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A Framework for Health Tourism: A case study of Jeju Province in the Republic of Korea (South Korea)

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A FRAMEWORK FOR HEALTH TOURISM: A CASE STUDY OF JEJU PROVINCE IN THE REPUBLIC OF KOREA (SOUTH KOREA)

Kim et al.: A Framework for Health Tourism: A case study of Jeju Province in

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ABSTRACT

Health tourism is a rapidly growing phenomenon in today's world. Health tourists are seeking better opportunities for low cost and high quality treatment in other countries as well as experiencing other cultures. The purpose of the present study was to develop an applicable model of health tourism to Jeju province in the Republic of Korea (South Korea). This study aimed to assist Jeju province's management to develop Jeju Style Health Tourism Model. The results suggested that four major sources must work together to maximize the benefits through health tourism development, and natural resources should be a basic element to develop health tourism using the three (physical, human, and organizational) required resources.

Key Words: health tourism, Jeju Special Self-Governing Province, and content analysis.

INTRODUCTION

These days, consumers facing high health care costs are forced to find alternative ways for their health care. The United States Census Bureau (2006) reported that there were more than 46 million uninsured Americans in 2005, and the spending for health care will be over \$4.1 trillion by 2016. More than 55,000 Americans visited the Bumrungrad Hospital in Thailand for cosmetic or non-cosmetic treatment during 2005 (Kher, 2006). The number is predicted to continue to increase, and health tourism should be more competitive than ever before. Health tourists are seeking better opportunities for low cost and high quality treatment in other countries as well as experiencing other cultures.

Many countries have developed and promoted the medical industry in conjunction with tourism. Especially, Asian countries are becoming more popular destination for health tourists because of its high quality medical treatment and lower costs. The Republic of Korea (ROK) is launching a new project to establish the ROK as a hub for medical tourism in Asia. Recently, the ROK's national government and its regional governments have actively promoted a plan to link medical industry with tourism and develop medical industry that utilizes natural resources of local areas. As one region of the ROK, Jeju Special Self-Governing province has planned to develop its area as the Northeast Asian center of health tourism. The project is called, "Jeju Style Health Tourism Model," and has encouraged investments of medical establishments from foreign countries.

To position Jeju province as the Northeast Asian center of health tourism, the local government aimed to strengthen its competitiveness by conducting a thorough internal and external investigation of Jeju province. There is a lack of studies differentiating from other destinations which can make Jeju province a unique destination from competitive countries and regions. Therefore, it is essential that they establish a systematic structure for the development of "Jeju Style Health Tourism Model."

The purpose of this study was to develop an applicable model of health tourism to Jeju province. This study aimed to assist Jeju province's management to develop Jeju Style Health Tourism Model. This paper was conducted with two phases: (1) this paper segmented health tourism based on various key components; and (2) it outlined the key components using "Jeju Style Health Tourism Model" and the supportive factors that have been developed and tested through literature review and interviews with stakeholders of health tourism. Furthermore, it provided guidelines and recommendations for the development and marketing tools for health tourism.

Definition of Health Tourism

Firstly, Goodrich and Goodrich (1987) defined health tourism as tourism facilities or destination attracting tourists by planned promotion with health-related services or facilities through their exploratory study. However, it still seemed to focus more on tourism rather than combining health and tourism together. Later, it was defined as one of special interest tourism (SIT) that is traveling with health-related motivation (Hall, 1992). Again, Laws (1996) defined health tourism as a travel from home to other

destination to improve one's health condition as one type of leisure. Finally, Carrera and Bridges (2006) defined health tourism as travel which is systematically planned to maintain ones' physical and mental health condition. Considering and summarizing a number of definitions, health tourism can be simply defined as a visitation from one residential place to another for the purpose of health care and tourism.

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Overview of Health Tourism and Its Trend

Health tourism has grown in many countries, especially in Asia, because of many advantages from establishing and promoting health tourism. The growth of health tourism has been accelerated with an increase of healthcare expenses of advanced countries and the well-specialized hospitals in the developing countries (Galloway, 2008). Interest in health tourism, started in the Southeast Asian countries, is becoming prevalent.

Thailand, Singapore, and India are good examples of health tourism destinations. They have established medical industry as a national strategic industry with the aim of developing their medical tourism. With huge budget allocation by their respective governments plan to support medical tourism, they are able to offer high quality medical service by experienced medical doctors and well-equipped medical facilities. Finally, these strengths are combined with tourism activities such as recreation, culture, and leisure in order to achieve health tourism as a national strategic industry for the 21st century.

Thailand is one of the good examples among those countries and its medical industry has been developed and promoted by combining it with tourism industry since 1980s. The goal of the Thai government was to maximize the use of its facilities and labors right after the late 1990s' monetary crisis in Southeast Asia. More than 100 spas and 1,000 massage clinics are being operated in Thailand since then. The main reason for the success of health tourism in Thailand is the development of health tourism markets by the differentiated strategy supported by government and national tourism board utilizing and combining tourism and developing the industry with superior competitiveness.

Another successful case, Singapore have established *Singapore Medicine* as a complex "agency" to inform and promote advanced medical systems and services to foreign investors which is established by Singapore Tourism Board (STB), the Economic Development Committee (EDC), and the Trade Development Association (TDA). The STB is very unique in operation by operating a separate Health Care department. The STB also has been supporting to develop the products such as health travel package linked with medical systems and travel agencies, and operating special medical products such as rooms for royal families from the Middle East and Europe. To inform medical tourism and provide convenient services to foreign patients, *Singapore Medicine* is planning to provide "One-Stop" service including consulting process, introduction of medical service, international medical service by public and private medical institutions in Singapore, information service with a different languages, Web site service by creating a network system to link all hospitals in Singapore. As a result, this endeavor has turned out as an increase of the tourism revenue in Singapore.

The Indian government also had made great efforts to inform its health tourism to the world cooperating with public and private divisions. *Ayurveda Yoga* travel package, which is very popular as a health tourism product, is combining *Ayurveda Yoga* and *Tajmahal* visiting. India Tourism Board encourages tourists to participate directly in selecting desired medical treatment/meditation program and tourism products via Web site of *Ayurveda Yoga Center*. Additionally, India government organized medial tourism promotion team in charge of tourism, transportation, and visa process for foreign patients.

However, there were many unsuccessful cases in the process of constructing health tourism without any research and critical investigations. Searching or segmenting a various level of health tourism seriously and precisely must be prior to deciding its plan and feasibility. In addition to that, the failure in health tourism occurred in separating one form other type without cautions. A careful investigation and analysis will help to decide which model or type of health tourism would fit on a destination. It is obvious that health tourism is a high value-added tourism industry generating revenue for a destination. However, it is the first and most essential step to differentiate potential resources as well as how well combining them together with their unique competitiveness (Crick, 2002).

The Situation Analysis of Jeju Province (Island)

Jeju province has been trying to promote health tourism by providing new medical products and service to attract national and international tourists. For example, the ROK's Ministry of Justice has decided to extend the period of time staying in the ROK from one to four years for a long-term disease treatment or medical care although foreign patients and their family who do not have a long term visa (Jeju Free International City Development Center, 2008). In addition, Jeju province is constructing a complex and health resort town funded by national and international investments led by the Health Tourism Development Committee consisting of medical doctors and agencies, tourism experts, and public service workers. For convenient service, translators and coordinators for health tourism were assigned to assist tourists to select their schedules, service, and products. As one of the most famous travel destinations in the world, health tourism would help Jeju province to be developed better as a major category of tourism segments.

Jeju Free International City Development Center suggested several categories for the development of health tourism (2006). Twenty-one sub-category was suggested to improve policy; six sub-category was developed to construct marketing plan; and four sub-category was emphasized on establishing infrastructure of Jeju province. However, these suggestions may not fully satisfy the needs of tourists, and it may result in the failure of health tourism development in Jeju province. It is, therefore, necessary to find critical and

unique factors to develop “Jeju Style Health Tourism Model” using a structural model based on an empirical and conceptual research process. The following (Figure 1) illustrates the framework to find health tourism type for “Jeju Style Health Tourism Model.”

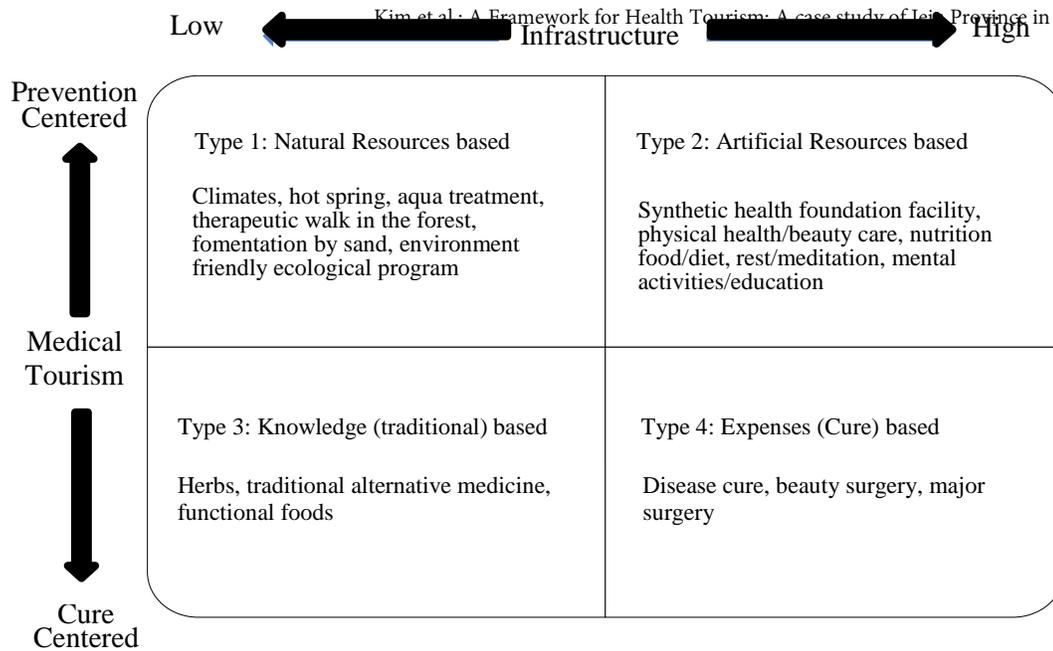


Figure 1. The Framework of Health Tourism Types for “Jeju Style Health Tourism Model”: The Modified Service Process Matrix from Schmenner’s (1986) and Crick’s Studies (2002).

METHODOLOGY

The Instrument Development

There have been a number of studies in health tourism but not many in investigating the types of health tourism that are important to both: health tourists and its destination. Especially, there was little research that provides a fundamental framework in developing an instrument that would allow us to apply to this study. The development process includes both qualitative and quantitative methods. The followings are the steps used in the current study.

1. Identify the types through literature review;
2. Construct the first draft of instrument based on literature review and the other instruments;
3. Refine instrument by a review of tourism and health related experts;
4. Construct the second draft of instrument;
5. Conduct pretest with graduate students;
6. Review by experts and refine instrument;
7. Refine instrument;
8. Collect data from stakeholders with an in-depth interviews;
9. Weight and rank with experts.

After literature review, the format and design of survey was constructed using other survey instruments including Crick’s study (2002). Once an initial item was completed, a panel of experts was utilized to review and refine the instrument. This process has been recommended in several studies (Peterson, 2000; Thomas, 2004). A content validity (Zikmund, 1997) is the subjective agreement among professionals that a scale and measurement are logical and appear to be accurate.

After an instrument was revised by the experts, a pre-test was conducted. The participants for the pretest were graduate students. The purpose of the pretest was to assist in clarifying the questionnaire and the test procedures and to improve the usability of the instrument. The questionnaire was refined again to ensure that the modification of items was satisfactorily addressed.

Sample Selection

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3

Table 1 defines the stakeholders in health tourism and briefly explains why they were selected for this study. To increase the objectivity of results, triangulation method was employed to select samples. At the first phase, stakeholders in health tourism were

selected; experts in health and medical area, a person in charge of health care, and experts in tourism and environment. It is likely assumed that all participants for this study are consumers in present or future.

Table 1. The Stakeholders in Health Tourism
International CHRIE Conference-Refereed Track, Event 2 [2009]

Stakeholders	Category	Description	Number of Person
Experts in Health and Medical Areas	Jeju Medical Doctors Association	Medical doctors in hospitals in Jeju province	8
	Jeju Oriental Medicine Doctors Association	Doctors in Oriental medicine clinic of Jeju province	4
Experts in Charge of Health Care System	Jeju Self-Government	Persons in charge of health care part	1
	Jeju International Free City Development Center	Persons in charge of health care part	4
Experts in Tourism and Environment	University or College in Jeju region	Scholars specialized in health and tourism area	4
	Jeju Hi-tech Promotion Center	Researchers in health tourism development	4
	Jeju Health Care Center	Researchers in environment	3
Total			28

Data Analysis

After 30 questionnaires were distributed to stakeholders, a total of 28 questionnaires were collected and used for further analysis. The overall contents were measured by a quantitative method for numerical comparison, and additional narrative descriptions were added as a qualitative method perspective. In order to reduce bias in the evaluation process, two researchers, whose expertise is in health and tourism, examined the results of the questionnaires together. Based on four major types of resource, the three required resources; “physical”, “human”, and “organizational” are analyzed thorough a descriptive and illustrative methods. Finally, four types were weighted and ranked through review with experts.

RESULTS

Natural Resources Based

It was found that the natural resources can maximize superior competitiveness in accordance with resources of health tourism in Jeju province. The factors included pure water, plants for medicine, therapeutic walks in the natural forest, long-term rehabilitation cure, and black sand fomentation. Table 2 briefly explains the result of natural resources based health tourism.

Table 2. Natural Resources based Health Tourism

Factors	Pure Water	Plants for Medicine	Natural Rest Forest	Long-term Rehabilitation Cure	Fomentation by Black Sand
Percent (%)	31.0	28.6	19.0	14.3	7.1

Artificial Resources Based

Artificial resources can offer superior competitiveness in health tourism. The factors found were recreation resort, spa and theme park, local food and exercise program, and beauty care facilities. Especially, recreation resort facilities were regarded as the most important factors in artificial resources based health tourism.

Table 3. Artificial Resources based Health Tourism

Factors	Recreation Resort	Spa & Theme Park	Local Food and Exercise Program	Beauty Care Facilities
Percent (%)	41.2	29.4	17.6	11.8

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Knowledge (Tradition) Based Health Tourism

Table 3 explains that knowledge based resources are able to provide superior competitiveness in health tourism with factors including oriental treatment using natural herbs, functional cosmetics using special products in Jeju, functional health products using ocean plant resources, and conventional local food.

Table 4. Knowledge (Tradition) based Health Tourism Kim et al.: A Framework for Health Tourism: A case study of Jeju Province in

Factors	Oriental Medicine Treatment using Natural Medicinal Ingredients	Functional Cosmetics using Special Products	Functional Health Food using Ocean Plant Resources	Conventional Local Food
Percent (%)	50.0	22.2	16.7	11.1

Expenses (Cure) Based Health Tourism

It was investigated that expensed (cure) based resources have a superior competitiveness in health tourism with health examination, rehabilitation physical treatment, long-term medical care, and dermal treatment.

Table 5. Expenses (Cure) based Health Tourism

Factors	Health Examination	Physical Cure for Rehabilitation	Long-term Medical Care	Dermal Treatment (Skin Care)
Percent (%)	63.6	18.2	9.1	9.1

Resources Required for Health Tourism in Jeju Province

To find out what kind of resources are required for health tourism in Jeju province, four types of health tourism with three major criteria; physical, human, and organization were asked to be categorized. Table 6. shows the results of those categories and contents.

Table 6. Results from the In-Depth Interview (Resources Required for Health Tourism in Jeju Province): The Modified Framework from Crick's Study (2002)

	Physical	Human	Organizational
Type 1. Natural Resources Based	<ul style="list-style-type: none"> Facilities such as specialized medical center to utilize therapeutic walk in the forest, underground water, hot spring, and sea water Ecological experience road and rest forest Enlargement of lodging facilities and experience facilities in large scale for medical tourism to cure and medical care 	<ul style="list-style-type: none"> Fostering well educated and trained agents specialized in tourism service Education of special program to explain the functions of natural resources Experts education for cure and medical care and securing the experts 	<ul style="list-style-type: none"> Organization to make integrated publicity and marketing Standard to maximize the functions of natural resources Positive support by autonomous body and private facility operators Selection and development of material for rehabilitation medical treatment in the nature of Jeju island
Type 2. Artificial Resources Based	<ul style="list-style-type: none"> Wellness park construction Medical examination center Enlargement of approach 	<ul style="list-style-type: none"> Fostering experts required for the new facilities Constructing medical experts network Specialized service education 	<ul style="list-style-type: none"> Integrated organization for providing medical service Publicity department to promote the business Standard for operating individual facilities

<p>Type 3. Knowledge (Tradition) Based</p>	<ul style="list-style-type: none"> • Construction of R&D Center • Education facilities in good quality • Establishment of organized and large scaled western and oriental hospital 	<ul style="list-style-type: none"> • Securing medical agents in good quality • Fostering specialized research agents to investigated natural resources in Jeju and providing the education program 	<ul style="list-style-type: none"> • Experts fostering institution • Re-education system for medical agents • Securing the stability of functional foods by specialized research institution in the government • Differentiation strategy through the research for specialized products in Jeju
<p>Type 4. Expenses (Cure) Based</p>	<ul style="list-style-type: none"> • Constructing specialized medical site for clinics with specialty medical technologies 	<ul style="list-style-type: none"> • Securing able experts and semi-experts • Fostering medical translators and coordinators who are aware of the language and emotion of target market 	<ul style="list-style-type: none"> • Establishment of worldwide verified brand • Providing the attraction motive to high level medical agents • Countermeasure against medical accident • Network organization with overseas traveling company

CONCLUSIONS

Jeju Style Health Tourism Model

Figure 2. The Jeju Style Health Tourism Model (*Weighted and Ranked by Experts).

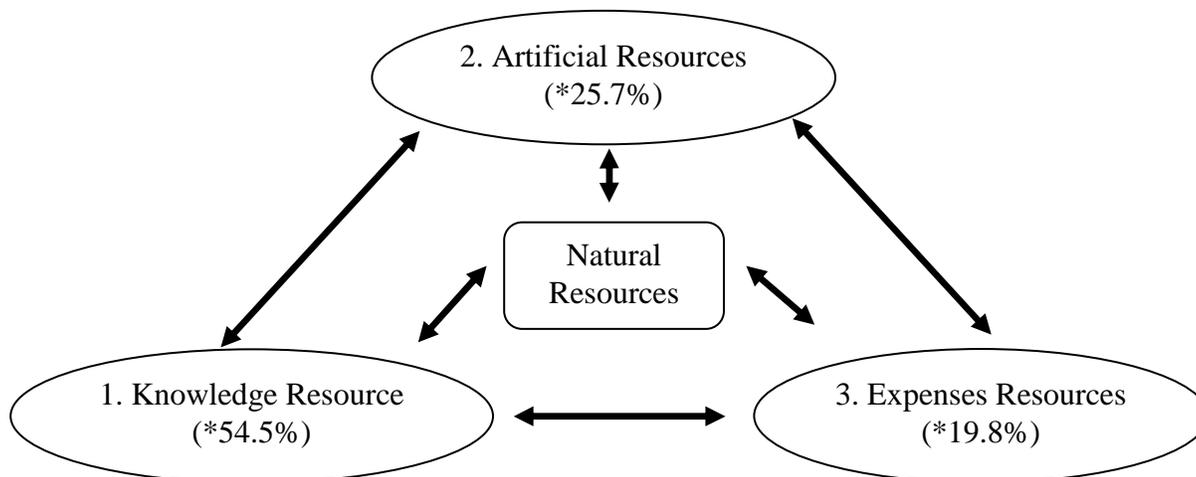


Figure 2 describes the “Jeju Style Health Tourism Model.” As we can see from Figure 2, the potential synergy effect based on natural resources by three different health tourism types in Jeju province may guarantee superior competitiveness differentiating from other countries or cities. First, based on artificial resources, tourists can experience golf, hiking, or horse riding with a provided health examination or rehabilitation cure. With additional values to the tourists in lodgings or resorts, the diversified precuts and services can attract more health tourists. It is believed that those values may play a secondary role in artificial resources based health tourism. Secondly, based on expenses (cure) resources, hotels and resorts having unique functions for disease prevention or recreation can be developed (e.g., smoke free building and fitness center). It also can provide one-day trip such as an experience to drink a pure water, “Samdasu” from Jeju province. A Korean/oriental medicine program, which is increasingly accepted internationally, can be the secondary or optional choices. Thirdly, health tourism based on knowledge (tradition) can provide new products and services that can be used in artificial resources and expenses (cure) foundation. Finally, health tourism based on natural resources itself such as vanadium, lava sea water, natural rest forest, natural medicinal ingredients, fomentation by black sand will provide other natural products and the opportunity to see, enjoy, and experience for tourists.

DISCUSSIONS AND FUTURE STUDY

There were limitations that may have affected the results of this study. Experts and sites that were selected for this study may be different from other regions. Thus, the result may limit the generalization of the findings. Therefore, more extended data collections are required to generate a better result as an aspect of health tourism development. Kim et al.: A Framework for Health Tourism: A case study of Jeju Province in

Health Tourism is high value-added industry with the great potentials of unlimited development using resources. The results of this study clearly explained why four major sources have to work together to maximize the benefits through health tourism development, and natural resources. And it is suggested that it should be based on three main criteria in Jeju province for a better development of each resource. That is, the well-mixed four types of health tourism should not be limited within any types such as only “Knowledge” based health tourism or only “Knowledge and Expenses” based health tourism.

However, it is also strongly recommended that the priority for each type should be carefully considered and segmented at every step to develop Jeju Style Health Tourism Model, the natural resources must be prior to the other three resources. It may lead to a “wrong” and “pointless” place for the health tourism plan in Jeju province if it was not considered and examined. Finally, it is believed that this study will provide an initial step to satisfy the needs for stakeholders to develop health tourism, and the results of the current study will assist future researchers and stakeholders in health tourism make use of the structured model to construct supply model and to understand health tourism.

REFERENCES

- Carrera, P. M., & Bridges, J. F. P. (2006). Globalization and healthcare: understanding health and medical tourism, *Expert Review of Pharmacoeconomics and Outcomes Research*, 6(4), 447-454.
- Crick, A. P. (2002). A Competitive analytical approach to health tourism in Jamaica. *Social and Economic Studies*, 51(3), 131-150.
- Galloway, C. (2008). Medical Tourism in Asia. *Urban Land*, 67(2), 84-88.
- Goodrich, J. N. (1993). Socialist Cuba: A study of Health Tourism. *Journal of Travel Research*, 32(1), 36-41.
- Goodrich, J. N., & Goodrich, G. E. (1987). Health-care tourism: An exploratory study. *Tourism Management*, 8(3), 217-222.
- Hall, C. M. (1992). Adventure, sport, and health tourism. In B Weiler & C. M. Hall (Eds). *Special-Interest Tourism*, London: Belhaven Press.
- Jeju Free International City Development Center. (2006). Jeju special self-governing province. Retrieved December 20, 2008, from <http://english.jdcenter.com/sub3/sub0302.html>.
- Kher, U. (2006, May 21). Outsourcing your heart. Retrieved January 11, 2009, from Time Magazine at <http://www.time.com/time/magazine/article/0,9171,1196429,00.html>.
- Laws, E. (1996). Health tourism: A business opportunity approach. In S. Clift and S. J. Page. (Eds). *Health and the International Tourist* (pp. 199-214). Routledge: London and New York.
- Peterson, R. (2000). *Constructing effective questionnaires*. Thousand Oaks, CA: Sage Publications.
- Schmenner, R. (1986). How can service business survive and prosper? *Sloan Management Review*, 27(3), 21-3.
- Thomas, S. (2004). *Using web and paper questionnaires for data-based decision making: From design to interpretation of the results*. Thousand Oaks, CA: Corwin Press.
- U.S. Census Bureau. (2006). *Centers for Medicare & Medicaid Services National Health Expenditure Projections 2006-2016*. Retrieved January 11, 2009, from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2006.pdf>.
- Zikmund, W. G. (1997), *Business research methods* (5th ed.). Orlando, FL: Dryden Press/Harcourt Press.