



The market place of medical tourism facilitators in South Africa

Dr Rene Haarhoff*
Central University of Technology
Free State Province
South Africa
Email: Rnel@cut.ac.za

and

LG Mokoena
Central University of Technology
Free State Province
South Africa

Corresponding author*

Abstract

Although there is no single definition for medical tourism, it is generally acknowledged that it refers to travel activity that involves a medical procedure. Cosmetic tourism refers to a subspecialty that is concerned primarily with the enhancement of physical appearance. The concept of combining travel with cosmetic surgery comes as a fresh idea to South Africa and its growing popularity is based on: the low cost of medical procedures in the developing countries, affordable air fares, favourable exchange rates and the internet. A medical tourism facilitator (MTF) acts as a coordinator between medical tourists and medical service providers such as surgeons or clinics and arranges treatment itineraries, lodging and local logistics. Attractive tourist packages ultimately provoke demand for this industry. In South Africa, the number of studies and availability of data on cosmetic tourism remains limited. The role of the MTFs calls for and validates this research within the medical tourism niche market in South Africa. The population included individuals who have made an appointment with a registered plastic surgeon. It was thus impossible to pre-determine the precise number of the population. A qualitative methodology was used to collect data anonymously from 236 voluntary respondents in the surgeon's waiting rooms after their consent was obtained. Results indicate that cosmetic tourists come from all over South Africa. The majority were female and organised the leisure component themselves. This opens the door for MTFs to investigate possible penetration into this travel market and thus to the expansion of the market.

Keywords: medical tourism, facilitation, tourism sustainability, travel, health, South Africa.

Introduction

Globalisation has given rise to a new form of tourism arriving in South Africa that is commonly known as medical tourism. According to Gupta (2004) medical tourism in general can be broadly defined as provision of cost effective medical care in cooperation with the tourism industry for patients requiring surgical and other forms of treatment. The definition implies that tourism is used as a facilitating vehicle by which buyers of medical services locate providers, travel to the destinations and combine vacations and other activities with the medical procedure(s) stretching the opportunities in the tourism industry (Awadzi & Panda, 2006:76). The term medical tourism was coined by travel agents and mass media to publicize this new combination of travel and medical services. Today, it is no longer jargon; it has become a common phrase to describe the rapidly-growing practice of travelling to access healthcare (Samir & Karim, 2011:215) and India and Thailand, for example, have burgeoning medical tourism industries.



It important to note that the field of medical tourism is vast and includes a variety of medical procedures: cosmetic surgery is one aspect of the spectrum. Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration or enhancement of an individual's physical appearance through surgical, non-surgical and medical techniques (Swami, Chamorro-Premuzic, Bridges & Furnham, 2009:7). Some of the most common procedures includes facelifts, nose jobs, breast reduction and implants. The profession and practice of cosmetic surgery is well established in many countries (Berer, 2010:4). Even though cosmetic surgery is usually associated with self-image, according to Dingman, Otte and Foster (2012:18) cosmetic surgery is more than just improving self-image. Amongst other things, plastic surgeons and maxilla-facial specialists, reconstruct disfigured faces, graft tissue on burns, repair cleft palates and remove tumours.

Cosmetic tourism, as a component of medical tourism has become the trademark of many destinations. The concept of combining travel with cosmetic surgery comes as a fresh idea that captures the imagination. Although there is no single definition for the term "medical tourism", it is generally acknowledged that this term is used to refer to travel activity that involves a medical procedure whilst promoting tourism. According to Connell (2006:1094) medical tourism is a niche industry "where people often travel long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense". In South Africa, the majority of plastic and reconstructive surgeons are located in the metropolitan areas which by implication result in medical tourists having to travel from their home town to such areas.

According to Suthin, Assenov & Tirasatayapitak (2007) the main reasons for the growing popularity in medical tourism is: the low cost of medical treatments in the developing countries, affordable international air fares, favourable exchange rates and the internet. The escalation of the internet has been integral to the growth of medical tourism as it has allowed destination hospitals to distribute details about facilities, staff and services to a wide audience, while maintaining tight control over the information. For example, websites prominently feature the credentials of surgeons, many of whom have trained in prestigious institutions in high income nations (Howze, 2007:1017). With the development of digital platforms, new travel management companies have emerged and act as the middlemen between patients and hospital networks, giving patients easy access to information, prices and options related to medical tourism and procedures. These companies are often referred to as medical tourism facilitators (MTFs). MTFs entice the medical tourists with names such as 'Surgeons and Safaris' offering low-priced cosmetic surgery packages to especially Argentina and South Africa (Turner, 2007:309).

A MTF acts as a coordinator between medical tourists and medical service providers such as surgeons, clinics and/or hospitals, arranges treatment itineraries, lodging and manages local logistics (MTASA, 2012:1). Attractive all-inclusive or post-surgery tourist packages ultimately provoke demand for this industry, and are often found as a result of an information search on the Internet. The MTF may be located in either the traveler's home country or the host country (Cormany & Baloglu, 2011:709). In South Africa, specifically, such MTFs are marketing their services extensively to both domestic and international medical tourists. The Internet, which is undoubtedly the most significant tool for information, has especially been the mechanism by means of which medical tourism stakeholders have bought into globalisation. The supply side, including infrastructure, marketing strategies, ensuring quality of care and destination accessibility, is equally important as it deals with how the services are supplied and promoted. South Africa has the ability to meet this demand, not only in terms of value for money and quality service, but also the well-developed hospital and clinic infrastructure. From a South African perspective, limited data exists regarding the demand of the domestic tourist, particularly related to cosmetic surgery, which further compels the need for this research. For the purpose of this study a medical tourist is regarded an individual who travels from his/her



usual place of residence to a destination for the purpose of receiving reconstructive or cosmetic surgery.

Literature review

Medical tourism facilitators

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

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

Defining medical tourism facilitators

Medical tourism facilitators are companies that provide guidance in the field of medical tourism for both patients and the medical providers. MTFs incorporate the tourism side of medical tourism in numerous ways (Helmy, 2011:297). These include one stop facilitation of all travel arrangements such as accommodation, air transportation and tourism services to and from destination; provision of travel services such as insurance, visa and health requirements at the destination; Packaged recreational and cultural activities, entertainment and/or excursions; promotion of specific recreational activities at negotiated rates during the recuperation stage; marketing of a tourist programme to the patient's travel companions(s) and/or family; and selling of tailor-made individual pre or post-surgery packages. An important channel in particular is the MTF used to bridge the gap between prospective medical tourists and medical tourism service providers (Turner, 2007:306).

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

- Convenience: This can be a one-stop service, where MTFs offer integrated knowledge and information about medical services (Mohamad, Omar & Haron, 2012:360).
- Facilitator experience and know how: MTFs have first-hand experience and information, and are able to network in terms of the best healthcare providers and medical travel arrangements.
- Cost effectiveness: Saving as a result of negotiated ratings and package deals (Mohamad *et al.*, 2012:360; Dr Prem, 2011:1) confirm that medical tourists may save time and money by engaging MTFs to act on their behalf. Such interventions eliminate stress for the medical tourist.
- Logistics: Assistance regarding logistics and other arrangements is taken care of, as MTFs' services include the processes of pre- and post-care treatment, handling of travel arrangements in terms of air travel and visa, as well as accommodation for the recuperation period (Gan & Frederick, 2011b:146).



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

The services of the MTF is according to Penney, Snyder, Crooks and Johnston (2011:2), a highly visible and influential resource available to patients thinking about traveling for medical care.

The role of medical tourism facilitators

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

Bundling packages

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

Using medical tourism facilitators

Numerous researchers (such as Turner, 2007:308-310; Chordas, 2007:56; Smith & Forgione, 2007:21) refer to the MTFs in the supply chain. A medical tourist may, for example, ask providers of medical services for whatever he/she needs and may organise each step of the process him/herself to access the procedures sought. On the other hand, the medical tourist may utilise a medical tourism facilitator to arrange everything. The process however does not seem to represent all the types of medical tourism (inbound, outbound and intra-bound), and rather focuses on inbound/outbound medical tourism, in essence neglecting intra-bound medical tourism. This is evident even in medical tourism literature, where Mohamad, Omar and Haron (2012:360) state that MTFs play an important role as moderators connecting medical tourists with a "foreign healthcare provider" to arrange cosmetic treatment outside the medical tourist's home country. The process described below involves making use of the medical tourism facilitator (Deloitte, 2011:42).

- The prospective medical tourist may enquire directly from medical tourism facilitator.



- The medical tourism facilitator will source the sought procedure as well as the appropriate surgeon from a specified medical tourism destination, assist with travel logistics, visas and accommodation and provide the medical tourist with an inclusive quote.
- Once the medical tourist arrives at the destination, consultation takes place after which the surgeon will provide the details regarding the hospital in which the procedure will take place as well as supporting services such as x-rays.
- The medical tourist receives a diagnosis and/or treatment.
- The medical tourism facilitator organises post-procedure care and other services that the medical tourist may need during the recuperation process, recommended by the surgeon, for example, physiotherapy.
- Depending on the nature of the procedure, the medical tourism facilitator may organise tourism activities for the medical tourist.
- Lastly, upon assurance by the surgeon that the medical tourist has recovered sufficiently, he/she will head back to his/her generating region. The medical tourism facilitator must send medical records to a referral surgeon from the country of origin.

It must be noted that the medical tourist may also choose not to make use of a medical tourism facilitator and go directly to the medical tourism provider. In this instance, the medical tourist will organise or source travel information, as well as relevant travel documentation such as visas and possibly a pre-arrival medical assessment. In distribution channel terms, this would be classified as a direct distribution channel.

The South African medical tourism facilitator industry environment

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

- **Surgical Bliss**

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

- **Afri-Care Health Service**

Located in the heart of Johannesburg, this MTF provides integrated medical services at affordable rates to inbound medical tourists seeking high quality and advanced medical care and tourism packages. Hospitality begins on arrival to ensure tourists a pleasant stay in South Africa. Important components such as accommodation, transport, secured hospital admissions; surgeon's appointments and even language translation (if needed) are pre-arranged. For recuperation, the company requires medical tourists to choose from their 'pamper pack' tailored to suit the tourist's medical needs (Afri-Care Health, 2012:1).



- **Surgeon and Safari**

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

- **Surgical Attractions**

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

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

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

Background to the problem

South Africa is currently performing relatively well as an emerging economy within the global tourism sector but challenges remain. There are currently targets in place to increase the number of inbound tourists to South Africa (National Department of Tourism [NDT], 2011:11). In order to achieve this, South Africa will need, amongst other things, to diversify its tourism product by identifying untapped local and global market segments. Medical tourism may be utilised as a tool to improve the South African tourism product, and by so doing, to generate more tourism revenue. The MTFs play a vital role reaching this target. According to literature (Ramirez de Arellano, 2007:194) there is evidence of people coming into South Africa and people travelling within the borders of South Africa for medical reasons, and particularly for purposes of cosmetic surgery.

Cosmetic surgery as a sub-sector of medical tourism may be an answer to increasing tourist volumes and tourist spending. According to literature, the impact of this kind of tourism extends to a wide spectrum of beneficiaries such as the healthcare industry, the commercial sector and the travel and tourism industry amongst others. Based on the literature, the problem statement below has been identified.



Problem statement

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

Ethical considerations

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

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

No permission from an ethical point of view is needed for the study as the focus was not be on the surgeon or the procedure, and it was not in any way related to the medical treatment or hospital. The focus of the survey was purely on the motivation to travel to a specific destination, the expenditure and the impact thereof on the tourism industry.

Methodology

The medical tourist population studied included cosmetic medical tourists who do not reside in either Johannesburg or Cape Town, and who have made an appointment with a plastic surgeon, either for planned cosmetic surgery or for post-surgery consultation. The study excluded residents from Cape Town in the Cape Town population and Johannesburg residents in the Johannesburg population, because they are not considered to be medical tourists in terms of expenditure in the spheres of both the medical and the tourism (accommodation, transportation, services) industries. Such individuals do not meet the definition of a tourist – being away from home. In the current study it was thus impossible to pre-determine the precise number of the population. All APRSSA surgeons based in Cape Town and Johannesburg were invited to participate in the study.

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



Data was collected from 236 voluntary respondents in the surgeon's waiting rooms. The questionnaire consisted of four sections: demographic profile, medical travel aspects, tourism services used and destination choice. No questions related to the surgeon, procedure, medical insurance and hospitals and/or clinics were permitted.

Results

The results focused on providing information to describe the operating environment of MTFs in general.

The demographic profile of respondents

This research deemed demographic factors appropriate and extremely important, especially as there is currently a lack of information available pertaining to cosmetic medical tourism in South Africa. For the MTFs especially, this information may identify sustainable market groups, how to best approach, market and attract them as possible clients. Table 1 summarises the profile of respondents.

Table 1: Demographic profile of respondents

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

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



According to the results presented in Table 1, the respondents are predominantly female (80.91%), with 36.9% aged between 35 and 44 and 34,3% aged between 45 and 54, and employed with a degree as the highest level of education. This result is similar to that found by the American Society for Plastic Surgeons (2012:6). Previous global research regarding gender in medical tourism studies indicates that the current research supports global research results, where it is often found that in most instances female medical travellers outnumber males (Guiry & Vequist, 2010:123; Moghimehfar & Nasr-Esfahani, 2011:1432; Yu & Ko, 2012:84). There have been few research studies where a greater number of medical tourists are male (Lunt *et al.*, 2014:33; Alsharif *et al.*, 2010:319).

In terms of age distribution, the dominant age group appears to be between the age group of 35 and 44 as well as 45 and 54. The reliability of the results is supported by previous research. In studies on medical tourists such those of as Yu and Ko (2012:84) and Yeoh *et al.*, (2013:198) the age breakdown of age groups indicated that the majority of the respondents were in their forties, whilst a minority were in their sixties and above.

With regard to the level of education, a significant proportion of the respondents were well educated with 61.04% having obtained a Bachelor's degree, 22.94% a Diploma and 12.99% having obtained a Master's degree. There were a small percentage of respondents (2.16%) with Doctoral degrees. The result shows the relatively high educational level of respondents.

In terms of employment, the majority of the respondents (62.98%) were employed. There was a significant number of business owners (28.09%), and relatively small percentage of retired (1.70%) respondents and students (0.43%). Literature identifies cosmetic surgery as an expensive luxury and companies such as First Health Finance in South Africa are registered with the National Credit Regulator for providing loans for cosmetic surgery, dental and other procedures. From the inbound medical tourist point of view, the medical procedure may be relatively cheaper due to weak local currency, depending on the generating region of the medical tourist. Unfortunately, no questions related to funding and/or medical aid or private payments for the medical procedure sought were permitted.

As seen in Table 1 with regard to the respondent's monthly income, the largest group included those earning between ZAR 20 000 and above (71.43%), followed by ZAR 10 000 to ZAR 20 000 (24.55%). Only (4.02%) of the respondents had a monthly income between ZAR 5000 to ZAR 10 000. The monthly income categories are relatively small: this was done by the researcher as advised by the surgeons to avoid asking respondents sensitive questions. The monthly income categories were therefore classified according to income groups of low, middle and upper groups.

The overwhelming majority (71.43%) fall in the upper income group, and this may be linked with the respondent's level of education and employment; as already indicated, the majority of the respondents are well educated and employed. It is suggested that future research investigate the correlation between income group and the level of education and employment status.

It is furthermore clear that a large percentage (52.14%) of the respondents had a companion in the form of a friend/family member. This could be a positive for the growth strategy to increase the domestic tourism market. There was a small number of respondents who travelled with a spouse (14.53%) and a number of respondents (33.33%) who had no companion. No clear conclusion can be made in this regard; however, the latter group of respondents could be respondents who sought cosmetic surgery outside their usual place of residence for privacy reasons.

Table 1 also highlights the fact that from a domestic perspective, medical tourists come from all over South Africa as there is representation of each province. This confirms that people do

travel for cosmetic surgery within the borders of South Africa, providing a business opportunity to the MTFs. This also reaffirms the fact that domestic medical tourism should not be neglected as it has been in medical tourism literature (Hudson & Li, 2012:227-246).

Sources of information

The sources from which information pertaining to surgery was obtained may identify marketing opportunities to MTFs. Figure 1 shows that the Internet (63.64%) was the primary source of information. This high percentage for the Internet as a source of information is consistent with the literature. Medical tourism is one of the sectors that is strongly influenced by media due to the fact that many medical and cosmetic products are accessed through this medium. Word of mouth marketing by means of friend(s) (14.77%) and family/relatives (10.61%) is another popular source of information. This may be a friend/family member who has had surgery and is now a referral (secondary source of information).

Previous research by Yeoh *et al.*, (2013:199) support this. The lack of information obtained from MTFs or travel agents (1.89%) indicates that there is an opportunity for MTFs to penetrate this niche market domestically.

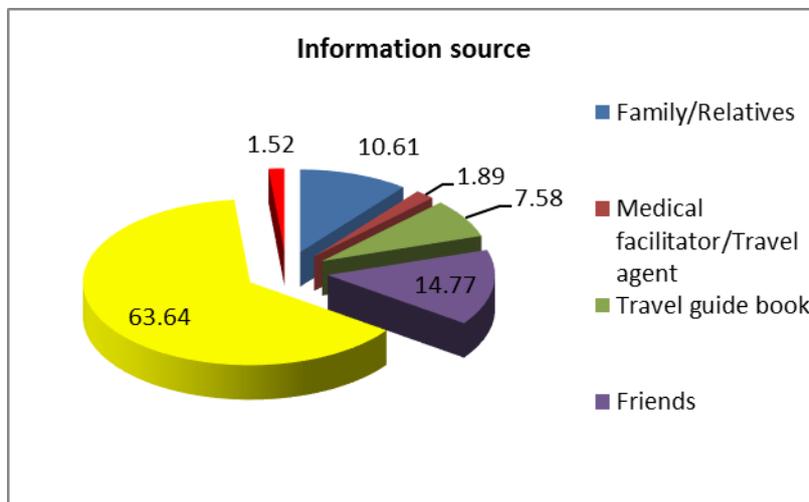


Figure 1: Sources of information

Tourism products used by medical tourists

For MTFs the data linked to tourist expenditure, consumption and preferences of cosmetic medical tourists determines the sustainability of their market place. Here the focus is on important travel products such as transport and accommodation, vacation opportunity, travel companions, arrangement of travel components and spending.

Transport is one of the major components of tourism as it serves as a link between the tourist generating region (TGR) and the tourist destination region (TDR), and it also forms part of tourist spending. As indicated in Figure 2 below, the majority of the respondents (64.41%) used air transportation to get to their selected medical tourism destination, while 34.75% of the respondents used a car as their form of transportation. Interestingly, the majority used air transport to get to their destinations. With the exception of inbound medical tourists, the domestic respondents' usage of air transport perhaps could be explained by the geographical spread of cities in South Africa in relation to Johannesburg and Cape Town. Even though there are no airports in some towns, one would need to drive to a nearby city airport and fly to a medical tourism destination. According to frequency per province (intra-bound medical tourists) the majority of the respondents were from the Eastern Cape, Free State and KwaZulu-Natal.

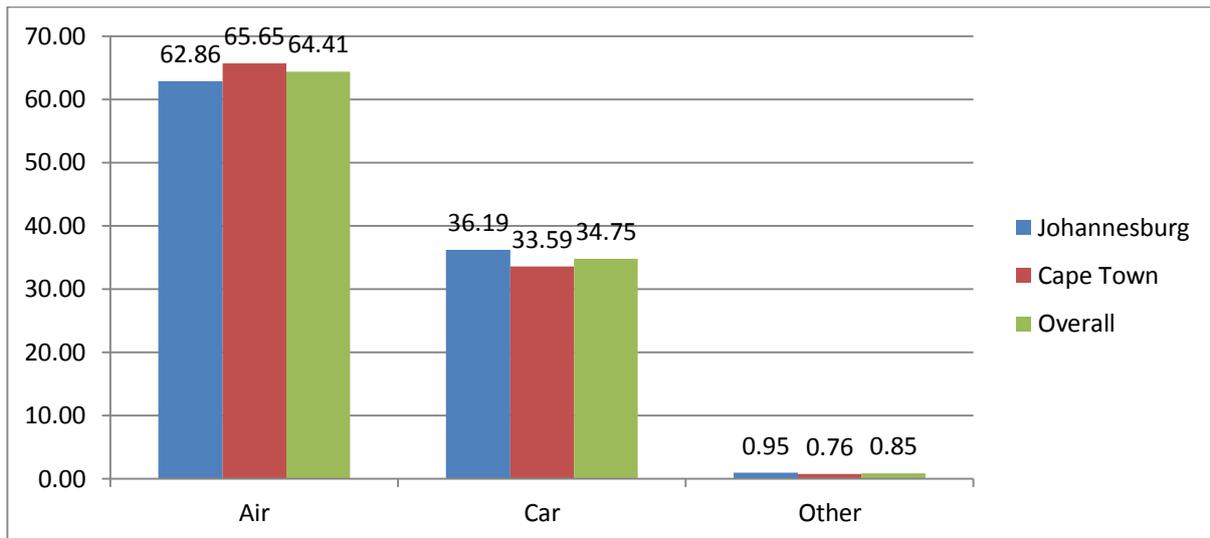


Figure 2: Mode of transportation used to reach a destination

In terms of accommodation, a significant number of the respondents (95.28%) used accommodation whilst at the destination and only 4.72% did not make use of accommodation. The latter percentage could be respondents staying in close proximity to, or within a day's drive from the destination.

According to the United Nations World Tourism Organisation (UNWTO) (2014:1) a visitor (domestic, inbound or outbound) is classified as a tourist (or overnight visitor) if his or her trip includes an overnight stay. In essence, a tourist is defined as staying for more than 24 hours. UNWTO (2008) also acknowledges a same day visitor if a trip does not include an overnight stay. As indicated in Figure 3, of those who made use of accommodation, guesthouse/bed and breakfast establishments (38.14%) were the overall preferred form of accommodation, whilst 25.85% and 16.1% stayed at hotels graded 1-3 stars and 4-5 stars respectively.

There was also a relatively small number (13.14%) of respondents who stayed with friends or relatives. This may be explained by the fact that the majority of the respondents are domestic tourists who may have relatives and friends in the cities of Johannesburg and/or Cape Town. It appears that medical tourists prefer guesthouses or informal lodging, which may be explained by the number of reasons: guesthouses present the ambience of a home away from home, and they are generally known to be less expensive than hotels. It should be noted that 6.78% of the respondents did not give a response in terms of type of accommodation used.

In terms of the number of nights spent at the destination, 49% of the respondents stayed for 3 nights, 26.61% for 4 nights, and 22.48% stayed for more than 5 nights; 17.43% stayed for only 2 nights. The length of stay may be influenced by, amongst other things, the type surgery sought: the more intricate the procedure, the larger number of days spent at the destination.

As indicated earlier, the current research did not include questions pertaining to the type of surgery as agreed with participating surgeons and based on ethical considerations. It is suggested that future research investigate the relationship between length of stay and cosmetic procedure sought as a large number of cosmetic procedures today only require medical tourists to be admitted as a day visit.

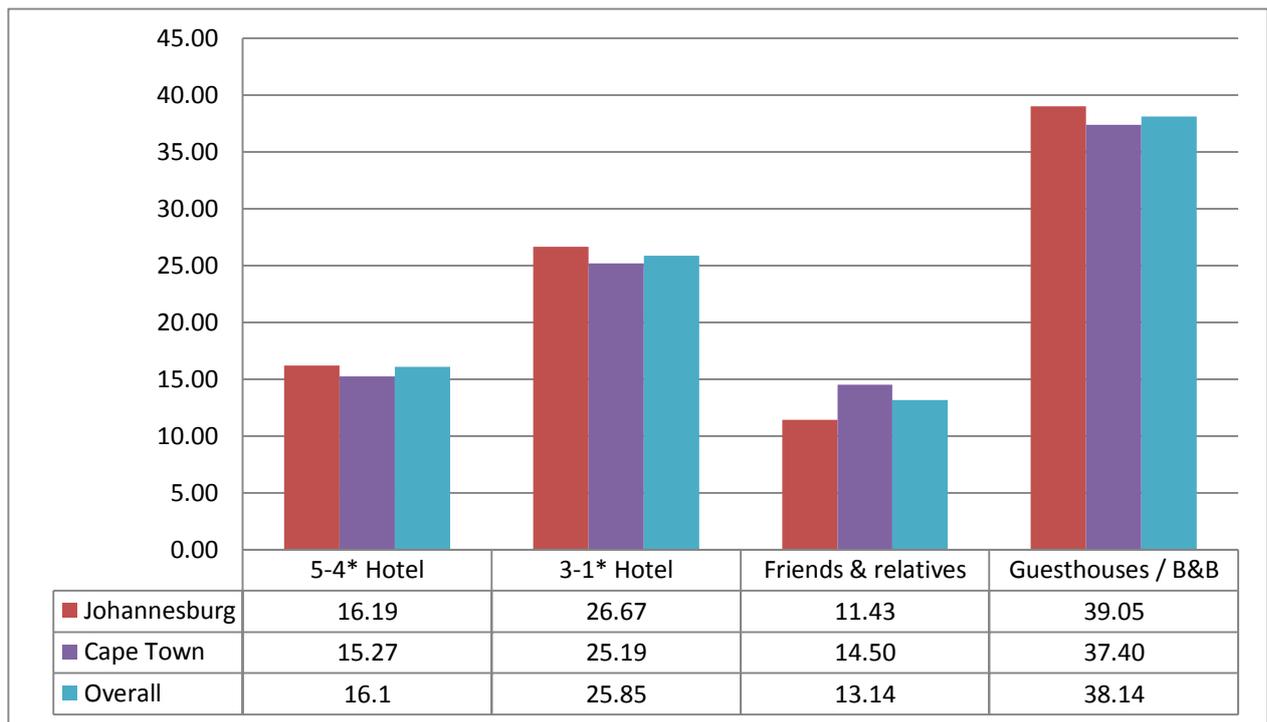


Figure 3: Type of accommodation used by respondents

Activities engaged in during the duration of stay

For the purpose of bundling products into packages by MTFs it is important to note the activities medical tourists engage in other than medical, and particularly tourism-related activities, during their stay at the destination. The current debate among some medical tourism researchers such as Cohen (2008:25-26) proposes that patients do not necessarily engage in other activities as time is mostly reserved for recuperation. It was deemed necessary to investigate this assertion. Results indicated that 39.92% of the respondents engaged in shopping activities. Visiting tourist attractions (27.76%) was the second most popular activity whilst at the destination. This suggests that most medical tourists view seeking medical treatment outside their usual place of residence as an opportunity to engage in typical tourist activities. Shopping was number one activity, particularly for respondents (50.00%) in Johannesburg. Visiting tourist attractions was a popular activity amongst Cape Town respondents (38.78%). These results may also be linked to the length of stay.

Distribution channel: arrangement of the major travel components

This section focuses on the arrangements of the major components of travel: accommodation, transportation and leisure. Identifying how the purchases took place and who prepared these components for respondents may indicate whether there is a gap in the bundling of these components for medical tourists, particularly for those who are intra-bound. The arrangements of travel components are depicted in Figure 4. As is clear from the figure, the respondents generally arranged leisure component themselves (84.83%). This is not uncommon as individuals do not usually pre-book for leisure services such as a visit to Table Mountain, for instance. Respondents also arranged transportation (51.49%) themselves. There were a lower number of respondents who used professional travel services in the form of travel agents, mainly for accommodation (46.22%) and transportation (45.96%). The information above also indicates the low number of respondents arranging these components through family and relatives. There are quite a number of respondents who arranged these

components themselves, which may be respondents who are motivated by privacy and anonymity, lack of confidence to use the Internet, the service fees charged by travel agencies/intermediaries or even a complete lack of MTFs.

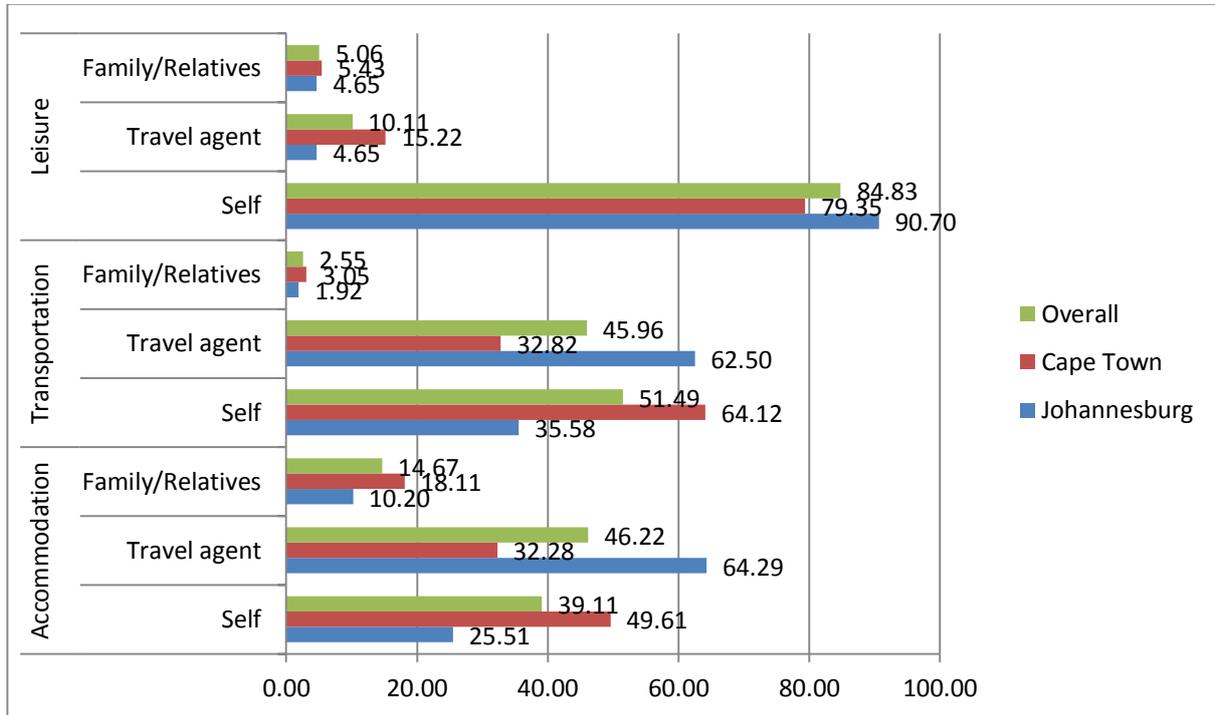


Figure 4: Arrangements of travel components

Conclusion

It may be concluded that a substantial number of people travel within South Africa for cosmetic surgery which supports the development and enhancement of the tourism industry. The MTF should coordinate with other stakeholders such as hospitals, surgeons, accommodation establishments, transportation, embassies or consular services in order to confirm all reservations and provide a fully inclusive service. This not only provides an entrepreneurial opportunity, but it may also provide product diversification and thus achieve competitive advantage in terms of staying ahead of competitors.

From the results it is clear that this market segment is female and middle aged. The viability and sustainability of medical tourism in general should be considered first before making decisions based on specific results. MTFs should consider marketing their services, products and/or packages in glossy, noticeable fashion and woman's interest magazines, online and in social media, for both the domestic and the international market. The ripple effect of this will also influence the tourism market positively.

MTFs could further create awareness around procedures for men, as research and recent ground-breaking penile transplant surgery, for example, indicates that there might be a gap for domestic and international male medical tourists. This will create an opportunity to grow the market and possibly double the revenue both for all role players in the medical tourism environ as well as for the destination.

The prominence of the Internet in its totality in offering and promoting the medical services is essential and websites and/or online marketing should support and market the offerings of the MTFs.



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