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Research note

Chinese medical tourists – Their perceptions of Taiwan

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HIGHLIGHTS

- Eight key motives for participation in medical tourism are identified.
- The demands for quality at medical institutions are specified.
- The demands for quality from tourism operators hinge on three aspects.
- The three aspects are itinerary, accommodation quality, and transportation arrangements.

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ABSTRACT

This study explores the motivations and perceptions of Chinese medical tourists visiting Taiwan regarding the quality of tourism packages and the medical services consumed. Knowing the factors that motivate medical tourists and their quality demands for tourism operators and medical institutions is important for medical tourism planners to develop and organize services that serve their customers. Particularly, findings can help tourism operators plan customized itineraries and healthcare services, including software and hardware facilities, for Chinese tourists.

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1. Introduction

This study explores the motivations and perceptions of Chinese medical tourists visiting Taiwan regarding the quality of tourism packages and the medical services consumed. Medical tourism is a form of outsourcing medical services to medical centers in countries in which costs of services are lower than in the home country. Additionally, the quality of services and tourism-related factors, such as leisure, fun, relaxation, and travel options, are important. Consequently medical tourism must meet the needs of medical tourists (demand side) through coordination of healthcare services and tourism (supply side).

Connell (2006) identified the factors that contribute to the growth of medical tourism as affordability of international air travel, favorable currency exchange rates, aging of a typically

affluent post-war baby-boom generation, rise of the Internet, emergence of brokers between international patients and hospital networks, and improved healthcare systems with new technologies in some key countries (e.g., India, Thailand, Malaysia, and Singapore), and growth of the cosmetic surgery industry. Although traditional medical tourism (i.e., patients traveling from Western countries to Asian countries) remains popular (York, 2008), inter-continental medical tourism (e.g., Asian patients traveling to other Asian countries) has become the center of the “new medical tourism” (Cohen, 2010). Medical tourism has two main advantages. On the one hand, patients, especially those from developed countries, who face long waitlists and high costs for medical treatment at home can consume lower cost services and sidestep waitlists. On the other hand, the medical industries in developing countries typically invest in state-of-the-art medical facilities and services for foreign customers. Additionally, medical tourism is an excellent business opportunity as it can generate foreign currency for developing countries and promote tourism.

Many Asian countries have capitalized upon the business opportunities offered by medical tourism. For instance, India, Malaysia, Singapore, and Thailand combined attracted more than

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2.5 million medical tourists in 2005 (Tata, 2007). Taiwan, compared to other Asian nations, such as India, Malaysia, Singapore, Philippines, Thailand, Hong Kong, Korea, Jordan, the United Arab Emirates and Israel (RNCOS, 2008), is not a popular destination for medical tourists, mainly due to insufficient promotion by Taiwan's governments. However, both private and public hospitals in Taiwan have implemented marketing efforts that promote their world-class medical facilities. This trend toward globalization and industrialization of medical care services has been recognized gradually by Taiwan's governments in recent years. In 2012, the central government launched a three-year strategic plan called the "Taiwan Task Force for Medical Travel (TTFMT)". This plan offers medical services to the international market (<http://www.mohw.gov.tw>). In its early stages, this plan is aimed at Chinese tourists, mainly because many Chinese patients and the Taiwanese share a language and history.

According to a government report (<http://www.mohw.gov.tw>), more than 100,000 overseas patients visited Taiwan for medical services in 2011, and this number is expected to grow. Notably, Taiwan meets world standards for both medical services quality and physician skills. Of the top 200 hospitals worldwide, 14 are in Taiwan. In terms of the number of hospitals on this list, Taiwan ranks third, trailing only the US and Germany, and is dominant in Asia. Moreover, 12 of these 14 hospitals have been accredited by the US Joint Commission International (JCI) (<http://www.jointcommissioninternational.org/JCI-Accredited-Organizations>). With its medical professionals and advanced facilities, Taiwan has the potential to become a major destination of medical tourism. Nowadays, medical institutions in Taiwan face great pressures that threaten some long-term operations. First, like Singapore, Taiwan has a small domestic demand for medical services. Second, claims for payments by Taiwan's national health insurance system have numerous limitations. Third, competition among domestic medical institutions and from medical institutions in neighboring nations is intense. In the Asian Pacific region, the medical tourism industry is highly developed. Since Taiwan's central government has begun encouraging the medical tourism industry, institutions should take this opportunity to extend their services to overseas customers.

Although medical services offered by developing countries have been the focus of considerable research and discussion, few studies have explored the motivational factors for visiting certain countries and perceptions in relation to service quality by medical tourists (Yu & Ko, 2012). In previous studies, samples of medical tourists were obtained primarily from developed nations. With its rapid economic growth, China has become an important tourism market for nations worldwide. Among the many medical tourism studies, very few have investigated Asian tourists, especially the Chinese. Furthermore, most relied on a questionnaire to collect data. This study focuses on medical tourists from China and collects data *via* in-depth interviews. This study identifies factors motivating Chinese medical tourists and their experiences in Taiwan. The remainder of this paper is organized as follows. Section 2 describes the study methodology. Section 3 presents empirical findings. Section 4 offers conclusions.

2. Methodology

The research sample comprised 18 Chinese medical tourists in Taiwan. Through in-depth interviews, their motivations for participating in medical tourism and their perceptions of their tour package were collected, as was their assessment of the quality of medical services received. Generally, the qualitative approach best reflects the subjective experiences of participants, helping researchers understand their experiences, opinions, and perceptions regarding the issues studied. Therefore, data were obtained through semi-structured interviews. The forms and order of questions used were flexible. Through open but slightly controlled conversations, in-depth and diverse messages can be acquired (Neuendorf, 2002).

One author of this study is a medical practitioner. Based on the relative inaccessibility of data on foreign medical tourists and possible violations of patient privacy, this author sought assistance from hospitals offering health examination services to foreign tourists to identify medical tourists willing to be interviewed about their experiences. Participants were assured confidentiality of personal data and examination results. Each interview was conducted on the subject's last night in Taiwan in the conference room at their hotels. In total, 18 Chinese medical tourists participated. Table 1 lists the healthcare examinations provided by the Taiwanese healthcare tourism project. Table 2 shows the profile of participants. The data collection period was from Dec 10, 2010, to Jan 3, 2013. Each interview was taped and transcribed verbatim.

Utilizing computer software to analyze data was rejected. First, the software would be time-consuming to learn during actual analysis (Hampton, 1999). Mason (2001) suggested that the process of indexing (coding) and retrieval is labor intensive because software tends to encourage researchers to develop a large number of coding categories. As the authors completed all interviews and transcribed them, the authors became familiar with the data and identified emerging themes. The processes of identifying themes and patterns and categorizing data depend on the researchers and must be done manually. Thus, a computer software package would not accelerate analysis and evaluative processes. On the other hand, coding or categorizing deconstructs data into fragments (Mason, 2001), such context is lost (Coffey & Atkinson, 1996). Thus, the more traditional approach of content analysis was applied. Both researchers analyzed transcripts independently and simultaneously. Analytical results were later compared and compiled. This effort, albeit time consuming, generated a relatively consistent interpretation of texts and increased study reliability.

A theme is a meaningful unit in inductive content analysis (Graneheim & Lundman, 2004). Codes were assigned to text fragments of any size as long as they were related to a theme. The themes, defined as units of analysis, include elements associated with a participant's comments on motivations for participating in healthcare tourism and perceptions of their tour package and medical service quality. The extracted themes and quotes were first translated into English and then evaluated by professional translators through back translation to ensure language equivalence (Brislin, 1980).

Table 1

Types of healthcare examinations provided by the Taiwanese healthcare tourism project.

Type 1: Preventive healthcare items	Medical physical examination, Blood routine examination, Diabetes check, Hepatobiliary function tests, Renal Function, Uric acid, Blood fat check, Serum calcium and phosphorus iron inspection, Urine, Hepatitis B checks, checks of tumor markers, Thyroid function, Stool routine examination, AIDS inspection, Serological test for syphilis, Chest & Abdomen X-rays
Type 2: Complete checkup of the body, including physical, fitness, and psychological aspects	Type 1 plus Electrocardiography (ECG), Bone mineral density (BMD), Special ultrasonography, Abdominal ultrasonography, Gastrointestinal examination, Audiometry tests, Ophthalmological examination, Pulmonary function tests, Otolaryngology examination
Type 3: A customized and thorough checkup of the body	Type 2 plus 256-Slice Computed Tomography, Magnetic Resonance Imaging
Type 4: A customized and thorough checkup of the body	Type 3 plus Positron Emission Tomography/Computed Tomography (PET/CT)

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