

# A Preliminary Investigation into the Potential to Attract Medical Tourism from Australia in Jeollabuk-do, South Korea\*

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## Abstract

This paper investigates the potential for the South Korean province of Jeollabuk-do to attract medical tourists from Australia in an international tourism environment impacted by the Covid-19 pandemic crisis. Following identification of the Australian demographic cohort most likely to be receptive to undertaking medical procedures in South Korea, the paper analyses Jeollabuk-do's competitive advantages in this regard. A key competitive advantage the province has is its capacity to incorporate Korean and local culture into the medical tourism experience. While medical tourism can consist of a short-stay visitation concentrated solely around the medical procedure/treatment itself, it can also consist of a longer-stay visitation which incorporates a settlement period, a medical treatment period and a recovery period. An extended stay as such allows the medical tourist to fully engage with the distinct attributes of South Korea's culture. This paper seeks to understand how South Korea's cultural attributes are best able to engage with medical tourists from Australia within the context of Jeollabuk-do. Furthermore, the paper emphasizes the importance of Medical English language education within the Korean medical tourism sector. In particular, the paper emphasizes the role of MSO(Management Services Organization) and introduces the term 'Medilier' which relates to the education program and provision of human capital resources which work to professionally facilitate the interaction between incoming international medical tourists and South Korean health care service providers. The new condition of SANEL · HERMES is also introduced as a new instrument of analysis for development strategy of tourism industry.

**Keywords:** South Korea, Australia, International Trade, Jeollabuk-do, Medical Tourism, Culturalization, Cultural Attribute, MSO(Management Services Organization), Medilier, SANEL · HERMES

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## 1. Introduction

South Korea's medical tourism industry has been steadily expanding over the last decade with services to international patients rising from approximately 30,000 in 2009 to 320,000 in 2017. Even China, Russia, the United States, Japan and Mongolia have been the main source of patients for Korean medical tourism, however, medical tourism to Korea from South East Asia, Central Asia, and the Middle East also have been rapidly increasing in recent years. The fields of aesthetic surgery, traditional Korean medicine, health screening, dermatology and internal medicine and etc. are as being key components of the Korean medical tourism industry.

This paper predominately uses a literature survey approach to explore the potential for Jeollabuk-do to attract international medical tourists. Jeollabuk-do, also known as Jeonbuk Province, is a south-eastern province of South Korea,(hereafter referred to as Korea). The paper assumes a post Covid-19 pandemic tourism environment in which international tourism is gradually regaining its past dynamics, and presents its analysis as being a possible basis for strategic tourism policy planning by Jeollabuk-do provincial and local government seeking to reinvigorate tourism sectors that have been negatively impacted during 2020 and the pandemic period beyond. At the begging stage of the Covid-19 pandemic, both South Korea and Australia have been relatively successful in containing the Covid-19 and at this point were quite cautious to emerge into an improving international tourism environment as vaccination programs take affect.

Central to the position that this paper presents, is the fact that Korea's existing medical system is highly developed and staffed by medical practitioners who have gained qualifications through an extremely rigorous and competitive educational system. The medical equipment available in Korea is at the leading edge of technological advancement, with many Korean companies being involved in the development and manufacture of advanced medical devices. Complimentary to general medical services available in Korea are many forms of Korean traditional medicine, relaxation techniques and nutritional supplements

which draw upon centuries of development in Korea and the wider East Asian region. In theory, these factors should make undergoing medical treatment in Korea an attractive consideration for many Australian residents who are open to alternative options for their medical needs, however such Australian residents need to be made aware and be fully informed about such possibilities. They also need to be assured of the safety and medical insurance structures of Korean medical services through comprehensive English language written documents, and be confident of robust Covid-19 pandemic protections.

Academic literature on the area of medical tourism is quite extensive. Goodrich(1987) defined health tourism as wide concepts of medical tourism, Medical tourism is international tourism which involves medical treatments or operation, while health tourism includes healthcare services such as using natural resources, mineral water, alternative natural medical treatment without direct medical treatment or operation(Goodrich, 1993; Gupta, 2004; Connell, 2006). Many researches have basically same definitions of medical tourism(Hall, 1992; Henderson, 2003; Carrera and Bridges, 2006).

There are also many medical tourism papers regarding to regional country base analyses such as Thailand of Cohen(2008), Cuba of Goodrich(1993) and so on. Using a competitive analysis, Wong and Musa(2012) provided possible opportunities and challenges in Singapore, Thailand, Malaysia, and India and suggested India' s possible option whether concentration in international medical care or domestic poor local residents' s medical service. Ebrahim and Ganguli(2019) examined competitiveness of medical tourism using a comparative analysis among Singapore, Thailand, and India

There are also some papers relating determination factors of medical tourism destination country. Most of papers argue that decisive factors include medical costs, high skilled medical techniques, high quality of medical equipment and medical facilities, reputations of medical staffs, medical service, and geographical distances, and so on. In addition, other considerable factors are accommodation, such as medical residence hall, transportation, food, something to visit, to buy, to see, to learn, to act, to experience, and so on. These factors are basically same as tourism destination decision factors. From Veerasoontorn et al.(2010),

Connell(2013), and Heung et al.(2011) show empirically that high-tech and advanced medical skill is the most important factor for medical tourism. However, Pennings(2002) and Connell(2006) argue that medical expenses are the most important decisive factor for medical tourism.

However, there are limited research papers directly relating to medical tourism to Korea. There are also limited publications directly related to Australian medical tourist visitations abroad, and no publications directly addressing Australia-South Korea medical tourism, not alone any that focus on one particular province. Therefore, a gap in the academic literature in this field has been identified, and this paper meets a need to initiate discourse which leads to a wider understanding of this area of tourism studies. There are, however, numerous government and institutional publications/web sites which provide information and data directly relevant to the subject area, and there is also a substantial body of quality media articles which address aspects of medical tourism in South Korea. To date, not many academic research papers have been found related to a deeper integration of localized culture into Korean medical tourism. Some other papers such as Connell(2013) and Jain and Ajmera(2018) dealt with cultural conflict issues such as hosting country's religious, cultural, legal, political, and historical differences regarding global medical tourism. Especially, Jain and Ajmera(2018) intended to investigate the variable factors such as political, legal, and visa related factors influencing determination of destination country for medical treatments.

In relation to international tourism emerging after the initial 2020 crisis period of the Covid-19 pandemic, Kumar(2020) examined the impacts of the Covid-19 on tourism and hotel issues. According to Sharma, Vishraj, Ahlawat, Mittal(2020), as a result of Covid 19 pandemic, most of nations' s tourism sectors and medical tourism businesses seriously impacted. Especially medical tourism sectors experienced massive crisis due to shut down of international airports and extremely limited healthcare center because of long time lockdown. Much of the most relevant commentary comes from late 2020 quality media articles such as Bloomberg reporting(Stringer, 2020) on the Australian inter-governmental negotiations around constructing international 'travel bubbles' and an Asian

Development Bank report(Helble & Fink, 2020) explaining the ‘travel bubble’ concept and its implementations to date. Again, because the Covid-19 pandemic situation is fluid and ongoing, literature on its impact is limited and only now beginning to take shape.

The paper argues that while in Jeollabuk-do in part for medical purposes, Australian visitors could be encouraged to experience other aspects of the province’ s, and Korea’ s, unique culture and society, especially those aspects which are likely to assist with their recovery from any medical treatments they receive and improve their general health. Or inversely, Australian tourists primarily looking for the kinds of unique cultural experiences that Jeollabuk-do offers, can be also introduced to medical services available there, many of which reflect local and Korean cultural attributes. This paper initially identifies key attributes of Australia’ s current economic status, as well as key attributes of the potential Australian medical tourism market for Korea, and Jeollabuk-do. The paper presents a central argument that Australians within the 55 to 74 year-old age cohort have particular attributes which strongly signify them as potential medical tourists for Korea. The paper then outlines a basic overview of Jeollabuk-do from a medical tourism perspective. It concludes with analysis about how the cultural attributes of Jeollabuk-do can be better integrated into Australian medical tourist visitor’ s experiences for gaining a competitive advantage in the medical tourism sector.

This paper reasons that an integrated approach, combining general medical tourism with distinctly Korean medical tourism, could be a productive strategy for Jeollabuk-do to attract international medical tourists from Australia and elsewhere. A key argument presented is that a generalized medical tourism experience could be particularly enriched by offering an international tourist an introduction to the wide range of distinctive medical/medicinal cultures of Korea, and that Jeollabuk-do is well placed to deliver this form of medical tourism experience. In order to explore this hypothesis further the paper concentrates on discussion of the Australian medical international tourism market, with an estimation that this analysis may also be applicable to tourism from other countries with similarities to Australia.

## 2. Australia as a Source for International Tourists for Jeollabuk-do, Korea

### 2.1 Demographics and Purchasing Power

This paper argues that governmental sectors in Korea promoting medical tourism, as well as those providing international medical services, consider Australia as an additional international tourism market, and this section supports this position with reference to Australia's demographic profile and its citizens purchasing power.

Australia's population as measured by the 2016 Australian National Census was 23.4 million (2016) (ABS. 2018b) and was approaching 25.5 million in 2020. Australia has until recently been economically stable, with a 2019 GDP of \$US 1.393 trillion which translated into \$US 54 907 per capita (World Bank, 2020). The Covid-19 pandemic has had a negative impact upon the Australian economy which is likely to translate into weaker purchasing power for Australian international tourists, however large scale governmental economic stimulus has averted severe economic decline in the country, and to date assets such as Australian residential property and equities which often form the basis of Australian retirement age international tourists' purchasing power, as well as super annuation assets, have remained stable. This paper works with an assumption that despite the drag of increased national government borrowings, the Australian economy will rebound post pandemic to somewhat similar pre-pandemic levels.

Although the current currency exchange rate (\$AU 1.00 = around \$US 0.76, as of February, 2021) somewhat reduces the international purchasing power of Australian international tourists, an economy which is generally strong does facilitate an environment whereby a significant percentage of the population has the financial means to travel overseas and pay for medical services while there.

Australia is potentially a very good source country for medical tourists for Korea, primarily due to the fact that as of 2020, Australians in older age

cohorts approaching or surpassing retirement age, when medical concerns tend to be more prominent, are generally financially well prepared, due to wealth created through rising Australian residential property assets and substantial savings in the form of accumulated super annuation (Dover & Jeong, 2021). Because many Australians from older age cohorts have reached or are nearing retirement age (Australian super annuation income can be accessed from the age of 55 years) private investment income streams can be drawn from by these potential tourists to fund their travel and international living expenses. In some cases, the Australian public pension could also be drawn from to fund/subsidise their travel and expenses. Additionally, a substantial proportion of these Australians also have few time constraints that would restrict them from travelling outside of Australia for an extended period (Dover and Jeong, 2021).

## 2.2 Australian Retirement Aged Long-stay Tourist

<Table 1> 2019 International Visitations to Korea by Australians

2019-month	Total Visitations	Australian Tourists	Australians Aged 51+	Percent 51+
January	1,107,238	12,795	2,767	21.6
February	1,201,802	6,836	1,853	27.1
March	1,535,641	10,769	4,901	45.5
April	1,635,066	18,581	7,845	42.2
May	1,485,684	12,114	5,294	43.7
June	1,476,218	11,804	4,171	35.3
July	1,448,067	10,403	2,657	25.5
August	1,592,447	12,019	6,148	51.1
September	1,459,664	15,818	5,869	37.1
October	1,656,195	14,247	5,488	38.5
November	1,456,429	11,750	3,909	33.2
December	1,456,888	17,818	3,357	18.8
Totals	17,511,339	154,954	54,259	35

Source: Korea Culture and Tourism Institute (2019)

The data from <Table 1> has been sourced from raw data in Excel file form worked to account for variables relevant to this paper's subject area. The

year of 2019 was selected because of the significant distortions in 2020 due to the Covid-19 pandemic. All visitation numbers include overseas Koreans and transportation crews in all visitation categories, however the Australian Tourists and Australian Tourists categories only includes visitations whose reason for their visit is specifically stated as ‘Tourist’, with other categories such as Official, Business, Other, which includes; family related or transit, etc., and Training and Study omitted. By concentrating on the ‘Tourist’ visitation category the data is generally representative of visits by long-term Australian residents, including Korean-Australians, who are more likely to be receptive to medical tourism combined with general cultural and vocational tourism. The data indicates that in 2019 there were 154,954 visits by Australians to South Korea for tourism purposes (Korea Culture and Tourism Institute, 2019), and even if it is a quite small portion of the total number of international visits, it is still a significant number which can be expanded upon with targeted tourism policies and marketing. Importantly the data also indicates that 54,259 of these visits were made by Australian over the age of 51 (35%) and that this percentage of over 51 in age visits fluctuated between months(Korea Culture and Tourism Institute, 2019). The reasons for these fluctuations could be revealed through further research.

Strategies for attracting medical tourists from Australia to Jeollabuk-do should consider the value of extended longer-stays by visitors, especially within older age cohorts, in order to not only maximize the experience of the tourist, but also to maximize the economic benefits to the province. Academic literature analysing tourism often alludes to the point that the length of time a tourist stays in a region is usually strongly linked to the economic impact the tourist provides(Boto-García et al., 2019). Additionally, an argument can be made that older Australians able to base themselves in Jeollabuk-do over an extended period would be more receptive to a deeper engagement with the provinces’ medical services and cultural attributes, than younger tourists as short-stay tourists who may be more interested in social entertainment and fleeting high-impact experiences. This paper suggests that medical tourism providers and policy makers consider ways to help facilitate Australian medical tourists,

especially those in the retirement age cohort, to base themselves in Jellabuk-do for a long term period of time and then engage more deeply with the region around them from that base. This form of tourism consisting of an extended long-stay time period could be considered anywhere from 4 weeks to 4 months or more, and is a length of stay likely to be more attractive during a tourism era affected by Covid-19 concerns where multi-region/country travel could be problematic.

**<Table 2> Australian Population of Retirement/Semi-retirement Age(2016)**

Age	Number	Percentage of Total Population
55-59 years	1,454,332	6.2%
65-69 years	1,188,999	5.8%
60-64 years	1,299,397	5.6%
70-74 years	887,716	3.8%
55-74 years	4,830,444	20.6%

Source: ABS 2016 Census data, (2016)

In Australia, in the most recent Australian Census figures currently available which are for 2016 used because of their accuracy, the 55 to 74 year old demographic cohort consisted of 4,830,444 people who were long term Australian residents of more than one year(ABS, 2018a). This population figure for this age cohort has risen from the 2011 Census figures, and it is likely this age cohort in Australia will continue to rise in numbers further into the future. Thus, it would be prudent for medical tourism, and all tourism, providers and policy makers in Jeollabuk-do not to ignore this market segment when it comes to potential Australian tourists, and furthermore, it may be highly productive to actively cultivate and develop this particular market segment.

### 2.3 Safety and Covid-19 Pandemic Considerations

An important consideration regarding to amplified situation of the Covid-19 pandemic is safety issues both in terms of medical treatments and any tourist environment in general. And this is where Korea and Jeollabuk-do in particular, a province with lower population density than tourism destinations such as Seoul

or Busan, may have a competitive advantage over other international medical tourism destinations for Australian tourists in a post-Covid-19 environment. Korea currently has a strong reputation for Covid-19 containment, and Jeollabuk-do has managed to shield itself well during 2020 from outbreaks in other Korean population centres. This paper would suggest consideration of provincial government initiatives which worked to assist Australian long-stay medical tourists to locate themselves in low population density regions within the province such as Soyang Myeon for example; a scenic semi-rural local government area adjacent to the provincial capital city, Jeonju. Furthermore, the confidence of Australian medical tourists in the safety of all medical aspects of their visit could be increased through provision of comprehensive English language reference material directly related to medical safety in Jeollabuk-do and insurance/contingency plans in case of an unexpected medical complication or emergency.

In a recent article looking at how an international tourism recovery can emerge post-Covid-19 economists Helble and Fink allude to the Australian government's policy planning which aims to create 'safety bubbles' which allow tourism exchanges between designated safe zones(Helble & Fink. 2020). The article points to a strategy of "Negotiating Travel Bubbles with Preferred Partners" and references a number of travel bubbles already in place such as the PRC-Korea Travel bubble effective from May 1 2020, and the Australia-New Zealand 'Trans-Tasman Travel Bubble' (Helble & Fink, 2020) which became operational in October 2020.

As various Australian states have eliminated Covid-19 during 2020, the country has utilized the travel bubble strategy between states for domestic tourism however all international entry from non-Australian nationals has been highly restricted since the initial Covid-19 outbreak. As of October 2020 the Australian government is talking with South Korea, Japan and Singapore about developing international travel bubbles with these countries in the near future(Stringer, 2020). Although both Korea and Australia are quite successful nations at containing the virus, with new infection daily numbers at times nearing elimination, there is, and will be, even with vaccine developments, ongoing

uncertainty about Covid-19 threats. Therefore, strategic planning to construct and promote safety as a key marketing point within Jeollabuk-do's medical tourism promotions, could if conveyed effectively, result in an influx of Australian medical tourists to the province. How to do best do this could be a subject for future research.

South Korea's achievements in Covid-19 containment, and its reputation for astute management of pandemic outbreaks could give the country a distinct competitive advantage over other international medical tourism destinations where the pandemic impact has been greater. Deloitte Access Economics has previously identified Thailand the most popular medical tourism destination for Australians during the 2000s decade noting its competitive advantages at the time; in cost of medical services, especially cosmetic surgery, cost of accommodation, and in marketing. However, in past academic survey data gathered to measure the metric - quality of health care; Thailand ranked medium, while Australia and Korea both ranked high (Connell, 2006; Deloitte Access Economics, 2011). With regard to safety criteria such as complications from surgery and the chance of infection; Deloitte's survey data found the threat in Australia and Korea was low in comparison to Thailand and other South East Asian locations (Deloitte Access Economics, 2011). The report also notes that Australia and Korea both had/have far higher levels of high end technology medical equipment than Thailand per head of population, with Korea being particularly strong in this area (Deloitte Access Economics, 2011).

### **3. Jeollabuk-do's Medical Tourism Attributes**

#### **3.1 Current Situation of Jeollabuk-do's Medical Facilities**

Jeollabuk-do currently has three major health institutions; Jeonbuk National University's Hospital, Gunsan Medical Center, and Wonkwang University's Hospital which have programs in place to cater for international medical tourists and are accredited to do so by the Ministry of Health and Welfare.

Additionally, there are a significant number of localized dentistry service providers, dermatology service providers, optometry service providers and eyeglass retailers, and traditional Korean medicine providers with the capacity to provide medical care to international visitors, if not now at least in the near future following an accreditation process. There are many additional Jeollabuk-do based medical institutions providing a wide range of services of various complexities, with the Presbyterian Medical Center being one of the most prominent as the second largest hospital in the city of Jeonju.

Jeonbuk National University's Hospital, located in Jeonju has 1,115 beds and its most common procedures undertaken by foreign patients are; coronary arteriography related to the circulatory system, cerebrovascular angiography related to the heart and submucosal tumour removal from the skin (Ministry of Health & Welfare et al., 2017a). Wonkwang University Hospital located in Iksan has 767 beds and its most common procedures undertaken by foreign patients are; laparoscopic surgery for colorectal, gastric and renal cancers, endoscopic surgery for colorectal and gastric cancers and polyps, and robotic surgery for thyroid, prostate, renal and gynaecologic cancers (Ministry of Health & Welfare et al., 2017a). Gunsan Medical Centre located in Gunsan has 420 beds and its most common procedures undertaken by foreign patients are; total joint replacements such as for shoulders, elbows, hips, etc., laparoscopic surgery on the appendix, gallbladder, etc., and TVM operations such as female pelvic implants.

Some of the specialist areas quoted above at first seem to be inconsistent with medical tourism from Australia in the sense that many of the services on offer relate to surgical treatment for serious potentially life-threatening problems, which many Australians would probably prefer to have addressed closer to home. However, one of the key medical services offered by all these institutions, which is very compatible with general medical tourism especially from the 54 to 74 year age cohort, is extremely comprehensive health check-ups, both general and specialist. If an Australian was to undertake one of these check-ups and a problem which falls into one of the institution's specialist areas, gallbladder polyps for example, were to be identified, then the

visitor would then have an option to have the problem dealt with quickly by an institution with specialist skills and specialized technology equipment in the area.

These three institutions have accreditation from the Ministry of Health and Welfare of Korea to treat foreign patients, as well as indemnity insurance from global providers which fully covers international patients for medical malpractice, etc. and can issue the associated documents for this insurance in English language (Ministry of Health & Welfare et al., 2017b). The institutions also provide additional services such as English translation services, airport pickup, etc. Wonkwang University's Hospital offers a designated ward for foreign patients.

Many Australians in the 55 to 74 year-old age cohort have already experienced health issues including cancers which have been attended to by Australian medical services. This paper suggests that a medical tourism area where Jeollabuk-do could specialize in could be post recovery screening for reoccurrence of past medical ailments such as cancers, looking to identify early any signs of possible reoccurrence or reoccurrence risk factors. It has also been suggested to the authors of this paper that Korean cultural specific traditional medicine screening can be offered to medical tourists to identify over-all health concerns from a Korean medical perspective, and following this; nutrition, medicinal and mental training techniques can be recommended to maximize health and minimize risk factors. For such screening services to be attractive to Australian tourists there would need to be government based assurances provided in relation to the privacy of medical records.

Beyond purely medical considerations, Jeollabuk-do has a number of attributes that could make it an attractive destination for Australian tourists with medical concerns. The province has a vast array of sub-regions all with their own unique characteristics. Across the province there are vast flat expanses of rice fields, layers of mountain ranges suitable for hiking, beaches and coves, as well as vibrant cities and interesting villages. For Australian tourists engaging medical services, especially those in the 55-to-74 year age bracket, who are interested in a long-stay tourist experience in which they can also deeply explore a local environment and culture, Jeollabuk-do offers this, and this local environment

can be incorporated into any extended recovery period following a medical procedure/treatment. The various sub-regions of the province are especially accessible to self-driving tourists. If these aspects of the province are well integrated into medical tourism promotion it could translate into a strong competitive advantage.

### **3.2 Jeollabuk-do' s Medical Services from an Australian Perspective**

It is important to consider that for most Australians, the attractiveness of Korea extends beyond undertaking medical procedures and into the wider experience of a country whose culture, landscapes, food and other attributes can be quite different to what is found in Australia. In terms of medical factors, however, it is a quite effective strategy for Korea and Jeollabuk-do in particular to attract Australian medical tourists is to convey clearly through targeted promotions to potential Australian clients that; while Korea does offer an interesting experience of a different culture and environment, it also offers the same level of quality, safety and professionalism within the medical services area as exists in Australia. This assurance could be greatly enhanced through governmental oversight of medical tourism services offered to Australians. By offering medical tourism within a wider long-stay format with cultural elements, aligned to a government sponsored program, Jeollabuk-do would be able to enrich the over-all medical tourism experience for Australians staying in the province with further complimentary cultural experiences, many of which could be directly or indirectly related to medical care, health and well-being.

The Australian medical system is highly regarded internationally and can treat Australian residents for almost all medical conditions. Australia also has a small medical tourism industry of its own in place, however the majority of the medical tourists to Australia have typically come from nearby nations such as Papua New Guinea or Pacific nations which are countries lacking quality medical services of their own (Deloitte Access Economics, 2011). Australia has universal health coverage which is funded from consolidated revenue and allocated by both the National and State Governments, and this funding is

supplemented by private medical coverage which is optional for those who want access to shorter waiting times or a personal choice of specialist doctors. Australia's total health expenditure in 2017-18 was \$AU 185.4 billion (\$US 131.2b), which equates to \$AU 7485 per capita or 10.0 per cent of GDP, of which \$AU 126.7 billion (\$US 89.7b) was funded by government (Australian Institute of Health & Welfare, 2019). The remaining funding comes from citizens and private health insurance companies, and these funds go into private health services and to pay for a 'gap' which sometimes exists between government funding and the full cost of a medical service or a pharmaceutical. It should be noted that while Australian medical services are generally widely accessible and affordable after government subsidies, some areas such as comprehensive medical screening and dental work can be prohibitively expensive, and involve extended waiting times in the public system.

### **3.3 Safe Destination for Long-stay Medical Tourism**

The paper argues that although Covid-19 has been highly detrimental to international tourism in both Jeollabuk-do and Korea as a whole, in order to open Jeollabuk-do to incoming Australian medical tourists, strategic planning is needed to best capitalize on the pending significantly controlled tourism environment which emerges as the pandemic is contained and pragmatically overcome. Part of this strategic planning could be to concentrate upon niche markets, such as Australian's in the 54 to 75 year-old age group, who have retained their investment assets and income streams, thus their purchasing power as international tourists.

Furthermore, an initially modest influx of Australia tourists, generated by seminal planning and initiatives, could then be incrementally built upon to establish the province as a known attractive 'boutique' tourism destination for Australians in future years. The immediate steps to take in order to progress such a goal are to first devise how to create specialist tourism infrastructure to facilitate a modest influx of such Australian tourists, and secondly devise how to astutely promote Jeollabuk-do as a long-stay tourism

destination to targeted segments of the Australian international tourism market.

This paper examines that Jeollabuk-do in South Korea is very well positioned as a potentially safe destination for targeted Australian long-stay tourism in a Covid-19 cautious era. There is likely to be a pent up desire for international travel, among Australians and South Korea's Jeollabuk-do is well placed to tap into this. By offering an intriguing but 'Covid-19 safe' tourism environment complimented by access to Korean culturally influenced medical services; Jeollabuk-do could generate a modest influx of Australian tourists in the coming years.

Therefore, strategies to attract medical tourists from Australia should acknowledge the fact that the motivations for Australian medical tourists may be much different to those of many other medical tourists to Korea who may come to Korea to seek medical services that are unavailable or are undersupplied in their home countries. For Australians, the factors of cost and in some cases waiting times within Australia, and a broader cultural experience are likely to be key motivations to visit Korea for medical purposes. Additionally, uniquely Korean cultural elements related to mental relaxation, traditional medicine and nutrition which are complimentary elements to general medical treatments, are likely to be unavailable or expensive in Australia.

## **4. Development Strategies for Jeollabuk-do's Medical Tourism**

### **4.1 Cultulization Integrated into Medical Tourism**

Many Australians, especially older Australians, are experienced international travellers, and upon reaching or nearing retirement age a combination of medical treatments and a long-stay tourist experience in a country that is unlike Australia in many respects is an attractive proposition. In this context the unique cultural attributes of Jeollabuk-do and Korea as a whole, could enhance medical tourism for Australians, especially attributes such as traditional Korean medicine, mountain hiking, temple stay, a stay in serene surroundings and

activities such as yoga, which are complimentary to a treatment recovery period and general good health.

In order for Australian and other medical tourists to properly engage with these attributes as a complimentary experience adjunct to medical services, this paper suggests that the concept of a culturalization proces is apt. Culturalization is a kind of process adapting to the culture of an external society, as well as appreciating its values and behaviour(Del Cid & Jeong, 2018). Jeong has developed the theory to integrate this concept into tourism studies presenting a culturalization process as a multi-step progression in which a tourist can experience different but associated elements of a place/society/culture over time by participating a series of engagements one step after the other. Furthermore, the culturalization dynamic also translates into economic revenue based on cultural attributes for the host location.

By incorporating this theory of a culturalization process into planning to attract medical tourists from Australia, a three-step progression could be adopted:

- 1. Settlement period: familiarization with local accommodation, food, transport, communication, traditional culture, local history, etc**
- 2. Medical surgery/treatment period: familiarity with the Korean medical system before medical procedure/screening.**
- 3. Recovery/relaxation period: traditional Korean medicine, temple-stay, yoga, health foods, relaxing locations, hiking as part of eco-tourism, etc.**

These three steps essentially allow for not only an enhanced medical tourism experience for Australian consumers, but also a medical tourism scenario where the consumer feels settled before/after medical engagements, and better informed about any potentially stressful medical treatments in unfamiliar surroundings.

#### 4.1.1. Settlement Period

As part of a settlement process medical tourists from Australia could spend a period becoming familiar with their long stay-accommodation options, transport options such as medium term car hire or public transport, communication options including inter-net/phone rentals, and other practical concerns. When these tourists are settled they could then discover the wider geographical areas in the province both adjacent to and in driving distance from their accommodation base. A process of introductions to Korean food, elements of traditional and contemporary culture, local histories, and so on could take place depending upon the personal interests of the tourists. Australian long stay tourists as individuals or couples are highly likely to be self-driving.

The capital city of Jeollabuk-do, Jeonju, already has an established tourism industry that is focused upon the Hanok Village area, which recreates the traditional architecture of the Joseon Dynasty period, and is a center for arts and performances in the city. This existing tourist industry has resulted in significant tourism infrastructure being already in place in the province. The culturalization experience that Australian medical tourists can have when exploring places such as the Jeonju Hanok Village can resonate especially well because this and other tourist destinations in Jeollabuk-do actually authentically reflect the true culture of the region. The recreated architecture, art and performances are generally not artificial creations aimed primarily at tourists but are genuine cultural elements that act to reinvigorate the traditional cultures that are deeply enshrined within the Korean identity and Korean thought (Dover & Jeong, 2021). Much of Jeollabuk-do's cultural identity, such as the Hanok Village area or Korean traditional medicine practitioners, are examples of modernized Korea genuinely co-existing with traditional Korea, and these authentic attributes present the province with a competitive advantage for attracting Australian medical tourists.

In an era where the Covid-19 pandemic is likely to be an ever-present concern to some extent, the settlement period would also be a time for Australian tourists to gauge the situation at hand and be informed about current

protocols related to social distancing, especially in potentially more crowded tourist areas, and prevention information. Again, it is important to restate that Jeollabuk-do's geographical location and adept pandemic management has to date largely protected it from any significant Covid-19 outbreaks, and this will hopefully remain the case into the future as international and domestic tourism returns to the region.

#### **4.1.2. Medical Surgery or Treatment Period**

Preceding any medical surgery or treatment a form of culturalization would be helpful to familiarize medical tourists with the Korean medical system. One aspect of Korean culture and the culture of Jeollabuk-do is an extremely strong emphasis on the importance of education as a key part of a person's identity. Korea's long-standing commitment to education is drawn from Confucian thought and translates into an extremely rigorous and competitive school system of which only the very top few percent of students are able to graduate from with scores allowing them to access medical degrees. Once admitted, these students must complete 2 years of pre-medical courses, followed by a further 4 years of medical courses, then 1 or 2 years of internship training. Likewise; nursing, dentistry, Korean medicine and other tertiary study areas also involve demanding study and rigorous academic testing. It would be valuable to convey to international medical tourists the nature of this highly demanding education culture that eventual leads to a Korean student becoming a medical practitioner, so as to inspire confidence in the quality of the skills and knowledge of Korean medical staff. Additionally, it would be important to identify where any hospital or other medical services provider may operate differently than is generally the case in Australia, and in such cases clearly provide comprehensive English language information to the Australian medical tourist about these cultural differences.

### **4.1.3. Recovery and Relaxation Period**

Following any surgery or medical treatment, either minor or major, a medical tourist would need to spend a recovery period which may initially involve follow-up treatment and monitoring of the recovery process which would transition into a period of extended rest and mind relaxation. Cultural traits of Korea and Jeollabuk-do could be engaged to assist a medical tourist during this period, forming a third step of a culturalization process. Traditional Korean medicine is widely practiced in Jeollabuk-do and its universities educate students in the field. For example; Wonkwang University Medical Hospital in Jeonju integrates general medicine with Korean medicine and has within it a specialist cancer center that concentrates on this area. For an Australian medical tourist, a perfect recovery period could be offered as an extended stay in a relaxing location, perhaps combined with yoga and/or hiking to assist physical well-being, and/or a temple-stay experience to assist mental well-being, alongside an introduction to the benefits of traditional Korean medicine and nutrition. Recovery periods are an important factor to be better understood through further research, one element of which is to differentiate between single person medical tourists, and medical tourists who visit as part of a couple or with another other care-provider who can provide support.

By offering an integrated multi-step culturalization experience to medical tourists from Australia, Jeollabuk-do can offer something unique and unavailable within Australia. And if the process is well received, this could translate into repeat visits from Australian medical tourists who have not only gained confidence in the medical services on offer but have also found the engagement with Jeollabuk-do's culture rewarding and perhaps worth re-engaging again in future with some familiarity already in place.

## **4.2 Role of English and Medical English Language**

An extremely important point of issue to the capacity for Jeollabuk-do to attract medical tourists from Australia, is the proficiency in the English language

of the medical staff and general English and medical English of service providers that these tourists will encounter. In addition, in almost all cases communication would need to take place in English between Australian medical tourists and Koreans who organize such things as accommodation and transport. A significant number of documents for both information and legal purposes also would need to be provided in English. To really understand the English language capacity of the medical services aimed at foreign consumers in Jeollabuk-do further research will need to be undertaken which includes the collection of primary data.

From personal observations, it seems that a significant number of medical professionals in Jeollabuk-do can communicate in basic English, with a significant number having advanced English language skills, however this level may not be enough to properly communicate complex details or be reliable enough should an unexpected emergency situation occur. The three major medical institutions accredited to provide medical services to foreigners; Jeonbuk National University's Hospital, Gunsan Medical Center, and Wonkwang University's Hospital all have English translation services, and at these institutions an interpreting service is likely to be sufficient for low numbers of medical tourists.

The general level of English among the younger generations in South Korea and Jeollabuk-do is improving year by year thanks to an emphasis on the language during school years. Unfortunately, because of the nature of the South Korean education system English language study for children disproportionately concentrates on technical and comprehension aspects of the language which can be later tested by the multiple-choice format university entrance exam which takes place in the final year of high school. This style of English language learning neglects communication and sentence writing skills. Medical students do undertake extensive English studies through-out university and are required to pass a listening and reading TOEIC test with a 750+ score before progressing from pre-medical to full medical courses, but arguably these university English studies lack the vocational focus which would be most useful to improve their ability to engage English speaking medical tourists in the future. There is also

scope to incorporate Artificial Intelligence driven language interpretation devices into the international medical tourism area however this is likely to be an incremental long-term process.

This paper proposes that focussed academic research should be conducted to ascertain how English language education for current and future tertiary students undertaking medical, dentistry, nursing, Korean medicine and other relevant majors in Korea could be improved to account for communication related to international medical tourism. Additionally, future research could also be undertaken to identify and document exactly what Korean-English language translation and interpreting services are most essential for medical tourism purposes, and who is best able to professionally provide such services. This research could then be applied to the context of medical tourism from Australia in Jeollabuk-do, as well as broader international medical tourism from any predominantly English speaking country to any part of Korea.

An important additional element is the need for Jeollabuk-do, and/or local governmental entities, as well as key stake-holders such as major hospitals, to research and develop appropriate ‘concierge’ facilities specific to any provincial medical tourism industry which may involve significant numbers of international participants. In the case of Australian and other English speaking medical tourists the language barrier is a significant challenge to over-come but additionally local knowledge and connections are also essential factors. The section of this paper to follow, alludes to a potential need for English language services, termed as ‘Medilier’ services, to mediate between English speaking medical tourists and appropriate cost-effective economically viable medical services available within Jeollabuk-do. Medilier services could be an important job creating sector of Jeollabuk-do’s medical tourism industry and specific further research is needed in this area to investigate their potential roles.

### 4.3 Development of Medilier and MSO Service

It is anticipated that following this preliminary step to bring academic analysis to the subject of the potential for expanding medical tourism from Australia to Jeollabuk-do Province, further research will be needed to better understand practicalities on a more micro scale. In order for Australian tourists to fully and efficiently engage medical tourism services within the province some form of ‘medilier’ service will be required to professionally direct international medical tourists towards appropriate medical and other related services, as well as ensure supplementary information and translation services are available when needed. Such services would likely also be utilized by other English speaking international non-Australian medical tourists to the province. medilier is a new term developed by Jeong(2020) which forms a solution to a growing need for medical tourism communicative and administrative infrastructure which can be drawn upon to link international visitors to existing medical services already in place. An analogy to illustrate this concept could be the role of computer software which co-ordinates the function of computer hardware, in this case; a professional occupation or administrative entity, analogous to computer software, which co-ordinates the linkages between international medical tourists and the many established medical services that Jeollabuk-do Province has to offer, analogous to computer hardware.

It is anticipated that within a Korean context, medilier services would often work in conjunction with a Management Services Organization(MSO) which is an administrative body dedicated to providing key administrative and promotional services for large health care providers. A MSO generally works beyond the immediate structure of health care institutions, thus allowing these health care institutions or service providers to fully concentrate on their core agendas of providing medical services. In Korea, MSOs play an important role in regard to government funding of healthcare ensuring that public funding is carefully differentiated between core health care services and their associated administrative services. The future relationship between medilier services and MSOs in Korea and elsewhere could be investigated in depth by more specified

research which builds upon the medilier concept. Following this preliminary academic analysis, it would also be prudent to conduct deeper research to narrow down specific medical services within Jeollabuk-do that Australians could be most receptive to, then identify the exact nature of the medilier services required to enable practical viability. Part of this research would be to assess the possibilities of new communication technologies which may be able to facilitate introductory and follow-up consultations prior to and after an actual visitation period. Future research can work towards the development of a framework for medilier training which appropriately incorporates medical English into its language related components. The framework for any training programs related to medilier services would need to be developed in consultation with all stakeholders and with particular attention paid to the capacity of medilier workers to convey comprehensive English language information. It is anticipated that medilier training would encompass both English education and medical fields of study.

By initiating and then developing the medilier concept through academic research into its practical application within a Korean context, this and other associated papers to follow will contribute towards enhanced discourse within the medical tourism field, which could then lead to job-creating economic gains in Jeollabuk-do and Korea facilitated by a stronger medical tourism sector.

With specific reference to Jeollabuk-do, this paper suggests that medilier services for Australian and other international English speaking medical tourism clients, could initially be provided by local government. Public sector involvement would bring a sense of trust, credibility and accountability to the process in the minds of any Australian visitors, who may be wary of private sector bias. Should international medical tourism from Australia expand to a point where gains to province wide services export income are significant, the Jeollabuk-do provincial government could develop a role either as a medilier service provider itself or an oversight body which also co-ordinates local government roles.

Additionally, Australians are generally used to comprehensive English language written information being available for reference which can be used to inform

their initial planning and decisions. After self-devising a medical services itinerary using comprehensive online English language information; bookings, transportation/location directives, translation services if required, payments, and other concerns could be facilitated through centralized medilier services. Funding for medilier services would need to be aligned with expected income streams generated by any increased incoming medical tourist numbers.

Essential to any medical procedures being undertaken by international visitors within Korea, is the need for an exchange of medical records, possibly in dual languages, pharmaceutical prescriptions, insurance liability considerations, and possibly scope for an international extension of public or private medical insurance coverage. These important factors which are subject to technical legal implications, could be handled by a professional mediler service. Importantly, medilier services can act to reduce or eliminate risks associated with any medical treatments provided by service providers to international customers. The conclusion and recommendations section below expand upon this point.

#### **4.4 SANEL · HERMES Condition**

By concentrating on potential Australian tourism to an individual Korean province this paper is able to set forth considerations pertinent to localized tourism policies which could be devised by provincial and local Korean government. The paper argues for development of tourism infrastructure, physical, social and legal, which can act to facilitate forms of medical tourism which are combined with a wider cultural experience. Strategies as such may incorporate a culturalization process whereby a visitor is able to have an enhanced experience which is complimentary to their general medical requirements, and the provision of this set of cultural experiences then translates into economic benefits for the local providers. According to Herrera Del Cid and Jeong (2018), a specific community draws upon its unique cultural and geographic attributes to create economically valuable products and services that medical and other Australian tourists are likely to be receptive to.

In addition to determinant factors which resonable medical cost, high skilled

medical techniques, high quality of medical equipment and medical facilities, reputations of medical staffs, medical service, and geographical distances, another considerably important factor for medical tourism industry is ‘SANEL · HERMES’ condition which shows S(Sight seeing), A(Admission paying), N(Night tourism), E(Experiencing), L(Learning), H(Healing), E(Enjoying), R(Rest and relaxing), M(Memento shopping), E(Eat and drinking), and S(Staying). These factors are basically important as general tourism destination decision factors.

## 5. Conclusion

This paper has established a position that many Australians have the purchasing power, spare-time and a potential interest in visiting Jeollabuk-do for medical tourism purposes, or at least general tourism purposes which include medical tourism elements. Jeollabuk-do has many unique cultural attributes that could provide it with a competitive advantage in attracting Australian medical tourists, especially when these attributes are presented in an integrated form through a culturalization process, which systematically introduces tourists to localized culture including medical culture and derives tourism revenue in the process. The paper also highlights Jeollabuk-do’s potential competitive advantage in relation to offering a reliably safe international tourism environment in an era emerging from the Covid-19 pandemic threat.

The key recommendation that this paper can offer is to encourage Korean national, provincial and local governments to build ongoing connections in order to better inform Australians about Jeollabuk-do and its wide range of medical services accessible to international tourists. This paper recommends that this can best be done through Jeollabuk-do—Australia partnerships developed over time, perhaps through sub-national government connections such as interactions between the Jeollabuk-do Provincial Government and Australian State Governments, or relationships between universities. A medical and allied health student exchange program between an Australian university and a Jeollabuk-do

university may be a constructive early step in establishing such relationships. Furthermore, the paper emphasizes the importance of English as well as Medical English language education within the Korean medical tourism sector. In particular, the paper emphasizes the role of MSO(Management Services Organization) and introduces the term ‘Medilier’ which relates to the education program and provision of human capital resources which work to professionally facilitate the interaction between incoming international medical tourists and South Korean health care service providers. The new condition of SANEL · HERMES is also introduced as a new instrument of analysis for development strategy of tourism industry.

Since this is a preliminary investigation into a new subject area, additional research is required to expand upon the basic framework presented by this paper, especially research which gathers the primary data needed to confirm that medical tourism to Jeollabuk-do from Australia, is indeed viable in practice. Furthermore, qualitative primary data should be necessary to identify exactly what medical and health procedures/treatments potential Australian tourists to Jeollabuk-do would be most receptive to, and the cost effectiveness of Australians undertaking these abroad. A study related to a Jeollabuk-do medical tourism context which closely identifies availability, costs, recovery processes and risks associated with various screening, treatment and surgical services across selected fields such as; dentistry, internal medicine, dermatology, optometry, post-cancer health, etc., is needed to progress understanding of this subject matter further. Furthermore, this paper introduces the Medilier concept as an innovation which can act to progress medical tourism in Jeollabuk-do and beyond.

Furthermore, this paper has omitted detailed analysis of many important elements such as an analysis of medical tourism associated with dentistry, a close analysis of existing legislation and contemporary statistics related to Korean medical tourism, transportation options between Australia and Korea, visa considerations, current government policies, etc. The paper also has limited analysis regarding the ongoing impact of Covid-19, because the pandemic situation at the time of writing is still ongoing and remained uncertain. Further

research could expand upon these areas greatly and also identify other unexpected factors which may assist or be barriers to medical tourism from Australia. A close examination of English language online information and booking services related to medical tourism in Jeollabuk-do would be also an important further research area.

In order to open English language academic discourse into a subject area with very limited existing reference points this paper sets forth a preliminary investigation into the subject of the potential to attract medical tourism from Australia in South Korea's Jeollabuk-do Province. It is hoped that further research building on this preliminary discussion can elucidate upon many elements of this paper which call for greater in depth understanding. A limitation of this paper is that there is very limited available data and analysis cross-referencing Jeollabuk-do's full scope of international medical services and their practical cost-affective accessibility to Australian medical tourists. To clarify this, further research based on newly collected qualitative primary data would be necessary.

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# 호주로부터 대한민국 전라북도 의료관광 활성화를 위한 선도연구\*

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## 요약

이 논문은 ‘코로나19’ 대유행의 위기에 의해 영향을 받고 있는 국제적인 관광 환경에서 호주로부터 전라북도로 의료 관광객을 유인하기 위한 가능성을 탐구한다. 이 연구는 대한민국으로 의료 행위를 선택할 가능성이 가장 높은 호주 인구 통계학상의 그룹에 대한 검증 결과를 토대로, 전라북도가 지닌 경쟁력 있는 강점들을 분석할 것이다. 전라북도가 지닌 경쟁력 있는 중요한 강점 중의 하나는 한국문화와 지역 문화를 의료 관광 분야에 통합하는 역량에 있다. 의료 관광은 오직 의료 절차와 치료 자체에만 집중되는 단기 체류 방문으로 이루어질 수도 있지만, 적응 기간과 의료 치료 기간 및 회복 기간을 결합하는 장기 체류 방문으로 진행될 수도 있다. 장기 체류 방문은 의료 관광객을 한국문화의 독특한 특성과 정서를 이해하는데 충분한 도움이 된다. 이 연구는 한국의 문화적 특성들이 어떻게 전라북도의 상황에서 호주 여행객들을 유인하는 데 매우 효과적으로 작용할 수 있는지에 대한 논리적 근거를 제공한다. 또한, 이 논문은 대한민국 의료관광 분야에 필요한 의료영어 교육의 중요성이 강조되었다. 특히, 이 논문은 의료기관에게 전문적 의료 경영서비스를 제공하는 MSO(병원경영지원회사)의 역할과 국내에 들어오는 의료 관광객과 의료기관들에게 전적으로 필요한 인적자원인 ‘Medilier(메디리어)’ 라는 새로운 용어의 개념을 소개한 후, ‘메드리어’의 교육 프로그램과 연계 의료서비스 제공의 중요성이 강조되었다. 또한 관광산업 발전전략의 분석수단으로 샤넬·헤르메스 조건이 새로이 소개되었다.

**핵심주제어** : 대한민국, 호주, 국제 무역, 전라북도, 전북, 의료 관광, 특정 문화의 특성 습득 및 과정, 문화적 특성, 병원경영지원회사, 메드리어, 전주

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