



Factors impacting the selection of a medical tourism destination

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## **ABSTRACT**

Medical tourism is one of the newest trends in the tourist business, which has experienced a sharp growth. Travelers are going abroad more than ever to receive affordable, high-quality medical care. Developing countries are investing in state-of-the-art facilities to attract international patients. The study's objective is to explore the factors that influence the selection of South Africa as a medical tourism destination. The study's goal was accomplished through a quantitative approach through a questionnaire sent to a medical tourists' database.

The results indicated that the top four factors are lower medical costs, accessibility, tourism opportunities and quality. In addition, lower medical costs are the primary factor attracting patients to South Africa. It is, therefore, a combination of factors that makes South Africa a preferred medical destination compared to its competitors. African patients are the primary source market for medical tourism in South Africa. The findings of this study act as a road map for companies directly or indirectly involved in the medical tourism sector, such as the hospitality sector, travel agents, medical providers and policymakers.

**Keywords:** Medical tourism, medical tourists, South Africa, decision making, destination.

## RESUMO

O turismo médico é uma das mais recentes tendências do negócio turístico, com acentuado crescimento. Os viajantes vão cada vez mais para receber cuidados médicos acessíveis e de alta qualidade. Os países em desenvolvimento estão a investir em instalações de última geração para atrair pacientes internacionais. O objetivo deste estudo é explorar os fatores que influenciam a seleção da África do Sul como destino de turismo médico. Este objetivo foi alcançado através de uma abordagem quantitativa por meio de um questionário enviado para o banco de dados de turistas que escolhem a África do Sul para turismo de saúde.

Os resultados indicaram que os quatro principais fatores são custos médicos mais baixos, acessibilidade, oportunidades de turismo e qualidade. Além disso, os custos médicos mais baixos são o principal fator que atrai os pacientes para a África do Sul. É, portanto, uma combinação de fatores que torna a África do Sul um destino médico preferencial em comparação com seus concorrentes. Além disso, os pacientes africanos são o principal mercado de origem do turismo médico na África do Sul. Os resultados deste estudo funcionam como um roteiro para as empresas envolvidas direta ou indiretamente no setor de turismo médico, como o setor de hospitalidade, agentes de viagens, prestadores de serviços médicos e formuladores de políticas.

Palavras-chave: Turismo médico, turistas de saúde, África do Sul, tomada de decisão, destino.



## **LIST OF ABBREVIATIONS**

CRO-Central Referral Office

JCI-Joint Commission International

NHI-National Health Insurance

OOP-Out Of Pocket

SA-South Africa

SADC-Southern Africa Development Community

SATA-South Africa Travel Agents

## **CHAPTER 1: INTRODUCTION**

On the 2<sup>nd</sup> of May 2021, a nine-year-old boy, Rodwell Khozama, was attacked by a hyena during a night Vigil in a church outside Harare, Zimbabwe. During the attack, the boy lost the left eye, upper limb and nose, and part of his forehead had bruises. He was rushed to the main public hospital in Zimbabwe, where the professionals tried their best to stabilize him and patch his face. Still, unfortunately, they lacked the much-needed resources to repair his damaged face (Agence France-Presse (AFP), 2021)

His mother contacted doctors in neighbouring South Africa, who agreed to operate on him in a private hospital in Johannesburg, South Africa. On the 19<sup>th</sup> of June 2021, the boy and his mom arrived in South Africa to have surgery by top medical professionals, where a hotel was booked for the mom to stay during surgery and post-recovery (Agence France-Presse (AFP), 2021) ; Parkinson, 2021). In many developing countries, selling highly qualified medical treatment to outsiders is now a reality. It has been dubbed "medical tourism" (Bookman and Bookman, 2007).

### **1.1: Overview of medical tourism**

Medical tourism is the fastest-growing sector in the tourism industry globally, and many countries are tapping into the market. Developing countries are also investing in the state-of-the-art medical facilities to provide services to foreign patients (Song et al.,2010). Regardless of how difficult it is to define medical tourism, it is apparent that there has been a significant shift in the quantity of medical-related travel (Hall,2012; Horowitz and Rosensweig, 2007). With the rapid rise of international travel in the search for cosmetic surgery and solutions to various medical conditions, medical tourism is a recent example of niche tourism, benefiting healthcare providers, local economies, and the tourism industry. Indeed, medical tourism is the most long-lasting niche in tourism history (Connell, 2011).

More than a million patients visit hospitals and clinics in nations other than their own each year, with at least 28 countries on four continents catering to international health travellers (Woodman, 2007). However, even though the number of global medical tourism destinations is quickly increasing, a recent review of the business found three major (Thailand, India, and Singapore) and three smaller (Costa Rica, Hungary, and South Africa) centres for medical travellers (Runckel,2007).

Cosmetic and plastic surgery, bariatric operations, and dental care have earned significant reputations in Central and South America. Patients are seeking heart surgery and orthopaedic surgery flock to India, Malaysia, Singapore, and Thailand, well-established medical tourism destinations (Horowitz et al.,2007). For medical tourists, South Africa offers a more polished product with less cultural shock than the big centres. Nevertheless, it is not just the amount of tourists that make these hubs minor; it is also their ability to do significant surgeries. They do not have the same volume as the big hubs; therefore, their quality and low prices are not comparable, making them only suited for dental, cosmetic, and other minor operations (Runckel,2007). Table 1.1 shows medical tourism destinations on different continents.

Middle East/Asia	China, India, Malaysia, Singapore, South Korea, Philippines, Taiwan, Japan
Europe	Spain, Russia, German, United Kingdom, France, Italy, Malta, Poland, Turkey, Russia
The Americas	Argentina, Brazil, Canada, Colombia, Costa Rica, Ecuador, Mexico, United States, Dominican Republic, Panama, Jamaica
Africa	Tunisia, South Africa, Morocco
Middle east	Dubai, Abu Dhabi, Oman, Egypt, Bahrain, Saudi Arabia, Jordan, Qatar, Lebanon, Kuwait ,Iran

**Table 1. 1:Medical Tourism Destinations (Medical Tourism Index, n.d.)**

Travelling for medical treatment and improving one’s health is not new and has long existed (Connell, 2013; Bookman and Bookman, 2007; Hall, 2012). Destinations, corresponding to a street in London, are illustrious as international medical care centres. However, within the last 20 years, a variety of 'reverse globalization' has occurred, with patients from many developed countries moving for medical care to less developed countries, overturning implicit notions of the behaviour of health care (Connell, 2013).

What is entirely different within the ordinal century is that tourists are travelling further away, to poorer countries, and for invasive and high-tech treatment. In other words, the character and prevalence of the travel have changed; however, the journey’s goal has not (Bookman and Bookman, 2007). Medical tourism has changed unexpectedly to accommodate shifting tastes and preferences (N. Singh, 2013). Spas are being phased out, favouring state-

of-the-art hospitals with highly qualified doctors delivering authentic medical treatments with more significant outcomes (Connell, 2006).

Patients now have access to the global healthcare marketplace. A quick internet search reveals a plethora of hospitals and medical tourism companies marketing knee surgeries, dental implants, and other services (Hodges et al., 2012). The availability of state-of-the-art medical care globally has prompted what Bookman and Bookman (2007,p.2) term, everyone coming from everywhere shopping for a doctor in the international health services market, as a result, enjoys cost savings over the alternative at home. In addition, travellers often purchase an inclusive package that includes medical care, airfare, transfers, accommodation and recovery vacation as they are vying for first-world treatment in third-world countries.

According to existing scholarly studies, several variables motivate medical tourists to travel (Ghosh and Mandal, 2019). For example, the lower cost of healthcare abroad, shorter waiting times or the length of time required to receive non-urgent medical care, advances in technology and the quality of healthcare in other nations, security and safety, the ease and affordability of international travel, desire for privacy and confidentiality, information sources, tourism opportunities are all factors that have fuelled the growth and popularity of medical tourism (Smith and Forgione, 2007; Çapar and Aslan, 2020; Horowitz and Rosensweig, 2007; Heung et al., 2010; Hall, 2012; Crompton, 1979; Bookman and Bookman, 2007).

## **1.2: Relevance of the research**

Although medical tourism is a lucrative business that has the potential to boost the global tourism economy, there is still limited academic research on medical tourism in Africa. Most research has focused on the leading international medical tourism destinations such as Asia, Latin America and Europe. However, although previous literature has identified South Africa as an emerging destination for medical tourism and the leading medical destination in Africa, there is little empirical evidence on why tourists choose South Africa as their medical destination.

Research on medical tourism in South Africa is still in its infancy stage, and only a handful of studies focused on specialized medical procedures offered in the country (Ahwiring-Obeng and Van Loggerenberg, 2011). Furthermore, there is minimal information and statistics concerning medical tourists as exit surveys are not conducted at ports of exit to have information about the purpose of the visit and reasons for choosing the destination, except for those issued medical visas before the holiday (Crush et al., 2015). In addition, the medical

tourism sector in South Africa is not driven the same as other types of tourism such as township, leisure, safari, and wine and sports tourism.

### **1.2.1: Practical Implication**

This research is vital to policymakers, medical facilities, travel agencies and the tourism and hospitality industry to identify essential factors influential in choosing a medical tourism destination as factors vary among people. Furthermore, the study findings will act as a road map for the policymakers and the medical tourism industry in South Africa to devise appropriate marketing strategies in response to consumer choices and preferences.

Currently, a medical tourism policy does not exist in South Africa. As a result of this research, this study provides the government with a better understanding of the decision-making processes of the medical tourists specifically, which is vital information that may be used when drafting the policy.

### **1.2.2: Theoretical implication**

This study will contribute to the literature on medical tourism in South Africa and why medical tourists choose the country over its competitors, unlike the usual behaviour patterns that have been well studied about medical tourists in developed countries seeking medical assistance.

Results from the study are a foundation for researchers to explore more and research areas such as how to market the South African medical tourism industry.

## **1.3- Research question, aims and objectives of the research**

The study's main aim is to explore the underlying factors that impact the selection of South Africa as a medical tourism destination. The research focuses on medical tourists who travelled to South Africa to seek medical treatment. In addition, the study is for people who are of the age of 18 and above who consulted private hospitals. The research question is, why do medical tourists choose South Africa as their medical tourism destination?. The following are the objectives of the research;

- ✚ Establish the demographic profiles of medical tourists to South Africa.
- ✚ Find out whether medical tourists make use of tourism products.
- ✚ Explore the types of medical procedures or assistance they tend to seek.
- ✚ Assess information sources they use to access information about medical tourism in South Africa.
- ✚ Investigate what motivates their decision to travel abroad for medical tourism.

#### **1.4: Structure of the thesis**

The study consists of five chapters. Chapter 1 provides a broad introduction and overview of the study, the relevance of the study and research goals and objectives.

Chapter 2 discusses prior research and literature on medical tourism; in Africa and South Africa and the factors considered in selecting a medical tourism destination.

As for chapter 3 it describes the research methodology used in the study, data about participants, questionnaire design, survey administration and the statistical technique used to analyze data.

Finally, chapter 4 presents the research findings from the data analyzed and discussions of results. Finally, Chapter 5 is the conclusion and summarises the findings per the study objectives, recommendations, the study's limitations and future research suggestions.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1: Introduction**

Many factors affect medical tourists' intention to engage in medical tourism and their chosen destinations (Heung et al., 2010). These factors vary among individuals, while some are important for all citizens worldwide (Çapar and Aslan, 2020). There is no universal definition of medical tourism that can be accepted globally, and hence lack of consensus on statistics that constitute medical tourists. Some statistics include people who visited for other purposes like leisure and business and sought medical treatment abroad. Travel agents and the public media invented the term medical tourism to advertise the new form of tourism. Consumers have widely adopted it, researchers, policymakers, and providers (Samir and Karim, 2011; Burkett, 2017).

According to Connell (2006, p.1094), medical tourism is defined as *a niche that has emerged from the rapid growth of what has become an industry, where people often travel long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense*. Over time, medical tourism has been more interwoven with commercial tourism, and it is now a significant consideration in deciding which tourist places to visit (Cannon Hunter, 2007). However, due to the stiff competition in the medical tourism industry, countries need to understand the essential factors that are effective in choosing a medical destination (Çapar and Aslan, 2020).

### **2.2: Historical background of medical tourism**

The concept of medical tourism is not new (Lunt et al., nd ; Connell, 2013) and has existed since ancient times, the same as the medicine itself (Balaban and Marano, 2010). For example, in 4000 B.C, the Sumerians built a healing center around a thermal spring that many travelers visited for healing purposes. Likewise, India's Yoga and Ayurveda healing techniques continued to attract thousands of people seeking health improvement, and Japanese people travelled to the "Onsen" mineral springs for over 1000 years for medical purposes (Ile and Tigu, 2017).

Travelling for health treatment can be traced back to Greek pilgrims who travelled to Epidauria town in the Mediterranean for health treatment (Balaban and Marano, 2010). As a

result, temples were built to honour the God of the Greek Asklepios for healing purposes across the region. Asklepios administered remedies to patients in their dreams (Bookman and Bookman, 2007). As a result, Epiduaria has emerged as one of the world's first medical tourism destinations (Manjeet and Subbaraman, 2020). In the nineteenth, Europe also witnessed a growing number of middle-class travellers to spa towns to take baths believed to have health benefits (Crush et al., 2015). To alleviate their lung and bone diseases, nineteenth-century British tourists also sought warm, dry climates (Bookman and Bookman, 2007).

During the 20<sup>th</sup> century, the elites from low and middle-class countries travelled to developed countries to access better health facilities and highly trained doctors (Monaghan and Gabe, 2022; Lunt et al., nd). The history experience impacted flows of affluent patients, including migration patterns, and elites from the global south were obtaining treatment from erstwhile colonial masters (Gabe and Monaghan, 2022). In the early 1900s, the United States and Europe became popular medical destinations (Ile and Tigu, 2017). The wealthy, not the bargain shopper, were the ones who indulged in medical tourism (Burkett, 2007).

Travels for cosmetic surgery operations and dentistry first occurred in the 1980s and 1990s (Ile and Tigu, 2017). However, before the last 15 years, surgical procedures, hospital stays, and other healthcare alternatives now available at medical tourism locations were either too expensive or of poor quality compared to the medical care available in the United States or Western Europe (Burkett, 2007).

A specific niche known as medical tourism has been established, characterized by integrating medical care with vacationing, a relatively new activity (Balaban and Marano, 2010). In today's world, treatment is better defined and structured, and there is a massive amount of medical travel facilitated by various factors. The number of people travelling across international borders for medical reasons has risen dramatically due to globalization and greater human mobility (Crush et al., 2012). In addition, there are world-class medical institutions and practitioners that patients try to locate through internet searches and word of mouth (Nicolaidis et al., 2011). As seen in celebrities, prominent government figures, and well-known persons, the demonstrations of success make medical tourism even more appealing (Rose, 2018).

### **2.3: Medical tourism trends**

Although medical tourism is not new, it has gained momentum in recent years (Burkett, 2007; Ile and Tigu, 2017). A trend has been noted where patients from developed countries visit



developing countries for medical treatment, unlike the past movements where people from developing countries sought medical intervention in the developed world (Zarei et al.,2018; Bookman and Bookman,2007).

With the growth of developing countries as medical tourism destinations in the last decade, the attempt to improve one's health while on vacation through relaxation, exercise, or visits to spas has been pushed to a new level (M. Singh, 2022; N Singh,2013). Recently, there has been a mass movement aided by several factors: the rise in information technology, low-cost travel options, quality of healthcare and short waiting times (Rose, 2018). According to Grand view research ( n.d.), approximately 207.8 billion USD will likely be spent on medical tourism by 2027. DeMicco (2017) highlighted the following trends:

- ❖ Growth in government intervention
- ❖ Growth in ethical concerns about medical tourism may hinder growth in some countries.
- ❖ A new major in hospitality and healthcare combined to prepare graduates for a career in medical tourism.
- ❖ Growth in private sector investment and joint ventures
- ❖ Greater competition due to an increase in the supply of medical tourism products

#### **2.4: Medical tourism in Africa**

Most African countries do not have the appropriate medical infrastructure to attract patients from around the globe and therefore lag behind the rest of the world in providing quality health care. As a result, African countries strive to offer domestic health care rather than serve medical tourists from other countries. However, even if countries try to help overseas tourists, Africa's quality of medical care is questioned (Stolley and Watson, 2012). In particular, Sub-Saharan is faced with severe labour shortages of healthcare professionals and a lack of healthcare coverage for those needing treatment.

This is a big blow as the continent has the highest rates globally regarding diseases such as TB, Malaria, and HIV(*National Health Insurance in South Africa Policy Paper*, n.d.). Furthermore, healthcare systems in Africa are severely underfunded, even in Africa's rich countries like Nigeria, where only a limited budget is spent on healthcare. Ahwireng-Obeng and van Loggerenbergz (2010) concluded that the failure of African health systems had driven patients to seek specialized health care beyond their borders. However, South Africa is one of the countries in Sub-Saharan Africa that has excelled in medical tourism and has attracted patients throughout Africa and beyond.

## 2.5: Healthcare system in South Africa

South Africa's health system was divided along racial lines until the 1994 democratic triumph. One plan was well-funded and favored the white minority. The other, which was under-resourced, was for the bulk of black people. The Constitution had made racial discrimination illegal and guaranteed socio-economic rights, including the right to health care. Attempts to rectify these injustices and consolidate the fragmented services from fourteen health departments serving the four-race groups fell short. In addition, health financing problems skewed toward the wealthy have not been appropriately addressed. Attempts to restructure the healthcare system and introduce healthcare financing reforms after 1994 were unsuccessful and continue to perpetuate inequalities in health services (*National Health Insurance in South Africa Policy P.Pdf*, n.d.)

South Africa has a two-tiered inequitable healthcare system, public and private, based on socio-economic class. (*National Health Insurance in South Africa Policy P.Pdf*, n.d.). The public health sector is the most dominant. However, Lunt et al. (2015) argue that although the public health sector is often overburdened and under-sourced, it can offer quality healthcare for locals and neighbours, unlike the healthcare system counterparts.

The private sector constitutes the three largest private hospital groups: Netcare, Mediclinic and Life Healthcare. In addition, the private sectors operate more than 220 hospitals participating in medical tourism (Chikanda and Crush, 2014). Personal health care is financed mainly by private health insurance (also known as medical schemes) and direct out-of-pocket (OOP) payments. Medical scheme membership is voluntary because no law compels certain persons or groups to join. However, participation is not voluntary, as many formal sector employees must contribute to a medical plan (McIntyre, 2010).

On the other hand, public healthcare is government-funded and available to all South African citizens. However, it has several drawbacks, including long wait times, rushed appointments, outdated facilities, and poor disease control and prevention procedures. The private healthcare sector offers several advantages over public healthcare, including shorter wait times, less rushed appointments, better facilities, and proper disease management and prevention techniques (Young, 2016). As a result, the government is introducing the National Health Insurance Program (NHI), which will bring about reforms that will improve service delivery. It will promote equity and efficiency to ensure that all South Africans, whatever their economic condition, have access to inexpensive, high-quality healthcare (*National Health Insurance in South Africa Policy P.Pdf*, n.d.)

## 2.5: Medical tourism in South Africa

South Africa, located on the southern tip of Africa, has a long and stormy history (Medical Tourism Index, n.d.). In 1948, the National Party government introduced apartheid, a policy that promoted racial segregation amongst South Africans. The policy remained in practice until the country won its first democratic elections in 1994 (Clark and Worger, 2016). Despite its history, South Africa attracts more visitors than any other country in Sub-Saharan Africa. In addition, the country's geographical extremes make it a famous tourist destination (Medical Tourism Index, n.d.).

In 2020, the tourism industry in South Africa generated 182,5 billion, thus contributing 3.7 percent of the total Gross Domestic Product. In addition, a total of 987 400 jobs were created, contributing 6.5 per cent of the total employment. Africa continues to be South Africa's primary source of tourist visitors, accounting for roughly 76 per cent of total international arrivals in 2020 (*2019/20 State of tourism highlights, 2021*).

South Africa (SA) has emerged as a hub for global medical tourism since the end of apartheid in 1994. The country showed medical excellence through a successful human heart transplant in 1967 at Groote Schuur Hospital in Cape Town, performed by a physician named Christian Bernard (Lowry, 2016). SA has positioned itself as a destination for cosmetic, kidney, and dental surgery for patients from the developed world, offering unique recovering African experiences combined with medical treatment (Crush et al., 2015). South Africa can compete in the global market in medical tourism, but it is facing stiff competition from Asian countries such as India and Thailand.

The Department of Health is hindering medical tourism's growth by not promoting private health care due to fear of adverse consequences that medical tourism can bring to the country (Nicolaidis and Zigiariadis, 2011). Currently, there is no policy for medical tourism in SA because of the government's emphasis on primary health care. As a result, South African medical tourism is marketed by operators, facilitators, travel agents, and private hospitals' Central Referral Office (CRO). In addition, doctors are not allowed to sell their quality of work or show their photographs on their websites due to government regulations, thus limiting their ability to attract international patients (Crush et al., 2015). As a result, South Africa ranks 28 out of 46 medical tourism destinations globally and first in the African continent (Medical Tourism Index, n.d.).

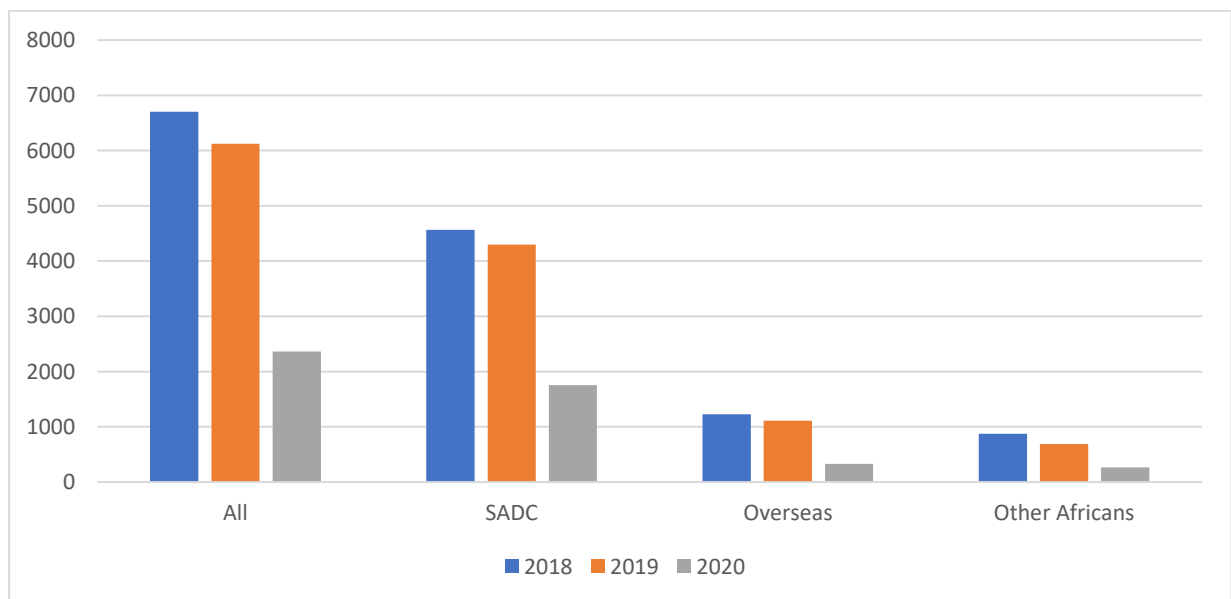
According to Crush et al. (2012), South Africa serves South-South and North-South medical tourists. The authors further categorized South-South medical tourists into two. First, medical tourists from the Southern Africa Development Community (SADC) region, such as Zimbabwe, Lesotho, Botswana, Mozambique, and Swaziland, constitute 80% of the total

medical flow into the country. The second category of South-South medical tourists is from the rest of Africa and mainly from East and West Africa.

Patients from the rest of Africa are likely to spend more in the country than any other African travelers. North-South medical tourists are from countries like the United Kingdom, Germany, the USA and other developed countries. Although there may be intersecting points, these patients differ in terms of distance, motives for travel, and the type of medical procedures sought. South-South medical tourists travel shorter distances and are likely to seek life-saving medical drugs unavailable at home. North-South medical tourists like to travel for cosmetic surgery and long distances.

Figure 2.1 shows medical tourism statistics in SA from 2019-2020. The enormous contribution of medical tourists in South Africa is from the Southern Africa Development Community (SADC) region, followed by overseas tourists and other Africans. The number of patients decreased over the three years, especially in 2020, when 2361 patients were received. On the other hand, in 2019 and 2018, 6126 and 6701 were obtained, respectively.

The decline in the number of medical tourists may be affected by the Covid19 travel restrictions as SA was one of the leading Covid19 hotspots in Africa. However, Crush et al. (2012) question SA medical tourists' accuracy because medical permits are issued to people intending to stay more than 90 days. Therefore, the statistics do not account for a significant portion who travel for shorter periods. In addition, due to the private nature of medical tourism, medical tourists are likely to give a reason for a holiday as their reason for travel.



**Figure 2. 1:Medical tourism statistics in South Africa: Source (Statistics South Africa, 2018-2020)**

## 2.7: Factors affecting medical destination selection

Several studies have looked into the aspects and dimensions that influence the medical tourism sector in a given country (Heung et al., 2011). People travel to seek care unavailable locally or to save money compared to the cost of getting medical care at home. Due to low-cost transportation and rising earnings, people can go to previously unreachable regions. In addition, the information revolution made it simple to obtain knowledge via the internet, while widespread media exposure from all parts of the globe brought distant countries closer in time and space (Bookman and Bookman, 2007). Other factors impacting medical tourists' decision-making processes include higher quality, faster access to treatment, government regulations, tourism and hospitality services availability, and safety and security (Hall, 2012; Horowitz and Rosensweig, 2007).

Smith and Forgione (2007) developed a two-stage model to understand medical tourists' behaviour and suggested that the selection of a destination happens in stages. The first stage is selecting a destination influenced by country-specific political, legal, and economic conditions. The second stage is selecting a hospital facility which may be affected by other factors such as costs, quality of care, staff skills and hospital accreditation.

However, Heung et al, (2010) argue that, although country-specific characteristics influence consumer behavior, they are not sufficient in controlling the selection of a destination, highlighting that promotion of a country by the government plays a role. The author disputes the sequence of the two-stage model and insists that the need to see a specific physician may be the first stage and the order of events depends on the patient's needs. Patients pay more attention to soft information from peers, websites, and internet marketing than hard information (Lunt et al., 2016).

According to Çapar and Aslan (2020), medical tourists are likely to be influenced by mandatory and voluntary factors, including low-quality medical care in the home country, absence of medical treatment in the home country, high cost of health care, and long waiting list. Voluntary factors include similarity of language and culture, geographical proximity, the presence of the sea, sun and sun aspect and other tourism activities.

Crompton (1979) identified "push" and "pull" factors. The push variables are largely consumer or patient-related and focus on the demand side of medical tourism, such as socio-demographics (age, income, gender) and health (health status, insurance status). On the other hand, the pull factors emphasize the country's medical facilities and services (quality of medical treatment, reputation of doctors, accreditation), the country's environment (national image,

economic stability), and the country's health care and tourism business. Table 2.1 provides a summary of factors affecting the selection of medical tourism destinations by different authors.

Factors	Author
<i>Push factors</i> (age, gender, income, health status)	(Crompton,1979)
<i>Pull factors</i> (quality of treatment, reputation of doctors, country's image)	
<i>Mandatory factors</i> (low-quality care in home country, high cost, long waiting list)	(Çapar & Aslan, 2020)
<i>Voluntary factors</i> (similar language and culture, geographical proximity, tourism activities)	
<i>Choice of international country location</i> (economic conditions, political climate, regulatory policies)	(Smith and Forgione, 2007)
<i>selection of international medical facility</i> (cost, physician training, quality of care, accreditation)	
Cost savings, unavailability of medical procedures in the home country, information sources on the internet.	(Bookman and Bookman,2017)
<i>Demand aspect</i> (economic cost, distance/location, political stability, hospital reputation).	(Heung et al., 2010)
<i>Supply-side</i> ( infrastructure, promotion and quality of health care)	
Higher quality, faster access to treatment, government regulations, availability of tourism and hospitality services, and safety and security.	(Hall,2012;Horowitz and Rosensweig, 2007)

**Table 2. 1: Previous studies on factors impacting the selection of a medical tourism destination.**

The factors influencing medical tourists' decision-making processes are discussed below, including lower medical costs, healthcare quality, safety and security, accessibility, privacy and confidentiality, shorter waiting times, tourism opportunities, and information sources.

### 2.7.1: Lower medical costs

According to Horowitz and Rosensweig (2017), low cost is the primary reason medical tourists travel from developed countries to seek medical care in developing countries. Financial resources are limited to purchasing health care in the home country but adequate to buy medical care in low-cost foreign medical destinations. Heung et al.(2010) add that the cost of treatment in developing countries may range from a quarter to one-tenth of the price in developed countries. In addition, some medical tourists travel abroad to get medical treatment that is not covered by insurance policies, for example, cosmetic surgery or those who do not have insurance because they cannot afford it.

Therefore, those medical tourism destinations that promote lower costs of medical care are often desirable to those seeking affordable medical treatment. Henama (2014) attributes lower medical costs to lower input costs such as currencies and wages in the developing world. Medical tourists take advantage of favourable exchange rates. Major currencies such as the American dollar and the British pound have a higher value than the South African rand in the global exchange market.). Favourable exchange rates give customers value for money and are tools destinations can use for competitive advantage to attract price-conscious medical tourists (Johnston et al.,2010; Mogaka et al., 2017).

However, Yilmaz et al. (2020) warn that medical tourism destinations that use lower prices as a competitive advantage. It is not a viable long-term strategy as they are bound to lose their position in the market at any given time as price differences among destinations continue to widen. In the case of South Africa, Crush et al.(2012) argue that the price factor alone is insufficient to compete with other destinations as prices might be lower compared to the USA but higher compared to Mexico.

The findings of a study about African medical tourists contradicted the notion that the cost of medical treatment may be too high for patients due to extreme poverty and low wages experienced in Sub-Saharan Africa Ahwireng-Obeng and van Loggerenbergz(2010). DeMicco (2017) questions the quality of medical care in developing countries concerning price and warns that it is not worthy of having an inferior medical treatment at any given price. Table 2.2 below compares prices for different medical treatments between South Africa and other countries.



Procedure	South Africa	USA	United Kingdom	Australia
In Vitro Fertilization	\$3900	\$12400	\$7500	\$7000
Egg Freezing	\$2750	\$7500	\$4250	\$7750
Egg Donation	\$7550	\$10 000	\$8550	Payment illegal
Intrauterine Insemination	\$400	\$900	\$1200	\$1700
Breast lift or Reduction	\$4100	\$4500	\$8900	\$4650
Botox Treatment	\$100	\$400	\$500	\$450
Facelift	\$5800	\$6550	\$7400	\$11600

**Table 2. 2: Price comparisons for Medical Procedures (Medical Tourism South Africa, n.d.)**

### 2.7.2: Quality

Quality of medical care is one of the most significant influences on tourists' decision-making process after price because people perceive quality in terms of price (Zarei et al., 2020). Therefore, developing countries hire highly skilled medical professionals with internationally recognized credentials and receive training from developed countries, such as the UK, USA, and Canada (Gill and Singh,2011). In addition, medical tourists prefer those medical facilities with a specialist who can converse in their language and well-equipped hospitals, which will further influence the selection of the physician who will perform a specific medical procedure.

A good communication structure is a prerequisite for destinations to provide high-quality international medical care and staff who speak various languages (Smith and Forgione,2007). South Africa has benefited from being one of the most English-speaking upcoming medical tourism destinations (Connell,2011). In addition, international accreditations schemes such as joint commission international (JCI) and the international standardization act as a benchmark for patients who seek medical care abroad. JCI accreditation reassures patients that certain facilities employ only well-educated, experienced, licensed medical staff, thus indicating they are capable of providing high-quality medical care (Heung et al.,2010).

For example, Netcare Breast Care Centre, located in Milpark hospital in South Africa, is highly ranked because of its affiliation with the European School of Oncology and undertakes period peer reviews of quality control measures. A study about how medical tourists rate South Africa in terms of quality service offers showed that 63% of patients believed South Africa

offers exceptional private medical care (Ahwireng-Obeng and van Loggerenberg, 2010). However, Wamboye and Nyaronga (2018) argue that, although the South Africa Travel Agents (SATA) guarantees quality standards and promote a good relationship between medical tourists and medical facilities, South Africa does not have JCI-accredited facilities.

### **2.7.3 Safety and security**

Patients always stay up to date about the political environment of the host nations due to the recent rise of political instability and terrorism threats. Medical tourists are more likely to choose destinations without political risks and do not threaten patients' safety. For example, American patients prefer those regions where government authority is exercised and non-corrupt regions (Smith and Forgione, 2007). Two types of risks affect medical tourists when they seek medical treatment abroad. These include physical risks that entail physical harm or injury due to criminal attacks such as robbery, racism and sexual assault and health risk that entails the possibility of getting sick while abroad through contracting blood-borne infections such as Hepatitis and HIV in hospital (Khan et al., 2020).

The tourism industry of many countries has been negatively affected by safety and security concerns (Khan et al., 2020). Physicians are reluctant to refer their patients abroad because they do not want to tarnish their reputation in case of specific procedures' adverse outcomes that might lead to death. The stumbling block in fighting justice in developing countries is the lenient terms coupled with the flawed justice system. (Gill and Singh, 2011) . In the South African context, higher HIV infections, malaria and tuberculosis are a significant threat to patients and medical professionals (Crush et al., 2012). However, crime has recently become a serious issue in South African cities (Runckel, 2007), coupled with a lack of security, violent protests, xenophobia and a history of racial segregation in SA.

### **2.7.4 Privacy and Confidentiality**

According to Connell (2006), medical procedures far away from home offer anonymity, including drug rehabilitation, plastic surgery, and sex changes where a new identity may be assigned away from their everyday lives. The most appealing part about undertaking medical tourism abroad is that no one knows what the trip is all about. Patients need to safeguard their privacy, especially those from countries like the USA, where third parties can be granted access to patient's medical records. Therefore, patients choose destinations with no reporting requirements to ensure the confidentiality of medical services (Altin et al., 2011).

According to Zarei et al.(2018), privacy offers less social and mental pressure because of some countries' cultural norms or legal restrictions. (Ramirez De Arellano, 2007) refers to celebrities and high-profile politicians who require utmost discretion and undergo medical procedures in foreign countries without explaining their short-term absence to the media. South Africa has also received high-profile politicians such as former president of Zimbabwe Robert Gabriel Mugabe (Crush et al., 2015).

### **2.7.5: Shorter waiting times**

Countries that use the national healthcare system, such as Britain and Canada, have long waiting lists to get necessary medical procedures (Horowitz and Rosensweig, 2007). For example, patients have to wait a year for hip replacement, while in developing countries like SA and Thailand, patients can access surgery the day they arrive (Saiprasert, 2011). Long waiting times also apply to African patients because of the inadequate doctor-to-patient ratios and nurses-to-patient ratios, and thus takes attention time so long. In addition, brain drain has led to few specialists in specific fields.

Therefore, procedures for specific ailments may take too long that patients may not need them anymore when they have passed on, or the situation may worsen, and nothing much can be done to save the patient (Adegbite, 2018). Therefore, patients tend to go to destinations that offer speed medical procedures and do not need to wait endlessly to have their appointments. South Africa can offer medical procedures at shorter waiting times because it has under-utilized private medical healthcare (Ahwireng-Obeng and Van Loggerenberg, 2011).

Because most South Africans cannot afford private insurance, demand for personal health care is lower (Young, 2016). In 2020, medical scheme membership fell marginally by 56 910 beneficiaries, bringing the total number of beneficiaries to 8.9 million (*Medical Schemes Statistics\_Annual-Report-2020.21.Pdf*, n.d.) out of the total population in South Africa of 60 642 047 million (*South Africa Population,2022-Worldometer*, n.d). The excess supply of private health care is because there are amply physicians and specialists in private hospitals, and most people rely on the public health care system. Approximately 15.4% are on medical aid and have access to private healthcare, which presents South Africa as a great entrepreneur opportunity and a preferred medical destination. (Ahwireng-Obeng and van Loggerenbergz, 2010).

### **2.7.6: Information sources**

The advent of the internet has made it possible for patients to access health care information and make more informed decisions. Both internal and external sources are likely to influence patients positively in deciding to travel abroad for medical care (Medhekar and Wong, 2020). Since medical tourism is considered a high-risk purchase, patients dedicate significant time to seeking and analyzing information about a destination before they travel. Information sources play a vital role in shaping the destination image in the tourists' minds and hence affect decision-making (de la Hoz-Correa and Muñoz-Leiva, 2019).

However, the internet is not sufficient and the only source of information that helps choose the destination, but a study about Japanese patients showed that people value recommendations from friends, family, doctors, employers, and travel agents (de la Hoz-Correa and Muñoz-Leiva, 2018). An online reputation built primarily on positive post-experience reviews is a competitive advantage in luring clients and securing additional online medical tourists (Maria Correia Neves Cordeiro Rodrigues et al., 2017). However, despite the growth of websites dedicated to medical tourism, there is little empirical evidence about the impact of websites on consumer behaviour (Lunt and Carrera, 2011).

The research about cancer patients by Ahwireng Obeng and van Loggerenbergz (2010) found that 45 per cent of patients were referred to Milpark hospital by doctors from their home countries, and 40 per cent were a recommendation by friends and family. The result shows that word of mouth is a powerful tool that accounts for significant increases in patient-to-hospital referrals.

### **2.7.7 Accessibility of medical treatment**

People prefer a familiar destination while travelling since countries near their borders have comparable cultures, eliminating language barriers and financial and non-financial hazards. As a result, border countries, often known as backyards, are viable possibilities (Zarei et al., 2018). In addition, travel essentials for the destination country, such as visas and the transportation system, are factors that influence the decision to travel to a foreign country; the desire to visit medical destinations that are geographically close to the patient's home country is accelerated by low airfares (Ile and Tigu, 2017).

Due to legal or cultural issues, the motivation to seek medical services in South Africa is the unavailability of a particular procedure in patients' home countries. For example, South Africa offers legal abortions and women from countries like Zimbabwe, where abortion is illegal,

would instead go there than risk having illicit abortions at home (Crush et al.,2015). Distance also offers many options to patients from developed regions were terminating the pregnancy is restricted to early terms or stomach stapling is limited to people under 18 years (Connell,2006).

The lack of treatment, particularly in some countries, has given rise to the movement of patients to cross borders and access medical care in border towns and major cities. As a result, medical tourism in South Africa is mainly intra-regional and from countries of different accessibility to medical care. Tight visa restrictions in developed countries also make South Africa an option for medical tourists from Africa because people from the Southern African Development Community (SADC) do not need a visa to visit and are eligible for up to 90 days of stay (Crush et al., 2012). Table 2.3 below shows the number of days visitors from SADC can stay visa-free in South Africa.

Country	Passport type				Visa Fees
	Diplomatic	Official	Ordinary	Service	
Botswana	90 days	90days	90 days		No
Mozambique	90 days	90days	30 days	90 days	Yes
Lesotho	30 days	30 days	30 days		No
Zimbabwe	90 days	90days	90 days		No
Eswatini	30 days	30 days	30 days		No
Malawi	30 days	30 days	30 days		No
Namibia	30 days	30 days	90 days P/A	30 days	No
Zambia	90days P/A	90days P/A	90 days P/A		No

**Table 2. 3 - South Africa visa-exempt list for SADC Source: Department of Home Affairs South Africa (2021)**

### **2.7.8: Tourism opportunities**

Medical tourists can vacation before and after surgery if health permits. Medical facilities offer more like resort facilities near the beach for recovery for those whose health does not permit an actual vacation. The biggest draw to South Africa is sightseeing; the patient can have surgery and visit the game reserve a few days later. Medical tourism facilitators make it easy for tourists to experience South Africa's natural resources by offering packages that include medical care, luxury hotel stays, safaris, and airfare costs (DeMicco, 2017).

A study revealed that 63% of middle-class African medical tourists intend to take holidays during their recovery after treatment in South Africa, making tourism a crucial element in the

package(Ahwireng-Obeng and Van Loggerenberg, 2011). However, although African medical tourists plan to engage in tourism activities in South Africa, their average length of stay is lower than four nights and as low as one night for patients from Botswana and Lesotho. In addition, short-term cross-border movement routines accelerate this for those seeking medical care in border towns. On the other hand, the average length of stay for patients from Europe is approximately eight nights (Crush et al., 2012).

## **2.8: Conclusion**

There is consistent evidence that various factors impact the selection of medical tourism destinations throughout the literature. However, although many authors have focused on the factors affecting medical tourism destinations, they have concentrated on popular medical tourism destinations such as the United States of America, Turkey, the United Kingdom and India. Therefore, these previous studies may not reflect the behavior and preferences of medical tourists who visit South Africa.

Limited statistics, studies, and data on medical tourism in South Africa are currently accessible, necessitating a thorough examination of the sector. This information will add to the small quantity of literature available from a South African perspective. In addition, this study will help industry players such as hospitals, surgeons, travel agents, the government, tourism and the hospitality sector in SA to compete successfully in the global healthcare marketplace.

## **CHAPTER 3: METHODOLOGY**

### **3: Introduction**

The strategies utilized to attain the study's goals are discussed in this chapter. It highlighted the research strategy, data sources, and data gathering methods employed in the study. It also identified the study's target demographic, sample size and frame, sampling technique, and how the study's data was analysed.

#### **3.1: Target population**

The primary goal of this study is to explore the factors that impact the selection of South Africa as a medical tourism destination. The target population was inbound medical tourists who travelled to South Africa to receive medical treatment in private hospitals. South Africa was chosen as the destination for this study based on the literature review that it is a central medical tourism hub in Africa. Therefore, this study excluded those patients who travel to South Africa to access medical treatment in public hospitals. According to Henama (2014), medical tourism in South Africa primarily benefits the country's private healthcare sector, which is focused on metropolitan areas. Therefore, medical tourism is essentially an extension of urban tourism.

#### **3.2: Sampling and Sample Size**

The respondents were recruited using a convenience sampling method. A web-based electronic survey was created to investigate the research goal, and respondents received an email message linked to the survey's Uniform Resource Locator (URL address). When determining sample size, a factor to consider is the number of people required for data analysis. If descriptive statistics, such as mean and frequencies, are employed, virtually any sample size will suffice. On the other hand, multiple regression, analysis of covariance, or linear log analysis require a large sample size, such as 200-500, to be undertaken for more rigorous state effect evaluations. The sample size should be adequate for the intended analysis (Israel, 1992). This study's sample size was 204 to meet the recommended criteria.

### 3.3: Questionnaire Design

The World Wide Web (WWW) is rapidly used as a survey research instrument and platform (Van Selm & Jankowski, 2006). Singh (2013) used an online survey to explore factors influencing medical tourists' travel motivations in the United States. A self-administered questionnaire containing three sections adapted from (Çapar & Aslan, 2020; Saiprasert, 2011) and the literature review.

A qualifying question was asked in the first part to eliminate patients who did not travel to South Africa to receive medical treatment and understand medical tourists' behaviour. In the second section, questions were posed to elicit information about possible medical tourists' reasons for choosing South Africa as their medical destination. A 7-point Likert-type scale was employed with end-anchors from "Strongly Agree" to "Somewhat Agree". Items in this area were created based on eight primary factors influencing a destination's medical tourism appeal.

These factors are shown in table 3.1 and include; quality (5 items), information sources (5 items), security and safety (5 items), tourism opportunities (3 items), privacy and confidentiality (1 item), Accessibility (4 items), lower medical costs (3 items) and shorter waiting times (1 item). Finally, questions were included in the third section to obtain information on the participants in this study. This section had questions that primarily addressed the participants' backgrounds. In addition, closed-ended questions were used to ask about the respondents' demographic information, such as age, gender, and education.

<b>Factor</b>	<b>Source</b>
<b>Factor 1: Accessibility</b>	(Saiprasert, 1993)
Ease of travel arrangements	
Ease of visa and immigration procedures	
Medical tourism destination is in convenient proximity to home.	
Access to medical treatments that are not allowed in home country	

**Table 3.1 :Eight primary factors influencing the choice of a medical tourism destination**



<b>Factor 2: Quality</b>	(Saiprasert, 1993)
South Africa has state-of-the-art medical facilities	
No language barriers when travelling to South Africa	
Physicians and nurses are highly skilled	
The hospital is an affiliate of international accreditation	
The recognized reputation of physicians	
<b>Factor 3: Cost</b>	(Saiprasert, 1993)
Less expensive medical treatment than in the home country	
The value of the rand is lower than my home currency	
This medical treatment was a good value for money	
<b>Factor 4: Tourism opportunities</b>	(Saiprasert, 1993)
Opportunity to combine medical service with a vacation	
Great place for relaxation after medical treatment	
Variety of existing tourist attractions for recovering patients	
<b>Factor 5: Shorter waiting times</b>	
Shorter waiting time for medical service than in the home country	(Saiprasert, 1993)
<b>Factor 6: Privacy and confidentiality</b>	(Saiprasert, 1993)
privacy is secured	
<b>Factor: 7 Safety and Security</b>	(Çapar and Aslan, 2020)
Political stability	
Tourists' safety from crime	
Tourists' safety from xenophobia and racism	
The probability of contracting other infections while on a visit is minimized.	
Well-reputed as a medical tourism destination	
<b>Factor: 8: Information Sources</b>	(Saiprasert, 1993)
Advice from family and friends	
The internet	
Travel agencies	
The direction of a doctor/physician in the home country	
Reading the testimonies of other patients who had surgery abroad.	

**Table 3. 1 (cont): Eight primary factors influencing the choice of a medical tourism destination.**

### **3.3 Survey Administration**

In March 2022, the questionnaire was produced in Google Forms. The medical tourism players, including hospitals and travel agents, were asked to share the link on their client databases. The survey link was shared on behalf of the author to safeguard the Data Protection Act implemented in 2020 in South Africa, which gives individuals the right to privacy about their personal information (*Protection of Personal Information Act*, 2013). As a result, the survey was anonymous, and no personal details about the respondents were collected. The travel agents were used because of their crucial role in promoting medical tourism in South Africa since the government is not involved (Crush et al., 2015). The data were collected from 204 respondents via an online survey.

### **3.4: Data Analysis**

The data was sorted and classed according to the study's goals. The software SPSS version 26 was used to examine data. This study used a quantitative research approach. The descriptive technique displayed statistics such as frequency and percentages of significant criteria. Descriptive statistics were used to analyze this study's findings, following the study's research goals and objectives.

## CHAPTER 4: FINDINGS

### 4.1-Demographic profile of medical tourists

One of the study's objectives aimed to examine the demographic profiles of medical tourists to South Africa. A total of 204 responses were recorded for the analysis. The demographic features of medical tourists are provided in Table 4.1. In terms of gender, the majority of respondents are male (62.1%) and female (37.9%). The present study is in line with previous research on gender in medical tourism, indicating that male medical tourists outnumber females (Medhekar and Wong, 2020; Çapar and Aslan, 2020).

	<b>Profile</b>	<b>N</b>	<b>%</b>
<b>Gender</b>	Female	77	37.9%
	Male	126	<b>62.1%</b>
<b>Marital status</b>	Single	67	33.0%
	Married	107	<b>52.7%</b>
	Divorced, Widowed	29	14.3%
<b>Age group</b>	18-25	26	12.8%
	26-35	43	<b>21.2%</b>
	36 – 45	42	20.7%
	46 – 55	33	16.3%
	56 – 65	34	16.7%
	Above 65	25	12.3%
<b>Education</b>	Associate college degree/High diploma	41	20.2%
	Bachelor degree	33	16.3%
	High School or below	20	9.9%
	Masters	27	13.3%
	Postgraduate education	37	18.2%
	Professional certificate	45	<b>22.2%</b>
<b>Employment status</b>	Employed	105	<b>52.2%</b>
	Self Employed	64	31.8%
	Unemployed	32	15.9%

**Table 4.1: Demographic profile of medical tourists**

## 4.2-Countries of origin and residence

According to nationality, medical tourists come from 23 nations, as shown in Table 4.2. The majority of respondents were from Zimbabwe, constituting (16.7 %), Zambia (15.3%), Malawi (10.3%), Botswana and Nigeria (8,4%), Mozambique and South Africa (6.9 %), Cameroon (6,4%), Tanzania (4,9 %), Democratic Republic of Congo (3.9 %), Somalia (3.4 %), Egypt and Kenya (2 %), America, Bangladesh, Canada, Ethiopia, Ghana, Guiana, Lesotho, Namibia, and Rwanda (5 %).

The results of this study are supported by previous studies, which found that medical tourism in South Africa is mainly intraregional, and the majority of medical tourists are from Southern Africa and the rest of Africa (Crush and Chikanda,2014). In addition, many medical tourists come from adjacent countries and diasporas (Connell, 2013).

For the country of residence, respondents reside in 16 different countries. The majority of medical tourists now live in South Africa (46.3 %), followed by Nigeria (10.8 %), Zimbabwe (10.3%, Botswana (8.4% ), Malawi ( 6.9%), Zambia (5.4%), Mozambique, (4.9%), (Cameroon and the Democratic Republic of Congo )1.5 per cent each, Somalia only( 1%) and (0.5 %) each is residents of the following countries (Egypt Ghana, Guiana, Lesotho, Kenya) and (0.5%) resides in both Tanzania and Kenya. The high number of medical tourists now living in South Africa is justified by higher levels of immigration, where Zimbabwe has become the prominent place of origin for migrants to South Africa in the recent decade (Crush, 2011).

	N	%	
<b>Nationality</b>	Zimbabwe	34	16.7%
	Zambia	31	15.3%
	Malawi	21	10.3%
	Nigeria	17	8.4%
	Botswana	17	8.4%
	South Africa	14	6.9%
	Mozambique	14	6.9%
	Cameroon	13	6.4%
	Tanzania	10	4.9%
	Democratic Republic of Congo	8	3.9%
	Somalia	7	3.4%
	Kenya	4	2.0%
	Egypt	4	2.0%
	Rwanda	1	0.5%
	Namibia	1	0.5%
	Lesotho	1	0.5%
	Guiana	1	0.5%
	Ghana	1	0.5%
	Ethiopia	1	0.5%
	Canada	1	0.5%
Bangladesh	1	0.5%	
America	1	0.5%	
<b>Country of residence</b>	South Africa	<b>94</b>	<b>46.3%</b>
	Nigeria	22	10.8%
	Zimbabwe	21	10.3%
	Botswana	17	8.4%
	Malawi	14	6.9%
	Zambia	11	5.4%
	Mozambique	10	4.9%
	Democratic Republic of Congo	3	1.5%
	Cameroon	3	1.5%
	Somalia	2	1.0%

**Table 4.2-Nationality and Countries of Residences**

Tanzania and Kenya	1	0.5%
Lesotho	1	0.5%
Kenya	1	0.5%
Guiana	1	0.5%
Ghana	1	0.5%
Egypt	1	0.5%

**Table 4. 2- (cont)-Nationality and Countries of Residences**

#### **4.3-The behaviour of medical tourists**

The travel behaviour of medical tourists is shown in Table 4.3. Most respondents (95.6 %) travelled to South Africa for medical tourism, while (4.4%) did not travel to SA for medical reasons. The majority of respondents (73.5%) have medical insurance coverage, and only (26,5%) do not have medical insurance coverage. The results are consistent with research findings that most medical tourists had their expenses covered by medical insurance whilst a few were self-funded (Ahwireng-Obeng and Van Loggerenberg, 2011; Saiprasert,2011). For the purpose of visit,( 74.0 % ) of respondents travelled to South Africa for medical treatment (6.4%) for business or work (4.9% ) for vacation or pleasure, and (3.9% ) for convention or exhibition.

		N	%
<b>Travelled to SA</b>	Yes	<b>195</b>	95.6%
	No	9	4.4%
<b>Medical insurance coverage</b>	Yes	<b>150</b>	<b>73.5%</b>
	No	54	26.5%
<b>Purpose of this visit</b>	Medical treatment	<b>151</b>	74.0%
	Business/work	13	6.4%
	Pleasure/Vacation	10	4.9%
	Visit friends and relatives	8	3.9%
	Convention/Exhibition	8	3.9%
	Medical treatment, Visit friends and relatives	5	2.5%
	Pleasure/vacation, Medical treatment	3	1.5%
	Business/work, Medical treatment	3	1.5%
	Pleasure/vacation, Visit friends and relatives, Convention/Exhibition	1	0.5%
	Pleasure/vacation, Business/work	1	0.5%
Medical treatment, Convention/Exhibition	1	0.5%	

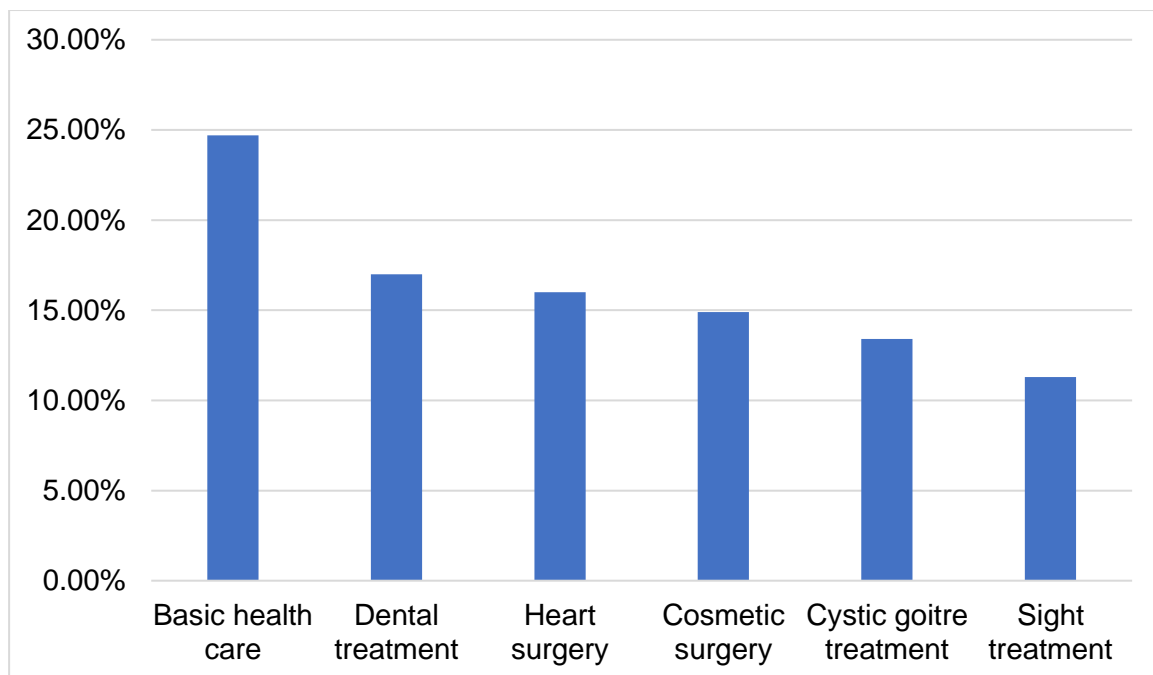
**Table 4. 3 Behaviour of medical tourists**

#### **4.4-The type of medical treatment sought.**

Figure 4.1 shows the top six types of medical treatment patients sought during their visit to South Africa. For the type of medical assistance patients tend to seek, the majority of

respondents sought basic health care (24,7%), dental treatment (17.0%), heart surgery (16.0%), cosmetic surgery (14.9%), Cystic goitre treatment (13.4%), sight treatment (11.3%).

The results are consistent with literature highlighting that most medical tourists from Africa seek life-saving drugs in South Africa that are unavailable in their home countries (Crush et al.,2012). Literature also supports the view that medical check-ups and health screenings are examples of preventive medical services that might be included in the scope of medical tourism (Heung et al., 2010). The results show the country’s ability to offer clientele a wide range of medical treatments.



**Figure 4. 1-The type of medical treatment sought by medical tourists**

#### **4.5-The use of tourism products and services by medical tourists**

The other aim of the study research was to determine whether medical tourists use tourism products during their visit to South Africa. Table 4.4 shows nights spent and places of stay during the patients’ visits. For the use of accommodation, the majority (32.5%) of medical tourists stayed in the hospital while receiving medical treatment and with friends and family (32%) stayed with friends and family. Only (24%) used hotel services during their stay in the country, and 11.5% stayed at their homes.

For the nights spent in South Africa, the majority of respondents, 23% spent three nights,19.5% spent seven nights,17.5% spent one night and two nights,12% spent 15 nights,



and 10.5% spent 20 nights. However, it must be noted that most medical tourists who spent seven, fifteen and twenty nights (21.7% ) in South Africa stayed home, not the hotel. Therefore the results imply that medical tourists have not used tourism services to a greater extent, and the hotel industry might not benefit from the sector. Furthermore, according to the literature review, medical tourists are likely to spend four nights or less due to short-term cross-border travel habits (Crush et al.,2012).

		Hospital		Hotel		Home		Family		Total	
		N	%	N	%	N	%	N	%	N	%
<b>Nights Spent</b>	<b>1</b>	9	13.8%	9	18.8%	3	13.0%	14	21.9%	35	<b>17.5%</b>
	<b>2</b>	16	24.6%	11	22.9%	1	4.3%	7	10.9%	35	<b>17.5%</b>
	<b>3</b>	15	23.1%	9	18.8%	4	17.4%	18	28.1%	46	<b>23.0%</b>
	<b>7</b>	14	21.5%	10	20.8%	5	21.7%	10	15.6%	39	<b>19.5%</b>
	<b>15</b>	6	9.2%	5	10.4%	5	21.7%	8	12.5%	24	<b>12.0%</b>
	<b>20</b>	5	7.7%	4	8.3%	5	21.7%	7	10.9%	21	<b>10.5%</b>
<b>Total</b>		65	<b>32.5%</b>	48	<b>24.0%</b>	23	<b>11.5%</b>	64	<b>32.0%</b>	200	100%

**Table 4. 4-Places of stay and nights spent**

**4.6-The motivation for the decision to travel abroad for medical treatment.**

The aim was to investigate the motivation for medical tourists’ decision to travel to South Africa for medical treatment. Discussed below are the eight factors that patients consider when choosing a medical tourism destination, including information sources, lower medical costs, accessibility to medical treatment, shorter waiting, quality, security and safety, tourism opportunity and privacy and confidentiality. The highest level of agreement according to patients’ responses is reported for each item in the factors below.

**4.6.1-Information sources**

The study aimed to assess the source of information used by medical tourists to access information about South Africa as a medical tourism destination. Table 4.5 below shows the top 5 information sources used by medical tourists. For information sources used by medical tourists, travel agencies (29.9%) were the primary source of information, the internet (25.8%),

advice from family and friends (21.1%), advice from a physician in their home country (13.4% ) and reading the testimonies of other patients who had surgery abroad (7.2%). The study shows that a few patients used testimonials from other patients because of limited availability.

The literature supports the high percentage of people who use travel agents as a source of information as travel agents play a significant role in medical tourism in South Africa (Crush et al., 2015). These results show the critical role played by the internet and the advice from family and friends in assisting patients in making informed decisions in choosing a medical tourism destination.

For the arrangement of medical treatment, most medical tourists (42.2% ) arranged medical treatment through medical tourism intermediaries' websites, (39.6%) arranged medical treatment directly with the hospital, and (17.7%) arranged it through the family. The internet gave rise to intermediaries who liaise between overseas patients and hospital networks, assisting patients in choosing a destination, facility, and physician, supporting the expansion of medical tourism (Heung et al., 2010). However, although literature highlights the role played by medical tourism intermediaries, these findings contrast with a study which found that most medical tourists to South Africa are referred by doctors from their home countries (Ahwireng-Obeng and Van Loggerenberg, 2011).

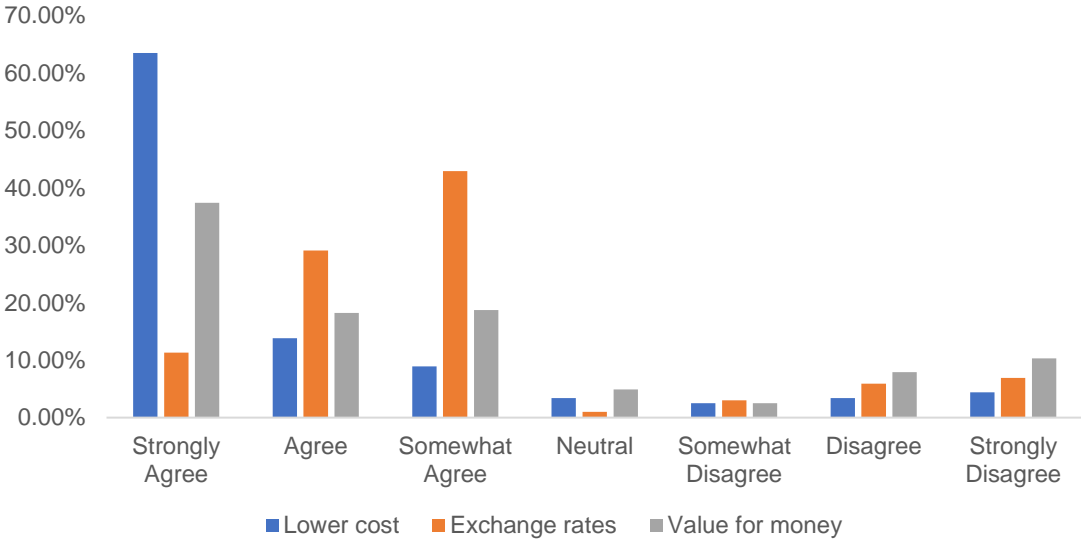
		N	%
<b>Sources of information</b>	Travel agencies	58	29.9%
	The internet	50	25.8%
	Advice from family and friends	41	21.1%
	The advice of a doctor/physician in your country	26	13.4%
	Reading the testimonies of other patients who had surgery abroad	14	7.2%
	Travel agencies, Reading the testimonies of other patients who had surgery abroad	1	0.5%
	Travel agencies, Advice of doctor/physician in your country	1	0.5%
	The internet, Travel agencies	1	0.5%
	Advice from family and friends, The internet	1	0.5%
	Advice from family and friends, Advice from a doctor/physician in your country	1	0.5%
	<b>Medical treatment arrangement</b>	Through medical travel intermediaries' websites	81
Directly with the hospital		76	39.6%
Family		34	17.7%
Self		1	0.5%

**Table 4.5 Information Sources**

**4.6.2-Lower medical costs**

As for the influence of the differential cost between home and destination country in destination choice, figure 4.2 shows the rating of three items for lower medical costs, lower costs, exchange rates and value for money. Most medical tourists Strongly Agree (63.50%) that South Africa offers lower medical costs than their home countries.

For the offering of favourable exchange rates, Somewhat Agree (42.90%). The rating of exchange rates was lower because most African currencies have a lower value compared to the South African Rand. However, strongly agree (37.40%) that they received value for money during their medical treatment. Despite the higher exchange rates, the results show that South Africa offers lower medical costs than private medical providers in patients' home countries. Therefore results show that lower medical costs influence tourism in South Africa.

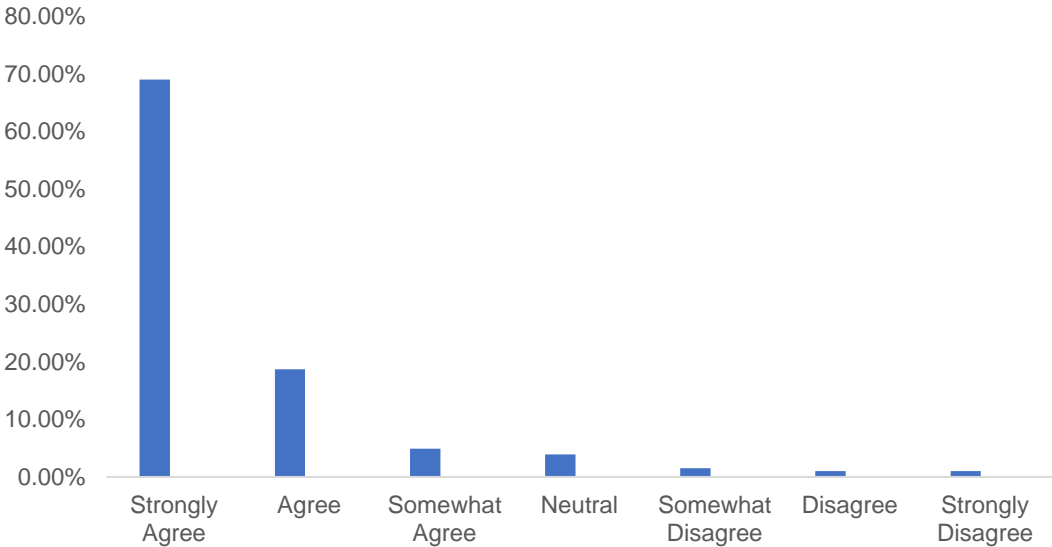


**Figure 4. 2-Lower Medical Costs**

**4.6.3-Shorter waiting times**

Analyzing the influence of waiting times of a medical procedure on destination choice, it is presented in figure 4 the rating of the level of agreement about shorter waiting times. The majority of respondents, Strongly Agree (69%) that private hospitals in South Africa offer shorter waiting times for treatment, Agree (18.7%), Somewhat Agree (4,9%), Neutral (3.9%), and Somewhat Agree (1.5%), Disagree (1%) and Strongly Disagree (1%).

The results show the medical provider's ability to offer medical treatment with minimal waiting. Therefore the results show that shorter waiting times positively influence medical tourists to choose South Africa. Furthermore, the findings are consistent with the literature, which states that medical providers can offer immediate medical attention to patients due to an ample supply of private health care facilities (Ahwireng-Obeng and Van Loggerenberg, 2011; Young,2016).



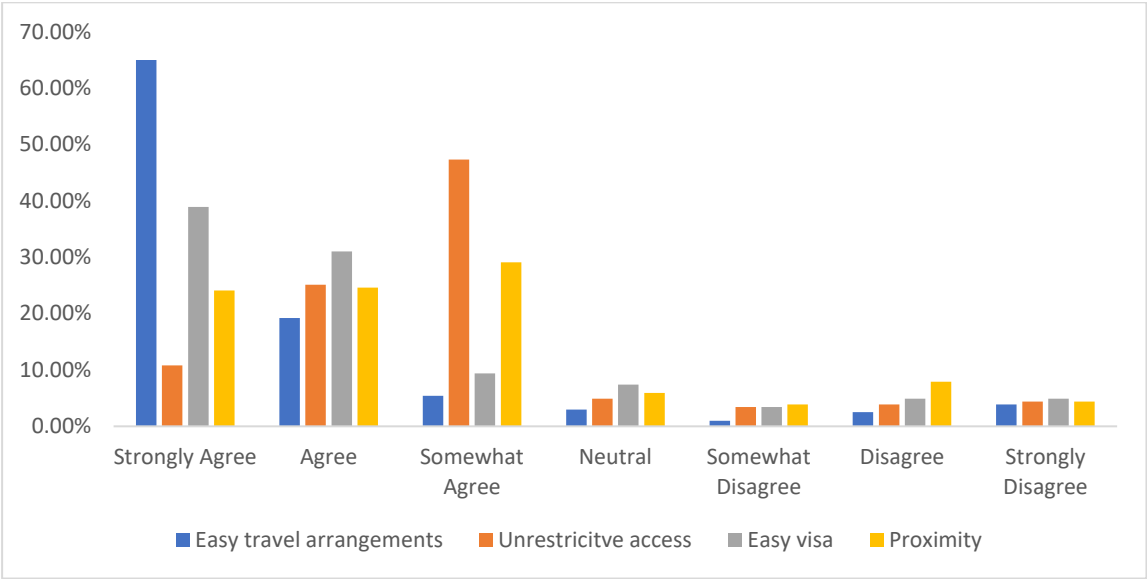
**Figure 4. 3 - Shorter waiting times**

**4.6.4-Treatment Accessibility**

When considering the availability and accessibility of treatment, respondents indicated four items to rate the level of agreement on the accessibility of their preferred medical tourism destination: easy to travel arrangements, unrestrictive access, easy visa, and proximity. The majority of respondents, strongly agree (65%) that travel arrangements to South Africa are easy. The respondents, somewhat agree (47.30%) that their chosen medical tourism destination offers unrestrictive access. For easy visa regulations (38.90%) rated Strongly Agree, and for proximity, the majority rated Somewhat agree (29,10%). The values are detailed in figure 4.4

The overall results show that, to a greater extent, respondents agree that accessibility is one of the factors considered when choosing South Africa as a medical tourism destination. South Africa is a preferred destination due to its strategic position near its source markets and

particular countries within the Southern African region. The results are supported by literature indicating that patients are more likely to select adjacent countries to eliminate cultural and language barriers (Zarei et al., 2020, Connell,2013).

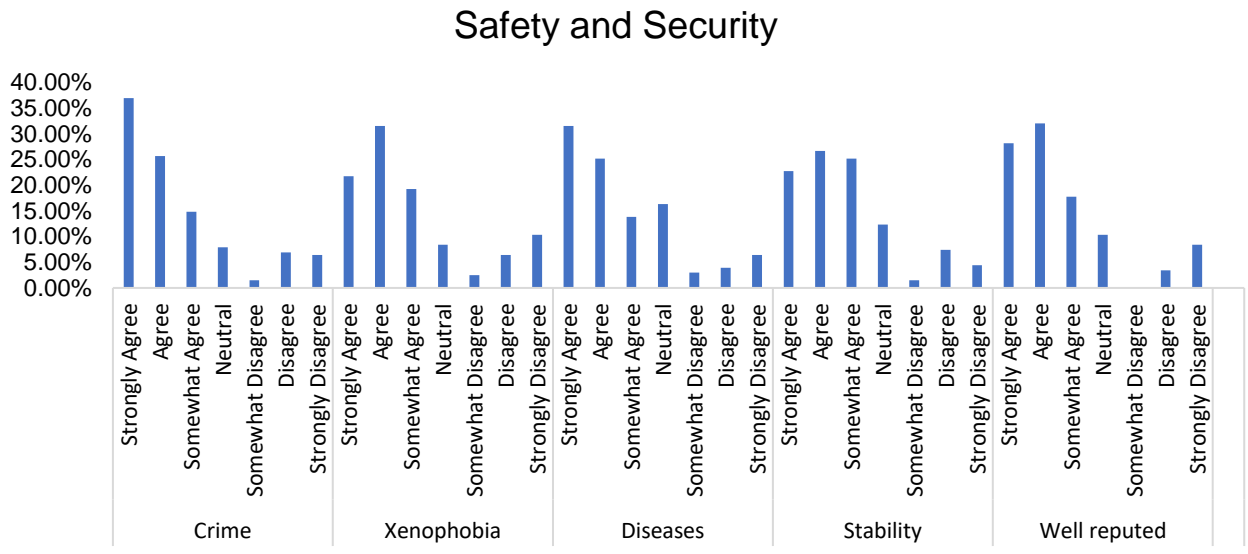


**Figure 4. 4- Levels of Agreement on Accessibility of South Africa**

**4.6.5-Safety and Security**

Figure 4.5 shows the items regarding security and safety in South Africa. For safety from crime, Strongly Agree (36.90%) that they feel safe from crime as tourists in the country. For tourists' safety from xenophobia and racism Agree (31.50%). For safety from contracting diseases while in hospital Strongly Agree (32.5%). Stability of the country's political environment Agree (26.60%), and South Africa is well-reputed as a medical tourism destination, Agree (32%). However, although patients agree they feel safe, the levels per cent rating are deficient compared to other factors because of the country's security concerns.

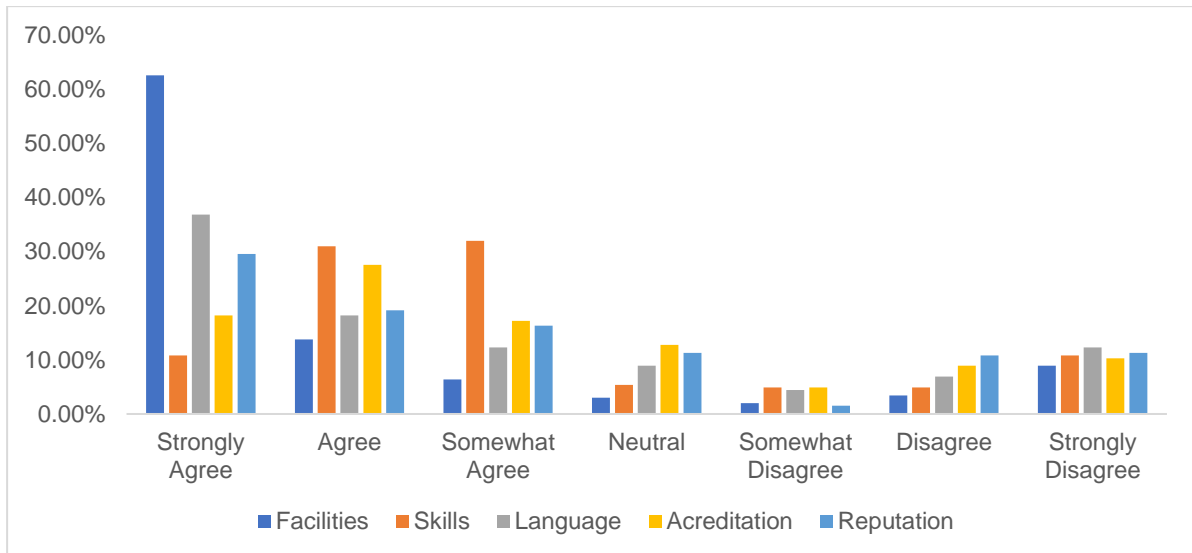
On the other hand, the results show that safety threats do not necessarily negatively affect inbound medical tourism to South Africa. Literature shows that medical xenophobia is deeply entrenched in South Africa's healthcare system. Medical xenophobia refers to health professionals' and employees' hostile attitudes and actions toward migrants and refugees based only on their identity as non-South Africans (Crush and Tawodzera, 2014). Therefore this study shows safety and security are not one of the factors highly considered when choosing a destination.



**Figure 4. 5- Safety and Security**

#### 4.6.6-Quality

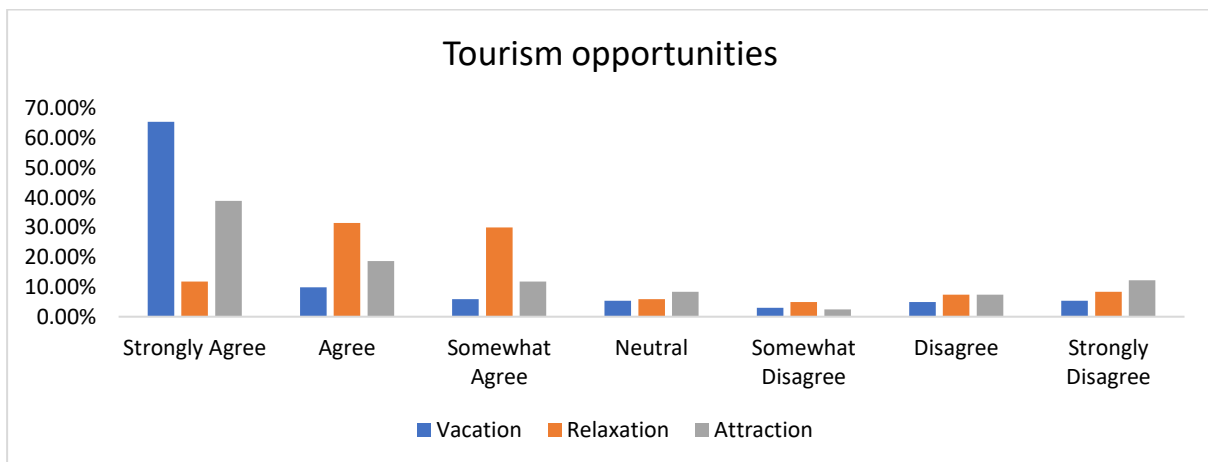
Figure 4.6 shows four items used to determine how respondents rate the quality of medical care they received. First, most respondents strongly agree (62.60%) that South Africa offers state-of-the-art medical facilities. Second, somewhat agree (32%) that the medical staff have exceptional skills. Third, for the ability of the team to converse in different languages, Strongly Agree (36.90%). Finally, accreditation, Agree (27.65 %), and Strongly Agree (29.6%) that South Africa has reputable physicians. The results are consistent with studies about middle-class African medical tourists, which showed that 63% rated South African medical care exceptional (Ahwireng-Obeng and Van Loggerenberg, 2011). Therefore, a higher treatment facility's rating and the perception of the treatment's service quality are factors considered in choosing a destination.



**Figure 4. 6 -Quality**

#### 4.6.7-Tourism Opportunities

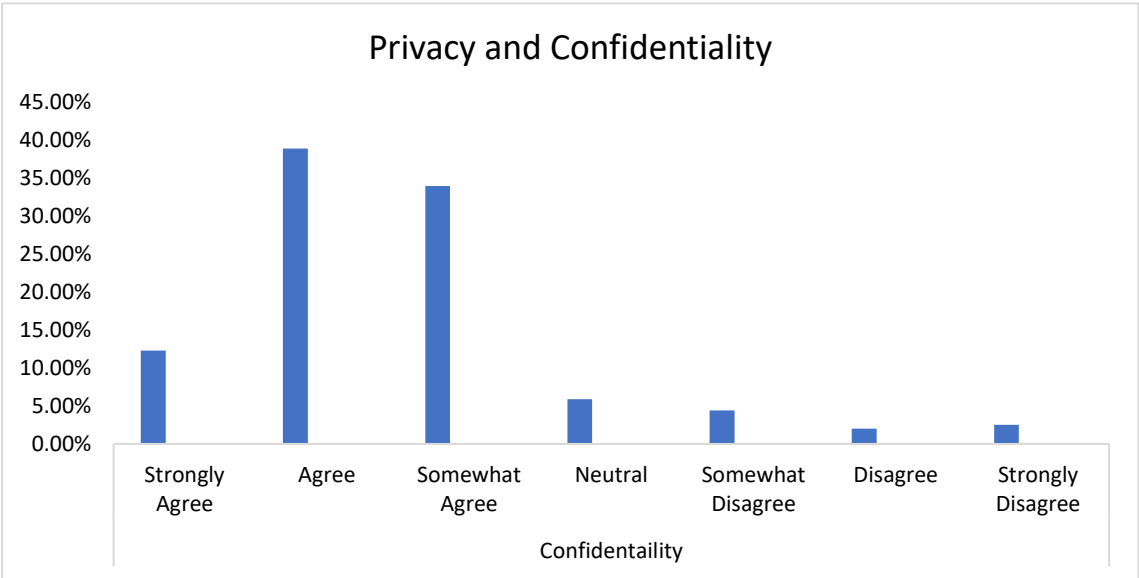
Figure 4.7 shows the ratings of the level agreement of South Africa's tourism opportunities. The majority of respondents Strongly Agree (65.50%) that the country provides an excellent opportunity to combine medical tourism and vacation. For South Africa as an ideal place to relax after medical treatment, Agree (31.5%). In terms of the attractions that the country offers, (38.9%) Strongly Agree. The results show that respondents acknowledge the ability of the country to offer tourism and hospitality services during recovery and the abundance of its attractions.



**Figure 4. 7: Tourism Opportunities**

**4.6.8-Privacy and confidentiality**

Figure 4.8 shows the ratings of respondents' agreement level concerning privacy and confidentiality offered by medical providers. Strongly agree (12.30%), Agree (38,9%), Neutral 5.9%,Somewhat agree (34.%), Neutral (5.90%),Somewhat disagree (4.4%),Disagree2% and strongly Disagree(2.5%).The desire to get privacy and confidentiality for the desired medical treatment influences the selection of a medical tourism destination. However, the strongly agree rating is lower because privacy and confidentiality must not one of the major factors that medical tourists consider when visiting South Africa.



**Figure 4. 8- Privacy and confidentiality**

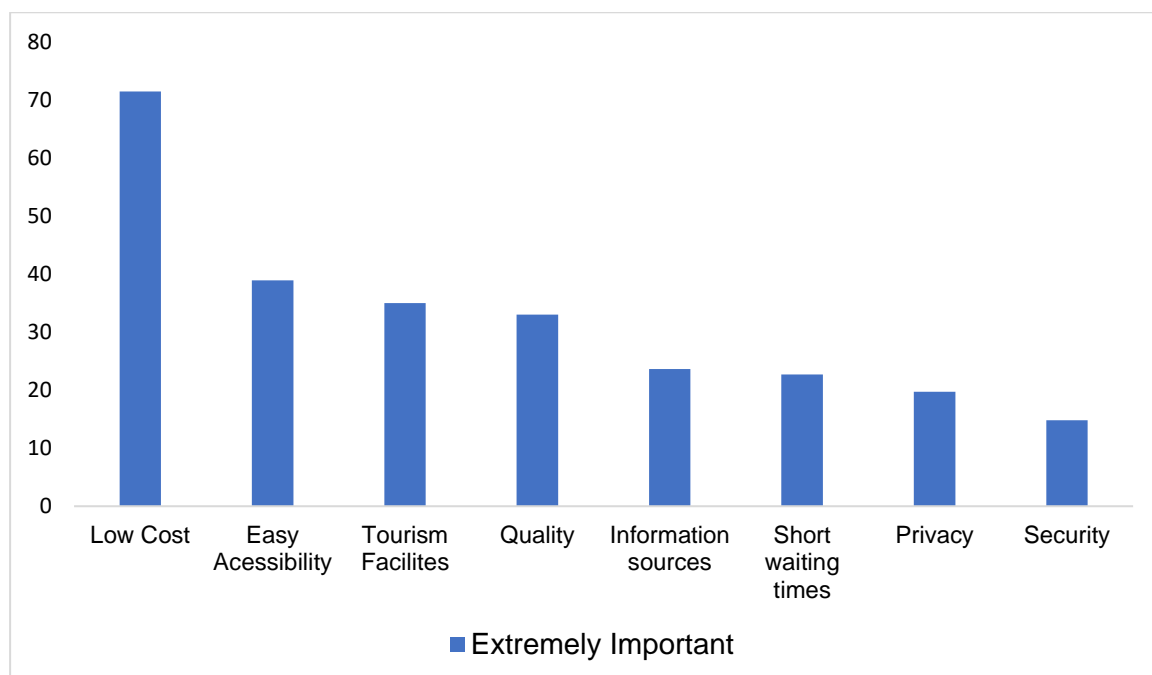
**4.7-The top four factors influencing the selection of South Africa as a medical tourism destination.**

Figure 4.9 shows the ratings of factors considered when choosing South Africa as a medical tourism destination. The factors were rated according to the highest level of Importance. Lower medical costs were the main reason medical tourists chose South Africa as 71,4% of respondents rated low cost as Extremely Important and therefore qualified to be the primary determinant. Other top four factors include accessibility of healthcare services (38,9%), tourism



opportunities (35%) and, quality of medical care (33.0%), information sources(23.7%), waiting times(22.6%).

According to literature, lower medical costs are the main reason medical tourists travel abroad (Heung et al., 2010). These results are consistent with the findings that rejected the claim that South Africa as a medical tourism destination may not be attractive to the majority due to pervasive poverty and lower wages in Sub-Saharan Africa (Ahwireng-Obeng and Van Loggerenberg, 2011). Previous studies on the key drivers of medical tourism indicated that factors influencing decision-making could be either highly rated or low in terms of their influence (Rodrigues, 2017). Although the findings show cost as the primary attraction to medical tourism, it is a combination of factors that gives South Africa a competitive advantage over its competitors.



**Figure 4. 9-Ranking of factors considered when choosing SA**

The critical data findings gathered from the study sample under consideration were analysed in this chapter. The response rate, demographic factors, and all the responses were first examined in tables and graphs. Using the SPSS software package, descriptive statistics were used. The responses were grouped according to study objectives. The study provided a thorough overview of the responses in terms of the study variables and the accompanying statistical analysis. The study's conclusions and recommendations are covered in chapter 5

## **CHAPTER 5: CONCLUSION AND RECOMMENDATIONS**

The study's primary goal was to identify the factors impacting the selection of South Africa as a medical tourism destination. To adequately examine the subject, five objectives were created and these are; (1) to establish demographic profiles of medical tourists, (2) to investigate the type of medical assistance patients tend to seek, and (3) to find out whether medical tourists make use of tourism products, (4) to assess the information sources medical tourists used to access information about medical treatment and (5) investigate what motivates their decision to travel abroad for medical tourism. The study examined a corpus and current literature relevant to factors impacting the selection of medical tourism to accomplish these goals.

### **5.1-Conclusions**

#### **5.1.1-Objective 1: To establish the demographic profile of medical tourists**

The research study concluded that most medical tourists to South Africa are from the Southern and the rest of Africa, with the primary source market being Zimbabwe. Due to familiarity with the destination culture, south African diasporas were found to seek medical treatment in their home countries. Regarding gender, males participated more in medical tourism than women. The clientele base is between the age of 26 to 65 years, while on the other hand, those below 25 and over 65 showed low participation in medical tourism. Most respondents are working class and highly educated up to master's degrees.

#### **5.1.2-Objective 2: Investigate the type of medical assistance patients tend to seek**

The second objective was to investigate the type of medical treatment patients seeks in South Africa. The study presented the top 6 medical treatments patients seek. The study concluded that the majority of patients from Africa seek primary medical healthcare.

Some types of medical treatment include dental treatment, heart surgery, cosmetic surgery, Cystic goitre treatment and sight treatment. Therefore, it can be concluded that South Africa can offer a range of medical services to its clientele.

### **5.1.3-Objective 3: To find out whether medical tourists make use of tourism products.**

Medical tourists acknowledge that South Africa has an ample supply of tourist attractions and is a good place for relaxation during recovery. However, the study concluded that there is limited usage of tourism products by medical tourists. Most patients either stayed at the hospital, with friends and family or in their homes during treatment and recovery. Short-term border movements were found familiar; thus, the number of stays dominant was up to three nights; up to twenty nights were spent at home instead. This implies that the hospitality industry's benefits from the medical tourism sector are limited.

### **5.1.4-Objective 4: to assess the information sources medical tourists use to access information about medical treatment.**

The study's objective was to assess the sources of information used by medical tourists. Travel agents were found to be the primary source of information used. However, the research study also acknowledges the role of word-of-mouth advertising, including advice from family and friends and advice from physicians in the home country.

The internet also plays a critical role in shaping the decision of medical tourists. A limited number of respondents read testimonies of other patients online. Medical treatment was mostly arranged through medical tourism intermediaries, while some were arranged through family and friends or directly with the hospital.

### **5.1.5-Objective 5: Investigate what motivates their decision to travel abroad for medical tourism.**

The following factors were identified in the literature that affect medical tourists' decision-making, lower medical costs, quality, accessibility, security and safety, privacy and confidentiality, tourism opportunities, information sources and shorter waiting times. The research findings show that lower medical costs than in the home country were the primary driver of medical tourists to South Africa.

Medical tourists allude to the country's high-quality medical services. The private medical sector can offer immediate medical treatment without waiting many months due to the country's demand for private medical care. Therefore, South Africa's tourism opportunities provide an excellent place for healing. However, safety and privacy were lowly rated, which means they do not necessarily impact patients' decision-making process.

However, although the safety and security factor was rated the last in terms of factors to be considered due to the country's security threat of crime, there is no empirical evidence that security concerns negatively affect medical tourism flows to the country. This study, therefore, concludes that South Africa, as a medical tourism destination, has a competitive advantage over its competitors due to a combination of factors. The top four factors that were found to be considered by medical tourists included lower medical costs, accessibility, quality and tourism opportunities.

## **5.2-Recommendations**

Players in the medical industry, including medical providers, travel agents, policymakers and the hospitality industry, now have a better understanding of the factors influencing the selection of a medical tourism destination due to the research study. The discoveries allow businesses in the medical tourism industry and the government or policymakers to develop appropriate marketing strategies and policies. The following recommendations are made in light of the findings and conclusions mentioned earlier.

### **5.2.1-Government or Policymakers of South Africa**

To counteract xenophobia, the government must actively engage the populace by educating them on how to welcome immigrants and highlighting the benefits foreigners bring to South Africa. This will help in shaping the locals' attitudes towards foreigners. Furthermore, although xenophobic threats do not necessarily affect tourism flows in the country, the government has to curb it as it continues to gain momentum every year, as it can damage the brand image of a destination.

There is a need for funding to invest in research and have empirical evidence on whether the medical tourism sector can add value to the country. An appropriate budget for research is vital for the government to decide if they can go ahead with supporting medical tourism in

the country or not. For a long time, most successful medical tourism destinations like Turkey and Thailand have enjoyed unlimited support from their respective governments.

It is recommended that the government draft an appropriate policy that governs the medical tourism industry in the country. The government has a role in institutionalising medical tourism and creating the rules, regulations, and standards that will give it form, function, and accountability. A medical tourism destination that operates without a policy to guide them may be deemed not safe and secure for its patients.

### **5.2.2-The Hospitality Industry**

Promoting accommodation services and unpopular attractions through travel agents and hospital websites increases usage rates and entice medical tourists to stay longer. The hotels may include exceptional medical-specific features like on-site blood testing labs, pool lifts, additional power outlets, or adjustable table heights to accommodate patients who use wheelchairs.

High coordination between the medical sector and the hospitality industry benefits both sectors. By incorporating a medical tourism programme into the offerings of an already-existing accommodation sector, both parts of the collaboration will build on the successes of the other and produce a novel and interesting travel encounter. In this emerging and exciting sector, a partnership between a medical institution and the hotels would be a resounding success.

### **5.2.3-Medical Providers and Travel agents**

Due to the limited availability of online reviews by patients, it is recommended that medical providers and travel agents improve their digital footprint and that social media platforms encourage medical tourists to engage in user-generated content (UGC). Due to technological advancements, customers are becoming ambassadors of service providers, and therefore most customers place more faith in user-generated content than brand content. In addition, consumers today anticipate a healthcare experience that is as cutting-edge and technologically sophisticated.

It is recommended for medical providers to devise training and development programmes to avoid cases of discrimination against patients by medical professionals based on their countries of origins. A complicated combination of abilities is necessary to work with patients and healthcare professionals in today's cutthroat worldwide medical sector.

Currently, the main source market is African patients. Therefore, it is recommended that medical providers and travel agents devise and implement a well-thought marketing strategy in Africa and beyond to compete and be the preferred healthcare brand. A well-funded and planned marketing campaign will be able to attract new and retain patients. The core of the medical tourism market is attracting overseas patients, and as the market grows more competitive, the medical providers are characterised by their capacity to draw in foreign patients.

### **5.3-Limitations of the study**

Even though the study's goals have been met, this study was inevitably subject to some limitations. Although almost 80 per cent of medical tourists are from Africa, the response rate of respondents from outside Africa was meagre. A greater sample size might improve the accuracy of the results.

Due to privacy and ethical concerns, the main drawback of this study was the hospitals' and medical tourism intermediaries' willingness to participate. In addition, the study was also conducted during a difficult time when the medical tourism industry was experiencing adverse effects of the coronavirus pandemic, such as restrictions on travel and border closures, thus rendering medical tourism research not a priority by organizations.

Most medical tourism agents recommended by the literature had their websites un-updated with contact details, and some websites have been pulled down, making it difficult to reach them out. The research was complex since there was a limited frame of reference from a South African perspective, and there were few data and previous studies on patients who travel to South Africa for medical tourism.

### **5.4-Suggestions for future research**

There is a need to research the impact and attitude of residents to the development of medical tourism in South Africa. This study will help the government understand citizens' concerns and the voice of citizens regarding medical tourism development. Residents are part of the stakeholders that must be involved in decision-making.

Study research to weigh whether the benefits of promoting medical tourism in South Africa outweigh the negative impact will be beneficial. As it stands, the government of South Africa does not promote medical tourism due to adverse consequences the sector may bring. However, there is no empirical evidence to prove the concerns and claims.

People from different countries may consider other factors impacting their decisions to travel abroad for medical treatment. Therefore, evaluating factors affecting the selection of medical destinations according to people from different nationalities will be of great interest.

Further research on medical travel should concentrate on the role of medical intermediaries in medical tourism as the practice has grown in popularity, and more third parties are involved in medical travel. Future research may also investigate the impacts of safety and security threats on medical tourism. Although the country still receives tourists despite security threats, it is unknown whether people are avoiding visiting the country and choosing other destinations.

## Bibliography

2019/20 State of tourism highlights (p. 21). (2021). Department of Tourism, Republic of South Africa.

[https://www.tourism.gov.za/AboutNDT/Publications/Annual%20State%20of%20Tourism%20Report%20\(STR\)%202019-20.pdf](https://www.tourism.gov.za/AboutNDT/Publications/Annual%20State%20of%20Tourism%20Report%20(STR)%202019-20.pdf)

Adegbite, A. F. R. (2018). Medical Tourism: Effects, Implications and Realities in Africa. In *Journal of African Interdisciplinary Studies* (Vol. 2, Issue 1, pp. 61–73).

<http://cedred.org/jais/index.php/issues>

Agence France-Presse (AFP). (2021, June 20). SA surgeons to reconstruct face of 9-year-old boy after Zimbabwe hyena attack. *News24*. <https://www.news24.com/news24/africa/news/sa-surgeons-to-reconstruct-face-of-9-year-old-boy-after-zimbabwe-hyena-attack-20210620>

Ahwireng-Obeng, F., and Van Loggerenberg, C. (2011). Africa's middle class women bring entrepreneurial opportunities in breast care medical tourism to South Africa. *International Journal of Health Planning and Management*, 26(1), 39–55. <https://doi.org/10.1002/hpm.1034>

Altin, M., Singal, M., & Kara, D. (2011). *Consumer Decision Components for Medical Tourism: A Stakeholder Approach*. [https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1286&context=gradconf\\_hospitality](https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1286&context=gradconf_hospitality)

Balaban, V., and Marano, C. (2010). Medical tourism research: A systematic review. *International Journal of Infectious Diseases*, 14, e135. <https://doi.org/10.1016/j.ijid.2010.02.1784>

Bookman, M. Z., and Bookman, K. R. (2007). Medical tourism in developing countries. In *Medical Tourism in Developing Countries*. <https://doi.org/10.1057/9780230605657>

Burkett, L. (2007). Medical Tourism: Concerns, Benefits, And The American Legal Perspective. *Journal of Legal Medicine*, 28(2), 223–245. <https://doi.org/10.1080/01947640701357763>

Cannon Hunter, W. (2007). Medical Tourism: A New Global Niche. *International Journal of Tourism Sciences*, 7(1), 129–140. <https://doi.org/10.1080/15980634.2007.11434599>



- Çapar, H., and Aslan, Ö. (2020). Factors Affecting Destination Choice in Medical Tourism. *International Journal of Travel Medicine and Global Health*, 8(2), 80–88.  
<https://doi.org/10.34172/ijtmgh.2020.13>
- Clark, N. L., & Worger, W. H. (2016). *South Africa: The Rise and Fall of Apartheid*. Routledge.  
[https://books.google.pt/books?id=cxpgDAAAQBAJ&printsec=frontcover&hl=pt-PT&source=gbs\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.pt/books?id=cxpgDAAAQBAJ&printsec=frontcover&hl=pt-PT&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false)
- Connell, J. (2006). Medical tourism: Sea, sun, sand and ... Surgery. *Tourism Management*, 27(6), 1093–1100. <https://doi.org/10.1016/j.tourman.2005.11.005>
- Connell, J. (2011). Medical tourism. In *Medical tourism*.  
<https://doi.org/10.1080/00049182.2012.706211>
- Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, 1–13.  
<https://doi.org/10.1016/j.tourman.2012.05.009>
- Cook, P. S. (2008). *What is health and medical tourism?* (The Annual Conference of the Australian Sociological Association, pp. 1–13). The University of Melbourne.  
<https://eprints.gut.edu.au/214493/>
- Crompton, J. L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research*, 6(4), 408–424. [https://doi.org/10.1016/0160-7383\(79\)90004-5](https://doi.org/10.1016/0160-7383(79)90004-5)
- Crush, J. (2011). *Complex Movements, Confused Responses: Labour Migration In South Africa* (P. 27). Southern African Migration Programme.  
[https://www.africaportal.org/documents/7182/SAMP -  
\\_Complex\\_Movements\\_Confused\\_Responses.pdf](https://www.africaportal.org/documents/7182/SAMP_-_Complex_Movements_Confused_Responses.pdf)
- Crush, J., and Chikanda, A. (2014). South-South medical tourism and the quest for health in Southern Africa. *Social Science and Medicine*, 124, 313–320.  
<https://doi.org/10.1016/j.socscimed.2014.06.025>

- Crush, J., Chikanda, A., and Maswikwa, B. (2012). *Patients without borders: Medical tourism and medical migration in Southern Africa*. Southern Africa Migration Project.  
[https://www.academia.edu/3644554/Patients\\_Without\\_Borders\\_Medical\\_Tourism\\_and\\_Medical\\_Travel\\_in\\_Southern\\_Africa](https://www.academia.edu/3644554/Patients_Without_Borders_Medical_Tourism_and_Medical_Travel_in_Southern_Africa)
- Crush, J., Chikanda, A., Sanders, D., and Maswikwa, B. (2015). The rise of medical tourism to South Africa. In *Handbook on Medical Tourism and Patient Mobility*.  
<https://doi.org/10.4337/9781783471195.00043>
- Crush, J., and Tawodzera, G. (2014). Medical Xenophobia and Zimbabwean Migrant Access to Public Health Services in South Africa. *Journal of Ethnic and Migration Studies*, 40(4), 655–670. <https://doi.org/10.1080/1369183X.2013.830504>
- de la Hoz-Correa, A., and Muñoz-Leiva, F. (2019). The role of information sources and image on the intention to visit a medical tourism destination: A cross-cultural analysis. *Journal of Travel and Tourism Marketing*, 36(2), 204–219. <https://doi.org/10.1080/10548408.2018.1507865>
- de la Hoz-Correa, A., Muñoz-Leiva, F., and Bakucz, M. (2018). Past themes and future trends in medical tourism research: A co-word analysis. *Tourism Management*, 65.  
<https://doi.org/10.1016/j.tourman.2017.10.001>
- DeMicco, F. J., and Weis, S. A. (2017). Medical tourism and wellness: Hospitality bridging healthcare (H2H)©. In *Medical Tourism and Wellness: Hospitality Bridging Healthcare (H2H)*.  
<https://doi.org/10.1201/9781315365671>
- Department of Home Affairs South Africa. (2021, October 27). *Department of Home Affairs—Exempt Countries*. <http://www.dha.gov.za/index.php/immigration-services/exempt-countries>
- Gabe, J., & Monaghan, L. F. (2022). *Key Concepts in Medical Sociology*. 1 Oliver's Yard, 55 City Road London EC1Y 1SP. SAGE Publications, Ltd. <https://doi.org/10.4135/9781526401687>
- Ghosh, T., and Mandal, S. (2019). Medical Tourism Experience: Conceptualization, Scale Development, and Validation. *Journal of Travel Research*, 58(8), 1288–1301.  
<https://doi.org/10.1177/0047287518813469>

- Gill, H., and Singh, N. (2011). Exploring the Factors that Affect the Choice of Destination for Medical Tourism. *Journal of Service Science and Management*, 04(03), 315–324.  
<https://doi.org/10.4236/jssm.2011.43037>
- Grand view research. (n.d.). *Medical Tourism Market Size | Industry Report, 2020-2027*. Retrieved 13 April 2022, from <https://www.grandviewresearch.com/industry-analysis/medical-tourism-market>
- Hall, C. M. (2012). Medical and health tourism: The development and implications of medical mobility. In *Medical Tourism: The Ethics, Regulation, and Marketing of Health Mobility* (Vol. 9780203109458). <https://doi.org/10.4324/9780203109458>
- Hanefeld, J., Lunt, N., Smith, R., and Horsfall, D. (2015). Why do medical tourists travel to where they do? The role of networks in determining medical travel. *Social Science and Medicine*, 124. <https://doi.org/10.1016/j.socscimed.2014.05.016>
- Henama, S. U. (2014). Health tourism in South Africa: Opportunities and possibilities. *African Journal of Hospitality, Tourism and Leisure*, 3(1). <http://www.ajhtl.com>
- Heung, V. C. S., Kucukusta, D., and Song, H. (2010). A conceptual model of medical tourism: Implications for future research. *Journal of Travel and Tourism Marketing*, 27(3), 236–251.  
<https://doi.org/10.1080/10548401003744677>
- Heung, V. C. S., Kucukusta, D., and Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995–1005.  
<https://doi.org/10.1016/j.tourman.2010.08.012>
- Horowitz, M. D., and Rosensweig, J. A. (2007). *Medical Tourism-Health Care in the Global Economy Trends* (pp. 24–30). The Physician Institute.
- Horowitz, M. D., Rosensweig, J. A., and Jones, C. A. (2007). Medical tourism: Globalization of the healthcare marketplace. *MedGenMed: Medscape General Medicine*, 9(4), 33.
- Ile, F. L., and Țigu, G. (2017). Medical tourism market trends—An exploratory research. *Proceedings of the International Conference on Business Excellence*, 11(1), 1111–1121.  
<https://doi.org/10.1515/picbe-2017-0114>

- Israel, G. D. (1992). *Determining Sample Size 1 The Level Of Precision* (p. 5). University of Florida. [https://www.researchgate.net/profile/Subhash-Basu-3/post/how\\_could\\_i\\_determine\\_sample\\_size\\_for\\_my\\_study/attachment/5ebaa4924f9a520001e613b6/AS%3A890361492811785%401589290130539/download/samplesize1.pdf](https://www.researchgate.net/profile/Subhash-Basu-3/post/how_could_i_determine_sample_size_for_my_study/attachment/5ebaa4924f9a520001e613b6/AS%3A890361492811785%401589290130539/download/samplesize1.pdf)
- Johnston, R., Crooks, V. A., Snyder, J., and Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9(1), 24. <https://doi.org/10.1186/1475-9276-9-24>
- Khan, M. J., Khan, F., Amin, S., and Chelliah, S. (2020). Perceived Risks, Travel Constraints, and Destination Perception: A Study on Sub-Saharan African Medical Travellers. *Sustainability*, 12(7), 2807. <https://doi.org/10.3390/su12072807>
- Lowry, L. L. (2017). The SAGE International Encyclopedia of Travel and Tourism. In *The SAGE International Encyclopedia of Travel and Tourism*. <https://doi.org/10.4135/9781483368924>
- Lunt, N., & Carrera, P. (2011). Systematic review of web sites for prospective medical tourists. *Tourism Review*, 66(1/2), 57–67. <https://doi.org/10.1108/16605371111127224>
- Lunt, N., Horsfall, D., and Hanefeld, J. (2016). Medical tourism: A snapshot of evidence on treatment abroad. *Maturitas*, 88, 37–44. <https://doi.org/10.1016/j.maturitas.2016.03.001>
- Lunt, N., Smith, R., Exworthy, M., Horsfall, D., & Mannion, R. (n.d.). *Medical Tourism: Treatments, Markets and Health System Implications: A scoping review*. 1–55.
- Lunt, N., Horsfall, D., & Hanefeld, J. (2015). *Handbook on Medical Tourism and Patient Mobility*. Edward Elgar Publishing. <https://books.google.pt/books?id=G-jECQAAQBAJ&printsec=frontcover&dq=handbook+on+medical+tourism+and+patients+mobilitey&hl=en&sa=X&ved=2ahUKEwiSmcbhsZz5AhUN4oUKHSOuB9MQ6AF6BAqCEAI#v=onepage&q=handbook%20on%20medical%20tourism%20and%20patients%20mobility&f=false>
- Manjeet, S., and Subbaraman, K. (2020). *Growth of the Medical Tourism Industry and Its Impact on Society: Emerging Research and Opportunities: Emerging Research and Opportunities*. IGI Global.

McIntyre, D. (2010). *Private sector involvement in funding and providing health services in South Africa: Implications for equity and access to health care.*

<https://www.equinet africa.org/sites/default/files/uploads/documents/DIS84privfin%20mcintyre.pdf>

Medhekar, A., and Wong, H. Y. (2020). Medical travellers' perspective on factors affecting medical tourism to India. *Asia Pacific Journal of Tourism Research*, 25(12), 1295–1310.

<https://doi.org/10.1080/10941665.2020.1837893>

*Medical schemes statistics Annual-Report-2020.21* (p. 142). (n.d.). Council for Medical Schemes.

[https://www.medicalschemes.co.za/wp-admin/admin-ajax.php?juwpcisadmin=false&action=wpfd&task=file.download&wpfd\\_category\\_id=3609&wpfd\\_file\\_id=24590&token=&preview=1](https://www.medicalschemes.co.za/wp-admin/admin-ajax.php?juwpcisadmin=false&action=wpfd&task=file.download&wpfd_category_id=3609&wpfd_file_id=24590&token=&preview=1)

Medical Tourism Index. (n.d.). *South Africa | Global Healthcare Destination*. Retrieved 13 April 2022, from <https://www.medicaltourism.com/destinations/south-africa>

Medical Tourism Index. (n.d.). *2020-2021 Medical tourism Index Overview*. Retrieved 29 August 2022, from <https://www.medicaltourism.com/mti/2020-2021/overview>

Medical Tourism South Africa. (n.d.). *Benefits of Medical Tourism in South Africa*. Retrieved 16 April 2022, from <https://medicaltourismsa.com/why-south-africa/benefits/>

Michael D. Horowitz and Jeffrey A. Rosensweig. (2007). Medical tourism-health care in the global economy. *The Physician Executive*, 33(6), 24–31.

Mogaka, J. J. O., Mashamba-Thompson, T. P., Tsoka-Gwegweni, J. M., and Mupara, L. M. (2017). Effects of Medical Tourism on Health Systems in Africa. In *African Journal of Hospitality, Tourism and Leisure* (Vol. 6, Issue 1). <http://www.ajhtl.com>

*National Health Insurance in South Africa Policy Paper* (p. 59). (n.d.). Department of Health. Retrieved 21 April 2022, from

<https://www.gov.za/sites/default/files/nationalhealthinsurance.pdf>

Nicolaides, A., & Zigiriadis, E. (2011). Medical Tourism as an important niche of Tourism Development in South Africa. *African Journal of Hospitality, Tourism and Leisure*, 1(3), 2223–2814.

Organisation for Economic Co-operation and Development. (2020). *OECD tourism trends and policies 2020*. Paris. OECD Publishing.

[https://books.google.co.za/books?id=UE7UDwAAQBAJ&pg=PA2223&dq=medical+tourism&hl=en&sa=X&ved=2ahUKEwiEzLyMks\\_1AhV-QEEAHZn2CSMQuwV6BAg](https://books.google.co.za/books?id=UE7UDwAAQBAJ&pg=PA2223&dq=medical+tourism&hl=en&sa=X&ved=2ahUKEwiEzLyMks_1AhV-QEEAHZn2CSMQuwV6BAg)

Pamela C. Smith and Dana A. Forgione. (2007). Global Outsourcing of Healthcare: A Medical Tourism Decision Model. *Journal of Information Technology Case and Application Research*, 9(3), 19–30.

Parkinson, C. (2021, September 24). Attacked by a hyena: My advice for a fellow victim. *BBC News-Africa*. <https://www.bbc.com/news/av/world-africa-58678606>

*Protection of Personal Information Act* (No. 37067; p. 76). (2013).

[https://www.gov.za/sites/default/files/gcis\\_document/201409/3706726-11act4of2013protectionofpersonalinforcorrect.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/3706726-11act4of2013protectionofpersonalinforcorrect.pdf)

Ramirez De Arellano, A. B. (2007). Patients without borders: The emergence of medical tourism.

*International Journal of Health Services*, 37(1). <https://doi.org/10.2190/4857-468G-2325-47UU>

Rodrigues, H. M. C. N. C. R. (2017). *A scoping review: Exploring the world of medical and wellness tourism* [Doctoral Thesis, Business Research Unit, Instituto Universitário de Lisboa].

<https://repositorio.iscte->

[iul.pt/bitstream/10071/14496/1/Thesis%20Helena%20Rodrigues%20March%202017%20final.pdf](https://repositorio.iscte-iul.pt/bitstream/10071/14496/1/Thesis%20Helena%20Rodrigues%20March%202017%20final.pdf)

Runckel, C. (2007). *Medical Tourism- where to go for medical treatment*. [http://www.business-in-asia.com/asia/medical\\_tourism2.html](http://www.business-in-asia.com/asia/medical_tourism2.html)

Saiprasert, W. (2011). *An examination of the medical tourists motivational behavior and perception: A structural model* [Doctoral Thesis ,Graduate College of the Oklahoma State University].

<https://shareok.org/handle/11244/7116>

- Samir, N., & Karim, S. (2011). An insight: Medical tourism, local and international perspective. *Oman Medical Journal*, 26(4), 215–218. <https://doi.org/10.5001/omj.2001.54>
- Singh, M. (2022). *Medical Tourism: Indian and Global Perspectives*. BFC Publications.  
<https://books.google.pt/books?id=1jIYEAAAQBAJ&pg=PA10&dq=medical+tourism,history,global+scenario+and+indian+perspectives&hl=en&sa=X&ved=2ahUKEwj7oqyNqZz5AhVCKxoKHeizBdMQ6AF6BAgCEAI#v=onepage&q&f=false>
- Singh, N. (2013). Exploring the factors influencing the travel motivations of US medical tourists. *Current Issues in Tourism*, 16(5), 436–454. <https://doi.org/10.1080/13683500.2012.695341>
- Smith, P. C., and Forgione, D. A. (2007). Global Outsourcing of Healthcare: A Medical Tourism Decision Model. *Journal of Information Technology Case and Application Research*, 9(3), 19–30. <https://doi.org/10.1080/15228053.2007.10856117>
- South Africa | Global Healthcare Destination. (n.d.). Retrieved 20 April 2022, from <https://www.medicaltourism.com/destinations/south-africa>
- South Africa Population (2022)—Worldometer. (n.d.). Retrieved 16 April 2022, from <https://www.worldometers.info/world-population/south-africa-population/>
- Statistics South Africa. (2018). Cataloguing-in-Publication (CIP) Data Tourism. In *Statistics South Africa*. Pretoria: Statistics South Africa. [www.statssa.gov.za](http://www.statssa.gov.za)
- Statistics South Africa. (2019). Cataloguing-in-Publication (CIP) Data Tourism. In *Statistics South Africa*. Pretoria: Statistics South Africa. [www.statssa.gov.za](http://www.statssa.gov.za)
- Stolley, K. S., and Watson, S. (2012). *Medical tourism: A reference handbook*. Santa Barbara, Calif. ABC-CLIO.  
<https://books.google.co.za/books?id=brXlrO0kYyAC&printsec=frontcover&dq=Medical+tourism:+a+reference+handbook+2012&hl=en&sa=X&ved=2ahUKEwitl4-BtqX2AhWxolwKHcYBDPkQ6AF6BAgJEAI#v=onepage&q=Medical%20tourism%3A%20a%20reference%20handbook%202012&f=true>
- Van Selm, M., and Jankowski, N. W. (2006). Conducting Online Surveys. *Quality and Quantity*, 40(3), 435–456. <https://doi.org/10.1007/s11135-005-8081-8>

- Wamboye, E. F., & Nyaronga, P. J. (2018). *The Service Sector and Economic Development in Africa*. Taylor & Francis. <https://books.google.co.za/books?id=QiBtDwAAQBAJ>
- Woodman, J. (2011). *Patients Beyond Borders: Everybody's Guide to Affordable, World-Class Medical Travel*. ReadHowYouWant.com.Africa. Taylor & Francis. <https://books.google.co.za/books?id=QiBtDwAAQBAJ>
- Young, M. (2016). *Private vs. Public Healthcare in South Africa* [Western Michigan University]. [https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=3752&context=honors\\_theses](https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=3752&context=honors_theses)
- Yurcu, G., Yilmaz, Y., and Aybar, D. (2021). Clinical trust, perceived value and behavioral intention of medical tourists: Moderating effect of optimism and pessimism. *European Journal of Tourism Research*, 30, 3009. <https://doi.org/10.54055/ejtr.v30i.2036>
- Zarei, A., Feiz, D., Maleki Minbashrazgah, M., and Maleki, F. (2018). Factors influencing selection of medical tourism destinations: A special niche market. *International Journal of Healthcare Management*, 13(S1), 192–198. <https://doi.org/10.1080/20479700.2018.1492764>
- Tourism, 2020 / Statistics South Africa* (No. 03-51-02 (2020); p. 69). (2020). Statistics South Africa. <http://www.statssa.gov.za/publications/Report-03-51-02/Report-03-51-022020.pdf>



## Appendices

### Appendice A :Questionnaire

#### Part 1: Basic Information about Medical Travel to South Africa

1. Have you ever travelled to South Africa for medical treatment?

- Yes
- No

2. Your primary and other purposes of this visit to South Africa (Select one or more)

For

- Pleasure/Vacation
- Business/Work
- Medical Treatment
- Visit friends and family
- Convection /Exhibition

3. How many nights did you spent when you visited South Africa for medical treatment?

- 1 nights
- 2 nights
- 3 nights
- 4 nights
- More than 7

4. Where did you stay during your medical treatment in South Africa?

- With friends and family
- At the Hospital
- Hotel
- Home

5. Which type of medical treatment did you seek on your medical trip to South Africa

- Dental Surgery
- Cosmetic Surgery
- Heart surgery
- Sight Treatment
- Cystic goitre treatment

6. Do you have any medical or health insurance on this type of medical treatment?

- Yes
- No

7.Which source of information would you trust the most when choosing a medical tourism destination?.

- + Advise from family and friends
- + The internet
- + Travel agencies
- + Advice of Doctor in your country
- + Reading from testimonies of other patients who had surgeries abroad

8.How did you arrange for this medical treatment?

- + Directly with the hospital
- + Through medical travel intermediaries
- + Family

## Section 2 :Reasons for choosing South Africa as a medical tourism destination

In this section ,To what extent to you agree or disagree with the following statements?

Items	7. Strongly Agree	6. Agree	5. Somewhat Agree	4. Neutral	3. Strongly Disagree	2. Disagree	1. Somewhat Disagree
<b>Accessibility</b> Ease of travel arrangements Ease of visa and immigration procedures My medical tourism destination is at a convenient proximity to my home Access to medical treatments that are not allowed in my home country							
<b>Quality</b> South Africa has state-of-the-art medical facilities Physicians and nurses are highly skilled No language barriers when travelling to South Africa The hospital an affiliate of international accreditation The recognized reputation of physicians							
<b>Cost</b> Less expensive medical treatment than in home country The value of the rand is lower than my home currency This medical treatment was a good value for money							
<b>Tourism opportunities</b>							

Opportunity to combine medical service with a vacation Great place for relaxation after medical treatment Variety of existing tourist attractions for recovering patients	
<b>Waiting times</b> Shorter waiting time for medical service than in home country	
<b>Privacy</b> My privacy and confidentiality is secured.	
<b>Safety and Security</b> Tourists' safety from crime Tourists safety from xenophobia and racism The probability of contracting other infections is while on visit minimized Political stability Well-reputed as a medical tourism destination	

When choosing South Africa as a destination for medical treatment. How do you rank the following in order of Importance?

Lower cost than in the home country Security and safety of tourists are assured in South Africa Privacy safeguarded by hospital Tourism facilities offered by destination Shorter waiting times to access medical treatment Quality of medical care offered Easy accessibility to a destination	7. Extremely Important	6. Very Important	5. Moderately important	4. Neutral	3. Slightly important	2. Low Importance	1. Not at all important
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### Sections 3: Demographic profile of medical tourists

1. What is your gender?

- Male
- Female

2. What is your marital status

- Married
- Single
- Divorced/Windowed/Separated

3. What is your age group?

- 18-25
- 26-35
- 36-45
- 46-55

- 56-65
- Above 65

4. What is your level of education?

- High School or below
- Associate college degree/High diploma
- Bachelor degree
- Postgraduate education
- Professional certificate
- Masters

5. What is your current employment status?

- Employed
- Unemployed
- Self Employed

6. What is your nationality?

7. What is your country of residence?

8. Any other comments regarding seeking medical assistance in South Africa?

Thank you for your time, cooperation and participation in this research study.