Degree Project

Bachelor

An analysis of the aspects attracting medical tourists

A case study in Seoul, South Korea

Author: Da ok Jung
Supervisor: Karla Boluk
Examiner: Johan Håkansson
Subject: Human Geography
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Högskolan Dalarna
791 88 Falun
Sweden
Tel 023-77 80 00
Dedication

This thesis is dedicated to my father, who would have been very pleased to see the accomplishment of the thesis.

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Thank you all! Thank you very much for what you have done for me!!
Abstract
Many countries recognized the potential of medical tourism as an alternative source of economic growth. Especially after the economic crisis many Asian countries joined medical tourism in hopes to escape the severe financial difficulty. However, yet only few countries have managed to become a famous medical tourism destination. With growing number of competitors, newly joined countries of medical tourism, face the difficulty in introducing them self as attractive medical tourism destination. South Korea as a new medical tourism destination, should consider what to offer to the medical tourists to attract them. The aim of the thesis was to investigate aspects influencing the participation of medical tourists to discover how South Korea could develop an attractive medical tourism destination. After examining the case study and results from the text analysis, researcher reached to the conclusion that quality, cost and accessibility to treatment are the major reasons to participate in medical tourism. Also in the fierce competition, it is important to develop differentiated offers from other destinations. Therefore, Korea should concentrate on specialized treatments and ICT system to become an attractive medical tourism destination.
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Chapter 1: Introduction

1.1 Background

Medical tourism is a fairly new field of inquiry. Therefore the current researches and theory developed on the topic is, minimal, leaving significant opportunities for research in the area. Despite the lack of theory existing on the topic of medical tourism, in praxis, it is attracting attention as a growing sector of tourism. Consequently, it is a worthwhile, study, the topic to explore, why it is an important trend.

Ross (2001) and Tabacchi (2003), cited in Cooper (2009), stated that any kind of travel to make yourself or a member of your family healthier is defined as health tourism. Medical tourism is defined by Connell (2006) as, travelling long distances to overseas destinations to obtain medical, dental and/or surgical care while simultaneously being holidaymakers. Thus Health tourism includes medical tourism. Early medical tourism was an activity mainly for wealthy people from less developed countries, where they could not access suitable treatments due to the lack of skills or sometimes even just for better service and facilities offered by developed countries. However this propensity has changed in recent years (Herrick, 2007). It is now common that people from developed countries are travelling to developing countries for medical treatment (Horowitz and Rosensweig, 2008). This change is consequence of the inflated costs of medical fees as well as the development of medical skills in Lesser Developed Countries (LDCs). More and more travelers are seeking low cost medical treatment in foreign countries with relatively high medical skills and services. For example, India and Thailand are recognized to be in the center of the latest medical tourism business. Each year medical travelers to Thailand increase, and in 2009, medical tourism added 2.2 million US dollars to the economy (Connell, 2011). Based on these facts medical tourism is recognized as an expanding sector of tourism with high potential benefits for both individuals and the local economy. Especially after the latest economic crisis, the interest of many countries in medical tourism has increased (Connell, 2011). Specifically, South Korea is a country which has begun to focus on medical tourism given its high potential for growth and economic benefits. The current Korean government is exerting efforts to develop a medical tourism brand in Seoul, the capital city. However South Korea has a relatively low comparative advantage to other successful medical tourism destinations since most of the destinations offer lower treatment prices. This thesis will investigate aspects that influence
the participation of medical tourists in medical tourism and also define the key attributes of the Korean medical tourism product.

The paper aims to investigate aspects influencing the participation of medical tourists to discover how South Korea could develop an attractive medical tourism destination.

Two objectives support this aim:

1. To investigate the Strengths, Weakness, Opportunities and Threats of medical tourism in South Korea by carrying out SWOT analysis.
2. To explore the various perspectives of tourists interested in medical tourism as expressed on blogs.

Three questions frame this study:

- What products does South Korea have on offer to create an attractive medical tourism destination?
- What aspects influence tourists to participate in medical tourism?
- How can South Korea target medical tourists?

### 1.2 Thesis structure

Following this introduction will be a review of the literature which provides an overview of the studies conducted on the topic of this thesis. The literature review will cover various researches, starting from the history and development of medical tourism to an analysis of successful medical tourism destinations. It will also contain the background information on medical tourism in South Korea. In chapter 3 the methodology, methods used to conduct this research will be described. Detailed information on the research approach and strategy will be stated in this chapter as well as the limitation of this research. Chapter 4 will present a case study of medical tourism in Seoul, South Korea, using a SWOT analysis. Then the results and discussion of the textual analysis will be presented. With the result stated in these two chapters, a conclusion will be made in the last chapter with some suggestions for future research. The reference list and Appendix can be found in the end of the paper.
Chapter 2: Literature review

2.1 Introduction

This chapter presents the definition of health tourism and where medical tourism is located in health tourism as medical tourism is an umbrella term for health tourism. Also the history and development of medical tourism will be presented. In the last part of the chapter, the successful experience of medical tourism destinations will be introduced as well as the information on medical tourism in Asian countries.

2.2 Health tourism

2.2.1 Definition

To be able to discuss 'health tourism', it is indispensable to first define the term 'health' and 'wellness'. According to World Health Organization (WHO web, n.d.), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution). It does not only include the well-being but also to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment". Wellness, according to Smith and Puczko (2009:39-40), is harmony in mental, physical, spiritual, or biological health in general and has stronger ties with changing lifestyle or doing something healthy than with curing a specific disease. This indicates that health and wellness share the overall idea but differs in how they stress the healing aspect. Health includes being absence of disease and illness, however wellness does not necessarily stress the cure itself but how people perceive well-being and preserve the balance. It is also described by Smith and Kelly (2006:2) that 'wellness is more of psychological than physical state'. Figure 1 below illustrates the relationship between health and wellness.
An initial emergence of health tourism was when people traveled to spas and hot springs for relaxation and psychological healing. This early form of health tourism was more or less in purpose of seeking wellness, because it contained the mental and spiritual well-being but excluded the actual treatment for illness. Therefore it can be understood that first health tourism was centered on 'wellness' tourism rather than 'health'. Health tourism was extended to the current form which includes the cure and healing of physical body. Health tourism by Tabacchi (2003) was defined as 'any kind of travel to make yourself or a member of your family healthier' (Cooper, P. and Cooper, M., 2009). As well, Ross (2001) defined the health tourist as 'people travelling from their place or residence for health reasons'. This indicates that health tourism is a rather broad concept that covers all the travelling which contains a purpose of health enhancement. There are different types of health and wellness tourism which ranges from those which focus on physical or medical healing, to those who have psychological or spiritual (Smith and Puczko, 2009). According to Global Spa Summit (2011), the term health tourism is inconsistent and confusing because: the term is 1) sometimes used as a substitute for medical tourism; 2) sometimes it is used synonymously with wellness tourism; 3) sometimes it is used to mean both; and 4) sometimes it is used to refer to a subset of medical or wellness tourism. This paper accepts that health tourism is a concept that includes both wellness tourism and medical tourism. Wellness tourism by GSS (2011) is defined as 'tourism which involves people who travel to a different place to maintain or enhance their personal health and wellbeing, and who are seeking unique, authentic or location-based experience/therapies not
available at home’. Thus, health tourism is a concept that includes mental and psychological wellbeing, as well as physical treatment.

2.2.2 Medical tourism in health tourism

As mentioned earlier, health tourism is rather wide ranging. Within the term health tourism there are several sub categories such as physical healing, beauty treatments, relaxation rest, psychological and spiritual etc (Smith and Puczko, 2009). Table1 presents the spectrum of health tourism by Smith and Puczko (2009). Under the categories of physical healing and beauty treatments there are sub categories such as, surgical trips, rehabilitation retreats, and cosmetic surgery, which are well known aspects of medical tourism. It indicates that health tourism covers medical tourism. It was also stated by Danell and Mugomba (2006:10) that health tourism encompasses both wellness tourism and medical tourism, and that within medical tourism there are two typologies: non cosmetic and cosmetic surgery. Figure2 below summarizes the structure of health tourism.

Table 1 Spectrum of health tourism

<table>
<thead>
<tr>
<th>Physical healing</th>
<th>Beauty treatments</th>
<th>Relaxation rest</th>
<th>Leisure entertainment</th>
<th>Life work balance</th>
<th>Psychologic</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical spas / bath</td>
<td>Cosmetic surgery trips</td>
<td>Pampering spas bath</td>
<td>Spa resorts with &quot;fun waters&quot;</td>
<td>Holistic centres</td>
<td>Holistic centres</td>
<td>Meditation retreats</td>
</tr>
<tr>
<td>Mofetta</td>
<td>Hotel /day spas</td>
<td>Wellness hotels</td>
<td>Sports/ fitness holidays</td>
<td>Occupational wellness workshops</td>
<td>Workshops (e.g. Hoffmann, psychodrama)</td>
<td>Yoga centres</td>
</tr>
<tr>
<td>Surgery trips</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation retreats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.3 Medical tourism

2.3.1 Definition

In the early stage of medical tourism, many researchers included spa and relaxation treatments in the category of medical tourism due to the difficulty in distinguishing between wellness and medical tourism. Recent research distinguishes medical tourism as tourism that involves specific medical intervention (e.g. Connell, 2006). Connell (2006:1094) defined medical tourism as "tourism deliberately linked to direct medical intervention, and outcomes are expected to be substantial and long term". According to Smith and Puczko (2009:101-104), medical tourism has two major forms: surgical and therapeutic. Surgical tourism is a tourism that involves operations, while therapeutic is tourism that facilitates healing treatments. Therapeutic tourism shares some similarities with surgical tourism such as medical checkups and diagnosis, but is differentiated in the fact that it is often a long stay or requires repeat visits.

Additionally there are few definitions who medical tourists are. Cohen (2008:25-26) has suggested that the classification of the medical tourist is fourfold.

1. medicated tourist, who received treatment for accident or health problems that occur during the visit;
2. medical tourist proper, who visits a country for medical purpose;
3. vacationing patient, who visits mainly for medical treatment but make
4. mere patient, who solely visits for medical treatment without use of holiday opportunities.

For the purpose of this paper the focus will only include visitors intentionally travelling to certain destinations for medical treatment thus, the paper explores medical tourists i.e. medical tourist proper, vacationing patients and mere patient.

In this paper, medical tourism will be defined as tourism that involves direct medical intervention, for either a surgical and therapeutic purpose. Such interventions thus require medical tourists to intentionally visit certain destinations for medical treatment.

2.3.2 The history of medical tourism

The concept of travelling for health care is not new. According to MacIntosh (2004) even from the seventeenth century, the wealthy of Europe traveled to spa resorts and specific hospitals on the Nile. Gray and Poland (2008:1) found in their study that 'there has been a long history for upper social classes to travel to Mediterranean destinations for spas, mineral baths, and innovative therapies, to seek a better climate to improve their overall health'. Wealthy people from developing countries have long been travelling to developed countries for high quality medical care (Herrick, 2007). The flow of patients from less developed nations towards more developed nations, where treatment quality would be more advanced and significantly better, was the traditional model of medical tourism. However, this tendency has changed in recent years as, the current medical tourism model shows that the flow of patients are in both directions, especially from developed countries to developing countries (Horowitz and Rosensweig,2008). The following two sections will present the early form of medical tourism and how it turned to the current medical tourism model.

2.3.2.1 Early medical tourism

The early medical tourism was more or less in the form of health tourism. According to Goodrich (1994:228), in the ancient times people traveled to rivers or warm mineral springs to enhance their health. Connell (2011:12) states, the first recorded medical tourism dates back more than 2000 years, when people traveled from around the Mediterranean to Epidaurus in the Peloponnese. Epidaurus is the longest preserved temple of Asclepius, the god of medicine, in which it was believed that Asclepius would allegedly visit the patient and
recommend a remedy for the illness or injury. Such stories encouraged many believers to travel to the temple in search of a cure (Health medical tourism, 2007, cited Kazemi 2008:23). Later on, Islamic civilization became a significant contributor to medicine and medical tourism. The Mansuri Hospital, an Islamic hospital built in 1248 A.D, was probably the most famous medical tourism facility. It was the largest and most advanced health care facility, which offered medical treatment to all people. Thus many medical tourists traveled to Mansuri hospital for advanced medical treatments (Kazemi, 2008:25).

After the development of western clinical medicine, the therapeutic treatment eventually faded. Wealthy people from developing countries traveled to western world for better medical treatment and facilities (Herrick, 2007:1). For example, people from oil-rich Middle East countries received medical treatment in the United States (Cohen, 2008:25). According to Adams and Kinnon (1998, cited in Reddy, York and Brannon, 2010:512), affluent people from developing countries have been travelling to developed countries such as USA and European countries to participate in medical tourism over the past few decades. This trend is recognized as the traditional model of medical tourism. The traditional form of medical tourism was supported by the development of transportation, which became safe and fast (Burkett, 2007:226). However, this traditional form of medical tourism did not last long and faced transition. The following section will present the cause of this transition and the new model of medical tourism.

2.3.2.2 Transition of medical tourism

The development of transportation infrastructure increased the number of medical tourists but as well as facilitating the transition of the medical tourism model. Travelling across the globe became safe, fast, and inexpensive (Burkett, 2008:226). It triggered the middle class travelling from wealthy developed countries to developing countries in search of affordable and readily available medical services, which they combine vacationing or other forms of tourism to medical purposes (Cohen, 2008:25). The transition of medical tourism represents the transformation of medical tourism from the traditional model to the new model. The new model of medical tourism illustrates the medical tourism occurring in two ways, both from developed to developing countries and vice-versa (Milstein et al. 2006, and MacReady, 2007 cited in Gill, 2011:315). However, the new model of medical tourism is more focused on the flow of medical tourists from developed nations to developing nations" (Horowitz and Rosensweig, 2008). Connell (2006:1094) stated "the new pattern of medical tourism has
grown dramatically in recent years” because of the high costs for medical treatments in developed countries, “long waiting lists, relative affordability of international air travel and favorable economic exchange rates, and the ageing of affluent post-war baby-boom generation”. Furthermore, Connell (2006:1094) claimed "the growth of new medical tourism has been facilitated by the rise of the internet and the emergence of new companies that are not health specialists, but brokers between international patients and hospital networks”. In the US for example, a large segment of the population cannot afford the high cost of the private medical system, while they are not poor enough to obtain public medical schemes yet. And in many European countries, national medical services are under severe pressure and unable to respond to the demand for the medical treatment timely, causing long waiting lines (Kher 2006:51, Lilakul2005a, cited in Cohen, 2008:25). The new trend of medical tourism has given way to new medical tourism destinations. The most recent growth in medical tourism has been in the middle income countries of Asia, Latin America, Eastern Europe, and the Mediterranean fringe that contains a high quality of medical services, good infrastructures and facilities, and is attractive to tourists (Connell, 2011:56).

2.3.2.3 Medical tourism today

Unlike the earlier times, contemporary medical tourism has become much more diversified both in terms of technology and geography (Reddy, York and Brannon, 2010:512). Today there are a variety of treatments obtainable in the medical tourism market. The most common treatments offered nowadays are cosmetic surgery, dentistry, cardiology and cardiac surgery, orthopedic surgery, bariatric surgery, and reproductive system treatment (Horowitz, Rosensweig, and Jones, 2007). Moreover, there are many countries offering medical tourism such as Bolivia, Brazil, Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia and Thailand, Belgium, Poland, Singapore and South Korea (Danell and Mugomba, 2006:4). Many countries wish to join the medical tourism industry due to

1. the growing potentials for economic benefits,
2. the opportunities to be recognized as a specialty in certain types of treatments to maintain competitive advantage toward other destinations. For example, Eastern European countries such as Hungary and Poland specialized in dental care, South Africa with plastic surgery (Connell, 2006:1095) and Thailand is well known for its specialty in sex change operations and cosmetic surgery (Connell, 2006: 1095).

This indicates that medical tourists nowadays have a broad range of options to choose from.
The destination might differ by the cost and also can differ by the treatment they seek, since destinations tend to be specialized these days. With the overload of information on the internet, it is not easy for the tourist to plan their medical tourism experience by themselves. Since several medical tourism companies have recently emerged, which arrange the whole trip for their clients (Reddy, York and Brannon, 2010:513). These medical tourism intermediaries mainly use internet to recruit patients (Herrick, 2007:6), so current medical tourists are usually familiar with the internet and able to navigate themselves around so to coordinate their treatment journey aboard. Also, from the intense competition the service quality and special offers has developed. Some medical tourism hospitals offer pickup service from the airport, an interpreter, and they even offer suggestions about the leisure and holiday opportunities after the surgery (Won, 2007).

Medical tourism today is rapidly developing and brings benefits to participating countries. According to Herrick (2007:1), the medical industry revenue in 2006 was estimated to be $60 billion and that it will raise to $100 billion by 2012. Due to the high tensed competition, medical tourism industry is expected to grow even bigger in both scale and scope.

2.3.2.3.1 Medical tourism, Media, and Decision making

According to Nielsen (2001:41), tourist decision-making is based on a variety of factors such as psychological, social and economic factors. Individuals making decisions are influenced by both rational and irrational elements, as according to the information available, previous experiences, word of mouth etc. Tourists have long been using media as a gate to information. News, commercials and advertisements from agencies is the most commonly used media in the past few decades. According to Nielsen (2001:24), "media describes various modes of communication as an industry in the public domain which includes print media, broadcast media and internet". Medical tourism is one of the sectors which is highly influenced by media due to the fact that many medical tourism products are accessed through internet. Furthermore, most tourists seek information about destinations through internet (Nielsen, 2001:132). Recently the internet has become the most effective way of providing and gaining information. It is because unlike other media, interactivity is achievable with the internet (Nielsen, 2001:35). Using the internet makes it possible to research information and find ongoing feedback (Nielsen, 2001:35). Nielsen (2001:109) stated that people tend to prefer word-of-mouth in decision-making; as a consequence, the use of travel agencies is a declining source of information (Nielsen, 2001:129). However, is it described that "when it
comes to decisions involving large sum of money or containing risk, people tend to return the source of perceived expertise (Nielsen, 2001:109,129). The internet is said to have both commercial and non-commercial applications and also both personal and impersonal aspects (Nielsen, 2001:67). Therefore the internet is an effective outlet that provides both informal information such as word of mouth and also information from authorized organizations. A majority of medical tourists attain access to medical tourism products and information using the internet for such reasons. Khanna (Lagace, 2007) stated that reducing the psychological fear of medical tourists is a challenge of medical tourism destinations. It indicates medical tourists intend to find psychological security and it is an important factor that influences decision-making. In other words, media specifically the internet, plays an important role in tourist decision- making and that customer decision making lies in between the medical tourism destination and information that can be made accessible through the media (Figure 3).

![Figure 3 Customer decision-making in medical tourism](image)

### 2.3.2.4 Analyzing the experience of successful countries in medical tourism

Although there are numerous countries offering medical tourism, only a few are currently recognized as successful medical tourism destinations (e.g. Thailand and India). In this section, brief information on two successful destinations, India and Thailand, will be presented with the analysis of the element of the success.

**India** is one of the most famous destinations for medical tourists. 'Medical tourism worldwide' (Anon., 2007, cited in Herrick, 2007:2) states that 500,000 patients have traveled to India for medical care in 2005. It is estimated that the Indian medical tourism is worth 333
million US dollars in the same year (Satish, 2005). Caballero and Mugomba (2006:4) stated that India's medical tourism business operations are growing at 30 percent per year with the projected revenues of at least 2.2 billion US dollars by year 2012. To become the most important destination for medical tourism, India has upgraded technology and absorbed Western medical protocols. Also they have imported technology and medical goods and improved their infrastructure to Western levels. Effort to restore doctors who have international qualification or Western experience is also one of the methods India that has led to its significance as an important medical tourism destination (Connell, 2006:1095).

Khanna (Lagace, 2007) stated, "an important strategic challenge for developing-country hospitals is to reduce the psychological fear". All the actions outlined above demonstrate the efforts made by the Indian medical tourism industry to reduce the psychological fear of their medical tourists by creating similar or better quality treatments, services, facilities and overall environments. As Connell (2006:1095) states widespread English is also an advantage for India. It helps tourists feel comfortable to select India as destination. However, the major success factor for the Indian medical tourism industry is its cost efficiency. Herrick (2007:4) states, India perhaps has the lowest cost and highest quality of all medical tourism destinations. Having several hospitals accredited by Joint Commission International (JCI) and staffed by highly trained doctors, Indian medical treatments have become reliable in quality and cost still remains low. According to Global Spa Summit (2011:57), the key attractions for medical tourism in India are:

1) low cost of treatments;
2) high quality of care;
3) lack of language barriers; and
4) long history of traditional and alternative healing therapies.

In addition to the lists above, India's success in medical tourism lies on governmental support as well. For example, the government of India introduced the 'medical visa' to boost the medical tourism sector. This allowed foreign patients to obtain a visa for the duration of their treatment and extend it for up to a year (BBC news, 2005 cited in Reddy, York and Brannon, 2010:512). This indicates medical tourists travelling to India have less complication therefore it is easier to take treatments in India.

**Thailand** became a well-known destination in the early 1970s because of its specialization on sex change operations (Connell, 2006:1095). However, the real
development of medical tourism in the area was a consequence of the economic collapse. In the late 1990s Thailand suffered from economic collapse, and many of its middle-class citizens left the country which weakened the national infrastructure. To balance the gap, hospitals in Thailand started to market themselves to foreign patient where the treatment service in their origin was not as good as what Thailand had to offer (Balfour & Kripalani, 2004). The effort to market foreign patients turned out to be a success and they were able to provide for 600,000 foreign patients in 2004 (Badam, 2005 cited in Burkett, 2007:227). Thailand currently claims to have the largest number of medical tourist (Connell, 2011:63). About 30 percent of the total tourists of Thailand are said to be visiting solely for the medical purpose (Khwankhom 2004, cited in Cohen 2008:26), and the percentage might have increased more due to the grown reputation of Thailand medical tourism (Cohen 2008:26). Thai medical industry is growing continually and in 2009, 2.2million US dollars were added to the economy by the medical tourism sector (Connell, 2011:64). Thailand in comparison to India, has higher costs for treatments and the hospitals do not offer fixed pricing (Herrick, 2007:4). However, Thailand still remains competitive as a medical tourism destination for a variety of reasons. From the cost efficiency perspective, although the treatment fee is not as low as India, the staying cost is cheaper than other countries (Herrick, 2007:4). Since Thailand has a well-established tourism destination with a large tourism industry it already had the infrastructure in place before the development of medical tourism. As such, hotels and transportation were in place which enabled the low staying cost. Also with the image of less poverty then other medical tourism destinations, patients can feel safer (Herrick, 2007:4). It is easier for Thailand to promote their medical tourism offerings to the existing visitors and make them potential medical tourists. Secondly, The Thai government is in support of turning Thailand into a medical hub. The Thai government sponsored various campaigns such as 'Amazing Thailand' high-lighting 'the attractions of spas, hospitals and herbal products' (Russell, 2006 cited in Cohen 2008:28). This promotional marketing demonstrates another important advantage of the Thai medical market that the healing tradition of Thai people is well linked to medical tourism in which tourists can take advantage of both treatments during one visit (GSS, 2011:76). In addition, while promoting the medical tourism opportunities and the Thai healing traditions worldwide Thailand's image of a medical hub has become recognized (GSS, 2011:76). Consequently, Thailand has been marketed for its medical tourism to in other Asian countries such as Japan and Korea. These countries have expensive medical services and patients prefer to travel to Thailand and obtain less expensive treatment
with fairly similar techniques. In addition, the staff and nurses are trained in Japan and Korean which offer fewer barriers such as language (Connell, 2011:64).

Lastly, one of the most important success elements of Thailand's medical tourism is that they are specialized in certain treatment. For example the sex-change operations (Connell, 2006:1095), cosmetic surgery, and nowadays medical-screening (Russell, 2006 cited in Cohen, 2008:28). By specialization Thailand differentiates them from other destination and remains competitive.

### 2.4 Medical tourism in Asian countries

Travelling to Asian countries for medical related purposes has existed since the ancient times. Ever since yoga emerged in India about 5000 years ago, they have received a constant influx of medical travelers and spiritual students hoping to master and benefit from the most fundamental and revered branch of alternative medicine (Kazemi, 2008:28). However, the boom of medical tourism in Asia started after the Asian financial crisis in the late 1990s (Connell, 2011:62). Many Asian countries needed to find economic diversification and a solution for the wake of this crisis (IHT, 2007 cited Kazemi, 2008:5). According to Connell (2011:62), "as Asian countries sought alternative sources of economic growth, coincided with the medical tourism and the privatization and business orientation of what has become a medical industry". Consequently many Asian countries joined the medical tourism industry in the need of economic diversification (Kazemi, 2008:33). Many local citizens, after the crisis, could not afford the health care, so the hospitals had to look for patients from other countries (Turner, 2007). Surprisingly, now it is said that the most important new region for medical tourism is in Asia (Connell, 2011:61). Asian medical tourism destinations such as Thailand, India, Singapore, South Korea, and Malaysia attracts approximately 1.3 million medical tourists from around the world per year (in total) and increasing annually (Kazemi, 2008:33).

### 2.4.1 Destinations of Asian medical tourism

As mentioned earlier, many Asian countries have entered the medical tourism industry. Even before the medical tourism concept was established, travelers from around the world visited Asia for unique healing treatments. For example, people went to India 5000 years ago for yoga (Kazemi, 2008:28). However, the modern medical tourism (surgical tourism) started quite late in Asia. Thailand is said to be one of the first countries who started modern medical tourism in Asia in the 1970s, followed by South-East Asian counties (Connell, 2011:61).
Medical tourism rapidly increased after the Asian economic crisis in the 1990s and now Asia has become the main region of medical tourism (Connell, 2006:1093). Table 2 below presents a list of medical tourism destinations in Asian countries with some brief information regarding when the destination became involved in medical tourism, its annual revenue and its area of specialization.

### Table 2 Medical tourism destination in Asia

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Statistic (year)</th>
<th>Specialization</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>500,000 tourists</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Singapore</strong></td>
<td>N/A</td>
<td>250,000 tourists</td>
<td>Cardiology, Cardiovascular *for women</td>
<td>Lee, 2006*Connell, 2006</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Estimated 2012)</td>
<td></td>
<td>/ Hutchinson, B., 2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$68 million</td>
<td>Cancer</td>
<td>/Bernama, 2010*Connell, 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye surgery</td>
<td></td>
</tr>
</tbody>
</table>

However, statistic in the table is not reliable since different sources give different figure. For example, Thailand was said to have generated 1 billion US dollars in 2006 when other source describe 2.2 million dollars in 2009. It should only be used to understand the general size of the medical tourism industry in Asia.

### 2.5 Medical tourism in Korea

According to the Korean Health Industry Development Institution (KHIDI), cited in Yun (20), 15,868 medical tourists visited Korea in Jan-Nov 2007 to the 34 main medical tourism
hospitals. Karp (2008) stated, "according to the 'Korean Ministry of Health and Welfare and Family Affairs', Korean medical institutions made 61.6 million US dollars from overseas patients in 2007 with a nine percent growth from previous year". Korean government is deeply related to the development of Korean medical tourism. They actively promoted medical tourism and developed a medical travel insurance system (Connell, 2010:75). Due to the effort, the Korean medical tourism industry gained more than 50,000 tourists traveled to Seoul, the capital of Korea, for medical tourism (KDIDI cited Connell, 2010:75). However in 2010, the numbers were static or falling and 94 percent of providers said progress had not met their expectation (Joong Ang Daily, 30 April 2010 cited Connell, 2010:75). To avoid further failure, Seoul opened the 'Seoul Medical Tourism Support Center' in 2009 and its own medical tourism package in 2010. It was said that the Seoul government will focus on five medical areas: regular checkup, skincare, plastic surgery, herbal medicine and dental services. Tourists visiting Korea for medical treatments however, seem to have a special purpose. Many medical tourists from nearby Asian Countries visit Korea for plastic surgery, especially after the spread of Korean popular culture, seeking for the k-pop looks. Also many travelers come for autologous fat grafts and facial-bone correction, surgery which is developed by Korean surgeons (Connell, 2011:75).

2.6 Summary of Literature Review

This chapter discussed how medical tourism emerged and how it has changed over the years. Medical tourism, as a new alternative for economic growth has seen many countries join the industry. However, not all countries have succeeded to remain competitive in the market. For the newly entering countries such as Korea, it is crucial to define what they can offer differentiated from other destinations to attract medial tourist. Since a majority of medical tourism is arranged through the internet, an analysis of the factors motivating medical tourists through exploring various internet sites will be necessary. The following chapters will intensively observe medical tourism in Seoul, South Korea then proceed to the blog observation to distinguish the aspects that influences the participation of medical tourist.
Chapter 3: Methodology

3.1 Introduction

This chapter will present the research methodology used in this paper, including research approach and the method. This paper will proceed with qualitative research. Particularly the thesis will be carried out using a case study and a text analysis. In addition, the limitation of the paper will also be stated in this chapter.

3.2 Research Approach

In general two research methods are commonly used for the research: qualitative and quantitative. According to Kazemi (2008), qualitative research is an unstructured, primary exploratory design based on a small sample, intended to provide insight and understanding. On the other hand, quantitative research is a research technique that seeks to quantify data and typically apply some form of statistical analysis.

For this paper, qualitative research will be used throughout the study. Hay (2010) stated that it is effective to use qualitative research in looking at a complex social situation or listening to minor voice which can be ignored in quantitative research, and also looking at feelings, emotions, attitudes, perceptions and cognition. Also it was said that it is used to verify, analyze, interpret, and understand human behavior of all types. Due to the fact that this thesis aims to investigate aspects influencing the participation of medical tourists to discover how South Korea could develop an attractive medical tourism destination, using a qualitative approach will be appropriate. Especially since this method is mainly used to explore the individual experience, it will fit to answer the objectives and research questions.

3.3 Research strategy

Qualitative data takes the form of words and visual images which is largely associated with strategies of research. A Case study is one of the research strategies often used to conduct a study. A case study can provide rich and qualitative information (Denscombe, 2010:273). Thus a case study strategy will be chosen for conducting this research. Especially the case study will be provide using SWOT analysis to observe what internal strength and weakness Seoul, South Korea has in offering medical tourism and also the external opportunity and threats of developing medical tourism. The SWOT analysis by Kotler and Keller (2006:52) is
described as evaluation of a company’s strengths, weaknesses, opportunities, and threats. SWOT analysis is consists of two different analysis, internal and external environment analysis. The internal analysis is mainly discussing the strength and weakness. Kotler and Keller (2006:53) stated that this is to find the attractive opportunities that will be advantage of them. The other is external analysis. This is to find market opportunities by observing what opportunities and threats, in this external analysis, factors such as economic, technology and political matters are considered (Kotler and Keller, 2006: 52).

In this study, SWOT analysis will help answering the aim by presenting Korea can offer in difference from other destination. To conduct case study, Secondary data was explored in existing previous studies, literature and statistical data from the Korean government will be used.

A Case study will focus on looking at the following questions by using a SWOT analysis; 1) What advantages does Seoul, South Korean medical tourism have? 2) What disadvantages does Seoul medical tourism face? 3) How can Korea differentiate its medical tourism product from other competing destinations?

3.4 Type of Qualitative research

According to Hay (2010), there are three main types of qualitative research in human geography; the oral, textual, and the observational. From the three types of research this thesis will use the textual analysis. Within the textual, there are three groups of sources: creative, documentary, and landscape source. For this paper, documentary sources will be mainly used since using documentary sources in textual analysis can be used in case of underlying discourses that underpin and legitimate social structure. Using the Textual analysis, this paper intends to seek aspects influencing the participation of medical tourists.

A Text analysis was employed by exploring existing medical tourism blogs and text extracted from those blogs will be analyzed. The purpose of using blogs to analyze the aspects influencing the participation of medical tourists is that, as described above (chapter 2.3.2.3.1), internet plays an important role in customer decision-making as it provides both informal information and therefore, blog will assist exploring the perspectives of medical tourists. However, despite the fame of internet as the number one source of information for medical tourism, as researcher searched internet to select blogs where medical travelers exchange information, there were only limited numbers of blogs that were capable. Therefore only four
blogs have been chosen for the purpose of this research. Four blogs were selected randomly using 'Google', with the key word 'medical tourist blog'. However, to avoid biased information, two blogs were selected from nonprofit associations while other two are blogs from accredited businesses. The purposes of the blogs are mainly to share the information on medical tourism and the experiences. The writer of the blogs varies but in most cases it is written by the medical travelers (although it was posted by the administrator of the blog). The selected blogs are as follow:

1. Medical tourism blog: World med assist  
   http://medicaltourismblog.org/topic/medical-tourism-blog/
2. Medical tourism cooperation blog: international medical tourism agency based in US  
   http://www.medicaltourismco.com/medical-tourism/
3. Medical tourism magazine: blog of medical tourism association  
   http://www.medicaltourismmag.com/blog/
4. The reformed multiple sclerosis society blog  
   http://www.reformedms.org/blogs

From the four selected blogs only text written from the perspective of tourists (such as testimonials and on-going issues) were selected to explore perspectives of medical tourists. There were approximately 13 pages in blog1, 3 pages from blog 2, 6 pages in blog 3, and five pages in blog4 reviewed, from which 12 testimonials and 10 other texts were used. Using the text analysis tool 'Textalyser' (online text analysis tool) frequency of the words were calculated to explore important issues described in medical tourism. In order to focus on the key aspects that influence participation in medical tourism, the words relevant to the aim were extracted. Using the frequency of the words, the paper presents three important factors of medical tourist's decision making on selecting destination country. Detailed information will be given in the analysis section (Chapter5.2).

### 3.5 Reliability and Credibility

The research is said to be reliable when outcome of two or more similar investigations will be broadly having same result (Bryman, 2008). However, one of the difficulties in conducting qualitative research is to ensure that the findings are reliable and credible, due to the fact that qualitative is subjective. To ensure reliability in this study, researcher firstly tried to avoid locating personal interpretation, therefore the themes brought up in text analysis was solely based on the texts from the blogs and its frequency. Also, the blogs selected for the study
were selected from different types of organizations to avoid the bias in perspectives. From the four blogs two were from non-profit organizations and the other two were from accredited businesses. Furthermore, due to the fact that two of the blogs were, the texts from these blogs are likely to be perceived unreliable. To increase the credibility of the texts, feedbacks and satisfaction of the tourists were ignored in the analysis. The text analysis was applied to examine the aspects that influenced the tourists to participate in medical tourism. Therefore, testimonials were used to observe what influences tourists to participate in medical tourism but not the outcome of their experience in medical tourism. With these methods, the researcher intended to achieve credibility of the text used in the study.

3.6 Limitations

There are few limitations for the research, the significant ones are: time, money and information. Firstly, since the term medical tourism is newly established, there were not so much studies given on the subject. Although there were a few studies focusing on medical tourism, it was inadequate for the research because it has different perspective on the range of medical tourism. This problem also appeared in the existing statistics which in many occasions was not available or unreliable. Some of the statistical data were given to only specialist or with high price.

Secondly due to the lack of money, it was difficult to go to the location to gather the detailed information needed for the research.

Lastly, due to the limited time it was difficult to get the appropriate data that is significant to this research.
Chapter 4: Case study of medical tourism Seoul, South Korea

4.1 Introduction

Medical tourism was once seemed as growing industry in South Korea however recently it is said that the numbers of medical tourists are static or falling which indicates that Korea should find some ways to revitalize the industry. With the support of the Korean government, they are trying to market themselves as a medical-hub to the other countries. However, since the medical treatment costs more than what they offer in nearby medical tourism destinations it is not simple to remain competitive. Thus it is important for the Korean medical tourism industry to find the felids where they can stand above other destinations then try to develop and provide what tourists are expecting to obtain. Also the Korean medical tourism industry should distinguish what areas of medical tourism they should focus on to attract tourists regardless of the price level.

This chapter will first give short information about Seoul, South Korea, and then will focus on looking at the following questions 1) What advantages does Seoul, South Korean medical tourism has? 2) What disadvantages Seoul medical tourism has? 3) How can Korea differentiate its medical tourism from other rival destinations?

4.2 Seoul, South Korea

Seoul is the capital city of South Korea in the East Asia. Seoul is located in the middle of the Korean peninsula with the total area of 605.41 square kilometers. In 2010, Seoul's population reached 10,582,774 people with 4,192,752 households and it is estimated to have foreign population of 273,945 in 2011. According to Seoul Metropolitan Government (Seoul metropolitan government web, n.d.), Seoul is selected as 9th (11th in GUC report 2010) rank in Global Urban Competitiveness Index (GUCI). Global Urban Competitiveness(GUC) is defined as "the ability of a city to attract and utilize recourses, provide goods and services, create wealth and provide its citizens with the society and economy to which they aspire, more effectively than other cities in the world"(GUC report, 2010:81). According to Korea Tourism Organization (KTO), 9,794,796 foreigners visited Seoul in year 2011, of which 73.5 percent is tourists*. It indicates that Seoul is attracted by many foreign tourists. Korea is well-known as powerful country of information technology (IT). Seoul, as capital of Korea, also

* Note: Data from KTO, detail figure given in appendix
shows strength in IT industry. It is estimated that internet penetrations in Seoul exceed 88.4 percent and broadband penetration of 34.4 percent in year 2010 (Seoul metropolitan government, n.d.).

4.2.1 Infrastructure and medical tourism

According to Korean Statistical Information Service (KOSIS)*, in 2010 there were over 15,621 medical institutions in Seoul with 113,520 medical personnel employed. This indicates Korean medical industry is massive. It is one of the reasons the Korean government is discussing medical tourism. In December of 2006, the Korea health and welfare department created a proposal on medical tourism positioning this niche as a solution to the overload of the domestic medical market and an opportunity to exploit a new market (Youn, 2008:25). Kim (2007: 9, 10), stated that in 2007 Korea had a loss of 18.7 billion dollars in the service sector while in total the export recorded 29.2 billion plus. As a solution to this problem, he suggested to activate medical tourism. It is due to the fact that compared to other tourism industries, medical tourism creates ten times the amount of profit. The Korean government reformed the medical law in May 2009, thus introducing medical visas, in order to attract medical tourists (Yang, 2012). After the involvement of Korean government, medical tourists increased largely. Data from the Korean Ministry of Health and Welfare and KTO (2011) states, in 2009 medical tourists were 60,201 and it increased to 110,000 in 2011. Also it is estimated that the total revenue of medical tourism increased from 151 billion won (approx. 133 million US dollars) in 2009 to 356 billion won (approx. 314 million US dollars) in 2011 (Seo and Lee, 2012).

However, Seoul medical tourism is facing difficulties because of the decline in the number of visitors for medical purposes in 2010. Thus, it seems as though the, expectations of the tourists have not met (Joong Ang Daily, 30 April 2010 cited Connell, 2010:75). In order to revitalize medical tourism, it is important to distinguish the strengths and weaknesses the Korean medical tourism industry has. Moreover it is important to investigate the opportunity and threat that may exist before making marketing plans. The next section will explore SWOT (Strengths, Weaknesses, Opportunities and Threats) of Seoul as a medical tourism destination.

4.3 SWOT Analysis of Medical Tourism in Seoul, South Korea

* Note: Data from KOSIS, table given in appendix
**Strengths**

One of major strengths of Seoul as a medical tourism destination is its impeccable medical technology. Kim stated (2007:12) that the level of Korean medical technology has developed up to 76 percent of that in US, 85 percent of Japan and 87 percent of Europe. Especially in specific department such as dental service, neurosurgery, ophthalmology and rehabilitation medicine, technology reach to 90 percent of US (Kim, 2007:12). Korean cancer treatment facilities for example is said to be the worlds best particularly the National Cancer center is well known for its 'proton beam treatment' (PBT is the most precise painless and noninvasive form of radiation therapy used to treat cancer and other benign conditions Proton beam therapy Korea, 2012), of which the price is half of that in US. It is estimated that is costs approximately 60,000 USD per person, with 30 to 40 treatments given in 8 weeks (one visit) (Eum, 2010). Also cosmetic surgery is being recognized as strength. According to Connell (2011:75), many travelers come for plastic surgery such as autologous fat grafts and facial-bone correction, surgery which is developed by Korean surgeons. Neurosurgery is expected to be an attractive field as well. According to Park (Korea Joongang Daily, 2012), Dr. Jeon in Seoul Asian medical center, has recently succeeded in making paralyzed man moving using new stem cell treatment. This new treatment method will become a medical tourism product as well in the future.

Secondly, strong information communication technology (ICT) systems can be recognized as another strength for Korean to promote medical tourism. Korea has been long known for its ICT, using this ICT system as a base, Korea is now putting effort forth on developing ubiquitous technology which can also be used in medical tourism. Korea has developed electronic health record (EHR), and electronic medical record (EMR) system using ubiquitous. In addition, they are making efforts to create international treatment system (U-SMIS: ubiquitous Seoul medical information system) using these ubiquitous elements. This technology enables to link Seoul medical institutions, patients and the local hospitals. The medical records of patients can be sent both directions from origin to the destination vice-versa, which indicates aftercare becomes easier and less risk for patient (Kim, 2007:12, 15).

The last strength is the relatively low price of many treatments. According to Kim (2007:12) the Korean medical treatment is 50 percent of that in Singapore, 20 percent of Japan and only 10 percent of US. This demonstrates that Korea can have comparative advantage in price to other countries which offer similar treatments.
**Weaknesses**

The outstanding weakness of the Korean medical tourism industry is its difficulty in communication. According to Kang (Korean times National, 2009), Korean TOEFL test takers rank 136th out of 161 nations in speaking skills which is almost at the bottom level. This indicates tourists will not be able to feel comfortable with communication. Also it might make medical tourists hesitant to come to Korea because of the psychological fear of not being able to communicate well with the medical personnel.

A second potential weakness reveals from the law, firstly law that forbids commercial hospitals is raised as aggravate problem regarding development of medical tourism product. Only through commercial hospitals it is able to allow variety of investment to create and build new medical tourism products and infrastructures (Lee and Jung, 2012). Another problem from current law is medical visa. Korean government introduced medical visa in 2009, however the procedure, compared to other medical tourism destinations, is still taking a long time and is complicated. In order to apply for a medical visa, applicants must prepare:

1. Passport
2. Photo 3*4
3. Application form
4. Official proof of medical treatment requirement by healthcare provider(s)
5. Financial documentation to prove affordability to bear the expenses
6. Copy of the Certificate of Registration of the inviting healthcare provider (or the facilitator)

From the list above, it is obvious that many documents and personal information are needed to apply for a visa and such is a laborious process. And even after the application it will take two to three month to get the visa (Medical Korea, 2010).

There are also other problems such as the low recognition of Korean medical tourism and a lack of service minded of medical tourism industry personnel.

**Opportunities**

The exclusive opportunity of Korean medical tourism lays on the breakout of **K-pop** (Korean pop). According to Matsumoto (Grammy.com, 2012), K-pop is a growing international audience in other countries over the world, especially in other Asian countries. As **K-pop** became popular, fans of k-pop started to seek for k-pop looks and come to Korea for plastic surgery (An, 2012). Also increasing recognition on medical science field such as stem cell
research is an opportunity for Korean medical tourism (Kim, 2007:12). Geographical location can be an opportunity as well. Although Korean medical techniques are good, the staying fee is quite high. But with the location advantage, tourist can get the medical service in Korea then travel to nearby countries for recovery and recreation.

**Threats**

Threats also exist in Seoul medical tourism. Firstly, the cost can also seem as one of the serious threat. Although it is mentioned above that the price is relatively low, it apply only when it is compared to the developed countries i.e. US and Japan. Compared to other famous medical tourism destination, such as India and Thai, the price of medical treatment is relatively high. Also the staying fee, such as food and accommodation is higher than those of Thailand and India.

A second threat is that Seoul is a large metropolitan area where the environment is not suitable for recovery. Unlike Thailand and India, medical tourism in Korea is concentrated in Seoul, the capital city, due to the fact that a large proportion of Korean medical infrastructure is located in Seoul. Since Seoul is highly populated and developed, it is difficult to find nature and silence in the city, which is essential for healing. Also there are fewer places for traveling with relaxation.

**4.4 Summary**

From the SWOT analysis above, the question stated in the introduction (Chapter 4.1) can be answered. Korea has begun to discuss medical tourism in order to overcome the surplus of the medical industry and to create profit from the service sector, as medical tourism is known to be an industry with high potential benefit. With the listed strengths of Korean medical tourism, Seoul can create a medical tourism product using specialized treatment and ICT system. For example, they can offer medical tourist proton beam therapy, cosmetic surgery, specifically autologous fat grafts and facial-bone correction, and neurosurgery using new stem cell treatment. In this way Seoul can create differentiation to other destination. Also, using ICT system Seoul can offer its medical tourists follow-up services from distance which solves one of the biggest concerns of medical tourists that they might not get proper care after the surgery. Korea could be an attractive medical tourism destination since it can offer operations that cannot be obtained easily in other medical tourism destination. Proton beam therapy for example is said to be offered in only 35 countries in the world (PTCOG, 2012). And in Korea proton beam therapy can be obtained at half the price of that in US. Also it is
possible to get world class medical service in Korea with low price then move to nearby
countries for recovery, where staying fee is cheaper with relaxation opportunities. Although
there are some external threats, it is also possible to overcome these. As mentioned earlier,
instead of price efficiency, Seoul medical tourism can market its specialized operation and
therapy. Also, co-operating with nearby tourist destinations, such as Thailand, Indonesia etc.,
could be recognized as an opportunity for Seoul medical tourism could offer a package like
medical service in Seoul and recovery in other country.
Chapter 5: Results and Discussion

5.1 Introduction

From the previous chapter, researcher has discussed how South Korea medical tourism can differentiate from rival destination. However it is also important to examine what aspects influences tourists to participate in medical tourism to be able to develop Seoul as an attractive medical tourism destination. This chapter will present the text analysis of the extracted texts from four chosen blogs. The analysis will mainly focus on distinguishing the aspects influencing the participation of patients in medical tourism. 12 testimonials and 10 other texts will be used from the four blogs. The blogs are given a letter reference, for the convenient use in the analysis. Table 3 below presents the blog name and its reference, as well as a short description in regard to the content of each blog.

Testimonials are mainly from blog A and C. However, there are differences in the type of treatment, for example blog C is concentrated on medical tourism for the specific purpose of a treatment for MS while blog A is giving overall medical tourism testimonials for a variety of procedures. Texts from blog B and D are mainly about issues and information related to medical tourism in general for tourists.

Table 3 Information of blogs

<table>
<thead>
<tr>
<th>Blog</th>
<th>Blog name</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Medical tourism blog</td>
<td>Testimonials, surgery information, destination description, ongoing issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Treatments:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hip replacement, Hip resurfacing surgery / duodenal switch surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(weight loss/obesity treatment / Heart Radio Frequency Ablation surgery)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Destinations:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>India/ Mexico/Turkey/ Belgium</td>
</tr>
<tr>
<td>B</td>
<td>Medical tourism cooperation blog</td>
<td>Testimonials, treatment information</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Treatments:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cyberknife treatment (cancer treatment)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Destination:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>India/Turkey</td>
</tr>
<tr>
<td>C</td>
<td>The reformed multiple sclerosis society blog</td>
<td>Testimonials, treatment information, issues on Multiple Sclerosis</td>
</tr>
</tbody>
</table>
5.2 Results

The result of the word frequency showed that 'medical' was repeated the most in the selected 22 texts by an occurrence of 91, and frequency rate of 1.5 percent, followed by surgery and treatment. However, to explore the aspects that influence tourists to participate in medical tourism, only words that are relevant to the aim should be considered. Therefore words that are not related to the aim were firstly deleted. From the remaining words, 'cost' with the occurrence 22, was mentioned the most in the extracted texts, subsequent to price, time, option, best, and quality. Since these words were stated the most, it can be assumed that these are the major aspects that influence the participation of medical tourists. Although there were different expressions to describe the same term the three themes that will be discusses in the subsequent sections include: cost, quality and treatment accessibility. After the words were sorted in the categories, total occurrence was calculated to see which one of the three categories was deemed the most important factor. Quality was the one leading factors with 110 occurrences and the other two were tied with an occurrence of 82. The following section will discuss how each of three themes was described in the text and the researcher will discuss what this implies.

Quality

From the three themes, quality was mentioned the most in the texts which indicates that quality is one of the most important factors that influence tourists to choose specific medical tourism destinations.

Several discussions about the quality and decision making of medical tourists were described
in the selected blogs. Statements from Blog A below demonstrate the most common way quality influences tourists to participate in medial tourism. A blogger from blog A stated his personal difficulty in finding an alternative for a hip replacement, called hip-resurfacing. For example the informant stated:

“I learned that it’s impossible to find an experienced doctor in the U.S. because hip resurfacing was only approved by the FDA in 2006."

Another blogger from the same blog explained similar experience regarding the quality in the context of the United States. For instance,

“I discovered a procedure called hip resurfacing but because it had only been approved by the FDA in 2006, couldn’t find a U.S. doctor who had a long enough track record to give me confidence...”

From the statements it can be analyzed that many tourists decide to consider the medical tourism because they cannot find high qualified treatments in their home country. It is due to the lack of experienced doctors and techniques as a result of late introduction of the treatment. However, it is not always for the lack of the quality in home country, it can also be from the attempt of the patients to find the best known destination for the specific treatment. For example,

“I zeroed in on India because so many U.S. doctors come from there...”

Quality not only influences the decision of patient going abroad but also influences the choice of destination, as well as the medical institutions. Statements from blog A below are a good example of how quality can influences the decision making of destination and hospital.

“... hospital has JCI[Joint Commission International] accreditation,[...]. It’s also associated with Harvard Medical, which further boosted my confidence. Another big reason for choosing Wockhardt was my surgeon, Dr. Goel. He’s a professor, U.S. trained, and has extensive experience in gastric bypass surgery. His credentials were superior[...]”

In addition to the accreditation from recognized institutions, technology used, the training place of the surgeons and experienced doctors were mentioned as on important issue in
regard to quality.

“...surgeons [are] trained and certified in America or Europe, and [they] use the latest in protheses, techniques and technology...”

“... The quality of the treatment is the same as in the US ... very well-qualified and experienced oncologists who speak English fluently.”

This statement indicates that decisions on the destination and hospitals are also highly related to the quality. Medical tourists tend to choose hospitals which are approved by recognizable institutions, using latest techniques, and where the doctors are trained in countries that are known to be advanced. Especially due to the fact that medical tourism in the less developed countries always carries concern of quality of medical service provided, tourist rely heavily on the accreditation from the reliable organizations. Thus many advertisement of medical tourism destination stresses the accreditation as well as many medical tourism information advice medical tourists to determine whether or not the hospital is approved by authorized institution. There is a good example in the blog B, stressing the accreditation and affiliation with the recognized institution to advertise the medical tourism destination.

“...many of them are affiliated with top world medical institutes like Harvard Medical and John Hopkins. A number of these hospitals are also accredited by JCI, USA, or ISO...”

From the listed statements, it can be conclude that quality is a factor that influences medical tourists to go abroad for treatments when it comes to the circumstances that finding experienced doctors providing good quality medical service in home country is difficult. In this case patients are seeking for the destination where they can obtain advanced treatments. After the decision to participate in the medical tourism is made, again quality becomes a factor that influences the decision of medical tourism destination and hospitals. At this phase accreditation from recognized organization and association with famous medical institution becomes important measure of defining the quality. The more accreditation achieved, the less the fear and concern of medical tourist, which directly lead to the decision.

Cost
There are many statements regarding the cost. As mentioned earlier, ‘cost’ as single term was
cited the most with 22 occurrences. As the development of new medical tourism started from the inflation of the medical cost in the developed countries that many people are not able to afford the price, cost for sure is an important factor that influence medical tourists decision making. Testimonials from blog A states:

“...The surgery here would have cost $30,000 to $35,000. I knew I’d have to go out of the country–to Mexico, Brazil or Spain...”

“...I knew I couldn’t afford the $60,000 I’d been quoted by my doctor. I checked out other hospitals throughout California, but couldn’t get anything close to what I could afford...”

Similar statement was given by another blogger from blog A. This informant stated that due to the nonexistence of insurance it was impossible to pay for such an expensive treatment and that he would have to look for other places which could offer a better price.

Similar statements were given in blog D:

“...The price tag of $40,000 in her home state was more than she could afford. When a friend of hers suggested that the procedure in India was about a quarter of the cost...”

These statements indicates that many patients cannot afford the medical care in their home land, therefore had to look for other alternatives overseas. Even for those who can afford the treatments, low cost offered abroad is still a good temptation. A testimony from blog A states:

“... [heart radio frequency] ablation [procedure that interrupts the abnormal electrical pathway] would cost $70,000. As a self-employed contractor, I’d made the choice a long time ago not to pay for health insurance, and just self-fund my medical expenses. I could afford the $70,000, but it seemed ridiculous...”

This illustrates, the inflation of the treatment price in some countries are extreme that local people feel it is unreasonable and irrational to obtain treatment when it can be done cheaper in other countries. Cost efficiency is a fairly important factor in choosing the destination. Blog A states:

“...checked a few options in Mexico and the Philippines but found India offered the
As well, blog B stated

“... The cost of CyberKnife treatment in the US can be anywhere between $50,000-$100,000. But Turkey provides very low cost CyberKnife cancer treatment at prices well below $20,000...”

The patient from blog A chose India as destination, as well patient from blog B decided to travel to Turkey. The decisions of these two patients specify that when same operation is given in more than one place, the decision made based on the cost. The destination which offers lower price has higher possibility to attract medical tourists.

From what has been discussed above, it is clear that cost is a factor that not only pushes medical tourist to get treatment abroad, but also pulls medical tourists to the destination. This indicates that although there are lots of patients who is willing to go abroad for treatments, medical tourism destinations should put effort to offer lower price than rival destinations to attract medical tourists.

**Accessibility to treatment**

Although quality and cost are the aspects that influence medical tourist to take part in medical tourism, there are some other significant factors as well. Especially when it comes to the specific treatment, such as treatment for multiple sclerosis, and proton beam therapy for cancer, influence of cost and quality drops down. In this case it is availability of the treatment itself that matters the most. Testimonial from blog B states

"...had to go abroad for cancer treatment because Australia doesn't have Cyberknife center..."

Also it was stated in blog D that

"...for Australians with a life-threatening medical condition to receive proven lifesaving treatment overseas where effective treatment is not available in Australia..."

From the same blog it was also mentioned about the gastric balloon implantation procedure that
"...Americans are looking into this weight loss option but the procedure is not offered in the states just yet..."

It demonstrates that patient, due to the non-existence of treatment in their home land, have no other choice than to go aboard where the treatment is available. Especially patient in life-threatening condition, the attempt to look for alternative in other country become even stronger.

"...I was getting really anxious to find something that would stop my MS and help give me a better quality of life...""... began signing up for every place that was offering at least diagnosis, in the hopes it would lead me towards the procedure ...I found the clinic in Los Cabos. I signed in very quickly and was accepted to go on June 14th..."

"...primary and secondary progressive patients (the ones that suffer the most) are the majority who invest in oversea treatment...

From the statements above (Blog C), it can be assumed that the desperation of patient to cure the illness encourages patients to look for possible procedures outside country. Good example for this is given in one of the texts in blog C.

"We've had an offer to get the treatment in the united states by a private, anonymous source...there are some risks and we're going to accept that."

Surprisingly, patients in the life-threatening situation are even willing to take the risks to get a treatment chance. In other words, cost and quality does not matter for them any more as long as they can reach available treatment.

In some cases, even though the treatment is available, the waiting time becomes a problem. Following statement is from Blog A.

"...because I'd have had to wait two to three years to get this surgery in Canada, I informed my doctor that I would be checking out other countries..."

As stated in blog A, long waiting time in origin countries can also be a push factor of medical tourism. As mentioned in the literature review (2.3.2.2), many European countries national medical service are unable to respond to the demand for medical treatment timely and cause
long waiting line. Thus patients from these European countries chose medical tourism as other alternative to obtain medical treatment fast and efficiently. This situation does not only apply to the European citizens. Most of developed countries are facing the same problem and more and more people will find it difficult to get medical care in time. Therefore waiting time will become aggravate factor influencing patients to go abroad. From what has been stated above, it can be conclude that lack of treatment in home land and long waiting line is an important reason for patients to participate in medical tourism. For patients who are in the life threatening condition, accessibility to treatment becomes the most important matter. Consequently, medical tourism destination offering treatments that are not often offered in other countries have high potential of attracting these medical tourists.

5.3 Discussion

As described in the literature review (Chapter 2), medical tourism has changed over time. Specifically the product on offer has developed and there are currently a variety of destinations that currently provide medical tourism services. With the recognition of potential benefits, many countries have tried to join the industry but only few have succeeded to gain reputation such as India and Thailand. Behind the success of these countries there has been well planed strategies regarding the influencing factors of medical tourists' decision making on the destination. However some of the descriptions in literature review should be challenged as it was found to be different during the research. For example, Nielson (2001:132) described that most tourists seek information about destination through internet. As well Herrick (2007) stated that internet is mainly used by medical tourism intermediaries to attract medical tourist. It suggests that there are ample of internet websites /blogs for medical tourists to consult. However praxis can be challenged due to the fact that it was difficult to find websites/blogs where medical travelers exchanges information. There were numbers of business websites of medical tourism intermediaries but these websites offers general information of medical tourism and private consultant but not many of them offers place to exchange and share medical tourism experience and information. It indicates, there might be some internet sources offering the information, but it is not easy to reach as it is described by many researchers (e.g. Herrick, Nielson)

From the findings from the analysis of blogs, the quality of the treatment, cost, and lack of medical service in one's home country are all contributing factors that influence medical
tourists to take part in medical tourism. It is difficult to define which one of the three factors is the most important for medical tourists, but it is clear that all three factors are functioning mutually for tourist's decision making. For example even though patients may decide to go for medical tourism due to the cost issues, quality will also influence them to make their decision on where to go. India for example is a country which succeeded by understanding this mutual functioning of cost and quality. As stated in Section 2.3.2.4, India became the most important medical tourism destination by inducing quality factors to its low price treatments (Connell, 2006). As Herrick describes, India has the lowest cost and highest quality of all medical tourism destinations, meaning major success factors for medical tourism in India is cost efficiency. Their strategy was to develop an image of good quality medical care at a low price and it has been successful. This strategy can also be applied to other destinations where the treatment fee is low. For these places to attract medical tourists, it is necessary to induce quality elements and reduce the psychological fear of the potential patient. In this way they can reduce the concern of medical tourists that low cost treatment will not be safe, thus attract more tourists. This conform the statement of Khanna that reducing psychological fear of medical tourists is the important strategic challenge. However, not all countries can offer medical treatments at a low price. For those countries where the price is relatively higher than rival destinations, it is important to find and develop specialized treatments that can be obtained only in their country to attract medical tourists. Thailand, in comparison to India has a higher price for medical services. However Thailand also managed to grow to be a successful medical tourism destination by specialized treatments. As Connell (2006) stated, Thailand first became recognized as a medical tourism destination due to its specialization on sex change operations. Regardless of many other factors influencing the medical tourists, specialized treatments such as sex change and/or plastic surgery still remains the most attractive elements for medical tourism in Thailand. From the experience of Thailand, specialization can be suggested to the countries with high treatment price. Specialized treatments in other words, treatments that cannot be obtained easily in other place, carries opportunities to attract medical tourists. This is related to the availability/accessibility to the treatments. Along with high cost of medical care in origin country, long waiting lines and unavailability of treatments is another reason for tourists to participate in medical tourism. This fact is also stated by Connell that high cost of medical service of origin countries and long waiting line dramatically increased current medical tourism. Due to the fact that the liberation procedure is not allowed for MS patients in
Ontario, patients in such a region have to go abroad to get the treatment. It is stated in blog C that only 40 countries in the world offer the liberation procedure for MS patients. It implies those 40 countries are likely to attract MS patients. The same situation had been found for Proton beam therapy. Since this procedure is only given in 35 countries in the world (see chapter 4.4), those countries offering this treatment have a comparative advantage to attract patients.

As Seoul metropolitan government announced, Seoul medical tourism will focus on five different treatments: regular checkup, skincare, plastic surgery, herbal medicine and dental service, although it is doubtful if this decision is based on strategic planning. In the long run, these treatments will not be able to attract tourists continually, that these treatments are given in other destinations as well and some time at a lower price. From the discussion above, if Seoul wants to catch the attention of medical tourists, it is necessary to induce either quality or specialized treatments. However, since many competitors are trying to attain quality elements, it may be wise to differentiate and focus on the specialization of treatment, which cannot be tracked by rivals easily. In this way Korea might have a better chance to become the next successful medical tourism destination.
Chapter 6: Concluding Remarks

The aim of the paper was to investigate aspects influencing the participation of medical tourists to discover how South Korea could develop an attractive medical tourism destination. To answer the aim, a case study on medical tourism in Seoul, Korea was made to firstly examine what products Seoul has to attract tourists. One of the objectives was give a SWOT analysis of medical tourism in South Korea to distinguish what advantages and disadvantages Korea have. The purpose of this was to be able to determine what areas of medical tourism Korea can focus on to become an attractive destination. From the case study it was revealed that Seoul has an advantage in offering specialized medical treatment such as cancer treatment using proton beam therapy and neurosurgery than to promote the low cost of the treatments since Korea has less comparative advantage in cost. It was described in previous chapter that currently Seoul is making effort to market them as medical-hub and that it will concentrate on five treatments such as regular checkups, skincare, plastic surgery, herbal medicine and dental services however there are some threats in focusing on these five treatments since these treatments can also be obtained in other destinations at a lower price.

To see what is important aspects in tourists making decision on participating in medical tourism, the text analysis of the blogs were conducted. The text analysis is connected to the second objective of the study, which is to examine the perspective of the tourists interests in medical tourism, specifically what aspects influence tourists to participate in medical tourism. Based on the analysis of the blogs it was discovered that cost, quality and accessibility to treatment are the aspects influencing the participation of the medical tourists and that these factors are functioning mutually when it comes to decision making. Also it was discovered that this features pushes and pulls the patients to participate in the medical tourism. In other words, cost, quality and associability to treatments are the aspects compel tourists to leave their origin of country to obtain medical treatments. And at the same time these aspects influence tourists to decide where to choose as a destination.

From what has been revealed in the previous chapters this paper reached the conclusion that medical tourism in Seoul, South Korea should concentrate on several factors in order to attract medical tourists. Based on this information Seoul should first define what they can offer to medical tourists that could be differentiated from other medical tourism destinations. As stated above, focusing on listed five treatments should be carefully considered since the proposed treatments are also available in the various competing destinations at a lower price.
For Korea to remain competitive with these treatments, it is important to provide other advantages in addition to price because with the price alone, it will be difficult for Korea to attract medical tourists. As stated in Section 5.3 different factors are functioning mutually when patients decide the destination for medical tourism. Accordingly if Korea can involve some other factors to the cost efficiency, there is still a chance. For example, Korea can offer advanced-quality medical service for a relatively low price. To promote the advanced quality of Korean medical service, it is important to gain accreditation. In Section 5.2, it was stated that patients seek a sense of security through looking at accreditations. Thus getting various accreditation and certificates from recognized organizations can be a way to advertise the good and safe medical treatment available in Korea to the medical tourists. However, still medical tourism in Korea is in an unfavorable condition in price competition. Therefore Korea should also consider developing specialties. For example, instead of pushing all plastic surgery, Korea could concentrate marketing on the field that is already recognized to be done best in Korea, such as autologous fat grafts and facial-bone correction, which is known to be developed Korean surgeon.

Also it is important to set a strategy and set targets. For countries like Korea where offering the best price is not feasible, looking for niche markets can be a way to attract tourists. For example, Korea can market themselves to the patients with tumors using the proton beam therapy, which is only given in 35 countries. As stated in the Section 5.2, patients with life-threatening illnesses are barely influenced by the cost and quality, but availability of treatment. This indicates no matter the cost, tourists will still be attracted to come for such therapy. Developing such treatments that are not often offered in other destination countries will carry great competitive advantage to Korean medial tourism industry.

In addition, ICT technology should be used actively to differentiate Korean medical tourism. As stated in Section 4.4, using the ICT system Seoul medical tourism can offer follow-up services to medical tourists. This system reduces the concern of not being able to get proper after care, and could provide a sense of security to the patients. Also since this is one factor that cannot easily be followed by rival destination, it could create an array of benefits.

There are also some other aspects Korea could consider introducing. As mentioned earlier in Section 4.4, Korea could cooperate with nearby countries and introduce package plans for the medical tourist. Since a large part of medical tourists are from US and other developed nations, they are not familiar with Asia. So offering travel to nearby countries for recovery might also attract tourists. This can also help attracting cost sensitive patients by reducing
stay fees.

In conclusion, there are three aspects influencing the tourists to participate in medical tourism, cost, quality and accessibility to treatments. These does not work independently but functioning mutually when tourist decision making. From this it can be assumed that, Seoul could target medical tourist by either increasing the quality or by differentiating treatments from other destinations using specialties and ICT system. However looking at the future potentiality, differentiation will continuously attract tourists then improving quality since specialization and ICT cannot be followed easily compared to quality. Specifically, cancer treatment using proton beam therapy will provide good opportunity for Seoul to become an attractive medical tourist destination, as it is given in only in few countries. Also providing after care by using ICT systems can be a major merit for Korean medical tourism industry solving major concerns for medical tourists that they will not get proper care after the surgery. By stressing these two elements, Seoul medical tourism will be differentiated from other destination therefore become an attractive destination.

This paper has focused on the decision making factors of medical tourists, however it is also important to observe the satisfaction of the medical tourists for the future development since it might also influence the decision making directly or indirectly. As stated in the Section 2.3.2.3.1, decision making is highly influenced by word-of-mouth. This signifies that the satisfaction of current tourists in some ways, will influence the decision of future medical tourists. From the blogs used in this research, it was stated that the first access to the medical tourism concept are usually from the people who have already had experience in medical tourism. Since there are difficulties in reaching an experienced hand, it might not be seen as a significant factor yet. However with the development of the internet and social network services, retrieving information regarding people's previous experiences will soon become easy. In other words, the satisfaction of tourists will become more and more important in the future and research on the satisfaction and decision making in medical tourism is inevitable in order to build attractive medical tourism destinations.

Furthermore, future cases studies are needed to present where medical tourism is available and what is on offer and how it is perceived by host community. Also, both qualitative and quantitative research is needed exploring medical tourism. Although this study focused on qualitative research to observe the current situation of medical tourism and to explore the aspects influencing the participation of medical tourist, exploring questions such as what kind
of pressures does medical tourism place on host communities, concerns such as increased pressure on local resources and services will also be needed in future studies.
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Appendix

1. Visitor Arrival by Purpose

<table>
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<tr>
<th>Year</th>
<th>Continent</th>
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<th>Sightseeing</th>
<th>Visit</th>
<th>Business</th>
<th>Official</th>
<th>Studying abroad/training</th>
<th>Other</th>
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<td></td>
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<td>16,009</td>
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<td>-</td>
<td>-</td>
<td>986</td>
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<td>-</td>
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<td>-</td>
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<td>133</td>
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2. Number of Medical Personnels Employed in Medical Institutions

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<th>Pharmacists</th>
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<td></td>
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<td>Part - time</td>
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3. Medical Institutions year 2010

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<th>Attached clinics</th>
<th>Long-term hospitals</th>
<th>Nursing Home</th>
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<td>Beds</td>
<td>Number</td>
<td>Beds</td>
<td>Number</td>
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4. Word-count by category

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### Treatment Accessibility

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