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# A Case Study of Health Tourism in the Jeju Province, South Korea

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## **Keywords**

health tourism, content analysis, Jeju Special Self-Governing Province

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**By Young Hoon Kim, Changsan Boo, Ilhan Demirer and Mincheol Kim**

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## **Introduction**

As healthcare costs increase rapidly, many patients in advanced countries are seeking alternative destinations with lower costs and competitive healthcare service. The U.S. Census Bureau (2006) reported that in 2005 more than 46 million Americans lacked health insurance, and that by 2019 spending for healthcare will exceed \$4.5 trillion (Centers for Medicare & Medicaid Services, 2010). It was also reported that more than 55,000 Americans visited the Bumrungrad Hospital, in Thailand, for cosmetic or non-cosmetic treatment in 2005 (Kher, 2006). Those numbers are predicted to continue to increase, and other destinations focusing on health tourism will be more competitive than ever before. Health tourists not only seek low-cost, high-quality services in other countries, but also want to experience other cultures and life.

*Health tourism* is referred to as “staying away from home, health as the most important motive and done in a leisure setting” (Hall, 1992, p. 151). Countries such as Thailand and India have developed and promoted the healthcare industry in conjunction with tourism (Connell, 2006). Many Asian countries especially are becoming more popular for health tourists because of their natural practices, high-quality medical services, and low costs (Laing & Weiler, 2007).

Considered one of the hot destinations for medical tourism (CNN.com, 2009), the Republic of Korea (ROK) is launching a new project to establish itself as one of Asia’s major centers of health tourism. Recently, the ROK and regional governments have actively planned to link the medical industry with tourism and to develop the medical industry by utilizing the natural resources of local areas.

As one of the Provinces in the ROK, Jeju Special Self-Governing Province has planned to develop itself as the Northeast Asian center of health tourism through a project called “The Development of Jeju-Style Health Tourism Model.” This project focuses on converging the medical and tourism industries, and it could result in encouraging foreign countries and companies to invest in the medical establishments of Jeju Province. However, initiating the project has been a challenge because of a lack of studies and expertise for differentiating Jeju Province from the other destinations--that is, to market Jeju Province as a unique destination for health tourism. Thus, the current study was designed to explore how to develop a destination for health tourism using the case of Jeju Province. The following is the process for developing the Jeju-Style Health Tourism Model in the current study:

1. Situation (SWOT) Analysis
2. Resource Analysis
3. Positioning
4. Marketing Plan and Implementation
5. Feedback/Evaluation

Before proceeding with any marketing plan (Pearce & Robinson, 2000), the destination’s internal and external situations must be analyzed (i.e., SWOT analysis). A SWOT analysis provides an overview of a business’s strategic positions. Second, specific resources must be found and used. By thus weighing certain resources over others, the process helps build a unique style. Third, competitiveness must be strengthened through classifying and investigating the “A” product internally and externally (Shostack, 1987), and positioning the “A”

product, which is a destination in this case. Finally, the Jeju-Style Health Tourism Model can be provided.

The aims of the present study were to develop a systematic and efficient Jeju-Style Health Tourism Model that is applicable to the Jeju Province and to suggest its implications to health-tourism stakeholders of other destinations. The current study's model was intended to assist in the formulation of a management strategy for Jeju Province as well as other destinations.

This study was conducted in two phases. First, the categories of health tourism were segmented, and available resources were introduced after the situation of Jeju Province was analyzed. Second, the key components of a proposal using the Jeju-Style Health Tourism Model were outlined, and the supportive factors were provided which have been developed and tested through a literature review and interviews with stakeholders of health tourism. Third, suggestions and recommendations for the development and marketing plans for health tourism were provided.

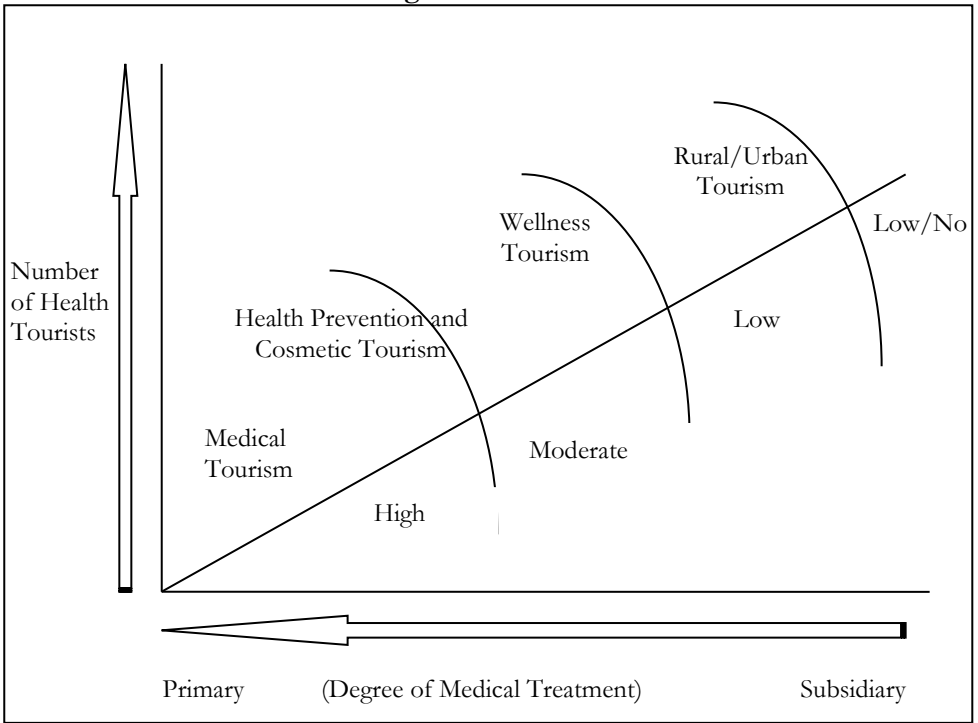
## Literature Review

### Definitions of Health Tourism and its Segmentation

The term *health tourism* has been defined in various ways (Smith & Puczko, 2008). Possibly this can be attributed to the fact that it has been used by two different industries: medicine and tourism. Goodrich and Goodrich (1987) defined *health tourism* as tourism facilities or destinations attracting tourists by planned promotion with health-related services or facilities. This definition seems to be incomplete because it focuses only on tourism rather than on health and tourism together. Later, the term was defined as a category of special interest tourism (SIT): traveling with a health-related motivation (Hall, 1992). Laws (1996) defined *health tourism* as travel from home to another destination to improve one's health condition as one type of leisure. Finally, Carrera and Bridges (2006) defined *health tourism* as travel that is systematically planned to maintain one's physical and mental health condition. Summarizing a number of definitions, *health tourism* can be defined as visitation from place of residence to another place for health care along with tourism aspects. Even with this umbrella definition, health tourism has many segments and categories. Figure 1 explains the segmentation of health tourists by the degree of medical treatment and number of tourists. In this figure health tourists can be categorized into four sections: medical, cure and prevention, wellness, and rural/urban tourism.

**Figure 1**

**Health Tourism and Its Segmentation**



Medical tourism is the “pure” or “peak” experience of medical treatment (e.g., heart transplant). The goal of tourists in this category is traveling to a destination with the primary motivation of being cured by well trained physicians. Second, if tourists travel to be cured and to have cosmetic surgery at a better price, it can be defined as *health prevention and cosmetic tourism*. The latter tourists are more interested in the cost than are the former. Third, *wellness tourism* can be defined as traveling to a destination for wellness rather than medical surgery or treatment. Fourth, *rural/urban tourism* can be defined as visiting a destination to acquire special health tourism products.

**Overview of Health Tourism and Its Cases in Other Countries**

Health tourism began when people travelled from one place to another to cure the body mentally and physically. Traveling to the Nile, the Ganges, the Yangtze, and the River Jordan, which were famous travel destinations, was one of the most common types of health tourism

(Goodrich, 1993). Meanwhile, although the superstitious belief of being cleaned spiritually has decreased, the desire to cure physical disease through bathing and dipping in the river or spring has increased even faster after several scientific studies proved its effectiveness. With many advantages (e.g., economic impact, green industry, and synergistic effects), health tourism has received special attention in a number of countries, especially in Asia (Henderson, 2003).

The growth of health tourism has been accelerated by the increased cost of healthcare in developed countries, along with the increased number of highly equipped and specialized hospitals in countries such as Thailand, Singapore, and India (Galloway, 2008). These countries have promoted their medical industry as a national strategy for establishing their country as a medical hub. The projects are being implemented with huge budget allocations, along with governmental policy and active support. These countries have been able to offer high-quality medical service by experienced medical doctors in well-equipped medical facilities. Finally, these strengths have been combined with tourism activities, such as recreation, culture, and leisure, in order to establish health tourism as a national strategic industry.

Thailand is one of the best examples among those countries. Its medical industry has been developed and promoted in combination with tourism since the 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 (Swain & Sahu, 2008). More than 100 spas and 1,000 massage clinics have been operating in Thailand since then. The main reason for successful health tourism in Thailand is the development of health tourism markets with differentiated strategies supported by the government and the national tourism board. Those entities have added tourism to the formula and developed the industry for superior competitiveness. In addition, costs for food and lodging are less expensive in Thailand than in other countries, and this had made Thailand all the more more competitive (Swain & Sahu, 2008). However, some segments are less competitive in Thailand than in other countries, e.g., healthcare costs are usually not as low as in other countries. Also, medical costs in Thailand are not fixed, and this factor can generate distrust (National Center for Policy Analysis, 2007).

Another successful case, Singapore, established Singapore Medicine as a complex agency to promote advanced medical systems and services. It was established by the Singapore Tourism Board (STB), the Economic Development Committee (EDC), and the Trade Development

Association (TDA), for foreign investors (Galloway, 2008; “Medical Tourism,” 2008). The STB’s operation is unique: it has a separate healthcare department and has developed a number of health and tourism products, such as health-travel packages linked with medical systems and travel agencies. It is also providing special medical products, such as special rooms for royal families from the Middle East and Europe. To promote medical tourism and provide convenient services to foreign patients, Singapore Medicine is planning to provide one-stop service, including a consulting process, the introduction of medical service, international medical service by public and private medical institutions in Singapore, an information service in multiple languages, and an online-network service system to link all hospitals in Singapore. One of the great strengths for health tourism in Singapore is that English is widely spoken.

India is one of the leading destinations well known for health tourism. It offers the lowest cost and highest quality services among medical tourism destinations, and English is widely spoken (National Center for Policy Analysis, 2007). In addition, hospital staff are composed of highly trained physicians, and many hospitals are accredited by the Joint Commission International (JCI, 2002). In particular, the Indian government has made great efforts to promote its health tourism to the world, cooperating with public and private organizations. The Ayurveda Yoga travel package, which is very popular as a health tourism product, combines Ayurveda Yoga and Tajmahal visiting. The India Tourism Board encourages tourists to participate directly in selecting a desired medical treatment/meditation program and tourism products via the Web site of Ayurveda Yoga Center. Additionally, the Indian government has organized a medical tourism promotion team in charge of the tourism, transportation, and visa processes for foreign patients.

For every success in medical tourism there have been many failures because of a lack of critical investigation and research in the earlier stage (Henderson, 2003). Understanding and segmenting health tourism and its tourists must be considered before deciding on a plan and considering its feasibility. There are also other factors that contribute to failure in developing health tourism: investment, facility, language, and location. A careful investigation and analysis will help to decide which model or type of health tourism would fit a destination. It is also obvious that health tourism is a high value-added tourism industry generating revenue for a destination, as well as a high-risk industry because of its scale in both finance and operation. Therefore, it is most essential to differentiate between potential resources and to decide how to combine them for maximum unique competitiveness (Crick, 2002).



## **The Situation Analysis of Jeju Province (Island)**

Healthcare service in the ROK is well known for its high quality and low cost (“Medical Tourism,” 2008). Jeju Province is considered one of the most popular destinations for tourism and potentially for health tourism in the ROK (“Medical Tourism,” 2008). With abundant natural resources, Jeju Province and the ROK government have attempted to promote health tourism by providing new medical products, and environments with a well-developed policy to attract national and international health tourists. For example, the ROK has extended a foreigner’s visit period from one year to four years for long-term disease treatment or medical care even if the foreign patient and family do not have a long-term visa (Jeju Free International City Development Center, 2006). In addition, the government of Jeju Province is constructing a health resort funded by national and international investments led by the Health Tourism Development Committee (Jeju Free International City Development Center, 2006). This committee is composed of medical doctors and agencies, health-tourism experts, and public-service workers. For the convenience of health tourists, translators and coordinators for health tourism were assigned to assist tourists in selecting their schedules, services, and products. Table 1 lists the suggested categories for the development of health tourism for the Jeju Free International City Development Center (JDC).

**Table 1**

**Categories Retrieved from Newspapers for the Health Tourism Development in Jeju Province**

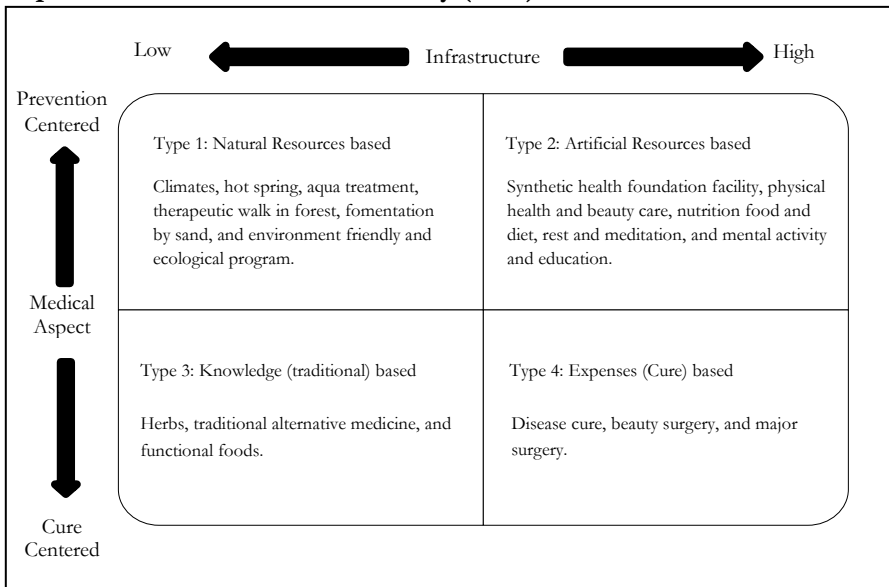
Categories	Contents
Marketing Strategy (4)	<ul style="list-style-type: none"><li>• Use high-tech medical equipment</li><li>• Establish a target market</li><li>• Provide new programs and facilities with special marketing</li><li>• Develop unique health tourism products</li></ul>
System Reformation (13)	<ul style="list-style-type: none"><li>• New strategy to develop Jeju-Style health tourism</li><li>• Profit generation to secure high quality</li><li>• Develop Jeju-Style health tourism with systematic supports using natural resources (e.g., travel and recreation infrastructure)</li><li>• Reform the current system partially to provide a competitive market</li><li>• Complement various systems to connect medical tour and treatment</li><li>• Offer a priority to develop Jeju-Style health tourism</li><li>• Complement systems for long-term health tourists (e.g., Visa)</li><li>• Provide a systematic program for administration and human resource management</li><li>• Be oriented by Jeju National University Hospital</li><li>• Develop the current financial system for investors domestically and internationally</li><li>• Ease restrictions</li><li>• Provide a master plan with a blueprint to execute</li><li>• Develop systems to use natural resources</li></ul>
Infrastructure Construction (3)	<ul style="list-style-type: none"><li>• Improve and change the generic function (Core benefit: e.g., high quality medical service)</li><li>• A systematic and administrative reconstruction (Facilitating service)</li><li>• Improve service quality (Supporting services)</li></ul>
Total (20)	

*Note.* Sources from Halla-Ilbo, 2008; Jeju-Ilbo, 2008; Jemin-Ilbo, 2008; *The Jeju Times*, 2008.

Twenty categories were suggested for building Jeju-Style Health Tourism: thirteen sub-categories for system reformation; four sub-categories for constructing the marketing plan; and three sub-categories for establishing the infrastructure of Jeju Province. However, these suggestions might not have fully satisfied the needs of tourists, and health tourism development in Jeju Province might have failed because a lack of content validity in the current information (Table 1). It was therefore necessary to find critical factors to develop the Jeju-Style Health Tourism Model: A structural model had to be constructed based on empirical and conceptual research. As the first step, types of health tourism were segmented in terms of resources and medical treatments. Figure 2 illustrates different types of health tourism resources based on infrastructure and medical aspects.

**Figure 2**

**Types of Health Tourism based on Infrastructure and Medical Aspect: Modified from Crick’s study (2002)**



# Methodology

## The Instrument Development

A number of studies have been conducted in health tourism (e.g. Connell, 2006; Johanson, 2004; Mueller & Kaufmann, 2001) but not many have investigated health tourists and their destinations. Little research was available for helping develop the fundamental framework for the current study. The development process included both qualitative and quantitative methods. After a literature review, the questionnaire's format was constructed. Once an initial list of items was completed, a panel of experts used a focus group to review and refine the instrument. This process was recommended in several studies (Peterson, 2000; Schmenner, 1986). After the instrument was revised by experts, a pretest was conducted. Graduate students majoring in tourism management and health administration participated in the pretest. The questionnaire was refined again to ensure that the modification of items was satisfactorily addressed.

## Sample Selection

To increase the validity of the instrument and objectivity of the results, the triangulation method was employed to select samples. To satisfy both sides--supply and demand--stakeholders in health tourism were selected along with experts in health and medical areas, experts in charge of health care, and experts in tourism and the environment. It is also likely true that all participants in this study were consumers who represented demand. For experts in health and medical areas, eight medical doctors and four Korean traditional medicine doctors were selected. Seven experts in the health care system were contacted, and five experts participated in the research interview process: one was from Jeju self-government and four were from Jeju Free International City Development Center. Eleven experts in tourism and the environment were willing to participate in the interview: four experts were scholars, who specialized in health and tourism, from the universities and colleges in Jeju Province; four were researchers in beauty and cosmetic-product development at Jeju Hi-tech Development Institute; and three were researchers in environment at the Jeju Institute of Environmental Resource Research.

## Data Analysis

There were about ten representatives from health, tourism, and education. After a pre-interview with forty-five representatives, thirty

consent forms were obtained. After thirty questionnaires were distributed to stakeholders, a total of twenty-eight questionnaires were collected through the in-depth interview process and used for further analysis. The overall contents were measured by a quantitative method for numerical comparison, and additional narrative descriptions through the standardized interview were added as a qualitative method perspective. In order to reduce bias in the evaluation process, two researchers with expertise in health and tourism examined the results of the questionnaires together. Data were analyzed based on four major types of resources: natural-resources based, artificial-resources based, knowledge (traditional)-resources based, and expense (cure)-resources based health tourism; and the three required resources: physical, human, and organizational thorough descriptive and illustrative methods. The questionnaire was developed after a modification of Crick's study (2002). The results of an in-depth interview were decoded by qualitative (descriptive and illustrative) and quantitative (frequency) methods. The importance of each sub-category in four types were weighted and ranked by experts. For the last step, three resources were weighted and compared without natural resources (natural resources being an absolutely necessary precondition for success). In previous studies natural resources were regarded as the most important resource for developing health tourism (Laws, 1996; "Medical Tourism," 2008; Smith & Puczko, 2008) as well as destination brand (Buhalis, 2000; Kim, Goh, & Yuan, 2010).

## Results

### Types by Resources

It was found that natural-based resources, as one of the four resources for health tourism, can maximize competitiveness in combination with other health-tourism resources in Jeju Province. The natural factors included pure water, plants for medicine, therapeutic walks in the natural forest, long-term rehabilitation cure, and black-sand bath. The pure water called *Samdasoo* was weighted highest (31%), followed by medicinal plants (28.6%), the natural forest (19%), long-term rehabilitation cure (14.3%), and black-sand bath (7.1%), respectively.

Artificial resources, which can create and develop superior competitiveness in health tourism, were also selected as one of the most important resources by experts. Artificial resources include the recreation resort, the spa and theme park, local foods and exercise programs, and beauty care facilities. The recreation resort facilities were ranked at the top (41.2%) of artificial-resources-based health tourism. Korean traditional medicine treatment using natural medicinal ingredients (50%)

was more important than these: functional cosmetics using special products in Jeju Province (22.2%), functional health food using ocean plant resources (16.7%), and conventional local food (11.1%).

Knowledge was also considered one of the most important resources for developing health tourism in Jeju Province. The knowledge of Korean traditional medicine and its unique treatment (50%) was found to be the most important area: functional cosmetics using special Korean products (22.2%) and functional health food using ocean plant resources (16.7%) were particularly emphasized to develop the Jeju-Style Health Tourism Model. A knowledge of traditional local food was also highly weighted (11.1%).

It was found that expenses (cure)-based resources have a superior competitiveness in health tourism. These include the health examination (63.6%), rehabilitation physical treatment (18.2%), long-term medical care (9.1%), and dermal treatment (9.1%), respectively. Since they are expense-based resources, all resources are more focused on developing a pure medical tourism than comprehensive health tourism.

### **Resources Required for Health Tourism in Jeju Province**

To find out what kinds of resources are required for health tourism in Jeju Province, four categories of health tourism with three major criteria were studied. Representatives of each category--physical, human, and organizational--were interviewed. The contents of Table 2 was moderately modified from Crick's study (Crick, 2002) and improved after the information was collected from newspapers (Table 1). Finally, the resources of Jeju Province were categorized by four types and three criteria. The primary concern was how to maximize the use of existing natural resources by building medical facilities (physical), training and generating specialized agents through college (human), and preparing health tourism (organizational) policy. For the artificial-resources-based category, it is required that service facilities (e.g., Wellness Park) be built and services extended. Additionally, constructing a network of medical experts and integrating medical services were emphasized. Having experts, a Research and Development (R&D) center, and an institution for specialized human resources are primarily required for knowledge-based resources. For expenses (cure)-based resources, constructing medical centers with special medical treatment, having eminent medical experts, and establishing internationally known hospitals were emphasized. All contents were ranked by the frequency of experts' comments.

**Table 2**

**Resources Required for Health Tourism in Jeju Province**

	Physical	Human	Organizational
Type 1. Natural Resources Based	<ol style="list-style-type: none"> <li>1. Build specialized medical treatment center by utilizing natural resources (e.g., therapeutic walk in forest, underground water, hot spring, and sea water).</li> <li>2. Provide ecological experiences (e.g., roads and forests).</li> <li>3. Enlarge lodging facilities and other additional facilities.</li> <li>4. Increase accessibility (e.g., international airport).</li> </ol>	<ol style="list-style-type: none"> <li>1. Train and generate specialized agents for tourism services (e.g., hospitality programs in college).</li> <li>2. Train and generate specialized agents in natural resources (e.g., geology and environmental biology programs in colleges).</li> <li>3. Provide special education for cure and medical care (e.g., body and skin massager).</li> </ol>	<ol style="list-style-type: none"> <li>1. Prepare the environmental policy to maximize the use of natural resources.</li> <li>2. Provide organizational marketing.</li> <li>3. Positive and active support from private or local communities.</li> <li>4. Develop rehabilitation medical treatment.</li> </ol>
Type 2. Artificial Resources Based	<ol style="list-style-type: none"> <li>1. Wellness Parks.</li> <li>2. Comprehensive medical examination center.</li> <li>3. Enlarge accesses of transportation (e.g., more routes of airline).</li> </ol>	<ol style="list-style-type: none"> <li>1. Construct network for medical experts.</li> <li>2. Develop unique services.</li> <li>3. Provide efficient and specialized human resources management.</li> </ol>	<ol style="list-style-type: none"> <li>1. Integrate organization for medical services.</li> <li>2. Provide departmental marketing for health tourism.</li> <li>3. Prepare policy and system for private facilities and licensed experts.</li> </ol>
Type 3. Traditional Based	<ol style="list-style-type: none"> <li>1. Construct Research and Development (R&amp;D) Centers.</li> <li>2. Construct high quality Education facilities.</li> <li>3. Construct Korean traditional treatment hospitals with systematic facilities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Prepare human resources for medical research.</li> <li>2. Generate more human resources in medicine.</li> <li>3. Generate more human resources and programs with knowledge in natural resources of Jeju Province.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop institutions for specialized human resources in health and tourism.</li> <li>2. Develop research institute for natural resources from Jeju Province within R&amp;D center.</li> <li>3. Provide education systems for medical human</li> </ol>

			resources. 4. Provide food safety of functional foods by certified research institution.
Type 4. Expenses (Cure) Based	<ol style="list-style-type: none"> <li>1. Construct specialized medical centers with specialty medical technologies.</li> <li>2. Provide special medical examination package within medical examination center.</li> </ol>	<ol style="list-style-type: none"> <li>1. Need for highly trained and well-known medical human resources<sup>1</sup>.</li> <li>2. Provide translators and coordinators for health tourism.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish international brand hospitals.</li> <li>2. Provide reasonable environment for medical experts.</li> <li>3. Prepare systematic policies and laws for medical accidents.</li> <li>4. Provide networks with travel agents internationally.</li> </ol>

*Note.* \*contents are ranked by the importance in each section.

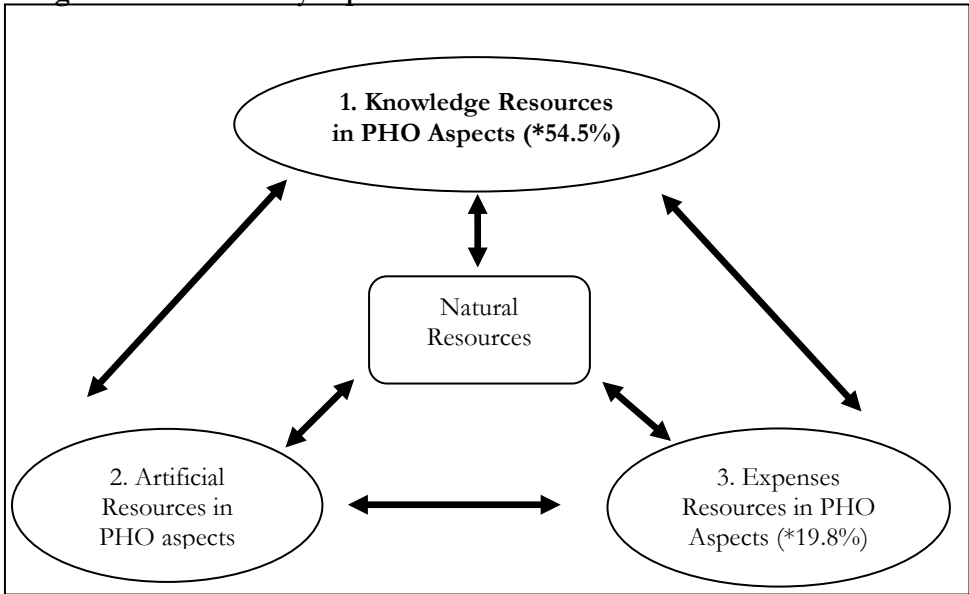
<sup>1</sup>. A number of medical experts (doctors) are reluctant to go to Jeju Province because of its geological disadvantages (e.g., limited education systems and inaccessibility to capital city).

All three resources to be associated with natural resources were weighted. In the previous studies, natural resources were considered essential for the development of health tourism (Laws, 1996; “Medical Tourism,” 2008; Smith & Puczko, 2008). The results indicated that knowledge resources had the highest weight (54.5%), followed by artificial resources (25.7%) and expenses resources (19.8%).



**Figure 3**

**The Jeju-Style Health Tourism Model:  
weighted and ranked by experts**



\*Note. PHO aspects: physical, human, and organizational aspects

## Conclusions and Discussions

### The Jeju-Style Health Tourism Model

Thanks to the potential synergy created by natural resources, the three different types of health tourism offered in Jeju Province may be guaranteed superior competitiveness over those of other cities and countries. The model would impact the primary industry and create more employment. As stakeholders strongly recommended, it is very important that health tourism be based on natural resources. For destination marketing (e.g., food and experience tourism), natural resources should be a foundation (Buhalis, 2000; Kim et al., 2010). For developing destination brand, local and natural resources are essential. Abundant natural resources (e.g., Halla Mountain National Park, Samdasoo, and black sand bath) in Jeju Province are enough to attract tourists; no new products or concepts need to be developed. Health tourism based on natural resources such as vanadium, lava sea water, a natural forest, and natural

medicinal ingredients will provide other natural products and opportunities for health tourists to see, enjoy, and experience.

Second, health tourism based on knowledge (tradition) should be considered one of most important resources for Jeju Province. Korean traditional medicine treatment is based on the world-famous medical book *Donguiboga*, which was registered at UNESCO's Memory of the World in 2009 (UNESCO, 2009). The excellence of Korean medical technology and its skills in many areas (e.g., heart transplant) have become known to the world and can be an attractive asset for health tourism in Jeju Province. In addition, the local food in Jeju Province is one of the best ways to market Jeju Province as a health tourism destination because the food is likely regarded as medicinal.

Third, thanks to artificial resources, tourists can experience golf, hiking, or horseback riding, along with a health examination or rehabilitation cure. In addition to those valued services to tourists, more attention can be drawn by the various beauty care services. Especially, spa and beauty care facilities can be designed to attract more health tourists. It is indicated that those values and services may play more important roles in the near future. Although spa and beauty care is secondary or optional for health tourists now, it can be the major resource or market to attract health tourists later.

Fourth, based on expenses (cure) resources, hospitals must demonstrate their high-quality medical service, which is the most critical factor for primary health tourists. Although many factors go into building an ideal health tourism model, these resources should be regarded as indispensable requisites. Hotels and resorts also can be developed with unique functions for disease prevention or recreation (e.g., health rehabilitation center and fitness center). It is also critically necessary for Jeju Province to have highly trained and well-known medical staff, who, in the long-term, can satisfy and maintain the ultimate goal of health and medical tourism.

The final product and service is the Jeju-Style Health Tourism Model (see Figure 3). It implies that all four resources--natural, knowledge, artificial, and expense--are major and necessary components for constructing the Jeju-Style Health Tourism Model. The results indicated that the knowledge resources based on natural resources, such as Korean traditional medicine and functional foods and products, would maximize the synergistic effect through promoting the primary industry, creating more employment, and informing and advertising Jeju Province. That last effect eventually will increase national brand image of the ROK.

Although expense resources were ranked the lowest (19.8%), they are still important resources for developing the Jeju-Style Health Tourism Model: experts may believe that the current facilities for health examination and physical cure for rehabilitation in Jeju Province are enough to meet the expected numbers of health tourists in the future; recently a general hospital and other additional facilities have been built.

On the other hand, the results of this study were similar to those of previous studies in special interest tourism (Buhalis, 2000; Kim et al., 2010). Those studies suggested that destinations should produce innovative and specialized tourism products that can attract intentional demand and differentiate their products from other competitive cities and countries. Also, partnerships between government and communities and new technology services (e.g., mobile and convenient technology services) will enhance competitiveness.

### **Future Study**

A few limitations may have affected the results of this study. As a case study, the selection of experts and sites for this study was limited to one geographical area; therefore, the results of this study may be different in other regions. Although various qualitative methods were used to create the objective measurement, the results of this study still limit the generalization of the findings. Thus, more extended data collection is required to generate better results as an aspect of health tourism development. However, the results of this study are of value to the original objective: to develop the Jeju-Style Health Tourism Model.

Additionally, there were many limitations in interpreting and comparing the results of this study numerically because the data were collected and analyzed mostly by qualitative methods. Although the results of this study are priceless as an initial study to develop a health tourism model, a future study can be conducted based on the results of the current study using metrics or a survey questionnaire. More insight may be gained by comparing two or more destinations and to discovering critical components for a specific destination. For example, it was suggested that knowledge-based resources are more important than other resources, but it is not clear to what degree (or by what factor) they are more important.

Finally, it is also strongly recommended that the priority for each type should be carefully considered and segmented at every step in the development of the Jeju-Style Health Tourism Model. Natural resources must take priority over the other three resources. Otherwise, the model

may not fit Jeju Province. It is believed that this study will initiate the development of a health tourism model. Also, the results of the current study will assist future researchers and stakeholders in health tourism to make use of and apply the processes and results in other destinations.

## References

- Buhalis, D. (2000). Marketing the competitive destination of the future. *Tourism Management*, 21(1), 97-116.
- 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.
- Centers for Medicare & Medicaid Services. (2010). National Health Expenditures Projections 2006–2019. Retrieved from <http://www.cms.gov/NationalHealthExpendData/downloads/proj2009.pdf>
- CNN.com. (2009). Hot destinations for medical tourism. Retrieved from <http://www.cnn.com/2009/HEALTH/03/26/medtourism.interactive/index.html>
- Connell, J. (2006). Medical tourism: Sea, sun, sand and ... surgery. *Tourism Management*, 27(6), 1093-1100.
- 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* (pp. 141-158). London: Belhaven Press.
- Halla-Ilbo. (2008). International marketing of health tourism product. Retrieved from <http://www.hallailbo.co.kr/>
- Heal and tour in Jeju Province. (2008). *Jeju Times*. Retrieved from <http://www.jejutimes.co.kr/news/articleView.html?idxno=45944>
- Henderson, J. C. (2003). Healthcare tourism in southeast Asia. *Tourism Review International*, 7(3/4), 111-121.
- Jeju Free International City Development Center. (2006). Jeju special self-governing Province. Retrieved from <http://english.jdcenter.com/sub3/sub0302.html>
- Jeju-Ilbo. (2008). Development of health tourism product. Retrieved from <http://www.jejunews.com/news/articleView.html?idxno=224464>
- Jemin-Ilbo. (2008). Jeju-style health tourism. Retrieved from <http://www.jemin.com/news/articleView.html?idxno=207315>
- Johanson, M. M. (2004). Health, wellness focus within resort hotels. *FIU Hospitality Review*, 22(1), 24-29.

- Joint Commission International. (2002). Joint Commission International Accreditation. Retrieved from <http://www.jointcommissioninternational.org/Accreditation-and-Certification-Process/>
- Kher, U. (2006). Outsourcing your heart. Retrieved from <http://www.time.com/time/magazine/article/0,9171,1196429,00.html>
- Kim, Y. H., Goh, B. K., & Yuan, J. (2010). Development of a multi-dimensional scale for measuring food tourist motivations at a food event. *Journal of Quality Assurance in Hospitality & Tourism*, 11(1), 56-71.
- Laing, J., & Weiler, B. (2007). Mind, body and spirit: Health and wellness tourism in Asia. In J. Cochrane (Ed.). *Asian tourism: Growth and change* (pp. 379-390). Amsterdam: Elsevier.
- Laws, E. (1996). Health tourism: A business opportunity approach. In S. Clift & S. J. Page (Eds.). *Health and the international tourist* (pp. 199-214). London and New York: Routledge.
- Medical Tourism .(2008). Retrieved from <http://www.medicaltourismmag.com/download/issue6.pdf>
- Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing*, 7(1), 5-17.
- National Center for Policy Analysis. (2007). Medical tourism: Global competition in health care. Retrieved from <http://www.ncpa.org/pdfs/st304.pdf>
- Pearce, J. A., & Robinson, R. B. (2000). *Strategic management: Formulation, implementation, and control*. Boston, MA: McGraw-Hill.
- 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), 21-23.
- Shostack, G. L. (1987). Service positioning through structural change. *Journal of Marketing*, 51(1), 34-43.
- Smith, M., & Puczko, L. (2008). *Health and wellness tourism*. Oxford, UK: Butterworth-Heinemann.
- Swain, D., & Sahu, S. (2008, May 15-17). Opportunities and challenges of health tourism in India. Paper presented at the Conference on Tourism in India- Challenges Ahead, Kozhikode, India.
- United Nations Educational, Scientific and Cultural Organization. (2009). Donguibogam: Principles and practice of eastern medicine. Retrieved from [http://portal.unesco.org/ci/en/ev.php-URL\\_ID=27073&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/ci/en/ev.php-URL_ID=27073&URL_DO=DO_TOPIC&URL_SECTION=201.html)

U.S. Census Bureau. (2006). Centers for medicare & medicaid services national health expenditure projections. Retrieved from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2006.pdf>

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