

# The Influence of General Travel Experience on Tourists' Visit Intention for a Medical Tour

(A Chinese Tourists' Perspective in and around Busan City, Korea)

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## ABSTRACT

*Medical tourism is becoming a popular option for tourists across the globe. It encompasses primarily and predominantly biomedical procedures, combined with travel and tourism. Korea is emerging as a prime destination for health and contributing a lot towards the social-economical development of the society by enhancing employment opportunities and an increase in foreign exchange earnings and helping in uplifting the living standards of the host community by developing infrastructure and high quality education system. Today Indian hospitals are well equipped with the latest technology and houses highly qualified and experienced staff who can provide timely and quality medical treatment to patients. The Korean medical tourism sector is growing at a supersonic speed as data from the Korea Health Industry Development Institute (KHIDI) shows; Korea registered a total number of 155,672 foreign patients in the year 2012 among which 125,450 (80.6%) were outpatient, 15,593 (10.0) came for medical checkup. And 14,629 (9.4%) patients were admitted in Korean Hospitals. A self-administered questionnaire survey was used to measure Chinese tourists' satisfaction and their consequent post-travel destination evaluation, expectation for a possible medical tour in Korea and their attitudes towards visiting Korea for medical tourism. Generally, this study shows that almost all the variables had a positive influence on visit intention for medical tourism in Korea with an overall mean of 5.04 (table 3) which is relatively consistent with the 2009 KTO survey to evaluate the perceptions of medical tourists' satisfaction towards Korean medical services where Chinese patients pooled (4.65) of a 7 point Likert type scale to recommend to others Chinese at home. This also contends with the Chinese patient statistical representation on the Korean foreign patient arrivals where Chinese medical tourists are currently in the lead in consuming Korea's medical services.*

## Keywords

*Tourist satisfaction, post-travel destination image, medical tour expectation, visit intention for medical tour, Chinese tourists*

## INTROCUCTION

The history of international travel for both beauty and medical tourism dates back in time from around 25 BC when outbound travel to the then health and wellbeing destinations in Asia and Europe. The initial establishment of spas resorts by the Middle East traditional empire rulers is believed to have sparked off the urge to travel for health and wellbeing in the Middle East (Erfurt-Cooper and Cooper, 2009). So many researchers have explained that modern medical tourism is a result of the globalization of healthcare services (Lunt & Carrera, 2010). Its popularity was also fueled by high costs of healthcare in industrialized nations, ease and affordability of international travel, rapidly improved technology and standards of healthcare in many countries of the world, and the proven safety of healthcare in selected foreign nations (Cook, 2010; Horowitz & Rosenweig, 2007; Upadhyaya&Swoni, 2008).

Medical tourism is a new niche service sector which is greatly inclined on the travelling of tourists from developed economies to developing countries to take advantage of the quality medical services and also due to the factors explained above (Hunter, 2007; Connell, 2006; and Altes, 2005). Hence, this trend of events in the global medical sector and tourism has led scholars like Hunter (2000) to define medical tourism by looking at both the tourism services/infrastructure at the destination in conjunction with medical services at the destination. Therefore, this study defines the concept of medical tourism as an integration of the medical industry service providers and the tourism industry service providers at a given travel destination.

Travelling abroad for medical treatment has recently gained attention in research. Crooks, V.A., Kingsbury, P., Snyder, J. and Johnston, R. (2010), came up with four factors that are of great significance in explaining patients experience and attitude towards undertaking medical tourism. They include personal motivations and travel motivation factors. In the same direction, Altin, M., Singal, M., & Kara, D (2011) stressed that personal factors such

as openness to experience, prior experience to culture, language, and promotional issues like age, income and education also influences the decision to travel abroad for medical tourism

The trend of medical tourism in Korea is on an upward movement as will be discussed in the literature review section of this paper and this has been regarded as a result of several factors like highly trained and experienced doctors and nurses who are at the service of the patients round the clock and state of art hospitals which offer excellent medical services at amazing costs, friendly staff, convenient healing environment, high tech and comprehensive medical examinations. (Korea Tourism Organization (KTO). 2014).

Despite the above highlighted factors explaining the rise of global medical tourism over the years, a critical research gap still exists in as far as final medical tourism consumer making process is concerned. In addition to that, tourists are now combining holiday with medical treatment thus attractive hospitality services, world class medical treatment together with favorable travel conditions are inevitable prerequisites (Chacko, 2006). Therefore, general tourists' satisfaction, post-travel destination image, medical tour expectation and their medical tour visit intention is greatly influenced by their previous visit to a destination thus this study seeks to investigate the influence of a previous visit to destination towards the decision to undertake a medical tour to that particular destination

## LITERATURE REVIEW

### Medical tourism in Korea

Following their argument, (Yu and Ko 2011), argued that the linkage between medical services provision and tourism in general should be taken into consideration while defining medical tourism. We adopted a definition of medical tourism in this study as a tourism product that is consumed overseas in both medical facilities/infrastructures and health resorts, spas, saunas hot spring mostly for tourism purposes. Because of this fact, two broad categories of medical tourism have emerged; health treatment and beautification treatment which have been seriously undertaken by the Korean medical tourism sector to ensure visitor satisfaction and recommendations to other potential medical tourism consumers (Kim, 2009).

In 2009, the Korean Tourism Organization (KTO, 2009) conducted a survey to evaluate the perceptions of medical tourists' satisfaction towards Korean medical services. Chinese, Japanese and overseas Koreans were surveyed. Chinese patients (4.65) of a 7 point Likert type scale demonstrated the highest intention to recommend the

medical services to others, followed by overseas Koreans (4.43) and Japanese (4.09). Medical services desired in future visits to Korea were as follows: Korean traditional medicine (17.2%), beauty care for skin and body (16.8%), diagnostic services (14.1%), skin treatments (13.1%), cosmetic or plastic surgery (8.5), dental procedures (6.9%), orthopedic procedures (6.1%). In this survey, KTO didn't take into account the various destination image variables.

This study therefore seeks to investigate the underlying factors among common Chinese tourists concerning their general travel experiences of Korea and their attitude towards returning to Korea to consume medical and wellbeing services. In our study, Chinese tourists were selected in our sample due to the fact that the trend of medical tourism consumers in Korea according to the KTO report of 2012 shows that China and the USA top the arrival digits for both medical tourism and other tourism disciplines. Therefore, the upward trend by Chinese tourists into Korea could be dependent on our study variables thus we thought choosing Chinese tourists as our study sample could be justified

Research on this industry shows that a medical tourist spends an average US\$362 a day compared to the normal traveler's US\$144.

This spending alone makes medical tourists a highly-attractive niche for travel agencies and the hospitality sector (Asiatraveltips, 2006). Thus international destinations that are opening their borders to medical tourists are on the rise as well. In particular, Asia has become the most important medical tourism region in the world (Connell, 2006; Cook, 2010). The medical tourism market in Asia was anticipated to post a compound annual growth rate (CAGR) of around 20% by 2010-2013 (RNCOS, 2008). Among the key Asian medical tourism markets (e.g., Thailand, India, Malaysia, and Singapore) (Reddy, York & Brannon, 2010), Korea is an emerging new vibrant destination in attracting international medical tourists (Yu & Ko, 2012).

"Chinese tourists are fueling tourism growth worldwide but medical tourism is particularly lucrative since visitors are likely to spend more and stay longer than the average tourists"--Samantha Shankman ICT World news.

The Korean Health Industry Development Institute (KHIDI) and several government bodies in Korea has so far published several annual reports which have aimed at providing a broad understanding of the intricate factors and issues concerning patient travel and destination choice as well as providing foresights into the promotion training and boosting international patient inflow into the country (KHIDI, 2009; 2012). In line with this undertaking, the KHIDI has embarked on several projects and signing several memorandum of understanding with foreign

government departments, corporate entities and non-governmental organizations from around the world in order to expose Korea and promote its vibrant medical sector to foreign consumers. For example in November 2012, the president of KHIDI signed a memorandum of understanding with the UAE government for healthcare cooperation which would see the UAE military personnel (about 4000 patients) treated in Korean hospitals which is expected to generate around 20 million dollars in revenue (KHIDI, 2012; KTO, 2012).

A number of Asian countries have gone an extra step in attracting cross-border patient travel while at the same time taking advantage of the volatile health systems elsewhere in the world especially through incentive travel packages and investing in massive infrastructural development (Whittaker, 2008).

Korea being a new and vibrant entrant in this global niche market, it is taking vigorous steps to ensure world class investment in this lucrative sector (Choi, 2009) Korea is embarking on massive investments in the medical and wellbeing industry to lure international tourists mostly Chinese tourists who are willing to spend as evidenced from the world tourism reports,

Chinese tourists are topping the charts in global tourism consumption especially in fashion and luxury shopping as well as medical tourism in Korea with a total of 31,472 medical tourists in the year 2012 out of the total of 155,672. From the above background, although several factors like globalization of medical services, cheap quality medical care, ease and affordability of medical travel (Cook, 2010; Horowitz & Rosenweig, 2007; Upadhyaya & Swoni, 2008) influence tourists overseas travel behaviors for medical tourism intentions, the overall objective of this research is to assess the influence of the general travel experiences by tourists in a given destination (Korea) and the impact of their experiences and expectations towards their final behavioral intentions.

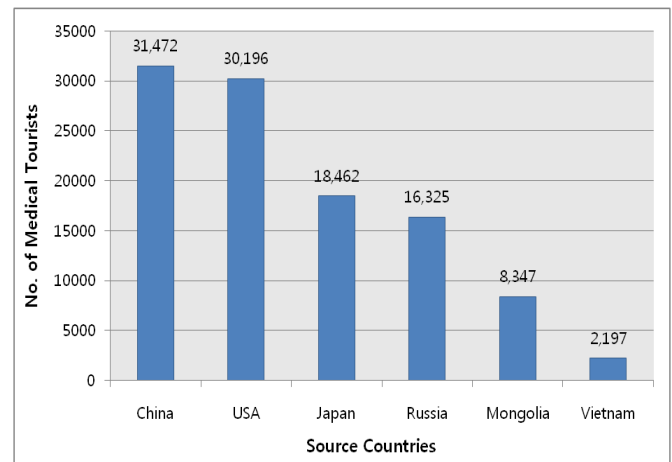
The republic of Korea's medical sector boasts of its vast experience in different medical procedures by Korean physicians for example, internal medical treatment which accounted for about (22.3%) in the 2012 KHIDI health report, sophisticated general medical checkup (11.6%) Dermatology operations (7.9%) plastic surgery (7.6%) and Korean traditional medicine (4.6%) among others

The Korean medical tourism sector is growing at a supersonic speed as data from the Korea Health Industry Development Institute (KHIDI) shows; Korea registered a total number of 155,672 foreign patients in the year 2012 among which 125,450 (80.6%) were outpatient, 15,593 (10.0) came for medical checkup. And 14,629 (9.4%) patients were admitted in Korean Hospitals.

Korean hospitals in and around Seoul also offer a variety of specialized medical services with leading famous hospitals around Gangnam, Incheon, and Geongi province take up about 78.5% of medical tourist patients in Korea followed by Busan. Other Big hospitals spread throughout the country's big cities like Jeju special self-Governing province, Daejeon Gwangju and Busan where this research was carried out. The countrywide medical tourism upward development is also seen in hospitals around the country. KHIDI, (2012)

The republic of Korea is also proud of the growing market dominance in medical tourism from famous medical services consuming countries of the world. Korea's leading supplying countries include China, United States, Japan Russia, Mongolia and Vietnam as seen in figure 1 below.

**Table 1: Korea's main medical tourists source countries (2012)**



Source: KHIDI, 2012

### The surge in overseas medical tourism consumption by Chinese tourists

While Hong Kong and Macau have been popular destinations for Chinese tourists for quite a long time, however, Chinese medical tourist numbers by about 20% of the total 81,789 foreign patients in 2011. The bank of Korea also released revenue statistics for 2011 showing a steady increase from \$59 million in 2006 to \$116 million in 2011. Future market projection for Korea's foreign patient figures was also put at 150,000 foreign patients in 2012 to 300,000 foreign patients in 2015 (Medical tourism magazine, April 11 2012)

The total number of Chinese tourists to Korea in April 2014 alone was 531,947 people (KTO, 2014). Although the figure includes even Chinese visitors touring other attractions in Korea for example museums, festival and

scenery, this number of tourists from one country for just a month is so big which therefore prompted us to focus on the Chinese tourists to constitute our sample for the study.

The increase in the trend of medical services consumption by Chinese tourists was a result of several factors. China has experienced an average annual rise in GDP of about 8% in the last half of the century. As a result, the substantial rise in personal disposable income especially in most of the country's urban communities led to a need for quality healthcare outside China because of the increase in middle class. (Zax et al, 2004).

China has also experienced an increase in the transaction offake pharmaceuticals and food stuffs in recent years which have actually resulted into serious sickness and even deaths. For example the incident in 2004 in Anhui where 13 babies died after they were fed on tampered with powder milk in the eastern province (Blanchard, 2008) rendered most of the mainland medical tourists to resort to Hong Kong(Blanchard 2008, Lam, C., & Lei, C, 2012). However, due to the outbreak of H1N1 and SARS influenza A, coupled with increase in negligence and medical blunders like misidentification of newly born babies have greatly hampered Hong Kong's medical reputation to mainland medical tourists thus the have resorted to foreign hospitals (Lam, C., & Lei, C, 2012).

The 1979 "one child policy" which aimed at reducing on the rampant population increase in the country whereby each married couple was allowed to have only one child (Information Office of the State Council of China resulted into a situation whereby the only child in the family was the center of focus by the parents in terms of food, entertainment and medical care at any cost This policy contributed to massive outbound tourism from mainland China some of which included medical tourism to neighboring countries like Korea. (Lam, C., & Lei, C, 2012).

The growth of the desire for medical tourism in Mainland China could also be attributed to the rise in the concern for healthcare services by the Chinese people. For instance the Shanghai medical tourism and health services conference and fair (SMTHSCF) 2009 sparked off community outreach and awareness programs about Medical tourism. This was also coupled with the inadequate health insurance coverage from the government.(Ozaki, 2007).They have both played a role in causing people from mainland to seek good quality medical packages from overseas destinations like Korea, Thailand and Singapore.

The research framework of this study is based two theories to explain the patterns of medical tourists. The two stage model by Smith and Forgione, (2007) and Oliver's expectation confirmation theory (1980). The former

explains that choosing a destination for medical tourism takes into account two stages whereby tourists always think about the country/destination first before thinking about choosing international medical facilities hence destination image cannot be ignored while investigating medical tourist satisfaction, expectation and decision making. In this study however, we expanded the first stage of Smith and Forgione's theory and include the post-travel destination image attributes, overall satisfaction of these tourists from their experience at the destination (Korea) tourists' medical tour expectation beyond the economic, political and regulatory policies suggested by the theory. Smith and Forgione, (2007)

### **The two stage model by Smith and Forgione (2007)**

The two stage model by Smith and Forgione (2007) suggests that the choice of a destination for medical tourism purposes is divided into two stages and also influenced by different factors in each stage. They elaborated that choosing the international destination/country in this case is dependent on factors like political climate, economic conditions and regulatory policies. According to the theory, the second stage leads people to choose the international medical facility for the actual treatment purposes. Hence, medical tourists select destination countries before considering the facilities where they ought to be treated. Smith and Forgione (2007) also noted that the choice of the medical facility is dependent on a number of factors including costs, physician training/professionalism, quality of the care and accreditation. This study seeks to assess the post-consumption attitude of various tourists toward making revisit trips to Korea to consume medical tourism services. Therefore, the theory fits to the context of this study because tourists' experiences of the general facilities and services of Korea are likely to influence the tourists to form certain expectations about Korea as a potential medical tour destination.

Chacko (2006) stipulated the indispensable need for the government and hospitality sector partnership in order to assure medical tourists of detailed travel arrangements for visas, airline tickets, health care services, hospitality facilities, insurance issues etc. This sometimes poses as a big challenge. However, if the government strategically coordinates such activities diligently, medical tourists can have a wonderful experience and thus would form their desire to make revisit trips to the country for various medical purposes and even to recommend the country to their friends and relatives.

According to Smith and Forgione's two stage theory, destination choice is thought to precede the choice for medical facilities or physicians. Adopting this theory in our research, the focus is given to general tourists who are

traveling in Korea and thus have experienced various aspects of Korea. Therefore, they are the tourists who already have formed a certain destination image of Korea so that they are already on the first stage of the two stage model. Hence, the target sample of this study would be a perfect example to examine how the tourist's experience on the first stage would lead them to the second stage.

The medical tourism intermediaries for Korea are spread out in other countries like the US, United Kingdom, Japan, and Australia (K.T.O, 2014). Tourists coming to Korea for medical treatment can acquire the relevant medical information directly from the companies without focusing much on the national image issues. Because these companies do less national image advertising campaigns but more of the medical packages available for sale. Moreover, according to the two stage model, a prior destination image of Korea should be considered as a critical condition for the companies to achieve their intended goal of attracting foreign medical tourists. The implication of the two stage theory in this study is that tourists who would have spent their first or second time in Korea would therefore be assessed in terms of their attitude towards the various variables of this research like destination image, expectation for medical tour, and their consequent revisit intention behaviors

The above model by Smith and Forgione (2007) stresses the influence of the political, economic and regulatory conditions however this study deems the above factors as insufficient to explore the factors affecting the choice of an international destination and medical facility. This study breaks down the three factors given by their model into general destination image of the country in terms of infrastructure of the destination country (Korea), natural and cultural resources, tourist and leisure infrastructures, the atmosphere, social setting and environment, sun and sand and the general tourists' expectation about the country in terms of cost, quality of medical, convenience and, of course the overall tourist satisfaction since the study focuses on those tourists who have had an experience in Korea. Making their final decisions to visit Korea again would therefore go beyond political, economic and regulatory considerations

#### **Expectation confirmation theory by Oliver, 1980**

Expectations-confirmation theory posits that expectations coupled with perceived performance, lead to post-purchase satisfaction. This effect is mediated through positive or negative disconfirmation between expectations and performance. If a product outperforms expectations (positive disconfirmation) post-purchase satisfaction will be the result. If a product falls short of expectations (negative disconfirmation) the consumer is likely to be dissatisfied (Oliver, 1980).

The four main constructs in the model are: expectations, performance, disconfirmation, and satisfaction. Expectations reflect anticipated behavior (Churchill and Suprenant, 1982). They are predictive, indicating expected product attributes at some point in the future (Spreng et al. 1996). Expectations serve as the comparison standard in expectation confirmation theory (ECT)-what consumers use to evaluate performance and form a disconfirmation judgment (Halstead, 1999). Disconfirmation is hypothesized to affect satisfaction, with positive disconfirmation leading to satisfaction and negative disconfirmation leading to dissatisfaction.

This theory is in tandem with the tourist expectation for medical tourism side. The disconfirmation theory (Oliver, 1980) supports tourist satisfaction as being a function of expectation and experience. According to the theory, a tourist develops expectation about a tour before purchasing and later compares his/her actual experience with the expectation he or she had before undertaking the trip. A positive disconfirmation occurs when the experience is better than the expectation, the tourist will be satisfied. On the other hand, if the reverse happens, the tourist will be dissatisfied and thus look for alternatives next time. For example, Chon (1989) proved that, to a great extent, tourist satisfaction was a function of the match between their expectations about the destination, the resultant tour experiences and performance.

#### **HYPOTHESES**

The disconfirmation theory is applicable to this study context. General tourists who are already in Korea have vivid experiences of various aspects of Korea. When these experiences are compared with their prior expectations, a tourist satisfaction level is formed and then this comparison result (i.e., the satisfaction level) will affect the tourist's image formation of Korea as a tourism destination (Hypothesis 1).

Although the general tourists have not directly experienced Korean medical tourism yet their travel experiences in Korea would provide them some circumstantial information about Korea. The information would include the national traits of the Korean, a general level of technology and infrastructure of Korea, a general convenience of traveling in Korea, and the general price level. Therefore, how much they are satisfied with those aspects of Korea is likely to influence their expectation levels of Korea as a medical tour destination (Hypothesis 2).

Similarly, the general tourists will form a certain destination image of Korea based on their travel experiences. According to the two stage theory (Smith & Forgione, 2007), the destination image of Korea is the

first stage (i.e., a precondition) for potential medical tourists to proceed to the second stage (i.e., choosing an actual medical facility). Therefore, the post-travel destination image is likely to influence the tourists' expectation of Korea for the medical tour (Hypothesis 3).

According to Bebeko (2000), as a result of the intangibility of tourism services, most tourists usually turn to the available communication and marketing sources of information to fill up their information gaps. The general tourists' information gaps in Korean medical tourism would be filled up with the direct and circumstantial information about Korean medical tourism that they obtained while traveling in Korea. Based on such

information, the tourists will form some expectation of Korean medical tourism and thus a certain level of visit intention to Korea for the medical tour (Hypothesis 4).

**Hypothesis 1:** Tourist satisfaction will increase post-travel destination image

**Hypothesis 2:** Tourist satisfaction will increase medical tour expectation

**Hypothesis 3:** A positive post-travel destination image would increase medical tour expectation of Korea

**Hypothesis 4:** Positive medical tour expectation would increase visit intention for medical tourism

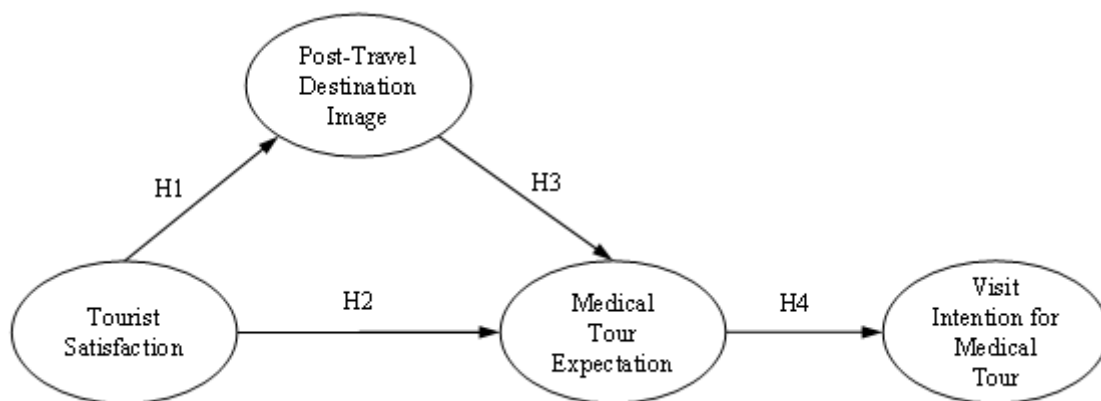


Figure 1. Conceptual Model

## METHODOLOGY

A self-administered questionnaire survey was used to measure Chinese tourists' satisfaction and their consequent post-travel destination evaluation, expectation for a possible medical tour in Korea and their attitudes towards visiting Korea for medical tourism. The survey was conducted by hiring well-trained graduate students. The target samples were Chinese tourists in Busan, Korea who had stayed more than one full day or visited Korea more than once. Samples were approached at major duty-free shops in Busan city. A total of 206 questionnaires were handed out at duty free shops in Busan city to target Chinese tourists doing shopping and touring Somyeon which doubles as both a shopping hub of Busan and owns most of the luxurious plastic surgery and outdoor spots around Busan.

### Tourist satisfaction

In the tourism context, satisfaction with travel experiences contributes to destination loyalty and this enhances revisit intention to that particular destination as well as the urge to recommend to friends or relatives. (Oppermann, 2000). In determining the various measurement attributes for tourist satisfaction we borrowed five of the seven

measurement items from Deslands, (2003) relevant to satisfaction literature for reliability in order to fit in our study framework e.g. (a 7 point Likert scale of measurement from 1-strongly disagree to 7-strongly agree. Respondents were asked to rate their satisfaction levels according to the following statements.

I am satisfied with my decision to visit Busan. The visit has been a very good experience for me. I have truly enjoyed the visit to the fullest.

### Post-travel destination image

Here, the study assessed the attractiveness and the quality of service of the attributes from the tourists after their prior experience of Korea. Respondents were requested to rate their perceived attractiveness of their post-travel destination of Korea with a total of 20 items relating to the country being selected from Horowitz and Rosensweig (2007) Crooks et al (2011) and Howze (2007) Each of the items utilized a seven point ranging from strongly disagree-1 to strongly disagree-7

The variables to determine the post-travel destination image of Korea included natural and cultural resources, general tourist and leisure infrastructure, atmosphere,

social setting environment and sun and sand.

**Medical tour expectation**

Expectations are forward directed, tentative attitudes containing a more or less definite element of knowledge about an object (e.g. tourism experiences, destinations etc) they contain an emotional charge expressing the intensity of the drive with which the behavior to drive is executed. (AbrahamPizam and YoelMansfiel, 2000)

Tourist expectations was measured using a self-administered questionnaire method which aimed at assessing the adequate and desired service expectations of Korean tourists in Busan in as far as medical tourism in Korea is concerned. Consistent with the expectation measurement items of Crooks et al. (2011), and Horowitz and Rosensweig (2007)Crooks et al (2011)Howze (2007) formulated the items measuring the perceptual and expectation variables about Medical tourism in Korea. In this case, the questionnaire included items like cost, availability of procedures, quality of service and easiness of communication. A 7 point Likert scale was on expectation constructs which included cost, quality of medical services and convenience.

**Visit intention for medical tourism**

The revisit behavior in tourism is defined as the tourist's decision to engage in future activity with the service provider according to Hume, (2007). Therefore revisit intention is portrayed as a function of the positive consequences of tourist satisfaction. Oh (1999) also proposed the famous holistic model of the different evaluation constructs of revisit intention and according to him, the satisfaction construct contributes a lot towards the revisit intention decision making aspect and influences the post purchase behavior of various consumers. Inthis survey, respondents were asked to give their response to a 7 point Likert scale with questions like; I am interested in visiting Busan or another Korean city for a medical trip in the future. If I were in need of a medical tour, I would choose Busan or another Korean city over other foreign cities. I am interested in searching for some information about medical services in Busan or another Korean city.

**RESULTS**

**Profile of the Sample**

Among the 206 respondents, 55.3% (n = 114) were female and 44.7% (n = 92) were male. The mean age was 28.7, ranging from 20 to 68. The majority of them reported some university/bachelor's degree (56.3%, n = 116), followed by some graduate school or above (17.5%, n = 36), some college/associate degree (16.0%, n = 33), and high school diploma or below (10.2%, n = 21). In terms of

annual household income, 29.6% (n = 61) reported ¥120,000 or above, followed by ¥48,000 – ¥72,000 (20.9%, n = 43), ¥96,000 – ¥120,000 (19.4%, n = 40), ¥24,000 – ¥48,000 (15.0%, n = 31), ¥72,000 – ¥96,000 (9.2%, n = 19), and ¥24,000 or below (5.8%, n = 12). This time visit to Korea was the first visit for 45.1% (n = 93), second time for 26.7% (n = 55), third time for 13.1% (n = 27), fourth time for 4.9% (n = 10), and fifth time or above for 10.2% (n = 21), with an average of 2.2 times visit. Lastly, the 206 respondents were from 33 different major cities or provinces of China. The largest number of them were from Shandong (12.6%, n = 26), followed by Shanghai (11.7%, n = 24), Guangdong (7.3%, n = 15), Fujian, Jiangsu, Jilin (all three 6.3%, n = 13), Liaoning (5.8%, n = 12), Sichuan (5.3%, n = 11), etc.

**Table 2**

Measurement items/first-order factors and their loadings

Constructs and scale items	Standardized Loading <sup>a</sup>
<b>Tourist satisfaction</b>	
I am satisfied with my decision to visit Busan.	.900
The visit has been a very good experience for me.	.885
I have truly enjoyed the visit to the fullest.	.856
The visit has worked out as I expected	.564
<b>Post-travel destination image</b>	
<b><i>Natural &amp; cultural resources</i></b>	
Busan is endowed with nice flora and fauna beauties.	.738
Busan has a lot of unique cultural and historical places/attractions.	.796
The landscape of Busan is green and beautiful.	.822
The customs and cultural beliefs are interesting.	.785
There are a lot of cultural activities and festivities to visit.	.780
<b><i>General, tourist, &amp; leisure infrastructures</i></b>	
Shopping malls and markets are easily accessible.	.632
Busan has a vibrant night life.	.752
There is a variety of exotic and traditional cuisines.	.720
Busan has well developed public infrastructure.	.730
<b><i>Atmosphere</i></b>	
Busan is an international fashion city.	.745
The city of Busan has a good taste of luxury.	.712

The city of Busan has an exotic and glamorous atmosphere.	.648
The city is relaxing and has a good quality of life.	.664
<b>Social setting &amp; environment</b>	<b>.875</b>
There is public safety and tourist safety in Busan.	.647
The city of Busan is so clean and less polluted.	.628
<b>Sun &amp; Sand</b>	<b>.951</b>
There is a variety of beautiful beaches and outdoor facilities.	.738
The weather in Busan is excellent.	.641
There are very many nice hotels and apartments in Busan.	.668
<b>Medical tour expectation</b>	
<b>Cost</b>	<b>.775</b>
Medical costs in Busan would be affordable.	.689
Supplementary expenses in Busan would be inexpensive.	.890
<b>Quality of medical service</b>	<b>.879</b>
The treatment process in Busan would be clear.	.849

The medical doctors in Busan would be trustworthy.	.823
The medical doctors in Busan would be skilled and knowledgeable.	.822
There would be high tech equipment and facilities in hospitals in Busan.	.801
<b>Convenience</b>	<b>.999</b>
It would be easy to receive treatment after making an appointment in Busan.	.846
Korean doctors would be so easy to communicate with.	.582
<b>Visit intention for medical tour</b>	
I am interested in visiting Busan or another Korean city for a medical trip in the future.	.882
If I were in need of a medical tour, I would choose Busan or another Korean city over other foreign cities.	.866
I am interested in searching for some information about medical services in Busan or another Korean city.	.896

a. All factor loadings were significant at  $p < .001$ .

b. Bold letters indicate the loadings of first-order factors on their second-order factor.

**Table 3** The measurement model results

	No. of items	Mean	AVE	TS	PTDI	MTE	VIMT
TS	4	5.60 <sup>a</sup>	.661	<b>.883<sup>b</sup></b>	.786 <sup>c</sup>	.363	.319
PTDI	18	5.48	.862	.618 <sup>d</sup>	<b>.969</b>	.569	.521
MTE	8	5.02	.790	.132	.324	<b>.918</b>	.655
VIMT	3	5.04	.777	.102	.271	.429	<b>.913</b>

Goodness-of-fit statistics:

$\chi^2 = 987.33$  ( $df = 478$ ,  $p < .001$ ),  $\chi^2/df = 2.07$ , RMSEA = .072, IFI = .888, CFI = .887, TLI = .875.

Note: TS = tourist satisfaction; PTDI = post-travel destination image; MTE = medical tour expectation; VIMT = visit intention for medical tour; AVE = average variance extracted; RMSEA = root mean square error of approximation; IFI = incremental fit index; CFI = comparative fit index; TLI = Tucker-Lewis index.

- a. Measured with a 7-point Likert-type scale.
- b. Composite reliabilities are along the diagonal.
- c. Correlations are above the diagonal.
- d. Squared correlations are below the diagonal.

### Measurement Model Testing

Following Anderson and Gerbing (1988), the measurement model was assessed before testing the proposed structural model. A confirmatory factor analysis of the measurement model showed a marginal fit to the data ( $\chi^2(478) = 987.33$ ,  $p < .001$ ,  $\chi^2/df = 2.07$ ; RMSEA = .072, IFI = .888, CFI = .887, TLI = .875), given the complexity of the model (cf. Marsh, Hau, & Grayson, 2001), which includes two second-order factors. As shown in Table 2, the factor loadings of the measurement items and the first-order factors for the latent constructs exceeded a suggested cutoff of .40 (Ford, MacCallum, & Tait, 1986) and they were all significant at  $p < .001$ . As presented in Table 3, the composite reliability of each construct was equal to or greater than .883, which is well above the minimum



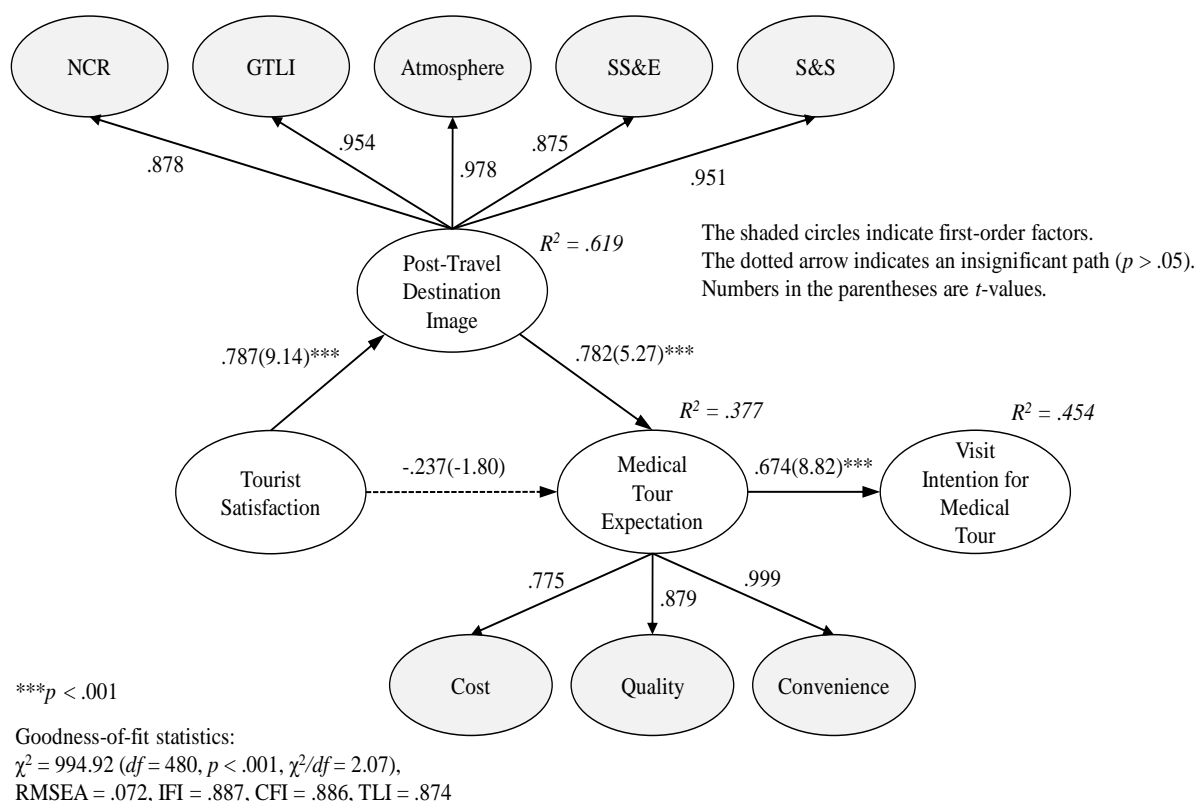
criterion of .60 (Bagozzi & Yi, 1988), suggesting that all the constructs had satisfactory internal consistency (Hair et al., 2006). All the average variance extracted (AVE) values of the constructs also exceeded a recommended cutoff of .50 (Bagozzi & Yi, 1988), indicating adequate convergent validities of the measurement scales (Fornell & Larcker, 1981). Adequate discriminant validities were also established as the AVE value of each construct was above each construct's squared correlations of the other constructs (Fornell & Larcker, 1981).

**Structural Equation Model Testing**

The proposed conceptual model was tested through a structural equation modeling (SEM) analysis. Figure 2 summarizes the structural model test results. The results indicated a marginal fit of the model to the data ( $\chi^2(480) = 994.92, p < .001, \chi^2/df = 2.07; RMSEA = .072, IFI = .887, CFI = .886, TLI = .874$ ) (cf. Marsh et al., 2001). As shown in Figure 2, the proposed model accounted for 45.4% of

the total variance in visit intention for medical tour, 37.7% in medical tour expectation, and 61.9% in post-travel destination image. These findings clearly show that the model has a strong ability to explain the outcome variables.

Except the path from tourist satisfaction to medical tour expectation, all the other paths were significant at  $p < .001$ , indicating the hypotheses were supported by the data. Only the hypothesis from tourist satisfaction to medical tour expectation was shown as insignificant ( $p = .072$ ). However, a mediation test revealed that the insignificant effect was a result of a full mediation by post-travel destination image. Specifically, when the effect of post-travel destination image on medical tour expectation was constrained to zero, the effect of tourist satisfaction on medical tour expectation became highly significant ( $\beta = .418, t = 5.18, p < .001$ ). The  $\chi^2$  difference ( $\Delta\chi^2(1) = 36.31$ ) between the original model and the constrained model was significant at  $p < .001$ , showing a clear mediation effect.



**Figure 2. Results of the proposed model**

Note: NCR = natural & cultural resources; GTLI = general, tourist, & leisure infrastructure; SS&E = social setting & environment; S&S = sun & sand.

Table 4 shows the indirect effects of the antecedents on the outcome variables. The indirect effects were all significant at  $p < .01$  and sizable. Taken together, all the findings

**Table 4** Standardized indirect effects

Effect of	On	
	Medical tour expectation	Visit intention for medical tour
Tourist satisfaction	.615**	.255**
Post-travel destination image		.527**

\*\* $p < .01$

## DISCUSSION AND IMPLICATIONS

This paper attempted to investigate the effects and relationships between the study variables of tourist satisfaction, post-travel destination image and medical tour expectation in influencing Chinese tourists' visit intentions to Korea for medical tourism consumption. As expected, the findings support the majority of the research hypotheses and provide evidence for both the theoretical and practical sections of this study. The structural proposed model of the four constructs showed a positive relationship between tourist satisfaction-post travel destination image, post travel destination image, medical tour expectation and visit intention for medical tour.

In the second order factors, the paths between tourist satisfaction and post-travel destination image were significant at  $787(9.14)^{***}$ , post-travel destination image and medical tour expectation at  $.782(5.27)^{***}$ , medical tour expectation and visit intention for medical tour at  $.674(8.82)$  while the path between tourist satisfaction and medical tour expectation was insignificant at  $.237(-1.80)$ . Post-travel destination image had a variability proportion of ( $R^2.619$ ) and medical tour expectation had a variability proportion of ( $R^2.377$ ) while visit intention for medical tour was at ( $R^2.454$ ). Notwithstanding the insignificant path existing between tourist satisfaction and medical tour expectation, and several methodological problems posed by our research, we found out that our findings constitute a significant correlation and positively contribute to the following discussion surrounding the relationships between the above variables and thus, our hypotheses were supported at the goodness-of-fit statistics.

From a wider literature on the trends of medical tourists from China in this study, medical tourism incentives should be introduced by market players in Korea in order to lure this vibrant yet steady market to the country (AsiaTraveltips, 2007). In this particular context, tourism intermediaries ought to focus on destination promotion

demonstrate that the proposed model fairly well predicts the outcome variables in the context of Chinese tourists in Korea

and marketing inside China in order to tap into the abundant market available.

In addition to the above, China has experienced a significant rise in GDP (Zax et al, 2004), substantial rise in disposable income especially in most of the China's urban communities fueled the urgent demand for quality healthcare outside China (Zax et al, 2004) and manufacturing substandard medicine and food stuffs in recent years which have actually resulted into serious sickness and even deaths (Blanchard 2008, Merrett, 2007). The Korean medical industry promoters and other stakeholders therefore ought to capitalize on the above mentioned factors to boost medical products consumers' expectations and influence their visit intentions through direct and indirect marketing.

The indispensability of the government sector and the medical tourism service sector as noted by Chacko, (2006) stressed the need for government involvement in the marketing and promotion process. For the Korean case, government has a very upper hand through its agencies like the ministry of culture sports and tourism, Korea health industry development institute (KHIDI), The Korea medical tourism association, Busan medical tourism association etc. all of which are instrumental in the promotion of medical tourism and general tourism at large although more needs to be done. The Busan medical tourism association instituted a free translation service for foreign patients at selected hospitals in Busan. More needs to still be done to involve visiting medical tourists and make them have the Korean general tourism experience. This may be done through packaging the medical packages with after treatment tours to local Korean festivals, Museums, local markets, shopping centers and parks.

The study also demonstrated the viability of the two theories that formulated our theoretical framework. Mostly, the two stage theory by Smith and Forgione. (2007) and in so doing the study analyzed that the second stage of the theory should be taken in consideration as far as influencing medical tour expectation is concerned. In our sample, Chinese tourists who had visited Korea before this study was conducted showed a very positive attitude towards Korea's medical tour expectation and consequently revisiting Korea in the future to consume medical tourism services.

**Generally, this study shows that almost all the variables had a positive influence on visit intention for medical tourism in Korea with an overall mean of 5.04 (table 3) which is relatively consistent with the**

**2009KTO survey to evaluate the perceptions of medical tourists' satisfaction towards Korean medical services where Chinese patients pooled (4.65) of a 7 point Likert type scale to recommend to others Chinese at home. This also contends with the Chinese patient statistical representation on the Korean foreign patient arrivals where Chinese medical tourists are currently in the lead in consuming Korea's medical services.**

(교수님)

Majority of the respondents came from Shandong, Shanghai and Guangdong provinces among a total number of 33 cities from which our respondents came. This is a good representation of the particular source provinces/cities to be targeted by medical tourism facilitators in Korea as well government foreign agencies in those cities in order to market the medical services as well as the national image in these provinces since most of the tourists seem to be coming from there. In the same sense, cities/provinces with least arrival numbers of tourists to Korea should be targeted by promotional activities in their home towns in form of tourism related promotions like Hallyu (the Korean wave, drama Kpop music and Korean movies) this may revive and boost their anxiety and desire to visit Korea both for mainstream tourism or medical treatment. Online promotional programs and brochures need to be designed to be informative and inclusive of the Korean tourism packages and also the medical treatment services available in Korea which contends with Cacko, 2006 observation about amalgamating the marketing process of marketing tourism alongside medical tourism activities.

The majority of the respondents sampled possessed university education (56.3%, n = 116), followed by some graduate school education holders or above (17.5%, n = 36), some college/associate degree holders (16.0%, n = 33), and high school diploma or below (10.2%, n = 21) (Profile of the sample). This is another clear indication that Chinese tourists visiting Korea are generally literate and therefore, are internet literate. Korean tourism and medical tourism managers and marketers ought to take advantage of the Korean technological advancement in IT and target these tourists while in Korea for example providing smartphones to medical tourists for the period of their treatment and give them back on departure, this would create a sense of satisfaction at the same time trust from the medical tourists which would eventually lead to effective word of mouth when they go back to their home towns in China

The government agencies like the Korea Health Industry Development Institute are performing well (KHIDI, 2012). However, government agencies and facilitators abroad should be brought on board and empowered to put more emphasis on inclusive marketing for Korea.

More so, the planners and marketers of Korean medical tourism should focus on foreign-oriented marketing strategy that emphasizes promotion of destination image attributes which will increase word of mouth (WOM) impact (Mudur, 2004).

Visiting tourists in Korea should also be exposed to the diverse tourism events like traditional medicine festivals that Korea has to offer which will expose Korea to them. These will increase their post-travel destination image.

## LIMITATIONS AND CONCLUSIONS

This paper is prone to certain limitations which are of course deemed areas of future research. First and for most, people who grow up in varied environments perceive things variously because they interpret the causes differently (Mayo & Jarvis, 1981). Therefore, sampling only Chinese tourists limits the generalizability of the finding of this study. Approaching tourists at duty-free shops is somewhat nonsystematic and nonrandom. This sampling method limits the representativeness of the samples for the population due to the fact that it was carried out only in Busan city

Future academic research may focus more on specific types of medical tourism packages (e.g. plastic surgery, knee replacements, internal treatment, major surgeries etc.). This would help determine present a wider picture of Korean medical tourism potential and also investigate specific consumption patterns of consumers in this industry.

Given the growth of this niche market, its lucrativeness and its strong linkage with the tourism industry as exhibited in our study, it is correct to note that consumers of medical tourism services are the same tourists who have already visited, experienced, and/or consumed tourism services in a given perspective in that particular country. Therefore global medical tourism service providers, tourism facilitators, researchers, policy makers ought to divert their attention to thorough innovative research about medical tourism from both the demand and supply sides in order to better understand the ever dynamic decision making process of the medical tourists and their primary consumption motivations as well as expectations.

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