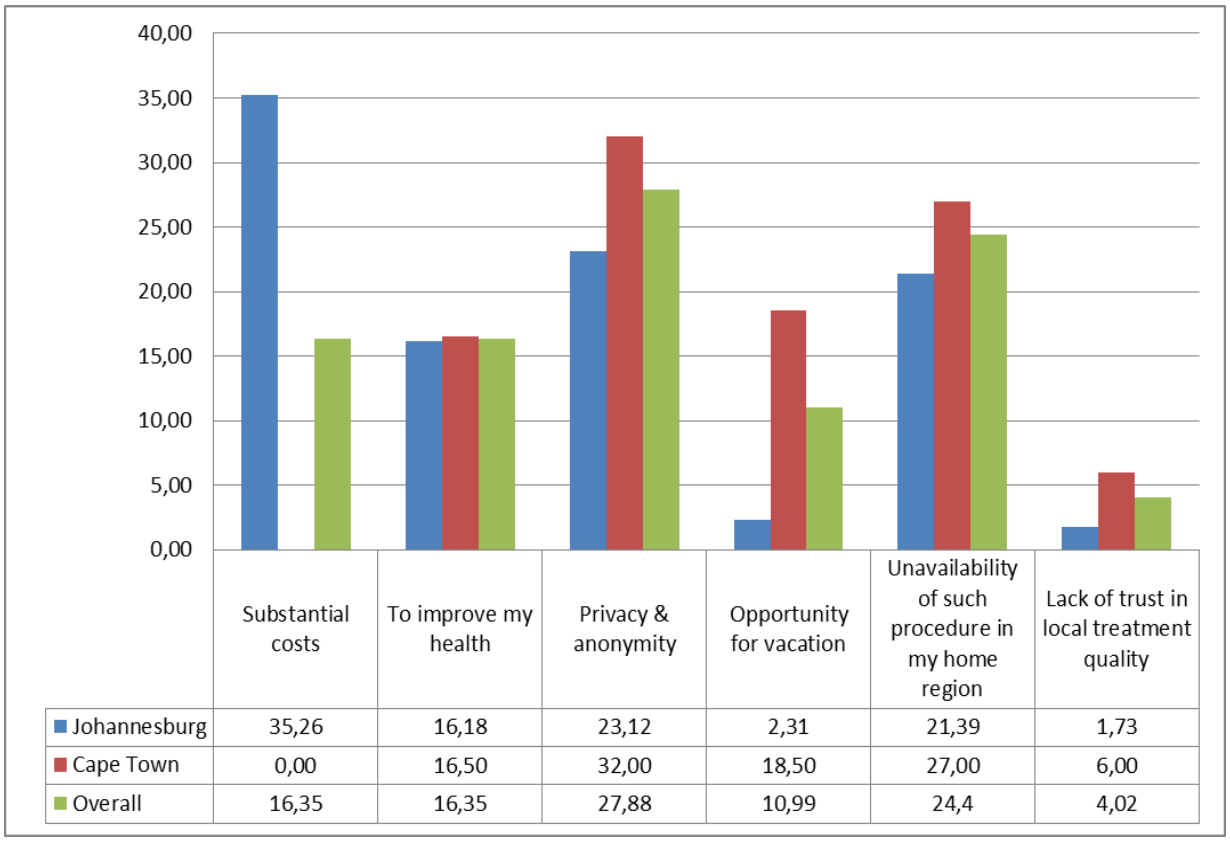
This section focuses on the arrangements of the major components of travel: accommodation, transportation and leisure. Identifying how the purchases took place and who prepared these components for respondents may indicate whether there is a gap in the bundling of these components for medical tourists, particularly for those who are intra-bound. The arrangements of travel components are depicted in Figure 6.9. As is clear from the figure, the respondents generally arranged leisure component themselves (84.83%). This is not uncommon as individuals do not usually pre-book for leisure services such as a visit to Table Mountain, for instance. Respondents also arranged transportation (51.49%) themselves. There were a lower number of respondents who used professional travel services in the form of travel agents, mainly for accommodation (46.22%) and transportation (45.96%). The information above also indicates the low number of respondents arranging these components through family and relatives. There are quite a number of respondents who arranged these components themselves, which may be respondents who are motivated by privacy and anonymity, lack of confidence to use the Internet, the service fees charged by

travel agencies/ intermediaries or even a complete lack of medical tourism facilitators as described in Chapter 3.

6.2.8 Destination demand

This section focuses on the medical tourist's motivations behind selected medical tourism destination, perceptions and image with regard to destinations and destination choice.

6.2.8.1 Travel motivation



	Substantial costs	To improve my health	Privacy & anonymity	Opportunity for vacation	Unavailability of such procedure in my home region	Lack of trust in local treatment quality
Johannesburg	35,26	16,18	23,12	2,31	21,39	1,73
Cape Town	0,00	16,50	32,00	18,50	27,00	6,00
Overall	16,35	16,35	27,88	10,99	24,4	4,02

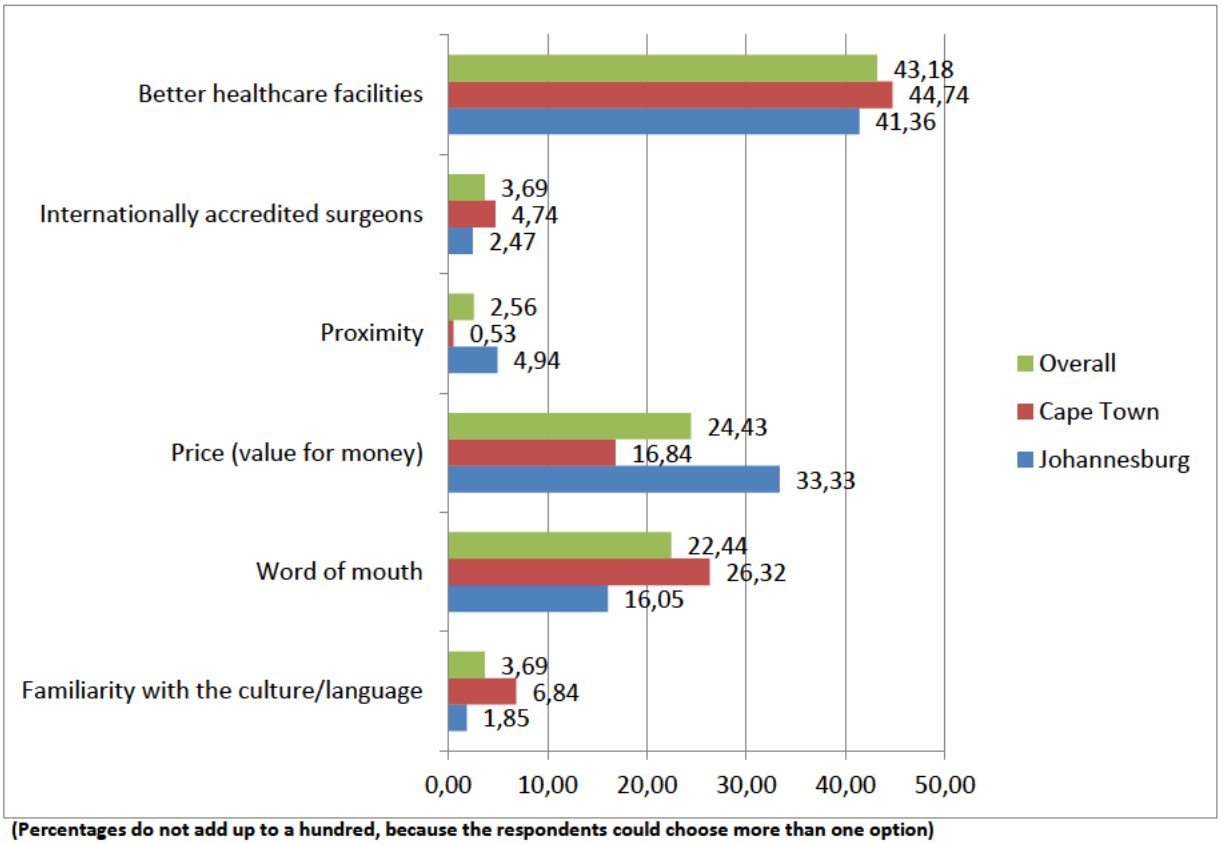
(Percentages do not add up to a hundred, because the respondents could choose more than one option)

Figure 6.10: Medical tourist's travel motivation

The researcher wished to investigate the motives (push factors) of medical tourists in seeking medical treatment outside the usual place of residence. The motives of the respondents are illustrated in Figure 6.10. Overall, it is apparent that privacy and anonymity (27.88%) are major motives for both Johannesburg and Cape Town respondents, 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. Interestingly, only Johannesburg

respondents (35.26%) indicated substantial costs as a motive. There was a small percentage (2.31%) of respondents who indicated opportunity for vacation in Johannesburg, whilst 18.50% in Cape Town indicated this 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.

6.2.8.2 Destination choice



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

Figure 6.11: Medical tourism destination choice

Respondents identified factors that made them choose the medical destination. Figure 6.11 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.

6.2.8.3 First time visitors to a selected destination (other than medical purposes)

Establishing whether it was respondent's first visit to a selected destination (for any purpose other than medical) was deemed necessary for the current study. As illustrated in Figure 6.12, in terms of frequency of visit, a significant percentage (83.47%) of the respondents overall were not first time visitors to the selected destination while only 16.53% were first time visitors. This suggests that the majority of the respondents were quite familiar with the destinations selected. The next section looks at other destinations considered for selection (Table 6.6).

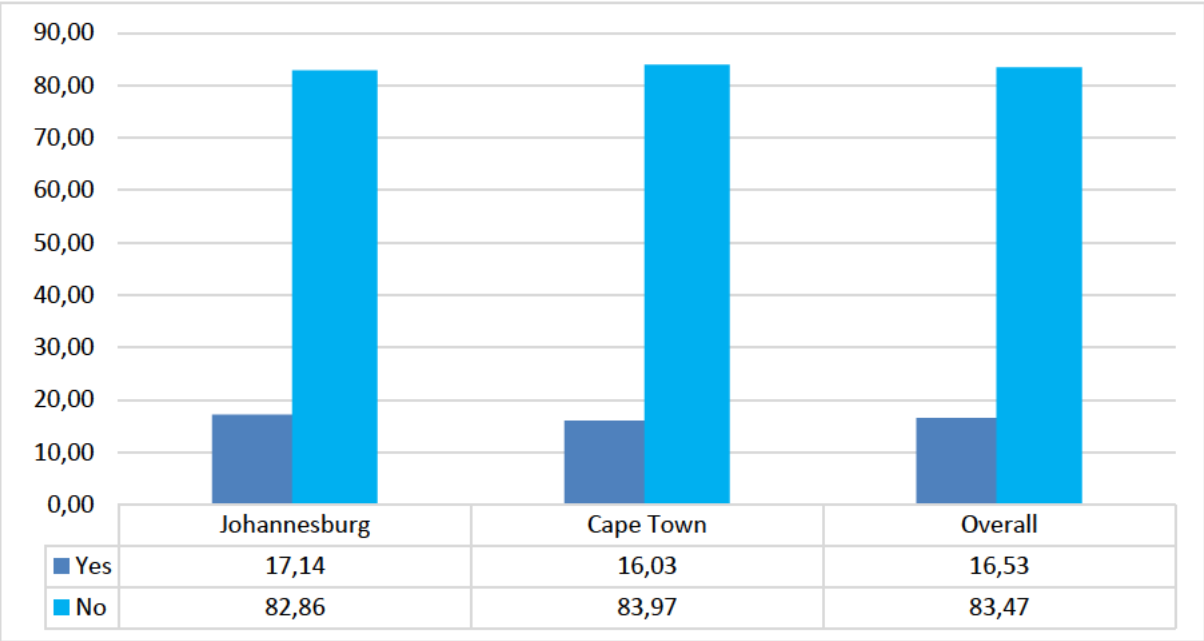


Figure 6.12: First time visits to medical tourism destination

6.2.8.4 Consideration of other medical tourism destinations

Table 6.6: Other destinations considered for selection

Respondents	Destinations considered for selection							
	BFN	(n)	CPT	(n)	JHB	(n)	DUR	(n)
Johannesburg	2.86	3	*20.00	21	0.00	0	9.52	71
Cape Town	0.76	1	0.00	0	*3.82	5	2.29	122
Overall	1.69	4	8.90	21	2.12	5	5.08	193

(*CPT considered by JHB respondents and JHB considered by CPT respondents)

From the literature, it appears that the tourist's selection process in terms of a destination may involve a number of steps and destinations, as well as the evaluation of specific attributes of each destination, before the final one is selected. Table 6.6 contradicts this perception as it indicates that a significant percentage of respondents (80.51%) did not consider other destinations for selection. This may be attributed to the fact that almost 80% of the respondents were not first time visitors to the destinations selected; this aspect needs to be researched and investigated further, however. Destinations that were considered but not selected were Bloemfontein (1.69%), Cape Town (8.90%), Johannesburg (2.12%) and Durban (5.08%). Cities such as Durban may also be a draw card for medical tourists as a medical tourism destination. Cape Town (20.00%) received high consideration by Johannesburg respondents and could, with effective marketing, become an even more popular destination.

6.2.8.5 The importance of factors considered when selecting a destination

Table 6.7: The importance of medical tourism destination attributes

Factors	Percentage				
	Extremely unimportant	Unimportant	Neutral	Important	Extremely important
The quality of medical facilities	-	-	-	7.20	**92.20**
Recommendation by a local doctor	2.54	8.90	9.32	30.51	**48.73**
South African government. policies and laws (e.g. Entry requirements such as VISA application)	51.69	**78.39**	8.05	3.39	8.47
The quality of medical services	-	-	0.42	2.54	**97.03**
The quality of accommodation	0.43	2.14	7.69	29.91	**59.83**
Food and beverage quality	12.34	**31.06**	21.28	22.55	12.77
General tourism supply (e.g. tourist attractions and quality of infrastructure)	0.41	2.12	16.10	**56.78**	24.58
Language and culture (communication)	1.28	20.00	31.49	**33.62**	13.62
Accreditation of health facilities	-	0.42	-	2.54	**97.03**
Holistic image of the destination	6.36	12.71	14.41	30.51	**36.02**

Table 6.7 shows that, when selecting a medical tourism destination, respondents believed that the quality of the medical facilities (92.20%), the quality of the medical services (97.03%) and the accreditation status (97.03%) are extremely important factors. Recommendation by a local doctor (48.73%) was considered important by respondents.

In terms of quality of accommodation, the respondents indicated that this factor was extremely important (59.83%) and important (29.91%). There was a low percentage of respondents (2.14%) who indicated that accommodation was not important. There was a significant number of respondents who deemed food and beverages to be unimportant (31.06%). In terms of general tourism supply such as tourist attractions and quality of

infrastructure, 56.78% of the respondents viewed this factor as an important consideration when selecting a destination.

Literature has indicated that communication barriers may be one of the factors affecting the medical tourism destination choice. Because a large percentage of the respondents were intra-bound medical tourists and the language generally used for communication within the medical sphere in South Africa is English, the language factor may not have been an issue. The same reasoning holds in regard to culture. As indicated in Table 6.7, language and culture features as an important factor (33.62%), although there was a small number of respondents who deemed language and culture not to be an important factor. The most spoken language for business in South Africa is English, whereas in other medical tourism destinations such as Thailand, English is not the first language and this may cause a communication barrier as role players and even staff members at hospitals may only deliver poorly spoken English.

The researcher also wanted to find out if the image of a destination (see Chapter 4) affected the destination choice process of medical tourists. It is apparent from Table 6.7 that the holistic image was considered to be extremely important (36.02%) and important (30.51%), with only a small percentage of respondents (12.71%) indicating image as being unimportant: these may be respondents who have visited the destination before and respondents who regard the quality of health facilities and services to be very important factors.

6.2.9 Destination choice

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. As can be seen in Table 6.8, 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).

Table 6.8: Factor value (FV) 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

6.2.10 Spending patterns

Table 6.9: Overall group spending patterns

Expenditure	Johannesburg	Cape Town	Overall
Accommodation	R4 297.64	R4 864.21	R4 611.44
Leisure	R1 324.33	R1 427.09	R1 378.70

The mean expenditure for both towns (Johannesburg and Cape Town) and for the overall group was calculated, with Table 6.9 showing the estimated amount of money spent by medical tourists on accommodation and leisure. As can be seen in this table, for the calculation of the mentioned averages, transport was removed as a mean value due to the fact that it may not be a true reflection of air transportation expenditure as the cost of an international air ticket by inbound tourists may skew results. The current study did not feature expenditure on surgery due to ethical considerations. Based on the literature, in most cases spending on the surgery/procedure is the biggest component for the medical tourist. It is also noteworthy that, other than the three major components of spending (transportation, accommodation and leisure), the surgery is the most integral part of the process, which is the overall motivation (push factor) for medical travel. Hence the price of or expenditure on the surgery is regarded extremely important. Figure 6.13 highlights this.

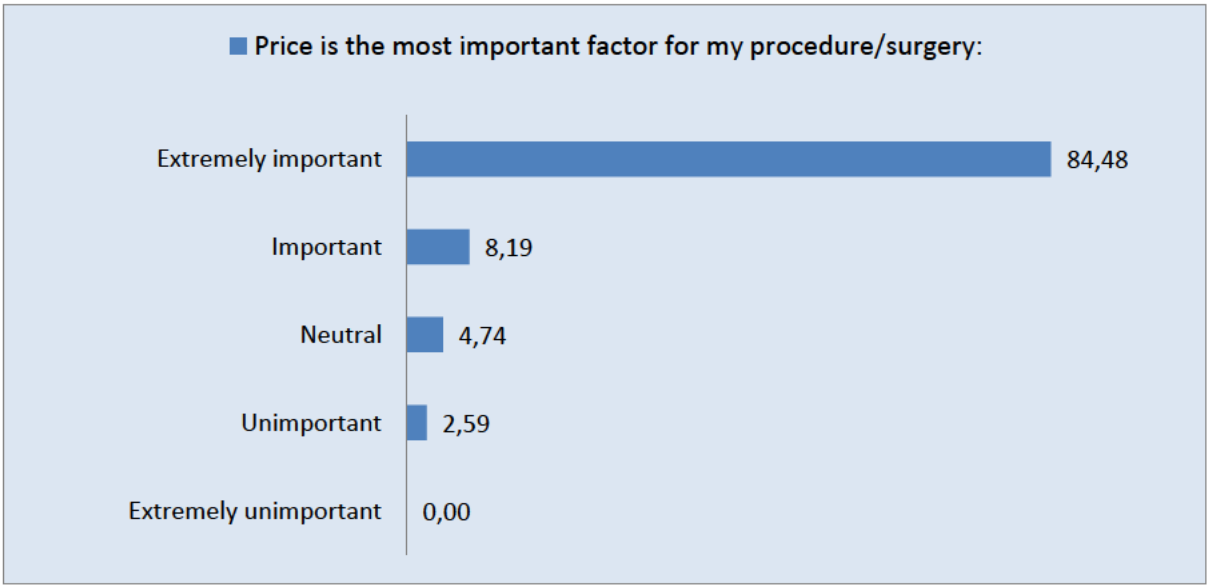


Figure 6.13: The importance of price for the medical procedure

There was also a low number of respondents (2.59%) who indicated price as not important. It is important to note that cosmetic surgery could also be health-related and not just a mere improvement of appearance.

The table below highlights the mean expenditure of domestic and inbound tourists on accommodation, transportation and leisure per trip. As can been seen from Table 6.10, inbound tourists recorded the highest spending for transportation in both cities of Johannesburg and Cape Town, at the mean of R17 500 and R19 350 respectively. Expenditure

on accommodation for inbound tourists in both cities also recorded high figures compared to that of domestic tourists.

Table 6.10: Domestic and inbound expenditure

Tourists	JHB	CPT	JHB	CPT	JHB	CPT
	Accommodation		Transportation		Leisure	
Domestic	R4 135.51	R4 743.61	R3 969.39	R4 609.52	R1 294.57	R1 431.42
Inbound	R6 500.00	R8 000.00	R17 500.00	R19 350.00	R2 500.00	R1 300.00

Table 6.11 below indicates that inbound tourists in Cape Town had the highest total expenditure (mean = R28 325.00), followed by Johannesburg with median total expenditure of (mean = R24 833.33). Even though the current study had few inbound tourists, from an overall perspective in terms of the total expenditure, it is clear that inbound tourists have a higher potential spending power.

Table 6.11: Domestic and inbound total expenditure

Total expenditure	Johannesburg	Cape Town	Overall
Domestic	R8 385.21	R9 524.60	R9 023.27
Inbound	R24 833.33	R28 325.00	R26 230.00

6.2.10.1 Correlation analysis

Point-biserial correlation was used to determine the relation between expenditure and mode of transportation used. A point-biserial correlation coefficient is a specific type of correlation coefficient that relates a dichotomous or binary variable (for example, mode of transport: car versus air) to a continuous variable (for example, transport expenditure). In this case, the mode of transport variable takes values of 1 for air users and 0 for car users. The resulting coefficients and the meaning of the point-biserial correlation is the same as that of the Pearson correlation coefficient.

A positive point-biserial coefficient would mean that high values on the dichotomous data are related to high values on the continuous variable. A positive correlation would mean that air users are related to high values on the transportation expenditure.

For this purpose the p-value would have to be calculated in order to determine whether it indicates a significant relationship or not. The p-value is then compared with a significance level of 0.1 (10%). If the p-value is less than 0.1, it is then concluded that a relationship exists between the variables. The choice of α is somewhat arbitrary, although in practice values of 0.1, 0.05, and 0.01 are common (Nist/Sematech, 2012:1). A smaller alpha, such as 0.01, is chosen to be more certain that the researcher will only detect a difference that really does exist (Minitab, 2015:1). 0.1 allows for flexibility whilst 0.05 and 0.01 are stricter respectively. As can be seen from the Table 6.12 below, all the correlations are significant because the p-values are lower than 0.1. A positive point-biserial coefficient means that medical tourists using air transport have higher spending patterns in transportation while medical tourists using motor vehicles are associated with lower expenditure.

Table 6.12: A point-biserial correlation coefficient

Group	Correlation	P-value
Overall	0.571	0.000
JHB	0.519	0.000
CPT	0.619	0.000

It is important to note that calculations are based on average expenditure amounts that represent the average group spending.

6.2.11 Perception reliability

Table 6.13: Cronbach's Alpha

Variables	Cronbach's Alpha	N
Perception	0,784	7

In order to test perception reliability, a perception variable was constructed. This was constructed by summing up all the responses of the relevant questions associated with the variable. The Cronbach Alpha was calculated so as to determine the reliability of the variable constructed. The Cronbach Alpha determines the reliability of the scale used as well as to test whether or not the items used for construct/variable actually measure that particular construct. The value has to be above 0.6 to conclude that the scale is reliable. In table 6.13 the constructed variable (perception) has a Cronbach Alpha above 0.6.

6.2.12 T-test

A t-test was done to determine whether or not there were significant differences among the demographic groups. A t-test is used to see if the group means of interval variables differ from one another. In this case it was tested whether or not the perceptions on medical tourism destination differ between respondents in Johannesburg and Cape Town. Further tests that were done were on whether the perceptions on medical tourism destination differed between males and females differ, whether there were differing perceptions about the destinations of Johannesburg and Cape Town between first-time visitors and those who were not, and between different groups in terms of monthly income. For conclusion on whether the variables are different or not, the p-value was compared to a value of 0.1 (10%). A p-value of less than 0.1 indicates differing perceptions whilst a p-value greater than 0.1 indicates that different perceptions do not exist for specified variables. Results are reflected in Table 6.14.

Table 6.14: T-test results

Variables	Perception	N	Mean	P-value	Mean Difference
Town	Johannesburg	105	27.048	0.004	-1.212
	Cape Town	131	28.260		*3.463*
Gender	Male	37	27.351	0.257	-0.504
	Female	193	27.855		*1.440*
Frequency of the visit	First time visitor	39	26.744	0.059	-1.170
	Repeat visitor	197	27.914		*3.343*
Income	R5000 - R20000	64	27.297	0.182	-0.534
	R20000 & above	160	27.831		*1.526*

Note: Value in italics represents the mean percentage

For perceptions related to town, the p-value 0.004 less than 0.1. means that the respondents from Johannesburg and Cape Town have different perceptions on the medical tourism destination. Perceptions on the medical tourism destination as such by the Johannesburg respondents are lower than those of the Cape Town respondents.

In terms of gender the p-value is 0.257 which is greater than 0.1. This means that males and females have the same perception on the medical tourism destination. For the frequency of visits to the selected destination, the p-value is 0.059 (less than 0.1) indicating that there is a difference in perception on medical tourism destination between those visiting either Johannesburg or Cape Town for the first time and those who are not. The perceptions of Johannesburg respondents are lower than those of the Cape Town respondents. In terms of monthly earning income, the p-value is 0.182 which is greater than 0.1: this means that there are no significant differences in the perceptions on medical tourism destination between different groups in terms of monthly income earnings. The perceptions of the respondents seem to differ influenced by the destination selected and the frequency of visit to the selected destination.

6.2.13 Mann-Whitney U-test

A non-parametric version of the t-test was used which is known as the Mann-Whitney U -test. This test was used because the sizes of the groups based on destination choice are not similar. In this case it was tested as to whether or not the expenditure on accommodation, transportation and leisure differed between respondents that chose Johannesburg or Cape Town, those visiting for the first time and those who are not, and different groups based on monthly income. The p-value was compared with a significance level of 0.1. A p-value of less than 0.1 indicates differences in expenditure whilst a p-value greater than 0.1 indicates no differences in expenditure on three major components between patients in Johannesburg and Cape Town, those who earn between ZAR5 000 and ZAR20 000 and those who earn ZAR20 000 and above, between males and females, and between first-time visitors and those had visited those destinations before.

Table 6.15: Mann-Whitney U-test (destination)

Expenditure	Town	N	Mean	P-value	Mean difference
Accommodation	Johannesburg	87	R4 297.64	0.179	-566.569
	Cape Town	108	R4 864.21		
Transportation	Johannesburg	105	R4 742.57	0.047	-320.505
	Cape Town	130	R5 063.08		
Leisure	Johannesburg	81	R1 324.33	0.048	-102.755
	Cape Town	91	R1 427.09		

For expenditure on accommodation the p-value is 0.179, indicating that respondents in Johannesburg and Cape Town have no significant difference in accommodation expenditure. For expenditure on transportation, with a p-value of 0.047, respondents in Johannesburg and Cape Town had different expenses on transportation, with expenditure on transportation for Johannesburg respondents being lower than that of Cape Town respondents. Leisure expenditure, 0.048, indicates that respondents in Johannesburg spend different amounts on leisure from respondents in Cape Town. In comparison, expenditure on leisure in Johannesburg is lower than that of Cape Town respondents.

Table 6.16: Mann-Whitney U-test (gender)

Expenditure	Gender	N	Mean	P-value	Mean difference
Accommodation	Male	28	R4 618.39	0.269	7.461
	Female	161	R4 610.93		
Transportation	Male	36	R4 409.17	0.724	-675.600
	Female	193	R5 084.77		
Leisure	Male	14	R1 185.71	0.566	-231.188
	Female	153	R1416.90		

For expenditure as tested in Table 6.16 between males and females on accommodation (p-value 0.269> 0.1), transportation (p-value 0.724 > 0.1) and leisure (p-value 0.556> 0.1) there were no differences in spending indicating that both genders spent similar amounts on the three components as listed.

Table 6.17: Mann-Whitney U-test (frequency of visit)

Expenditure	Frequency of the visit	N	Mean	P-value	Mean difference
Accommodation	First time visitor	35	R5 177.714	0.775	690.152
	Repeat visitor	160	R4 487.563		
Transportation	First time visitor	39	R5 161.282	0.905	289.445
	Repeat visitor	196	R4 871.837		
Leisure	First time visitor	29	R1 715.897	0.092	405.582
	Repeat visitor	143	R1 310.315		

Testing the expenditure between those visiting the destination for the first time and those who were not, on accommodation (p-value 0.775> 0.1) and transportation (p-value 0.905> 0.1) revealed that there were no differences in terms of expenditure. However, on leisure spending (p-value 0.092 <0.1) there were differences in expenditure between those visiting the destination (JHB and CPT) for the first time and those who were not.

Table 6.18: Mann-Whitney U-test (income)

Expenditure	Income	N	Mean	P-value	Mean difference
Accommodation	R5000 - R20000	49	R4 147.84	0.061	-628.060
	R20000 & above	135	R4 775.90		
Transportation	R5000 - R20000	64	R4 126.56	0.095	-1125.387
	R20000 & above	159	R5 251.95		
Leisure	R5000 - R20000	44	R1 401.93	0.645	23.411
	R20000 & above	121	R1 378.52		

Note: the first 2 groups were combined to make 1 group because the R5000 - R10000 group had few respondents

For expenditure on accommodation, a p-value of 0.061 indicates differences in accommodation expenditure between respondents who earn an income of ZAR5 000 – ZAR20 000 and those who earn an income of ZAR20 000 and above. Expenditure on accommodation for patients who earn an income of ZAR5 000 – ZAR20 000 is lower than for those who earn an income of ZAR20 000 and above. For expenditure on transportation a p-value of 0.095 for respondents who earn ZAR20 000 and above indicates that this group

spends more on transportation than the first group does. In terms of expenditure on leisure, the p-value of 0.645 suggests no differences in expenditure.

6.2.14 Analysis of variance (ANOVA)

Anova is an analysis of variance to test whether or not there are significant differences among the various demographics groupings. Analysis of variance may further be used to determine differences in group means of interval variables in instances where there are three or more groups to compare. Analysis of variance was used to compare medical tourism destination perception with education, surgery phase, employment and travel companions. It was also tested as to whether or not the amount spent (on accommodation, transportation and leisure) differed among the mentioned groups.

Table 6.19: ANOVA: Medical tourism destination perception

Variables	Perception	Expenditure		
		Accommodation	Transportation	Leisure
Education	0.720	0.449	0.110	0.133
Surgery phase	0.846	0.188	0.286	0.290
Employment	0.622	0.970	0.306	0.376
Travel companions	0.079	0.000	0.000	0.794

Comparing the level of education, the p-value of 0.720 indicates that there are no significant differences in perceptions on medical tourism destination among groups on the basis of education. For expenditure on accommodation, transportation and leisure, the p-value is greater than 0.1 indicating no significant difference in expenditure (on accommodation, transportation and leisure) among the groups as determined by their level of education.

The surgery phase p-value (0.846) indicates no significant differences in perceptions on medical tourism destination among surgery phase groups. For expenditure in this instance no significant differences in expenditure (on accommodation, transportation and leisure) among the surgery phase groups are present.

For employment perception, the p-value of 0.622 implies that there are no significant differences in perceptions on medical tourism destination among the employment groups.

There are also no significant differences in expenditure (on accommodation, transportation and leisure) among the employment groups.

In terms of travel companions, the p-value indicates significant differences in perceptions and expenditure on accommodation and transport on medical tourism destination depending on who the respondent's travel companions are. For expenditure on leisure, the p-value of 0.794 indicates that there are no significant differences in leisure expenditure depending on who the patient's travel companions are.

6.2.15 The perceptions of medical tourists on selected destination

Table 6.20: The perceptions of medical tourist

Variables	Mean	Standard deviation	Percentage				
			Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The city is a world class medical tourism destination with excellent medical facilities.	*4,588*	*0,535*	-	-	2.15	36.91	**60.94**
The city has internationally trained surgeons.	*4,221*	*0,632*	-	0.43	9.96	**56.71**	32.90
In general, obtaining medical treatment in the city is less expensive (value for money).	*3,555*	*0,900*	0.85	13.56	26.69	**47.03**	11.86
I would recommend South Africa for medical purposes to my friends.	*3,745*	*0,629*	-	1.28	31.91	**57.87**	8.94
Transportation and accommodations facilities are well developed.	*4,238*	*0,629*	-	-	10.64	**54.89**	34.47
The destination is easily accessible.	*3,822*	*0,667*	-	2.54	25.00	**60.17**	12.29

Overall I am satisfied with South Africa as a cosmetic surgery destination.	*3,749*	*0,621*	-	2.13	28.51	**61.70**	7.66

As can be seen from Table 6.20, overall the perceptions of the respondents are favourable (agree and strongly agree). A significant number of respondents (60.94%) holds very favourable opinions regarding the destination chosen as a medical tourism destination. The respondents strongly agree that Johannesburg and Cape Town are world class medical tourism destinations with state-of-the-art facilities. The respondents (89.61%) also agree that both cities have internationally trained surgeons.

It was also important to establish whether the respondents perceived obtaining care in the selected destination as a less expensive exercise: 58.89% of the respondents agreed, whilst 26.69% of the respondents were neutral regarding this statement. There was a lesser number (13.56%) of the respondents who perceived the destination selected as expensive. Respondents (66.81%) also indicated that they would recommend South Africa to friends for medical purposes.

From Table 6.20, it is clear that respondents perceived the destination's accommodation and transport facilities to be well developed, the destination to be easily accessible and to be satisfied with their choice of destination as a cosmetic surgery destination.

6.3 Conclusion

The aim of this chapter was to reflect on the results of the empirical research. This chapter focused on the research methods used to determine a South African overview of medical tourism in terms of spending, motivation, perceptions and the destination choice of the medical tourists. Descriptive statistical methods, such as frequency tables, were used to reflect the results. It was found that a substantial number of people travel domestically for cosmetic surgery. There was also a small number of people (inbound medical tourists) seeking cosmetic surgery in Johannesburg and Cape Town. The results indicate that these medical tourists were motivated by value for money, privacy and healthcare facilities, amongst other motivating factors, to travel outside their usual place of residence. The average length of stay

was three nights during which expenditure on accommodation at the destinations contributed a large part to overall expenditure. Transportation (air and road) recorded the highest level of spending. There is also evidence of spending on leisure activities such as shopping and tourism-related activities.

The respondents identified the Internet as the main source of information pertaining to surgery, surgeon and medical facilities. Word of mouth communication, friends and relatives were also identified among others as important sources of information.

A factor analysis which identified three factors (medical services, accreditation of medical facilities and the quality of medical facilities) as the most important factors by medical tourists when choosing a medical tourism destination was conducted. General tourism supply was also considered important.

To conclude, results reported here are essential for domestic tourism product development and enhancement of the national growth strategy. Principals in the tourism industry such as transport, accommodation and travel service providers such as travel agencies may use this information to segment target markets and to reach this typology of travellers. Based on the outcomes of the empirical research, recommendations are outlined in the next chapter.

Chapter 7: Conclusion and Recommendations

7.1 Introduction

The aim of this chapter is to draw conclusions and make recommendations regarding the outcomes of the research. The aim of the study was to investigate cosmetic surgery as a sub-sector of the medical tourism industry in terms of spending, motivations, destination choice and also perceptions of the medical tourists in selected areas of South Africa. In order to realise this aim, the following primary and secondary objectives were determined in Chapter 1.

The **primary objective** of this research is to evaluate medical cosmetic tourism in selected areas of South Africa. This objective was achieved theoretically in Chapters 2 and 3 where the medical tourism industry and cosmetic surgery were described, defined and put into the South African context (Chapters 2 and 3). Chapter 4 covered the concepts of destination image and choice. Data interpretation in Chapter 6 adds to the limited available data and provides useful information. Finally in chapter 7, conclusions were drawn and recommendations concerning the medical tourism industry in South Africa. In solving this problem, the following **secondary objectives** were set:

Objective 1:

- To conduct a literature analysis of medical tourism including cosmetic surgery as a component thereof (Chapter 2).

Objective 2:

- To analyse the components of the medical tourism industry globally by means of a literature study (Chapter 3).

Objective 3:

- To analyse the perceptions of medical tourists regarding destination choice by means of a literature study and empirical survey (Chapter 4 and 6).

Objective 4:

- To gain better understanding of the medical tourists in terms of demographics, travel expenditure and leisure activities, by means of empirical survey (Chapter 6).

Objective 5:

- To draw conclusions and make recommendations concerning the medical tourism industry in South Africa (Chapter 7).

7.2 Overview of the literature

This dissertation builds on existing literature on medical tourism, more importantly contributing to the limited amount of literature from a South African point of view. Medical tourism is a complex phenomenon, and therefore a multiplicity of literature resources were consulted in order to gain an in-depth understanding.

7.2.1 Conclusions regarding the literature study

- Medical tourism is not exactly a new phenomenon: people have been accustomed to travelling long distances to obtain medical care for a very long time. Today, however, medical tourism is used by many destinations as a catalyst for economic growth. Medical tourism is currently experiencing global growth, with many countries marketing themselves as medical tourism destinations.

- Medical tourism is the activity of an individual travelling from a usual place of residence to another region, for the main purpose of receiving medical care, in some instances in combination with a vacation.

- An individual or a medical tourist may travel for an elective or non-elective procedure.

- The literature tends to suggest that medical tourism is the act of travelling “abroad” for medical purposes. This idea neglects the concept of an individual travelling within his/her own country for medical purposes.

- Medical tourism, like any other form of tourism, may be categorised into three (3) types:

1. Domestic medical tourism, or intra-bound tourism, involves the act of individuals travelling within the borders of their country of citizenship for medical purposes.

2. Inbound medical tourism is the act of non-citizens travelling into a country for medical reasons.

3. Outbound medical tourism involves individuals of a specific country travelling outside the country of residence to obtain medical care.

- Medical tourists are tourists who engage in any medical tourism activity motivated by a number of reasons such as cost, privacy, better medical facilities and services, lack of availability of procedures in the home region, and for vacation purposes.

- Medical tourists may make use of travel and tourism services either in the home region or at the destination for the arrangement of medical travel. Already there are companies that act as a middleman between the surgeon and the medical tourists. These companies are referred to as medical tourism facilitators. Medical tourism facilitators arrange travel components from accommodation, transport and visas to leisure activities, amongst other things. From a South African perspective, medical tourism facilitators are not really in use, and this may be due to the fact that South Africa is not promoted as a medical tourism destination.

- Medical tourists select a medical tourism destination based on a number of attributes. Therefore it is imperative that the medical tourism destination offer the attributes in order to have the appeal to lure prospective medical tourists.

- The literature indicates that South Africa has shown development in attracting medical tourists, particularly for cosmetic surgery. However, such information is not recorded, thus underscoring the need for the study.

- Travel begins with a need, motivation and exploration, and factors such as travel motives and medical tourists' needs may be helpful to cosmetic surgeons and destination marketers in identifying market segments for future marketing efforts to be competitive.

- Previous research has indicated that destination image is critical to the development of the medical tourism destination. Furthermore, literature has confirmed that there is a correlation between the destination image and choice.

- Destination image is formed on the basis of induced and organic images. Organic images are sources of information from the previous experience of family members or friends; and induced images are sources of information from the media and the marketing efforts of a destination.

- South Africa is already a well-established tourism destination with unique points of interests in all nine provinces. South Africa is recognised for the number of internationally trained doctors and the private medical sector may boast as a result of the quality of medical facilities.

- Destinations must be well developed and must feature the destination product components: transport, accommodation, attractions, hospitality, facilities and infrastructure.

7.3 Background to results, conclusions and recommendations

The purpose of this study is to put much-needed facts on the table regarding medical cosmetic tourism in selected areas of South Africa. Focused research will have to be conducted to ascertain the sustainability of medical tourism, and an assessment and investigation of its impact may fit into the National Department of Tourism's long term objectives, strategies and development plans. It should be noted that the purpose of the study is not to suggest the branding of South Africa as a medical tourism destination as the sustainability of such a market should first be further investigated.

For stakeholders the in private sector such as surgeons, medical tourism facilitators, accommodation establishments and all other product or service providers, operating in this niche market not only provides an entrepreneurial opportunity, but it may also provide product diversification and thus achieve competitive advantage in terms of staying ahead of competitors.

7.4 Conclusions and recommendations

This section of the study draws conclusions regarding the medical cosmetic tourism in selected areas of South Africa. Recommendations are also made for relevant industry stakeholders.

7.4.1 Medical tourist's demographic profile

Results on the profile of medical tourists reaffirm the reliability of the research results when compared to other global studies on medical tourism, as similar trends can be identified in the South African context.

7.4.1.1 Conclusion

Findings related to the demographic profile (cf. 6.2.5) indicate that the majority of the respondents (95.34%) were domestic medical tourists. A minority were inbound medical tourists and of this small number of inbound tourists, most came from the African continent. The demographic profile is dominated by females (80.91%) with tertiary education (holding a degree), between the ages of 35 and 54, and stemming from a higher income group exceeding R20 000 per month. Furthermore, it is notable that the majority of respondents did not travel alone **(cf. Objective 4).**

7.4.1.2 Recommendations

- From the results it is clear that this market segment is female and middle aged. The viability and sustainability of medical tourism in general should be considered first before making decisions based on specific results. 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 ripple effect of this will also influence the tourism market positively.

- The majority of the respondents were domestic medical tourists (95.34%), suggesting that there is a gap in the market, and that domestic medical tourists could be targeted, with the support of the tourism industry, following duly indicated further consideration and investigation. Destination managers, surgeons and medical tourism

facilitators could bundle medical travel packages specifically aimed at the inbound market to stimulate this 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.

- In terms of the above, it is further suggested that the market be segmented according to gender as gender groups are likely to have different product needs. Both groups should be treated separately from a marketing point of view. However, it is important that any such (gender-specific) marketing efforts be done in a non-discriminatory manner. It is also important to note that in general medical tourists travel with companions (Table 6.1.). Therefore, even though packages are to be gender specific, they should cater for travel companions.

- Travel companions promote tourist expenditure. This may be seen as a double deal. 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.

- The other essential market identifiable here is the upper income group. Exclusive comprehensive packages may encourage high tourist expenditure. Highly priced accommodation and transportation is associated with personalised service and privacy, which is exactly what the medical tourist requires.

7.4.2 Medical tourism destinations: Cape Town and Johannesburg

7.4.2.1 Conclusion

Traditionally Cape Town is the mother city of South Africa and has also been identified as one of the top 10 travel and leisure cities in the world, whilst Johannesburg is the commercial, cosmopolitan and industrial hub of South Africa. Results indicate that the domestic medical tourists originated from all provinces of South Africa. Surgeons located in Johannesburg were predominately visited by tourists from KwaZulu Natal and the Free State, whilst surgeons in Cape Town mostly received clients from the Eastern Cape and the Free State. This in general

suggests that both cities have the pull factor as domestic tourists came from near and far, and from different parts of the country to visit the surgeons selected. Inbound medical tourists were limited and came predominately from Africa **(cf. Objective 4)**.

As indicated in Table 6.6, a significant percentage of the respondents (80.5%) did not even consider other destinations for selection.

7.4.2.2 Recommendations

- It is clear that Cape Town and Johannesburg appeal to medical tourists. It is therefore important for both destinations to maintain and develop the image and also come up with new ways to stay current in order to retain a competitive advantage. 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.

- It is suggested that all marketing efforts for the domestic market should be extended to all the provinces as results indicate that medical tourists in both cities came from all over the nine regions (see Figures 6.2 and 6.3).

- Synchronisation of the medical and the tourism industries may be challenging, and it is advisable that packages, as suggested earlier, and other promotional offers, consider events and related activities that may boost income whilst providing medical services.

- Although research data was only gathered from Johannesburg and Cape Town, results may be generalised to other centres in South Africa: further investigation and implementation can be done, taking into consideration factors such as destination-specific attributes, available medical services and surgeons.

7.4.3 Medical travel: main source of information

7.4.3.1 Conclusion

The Internet was identified as the major source (63.64%) of information pertaining to the procedure and the surgeon (medical service). Furthermore research indicated that word of mouth marketing via friends (14.77%) and relatives (10.61%) is also considered a strong source of information. Word of mouth communication, even though it is represented by a small segment here, remains one of the most powerful marketing tools especially considering the impact it may have through social media nowadays.

7.4.3.2 Recommendations

- The findings indicate that surgeons and medical tourism facilitators should not overlook the prominence of the Internet in its totality in offering and promoting the medical services. It is therefore essential to establish websites and/or online marketing that engender trust, especially in regard to issues related to cosmetic surgery.

- There is also a need for surgeons to provide a personalised service by introducing video conferencing with prospective medical tourists. This could be an efficient communication tool, especially if the patient is in the pre- or post-consultation phase, and it can also be used for consulting.

- 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.

- Providing excellent service from the day of contact with a prospective medical tourist, up to the last day of post-consultation, will prove beneficial to all as this would ensure positive perceptions and thus generate more medical tourists in the future. Word of mouth communication can be used as an unpaid-for marketing tool. It is therefore

recommended that service providers should always try to exceed medical tourists' expectations as this will allow positive word of mouth advertising to develop.

- The findings also indicate that there is less use of travel guide books and travel agents as sources of information. This highlights how consumers have evolved: they have moved away from the traditional information sources towards the electronic, and current marketing and promotional materials should be benchmarked against this trend.

- Product owners should capitalise on the use of Internet as a marketing tool. For example, in terms of accommodation this can be achieved by highlighting to the medical tourist the location (proximity to the hospital) and services such as transport.

- As an additional promotional tool for services, both surgeons and tourism product owners could look into the use of social media.

7.4.4 Privacy and medical facilities

7.4.4.1 Conclusion

Privacy, anonymity and medical facility were identified as extremely important components when receiving cosmetic surgery outside the usual place of residence **(cf. Objective 4).**

7.4.4.2 Recommendations

- It is suggested that 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.

- Product and service providers could use privacy to provide a competitive advantage: such services as a private dinner room and private transfers could be made available, as patients may have to wear visible bandages. According to Cormany (2010:47), if the guest has noticeable bandaging, isolation from other guests may be required by that guest to avoid embarrassment. It is important that guests receive maximum privacy to avoid situations where they are stared at. Staff members should also understand and respect the needs of such guests.

7.4.5 Transportation

7.4.5.1 Conclusion

Research states that 60% of respondents used air transport as the form of transportation to reach their preferred medical tourism destination. From a domestic point of view it could be argued that air transport is expensive compared to road transportation. Since the introduction of specific special offers and a number of low cost airlines, air transport has become more affordable; however the mere fact that the medical tourists chose air transport could suggest that these individuals are not price sensitive **(cf. Objectives 4).**

7.4.5.2 Recommendations

- Airlines such as Lufthansa and Malaysian Airways are offering medical tourism packages (Helmy, 2011:307). It is suggested that medical tourism facilitators and/or travel agents approach domestic and international airlines to arrange air transportation into package deals to be offered to tourists.

7.4.6 Accommodation

7.4.6.1 Conclusion

Data confirms guesthouse and bed-and-breakfast accommodation as the preferred option. This could be because in many instances guesthouses, excluding boutique establishments, may be a cheaper form of accommodation or may be better positioned in terms of location. It may furthermore satisfy the need for privacy, which is regarded as an integral part of medical tourism **(cf. Objectives 3 and 4).**

7.4.6.2 Recommendations

- Accommodation product owners should develop packages specifically targeting medical tourists to position themselves competitively in the market. Once developed, the marketing thereof, Internet websites and search keywords should be adjusted accordingly. Packages may even be marketed amongst medical tourism facilitators and travel agents.

- It is recommended that 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. A healthy diet, pampering, after care, caring staff, comfort and intercom are suggested.

- Occupancy rates during off peak season may be increased by special offers for this market.
- Accommodation owners may also consider bundling services (*accommodation, pick up and drop off from the airport and surgeon/hospital)* in order to enhance competitiveness.
- Hoteliers could do further research into their niche in the establishment of this market.
- Accommodation establishments need to familiarise themselves with cosmetic surgery procedures and recuperation periods and also to work closely with the surgeon themselves.
- Nurse visits on behalf of the surgeons could also be included.

7.4.7 Length of stay

7.4.7.1 Conclusion

- In medical tourism, length of stay is influenced by the type of surgery sought by the medical tourist. The research indicates that the majority of the respondents stayed for more than three days **(cf. Objectives 3 and 4).** There are quite a number of reasons that influence the length of stay. From a medical tourist point of view, length of stay could be due the prices charged by accommodation establishments, lack of things to see or do at the destinations, or the recuperation period of the procedure.

7.4.7.2 Recommendations

- Affordability, comfort and privacy as suggested above may motivate the medical tourist to extend his/her stay.

- Attractions, events and packages can also be factored in during the recuperation period to draw medical tourists to stay longer at the destination. For inbound tourists the length of stay may be governed by the entry visa and exit requirements.

- The recuperation period should provide the opportunity to maximise on product and services offered. In some instances the medical tourist may not be able to travel by air for a number of days directly following the procedure due to unforeseen problems or delayed recuperation.

7.4.8 Activities

7.4.8.1 Conclusion

Research indicates that shopping was the main activity engaged in during the period of stay of the majority of the respondents, especially for those in Johannesburg – which is not surprising given Johannesburg is typically the commercial centre of South Africa. Furthermore, visiting tourist attractions was a common form of activity engaged in and this was particularly popular with medical tourists in Cape Town. Medical care is the main selling point for medical tourism destinations. However, the destinations should not overlook the impact of additional economic activities of medical tourist **(cf. Objective 3).**

7.4.8.2 Recommendations

- The city of Cape Town could consider including medical tourism as a marketing strategy. Medical tourism could be used as a pull factor in addition to the already existing secondary resources to augment the city's primary resources.
- Johannesburg could also use medical tourism as an additional pull factor. Due to its international accessibility, it could be used as the main destination for a medical tourist, who may then decide to recoup outside Johannesburg in a place such as Parys, Sun City or Hartebeespoort, and then return to Johannesburg for post-consultation with the surgeon.

- 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.

7.4.9 Distribution channels

7.4.9.1 Conclusion

Results indicated that the majority of the respondents organised the leisure component themselves. There is also evidence of medical tourists who used family and relatives to arrange accommodation and transport. Currently in South Africa there is very little evidence of medical tourism facilitators, referred to as medical tourism companies. These companies act as agents by bundling all medical travel components into one single unit **(cf. Objective 4).**

7.4.9.2 Recommendations

- It is recommended that traditional travel intermediaries such as travel agencies (TAs), Independent Travel Consultants (ITCs) or medical tourism facilitators (MTFs) investigate possible penetration into this travel market.

- Travel distributors as mentioned above could also focus specifically on managing all aspects related to inbound medical tourism by arranging these aspects for medical tourists coming into the country. The intermediary should coordinate with other stakeholders such as hospitals, surgeons, accommodation establishments, transportation, embassies or consular services in order to confirm all reservations and provide a fully inclusive service.

7.4.10 Destination demand: tourist motivation

7.4.10.1 Conclusion

Apart from privacy, quality of medical facilities and services as mentioned previously, a number of medical tourists were motivated by the vacation aspect, as can be seen from Figure 6.10. Literature supports this conclusion by indicating that vacation serves as a pull factor (Ramirez de Arellano, 2007:193), so it is likely that a medical tourist may choose a destination where there is an opportunity for a vacation **(cf. Objective 4).**

7.4.10.2 Recommendations

- It is crucial that role players such as surgeons, medical tourism facilitators, and product and service providers emphasise the proper marketing messages. Medical tourists are motivated by a number of factors such as price and facilities and it is important that the message communicated encapsulate vacation. 'Accessibility of affordable medical care with infusion of a holiday experience' should be part of the core marketing message.

- 'Vacation opportunities' may be enhanced by offering short side trips to local attractions, or day excursions, especially for Cape Town, as Figure 6.10 presents a strong motivation for the respondents in this city, compared to Johannesburg.

7.4.11 Destination choice

7.4.11.1 Conclusion

In terms of destination choice, the findings indicate that the respondents selected the destination based on state-of-the-art facilities, price (value for money) and word of mouth communication. The study also highlighted other destination choice attributes such as proximity, culture and accreditation of healthcare facilities; however these were considered by a minority of the respondents in terms of choosing a destination **(cf. Objective 3).**

Bookman and Bookman (2007, as cited in Cormany, 2010:42) suggest that for cities engaged in attempts to add a medical tourism component to their region's travel appeal, four important components need to be considered: healthcare facilities and medical talent, hotel and restaurant support and quality, general tourism infrastructure and governmental policies and laws.

7.4.11.2 Recommendations

- Destinations in South Africa could consider including the medical tourist as a segment to target in respective marketing activities, with specific mention of identified attributes as applicable.

- Destination choice is closely linked to the image of a destination. It is important for destinations to create brand awareness which may or may not be aimed at the medical

tourist. The brand identity of a specific destination should however be visible to prospective medical tourists. It is recommended that promotional campaigns should be established to achieve brand identity.

- Medical tourism attributes should be used as a positioning strategy. According to Cormany (2008:37) the ability of a medical tourism destination to provide experiences that are positive for the medical tourist will be a key way of differentiating itself from other medical tourism destinations.

- It is recommended that all stakeholders form a unified network that supports and enhances the destination image in order to promote South Africa as a country.

7.4.12 Factors considered

7.4.12.1 Conclusion

The research results indicate that factors such as the quality of medical facilities, accreditation of medical facilities and quality of medical services were some of the extremely important factors in selecting a medical tourism destination **(cf. Objective 3).**

In the factor analyses, the following is notable with regard to the three most important factors considered when selecting the destination: the quality of medical services, accreditation of medical facilities and the quality of medical facilities.

7.4.12.2 Recommendations

- Due to ethical considerations the identified factors should be communicated to the surgeons for further implementation.

7.4.13 Expenditure

7.4.13.1 Conclusion

Medical tourism may stimulate the economy of the destination. Medical tourism may also enhance economic growth in other non-medical sectors such as tourism, medical and retail (shopping). The research results show that medical tourists spend on travel and tourism products and services. According to the research results the total average expenditure of international medical tourists is three times (mean = 26 230.00) higher than that of the

domestic medical tourist (mean = 9 023.27). Although the international tourist expenditure is inflated by the cost of the international air transportation, it remains a perishable seat sold. Among all the overall domestic expenditure components, transportation recorded the highest at the average of ZAR4 919.87, followed by accommodation and leisure. The research indicates (Table 6.9) that the inbound tourist may spend almost double (excluding air transport) on accommodation and leisure compared to domestic medical tourists **(cf. Objective 4).**

The results also indicate that average expenditure in Johannesburg (Table 6.11) is less than that spent in Cape Town.

7.4.13.2 Recommendations

- Inbound expenditure demonstrates that the medical tourism industry has the potential to generate double the amount of revenue compared to that of the domestic tourist. It is recommended that destinations consider enhancing current destination products by specialising in specific cosmetic surgery procedures.

- The service providers such as accommodation establishment and transport providers could consider the opportunity to include and direct marketing efforts more specifically to include the international tourist. This however should be achieved without neglecting the domestic market.

- A t-test revealed that there are no significant differences in terms of expenditure between males and females on the expenditure components of transportation, accommodation and leisure. This indicates that even though specific procedures may be gender-related, both males and females could be included individually or combined in marketing efforts. According to Musa, Thirumoorthi and Doshi (2011:15), females spend more on the expenditure components of health services, accommodation and transportation.

- It is recommended that JHB look into ways to extend the length of stay, which will result in an increase in expenditure. The fact that medical tourists spend more in CPT suggests that the JHB market may be price insensitive. An increase in expenditure

could be achieved by including day excursions to nearby attractions in packages and/or marketing material.

7.4.14 Perceptions

7.4.14.1 Conclusion

The majority of the respondents perceived the destination selected to be a world class medical tourism destination with excellent medical facilities, having internationally trained doctors and well developed transport and accommodation facilities. Destinations would be recommended to friends who may want to have cosmetic surgery done in the future. Overall the medical tourists hold favourable perceptions regarding the destination selected **(cf. Objective 3).**

7.4.14.2 Recommendations

- The significant influence that economic and political factors may have on a destination cannot be ignored, as these factors influence individuals to travel and choose one destination over another. Even though respondents hold favourable opinions (perceptions) about the medical tourism destination, all this can change very quickly if influenced by such external factors.

- Destinations should encourage stakeholders to cooperate as a network. The fact that a medical tourist uses a number of services means that each service affects the other. It is suggested that product or service providers should complement each other in order to provide superior products and services to satisfy the medical tourist's needs.

- Benchmarking with leading destinations offering medical tourism is encouraged.

7.5 Research objectives revisited

In summary, the primary objective of this research was to evaluate medical cosmetic tourism in selected areas of South Africa. This was achieved throughout the study in its totality. In solving this problem, the following secondary objectives were formulated:

- **Objective 1:** To conduct a literature analysis of medical tourism including cosmetic surgery as a component thereof. The outcome of Objective 1 was specifically addressed in chapter 1.

- **Objective 2:** To analyse the components of the medical tourism industry globally by means of a literature study. The outcome of Objective 2 was specifically addressed in Chapter 3.

- **Objective 3:** To analyse the perceptions of medical tourists regarding destination choice by means of a literature study and empirical survey. The outcome of Objective 3 was specifically addressed in paragraph 6.2.8.2**,** 6.2.8.5 and 6.2.15.

- **Objective 4:** To gain better understanding of the medical tourists in terms of demographics, travel expenditure and leisure activities, by means of empirical survey. The outcome of Objective 4 was specifically addressed in paragraph 6.2.10.

- **Objective 5:** To draw conclusions and make recommendations concerning the medical tourism industry in South Africa. The outcome of Objective 5 was specifically addressed in chapter 7.

7.6 Value of the study

There is a lack of published statistical information on the topic of medical tourism, and research from a South African context is limited. The current study adds information to the body of knowledge by examining the special characteristics of this market and profiling the medical tourist. The study produces an insight into the scope of cosmetic surgery travel under the umbrella of medical tourism in selected areas of South Africa. This research provides 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 also in general provides valuable information to destination marketers, government, tourism organisations and industry role players. Based on the research findings, recommendations can be made to look into this market as a possible source of revenue to complement current markets. This study is valuable

because little is known about the importance of tourism as such, for medical tourists. The value of the study for its major role players is explained below:

7.6.1 Surgeons

This research provides surgeons with market information in terms of needs, demographics and other factors that could influence the choices of medical tourists, so that surgeons can better cater for and satisfy specific needs and adjust marketing efforts accordingly. This could also make provision to stay ahead of competitors.

7.6.2 Medical tourism destinations

The research provides the destinations with an alternative way of generating additional revenue and encouraging both domestic and international tourism activity. It also provides an alternative destination marketing strategy through cosmetic surgery tourism.

7.6.3 Product owners and service providers: transport, travel agents, MTFs and accommodation

For product owners and service providers trying to diversify the product, the research opens up a door to a market segmentation strategy. This may also provide an opportunity to combat the off-peak season.

7.6.4 Government and policy makers

The research provides the government and policy makers with the opportunity to evaluate how this market fits with tourism growth strategies. It also provides an alternative source of revenue through cosmetic surgery tourism.

7.7 Limitations of the study

The following limitations of the study were identified:

- The willingness of surgeons to participate due to reasons such as confidentiality, privacy, ethical issues, busy waiting rooms and time schedules.
- Due to 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.

- Medical service providers such as hospitals, staff, medical insurance and medical aids were excluded from the study.

- No questions related to the type or price of the cosmetic surgery procedures could be included in the study.

- 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.

- The 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.

7.8 Recommendations for future research

The prospects for future research in medical tourism are unlimited. There are a number of aspects of medical tourism which will require the ascertaining of further in-depth knowledge and research, such as information about international medical tourists. Based on the results of this research, it is recommended that similar studies be conducted in the near future in order to compare and build on the current results. It is also recommended that surgeons who are the main service providers in medical tourism be coached around the concept of medical tourism and the potential thereof for the surgeon. Research may be extended to other role players and destinations in South Africa.

7.9 Conclusion

The scope of this study was to evaluate medical cosmetic tourism in selected areas of South Africa. The results presented should be used as a snapshot of this phenomenon from a medical tourism perspective.

The findings have highlighted the importance of placing a proverbial magnifying glass over this form of tourism for potential development, and also to contribute to the small amount of information currently available. Medical tourism provides an opportunity for the combination of satisfying a medical need together with a travel need.

For destinations, ‘cosmetic’ medical tourism may be a potential additional source of revenue. The economic benefit of travelling for cosmetic surgery goes beyond the spectrum of medicine. The medical tourist’s expenditure may filter through to different layers of the economy.

Creating awareness regarding the concept of medical tourism in South Africa is necessary. Other forms of tourism in South Africa are well documented, but not medical tourism, however. This study acknowledges the use of medical tourism as a possible vehicle to increase both domestic and international tourism while advancing the medical sector of South Africa.

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Appendix A

Consent letter from research supervisor: Cape Town

ANNEXURE A: Official letter from Central University of Technology

FACULTY OF MANAGEMENT SCIENCES
Department: Tourism & Event Management

Dear surgeon,

As part of a master's degree study entitled: South African Vacation Makeovers: Evaluating medical-cosmetic tourism in selected areas of South Africa, Mr. LG Mokoena will conduct research in Cape Town between 20 June – 11 July 2014. This is a niche research area for South Africa for which limited data is available.

WHY should you participate? Medical tourism has become increasingly popular and may provide a unique business opportunity to the medical cosmetic industry. As the research results will be shared with participating surgeons, this may provide you with detailed information on your target market.

The aim of this study is therefore to assess to evaluate medical cosmetic tourism in selected areas of South Africa. To realize the outcome of this study, we need your participation.

The study will focus on factors influencing destination choice, expenditure on tourism products and anonymous demographics of respondents for which ethical research permission has been given. May I emphasize that it will **NOT include any factors related to the procedure, the hospital or the surgeon.** The target population is patients who do not reside in Cape Town. A copy of the questionnaire is attached, should you wish to assess it before giving consent.

The waiting area of your practice is a convenient gathering place of possible respondents and therefore I humbly ask permission to distribute self-administered questionnaires over a 2-3 day period as mentioned above.

The research will also be conducted in **Johannesburg** with surgeons registered with APRSSA.

I herewith ask your permission to conduct such research at your practice.

Please do not hesitate should you have any further queries.

Kind regards

Dr Rene Haarhoff
Supervisor
E-mail: rnel@cut.ac.za
Tel: 051 507 3155

Appendix B

Newly developed questionnaire

Cape Town

Central University of Technology, Free State

"SOUTH AFRICAN VACATION MAKEOVERS: EVALUATING MEDICAL COSMETIC TOURISM IN SELECTED AREAS OF SOUTH AFRICA"

As part of a Masters dissertation at Central University of Technology, Free State, I am conducting a research on medical tourists in South Africa. I would very much appreciate you taking few minutes to complete the questionnaire. It should take no longer than 10 minutes of your time. Your participation in this study is strictly voluntary, but very important to me. Note that your participation involves no foreseeable risks, as the questionnaire does not require your name, contact details or information pertaining to the surgical procedure. It remains anonymous.

Thank you very much for agreeing to participate in this important study.

Mr L.G. Mokoena

Central University of Technology, Free State

Please answer the following questions by crossing [x] the relevant block or writing down your answer in the provided space.

SECTION A: DEMOGRAPHIC PROFILE																					
1. Country of residence:											2. City:										
3. Gender:					4. Employment status:																
Male		Female			Unemployed		Business owner			Student			Employed			On contract				
					Other, specify:																
5. Level of monthly income: ZAR																6. Year of birth:					
4000 – 5000		5000 – 10000			10000 – 20000			20000 and above													
7. Education:																					
Grade 12		Diploma			Bachelor's degree			Master's degree			Doctorate degree			Other,							

SECTION B: MEDICAL TRAVEL															
8. In which phase of your surgery are you?															
First consultation 1st			Pre – Operation 2nd				Post - Operation consultation 3rd								
9. (Source of information) How did you hear about the cosmetic surgery/ procedure offered?															
Family/relatives			Medical facilitator/Travel Agent				Travel guide book								
Friends			Internet				Other (specify).....								
10. How long is the recuperation period for your surgery?															
Less than a week		A week			More than a week			More than a month			Not sure				

11. **Please indicate the level of importance of the following statements:**

Statements	Extremely unimportant				Extremely important
Price is the most important factor for my procedure/surgery:	1	2	3	4	5
Getting a procedure at a medical facility (clinic) that is off high quality is:	1	2	3	4	5
Privacy and anonymity for my procedure is:	1	2	3	4	5

SECTION C: TOURISM SERVICES – for this visit												
12. Which mode of transpotation did you use to get to Cape Town?												
Air		Car		Train		Other, specify:						
13. Will you be using accommodation?					Yes		No					
14. If yes, what type of of accommodation did you use or will you be using?												
5-4 *Hotel		3-1* Hotel		Friends & relatives		Guesthouses /B&B		Other, Specify				
15. Number of nights spent at the accomodation for visit?	1		2		3		4		More than 5 nights			
16. Activities (vacation opportunity): did you or will be engaging in any of the following whilst in Cape Town?												
Shopping		Relaxing/recuperating		Visiting tourist attractions				Visiting friends & relatives				
17. Who organised the following travel components?	**Self**	**Travel Agent**	**Medical Tourism Facilitators**	**Family/Relatives**								
Accommodation												
Transportation												
Leisure (if applicable)												
18. (Travel companions) Who travelled with you on this trip?	Spouse		Friend/Family		Alone		Interpreter					
19. How much did you spend (Average) or are you likely to spend on the following:												
	1ST First consultation	**2ND Pre – Operation**	**3RD Post - Operation consultation**									
Accommodation	**R**											
Transportation	**R**											
Attractions/leisure	**R**											

SECTION D: DESTINATION DEMAND												
20. What motivated you to seek medical procedure outside your usual place of residence?												
Substantial costs		To improve my health				Privacy and anonymity						
Opportunity for vacation		Unavailability of such procedure in my home region				Lack of trust in local treatment quality						
21. What made you select or consider Cape Town for your procedure?												
Familiarity with the culture/Language		Word of mouth				Price (value for money)						
Proximity		Internationaly accredited surgeons				Better healthcare facilities						

22. Please indicate how important the following factors are in terms of choosing a medical destination:

Statements	Extremely unimportant				Extremely important
The quality of medical facilities	1	2	3	4	5
Recommendation by a local doctor	1	2	3	4	5
South African government. policies and laws (e.g Entry requirements such as VISA application)	1	2	3	4	5
The quality of medical services	1	2	3	4	5
The quality of accommodation	1	2	3	4	5
Food and beverage quality	1	2	3	4	5
General tourism supply (e.g. tourist attractions and quality of infrastructure)	1	2	3	4	5
Language and culture (communication)	1	2	3	4	5
Accreditation of health facilities	1	2	3	4	5
Holistic image of the destination	1	2	3	4	5

International Medical Tourist (International patients) only				
23. (Frequency of visit) is this your first time visiting South Africa?	Yes		No	
24. Did you consider other destinations before choosing South Africa? If yes, Specify.				
Domestic Tourist (local Patients) only				
25. (Frequency of visit) is this your first time visiting Cape Town?	Yes		No	
26. Did you consider other cities before choosing Cape Town? If yes, Specify				

27. Please indicate your level of perception in terms of the following statements:

Statements	Strongly Disagree				Strongly Agree
Cape Town is a world class medical tourism destination with excellent medical facilities.	1	2	3	4	5
Cape Town has internationally trained surgeons.					
In general, obtaining medical treatment in Cape Town is less expensive (***value for money***)	1	2	3	4	5
I will recommend South Africa for medical purposes to my friends.	1	2	3	4	5
Transporation and accommodations facilities are well developed.	1	2	3	4	5
The destination is easily accessible	1	2	3	4	5
Overall I am satisfied with South Africa as a cosmetic surgery destination.	1	2	3	4	5

Thank you very much for agreeing to participate in this important study.

Appendix B

Newly developed questionnaire

Johannesburg

Please answer the following questions by crossing [x] the relevant block or writing down your answer in the provided space.

SECTION A: DEMOGRAPHIC PROFILE																					
1. Country of residence:										2. City:											
3. Gender:				4. Employment status:																	
Male		Female		Unemployed		Business owner		Student		Employed		On contract									
				Other, specify:																	
5. Level of monthly income: ZAR														6. Year of birth:							
4000 – 5000		5000 – 10000		10000 – 20000		20000 and above															
7. Education:																					
Grade 12		Diploma		Bachelor's degree		Master's degree		Doctorate degree		Other,											

SECTION B: MEDICAL TRAVEL															
8. In which phase of your surgery are you?															
First consultation 1st		Pre – Operation 2nd		Post - Operation consultation 3rd											
9. (Source of information) How did you hear about the cosmetic surgery/ procedure offered?															
Family/relatives		Medical facilitator/Travel Agent		Travel guide book											
Friends		Internet		Other (specify).....											
10. How long is the recuperation period for your surgery?															
Less than a week		A week		More than a week		More than a month		Not sure							

11. **Please indicate the level of importance of the following statements:**

Statements	Extremely unimportant				Extremely important
Price is the most important factor for my procedure/surgery:	1	2	3	4	5
Getting a procedure at a medical facility (clinic) that is off high quality is:	1	2	3	4	5
Privacy and anonymity for my procedure is:	1	2	3	4	5

SECTION C: TOURISM SERVICES – for this visit																				
12. Which mode of transpotation did you use to get to Johannesburg?																				
Air		Car		Train		Other, specify:														
13. Will you be using accommodation?						Yes		No												
14. If yes, what type of of accommodation did you use or will you be using?																				
5-4 *Hotel		3-1* Hotel		Friends & relatives		Guesthouses /B&B		Other, Specify												
15. Number of nights spent at the accomodation for visit?		1		2		3		4		More than 5 nights										
16. Activities (vacation opportunity): did you or will be engaging in any of the following whilst in Johannesburg?																				
Shopping		Relaxing/recuperating		Visiting tourist attractions		Visiting friends & relatives														
17. Who organised the following travel components?		**Self**		**Travel Agent**		**Medical Tourism Facilitators**		**Family/Relatives**												
Accommodation																				
Transportation																				
Leisure (if applicable)																				
18. (Travel companions) Who travelled with you on this trip?		Spouse				Friend/Family				Alone				Interpreter						
19. How much did you spend (Average) or are you likely to spend on the following:																				
		1ST First consultation		**2ND Pre – Operation**		**3RD Post - Operation consultation**														
Accommodation		**R**																		
Transportation		**R**																		
Attractions/leisure		**R**																		

SECTION D: DESTINATION DEMAND					
20. What motivated you to seek medical procedure outside your usual place of residence?					
Substantial costs		To improve my health		Privacy and anonymity	
Opportunity for vacation		Unavailability of such procedure in my home region		Lack of trust in local treatment quality	
21. What made you select or consider Johannesburg for your procedure?					
Familiarity with the culture/Language		Word of mouth		Price (value for money)	
Proximity		Internationaly accredited surgeons		Better healthcare facilities	

22. Please indicate how important the following factors are in terms of choosing a medical destination:

Statements	Extremely unimportant				Extremely important
The quality of medical facilities	1	2	3	4	5
Recommendation by a local doctor	1	2	3	4	5
South African government. policies and laws (e.g Entry requirements such as VISA application)	1	2	3	4	5
The quality of medical services	1	2	3	4	5
The quality of accommodation	1	2	3	4	5
Food and beverage quality	1	2	3	4	5
General tourism supply (e.g. tourist attractions and quality of infrastructure)	1	2	3	4	5
Language and culture (communication)	1	2	3	4	5
Accreditation of health facilities	1	2	3	4	5
Holistic image of the destination	1	2	3	4	5

International Medical Tourist (International patients) only				
23. (Frequency of visit) is this your first time visiting South Africa?	Yes		No	
24. Did you consider other destinations before choosing South Africa? If yes, Specify.				
Domestic Tourist (local Patients) only				
25. (Frequency of visit) is this your first time visiting Johannesburg?	Yes		No	
26. Did you consider other cities before choosing Johannesburg? If yes, Specify				

27. Please indicate your level of perception in terms of the following statements:

Statements	Strongly Disagree				Strongly Agree
Johannesburg is a world class medical tourism destination with excellent medical facilities.	1	2	3	4	5
Johannesburg has internationally trained surgeons.					
In general, obtaining medical treatment in Johannesburg is less expensive (***value for money***)	1	2	3	4	5
I will recommend South Africa for medical purposes to my friends.	1	2	3	4	5
Transporation and accommodations facilities are well developed.	1	2	3	4	5
The destination is easily accessible	1	2	3	4	5
Overall I am satisfied with South Africa as a cosmetic surgery destination.	1	2	3	4	5

Thank you very much for agreeing to participate in this important study.