Research Grants

PROPOSAL

Standard Grants (Open Call)
Sociology

Human Geography

Organisation where the Grant would be held

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Organisation</th>
<th>Division or Department</th>
<th>How many hours a week will the investigator work on the project?</th>
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</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td>Professor</td>
<td>University of Leeds</td>
<td>Ctr for Interdisciplinary Gender Studies</td>
<td>7.5</td>
</tr>
<tr>
<td>Co-Investigator</td>
<td>Dr</td>
<td>University of Leeds</td>
<td>Sch of Geography</td>
<td>3.75</td>
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<tr>
<td>Co-Investigator</td>
<td>Dr</td>
<td>University of Technology Sydney</td>
<td>Inst for Interactive Media &amp; Learning</td>
<td>5.62</td>
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<tr>
<td>Co-Investigator</td>
<td>Dr</td>
<td>University of Leicester</td>
<td>Sociology</td>
<td>3.75</td>
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<tr>
<td>Co-Investigator</td>
<td>Professor</td>
<td>University of South Australia</td>
<td>Hawke Research Institute</td>
<td>3.75</td>
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Classification

International in nature? Yes

The project represents an international collaboration between Prof. A and Dr B in Australia, with Prof. C and Dr D in the UK. This is important for three key reasons. Firstly, to draw on the expertise of the Australian team who are two of the very few researchers in the world to have knowledge and experience in this area. Secondly, like the UK, Australia has a nationalized healthcare system which makes the research context similar to the UK case. This can offer valuable comparative data with the UK and add extra weight to any predictions about future of cosmetic surgery tourism and surgical tourism more generally. Thirdly, the UK and Australia appear to represent two of the biggest per capita cosmetic surgery tourism markets. The Universities of Leeds and Sydney have already invested £228.16 and £65,000 respectively to facilitate this collaboration and some pilot research in the area.

For this reason, 1 day per week of Prof A and 1 day per week of Dr D time is necessary for research design, analysis and writing up as well as managing the Australian research assistant. A full-time research assistant based in...
Australia will be employed for 18 months and conduct ongoing literature searches and interviews with Australian tourists and agents. Flights to Thailand and Singapore, accommodation and subsistence for RAs and Co-Is in are necessary to visit the research sites, accompany tourists, and to conduct interviews with surgeons and clinic staff as well as caregivers, translators and tour guides. Travel expenses within Australia are necessary for the RA to conduct interviews with tourists and agents and flights to the UK, subsistence and accommodation are necessary for the whole team to meet and discuss findings and facilitate writing and dissemination.
Objectives

List the main objectives of the proposed research [up to 4000 chars]

| Healthcare is increasingly seen as a purchasable service - even a commodity - and is part of international economic trade flows. Medical tourism is on the rise. The chief aim of the proposed research is to examine a particular sector of medical tourism - cosmetic surgery tourism. The research will locate and analyse the increasingly complex intersection of capital, medicine and tourism at the point of this new industry in order to develop a composite picture attending to how it embraces lifestyle choices, aesthetics, medicine, transnational flows of people and capital, and lucrative business opportunities. The approach will embrace diverse disciplinary capacities, reflecting how cosmetic surgery is about far more than simple aesthetics and is in fact implicated in a 'makeover culture' consisting of global flows of people, money, capital and power. Bringing an interdisciplinary approach to cosmetic surgery tourism will provide a unique insight into this new global phenomenon in its early stages, as it is taking shape. The project will have two main foci: 1) residents of the UK and Australia who partake of cosmetic surgery tourism and 2) the practices of cosmetic surgery tourism in key sites in South East Asia and Central Europe, namely Thailand, South Korea, Singapore, Spain and the Czech Republic. | Aim 1: To articulate the cultural logics of this booming business and how it expresses the desires of 'global citizens'. This will be done via an identification and examination of the consumer choices and experiences of UK and Australian residents partaking in cosmetic surgery tourism in order to better understand their motives and influences (media hype, consumer luxury, sexual desirability, self expression, budget constraints, marketing ploys, etc). Extended conversational interviews with these patients/tourists will be undertaken in home countries and in the countries where surgery is provided, and some will be asked to make video diaries of their experiences. | Aim 2: To conduct ethnographic fieldwork by observing practices of cosmetic surgery tourism in the places in which they occur, soliciting video diaries from selected consumers/patients, and interviewing various participants including patients, health professionals, and tourism professionals. This observational fieldwork will gather primary data that will be the first of its kind: watching cosmetic surgery tourism as it unfolds will be a key way in which to situate this phenomenon in terms of its environment and geopolitics. As Jones and Holliday have shown in previous work, rather than just being about patients and doctors, cosmetic surgery is about global flows, physical locations, ethics, cultures and economies. |

Summary

Describe the proposed research in simple terms in a way that could be publicised to a general audience [up to 4000 chars]

This interdisciplinary project will look at Britons and Australians who choose to participate in cosmetic surgery tourism, and at the countries that provide cosmetic surgery tourism. It will comprise in-depth interviews and key on-site observations in order to explore the peculiarly contemporary phenomenon of cosmetic surgery tourism and its connections to global flows. Cosmetic surgery tourism has a crucial wider context: it is part of a general medical tourism trend. Women and men travelling abroad for cosmetic surgery are likely to become the pioneers of medical tourism - cosmetic surgery is leading this growth industry because it is a largely privatized healthcare practice. However, there are global indicators that medical tourism is on the rise-for example in the US, where healthcare is packaged with salaries, some big companies now only allow workers to have expensive surgeries if they agree to go overseas for them.

Cosmetic surgery tourism is a new and developing industry that incorporates novel forms of labour and organizational structures which straddle national boundaries. For instance, it is possible for a cosmetic surgery travel agent to arrange a car to collect a consumer from their doorstep in the UK or Australia, deliver them to the airport to be flown to Spain or Thailand, transport them from the airport to a hotel near the hospital, allocate a nurse/ guide/ interpreter to be constantly at the consumer's side during their surgery, recovery and during their post-surgery tourist 'experiences', before returning them once more to their doorstep. Monitoring the movements of bodies in search of privately funded cosmetic surgery will most likely predict other subsequent health, medical and surgical tourism in the future. As funding for public healthcare systems is increasingly squeezed by the global economic slowdown and an aging population, patients are more likely to become consumers in search of bodily enhancements to extend and improve their quality of life. Although the 'credit crunch' has undoubtedly slowed the growth of the cosmetic surgery industry globally, it has simultaneously swung the numbers prepared to travel for 'cut-price' surgeries made possible by favourable currency exchange rates and lower labour costs outside the richest countries in the world. Little research has yet been conducted on mapping out this new industry and the experiences of those that enter into it. This research aims to broaden our understanding of the modes of operation of the organizations involved, the surgical tourism experience, and the potential implications for a globalized system of healthcare organized around consumption.

This research will examine two sites of origin-the UK and Australia-and five popular cosmetic surgery tourism destinations-Thailand, Korea and Singapore, and Spain and the Czech Republic. The research team will conduct in-depth interviews and detailed observations with cosmetic surgery tourists, cosmetic surgery tourist agents, care workers, interpreters and tour guides, as well as clinic staff and surgeons. It will explore the demand for surgery abroad through individual consumer motivations and chart their experiences and the structure, organisation and experiences of workers in the cosmetic surgery tourism industry. This study will represent the first multi-site, empirical and systematic analysis of cosmetic surgery tourism and will be carried out by an internationally renowned research team. The study will provide
important data that can be used to predict some of the key issues facing surgical tourists and healthcare providers in the future, in what will undoubtedly become a more mobile and internationalised market.

Academic Beneficiaries

Describe who will benefit from the research [up to 4000 chars].

This research will make innovative contributions to Sociology, Cultural Studies, Feminist Studies of the Body, Globalisation and Tourism Studies. It will make a unique contribution to contemporary analyses of healthcare and tourism changes happening in line with forces of globalisation. The project will contribute to future policy-making for social and cultural sustainability in relation to links between travel and health.

Cosmetic surgery tourism has compelling economic, ethical, social and cultural consequences. It is also a hot topic, capturing interest for its mix of danger, exoticism, self-improvement, vanity, narcissism, and adventure. Thus this research will be of substantial interest to the media. Impacts deriving from media coverage could include the influence of consumer choices, raising of awareness of the issues, and generally showing that the area is one of increasing importance. If taken up by a government organization or an industry body, the research could have significant impact. For example, the Australian and British Medical Associations could use it to inform their members about the reasons people seek cosmetic surgery tourism as well as its risks. The various UK and Australian plastic and cosmetic surgeons’ associations could use it to determine what they might change about their own practices in order to keep cosmetic surgery recipients onshore. Tourism industries will be interested in this work for the economic impacts it will outline and government bodies may take it up in order to inform policy formation around health and health insurance guidelines. People considering cosmetic surgery tourism may well use the research to be better informed about risks, benefits, choices and potential outcomes. Importantly, as this will be the first project of its kind, it will be a reference point for future work in the area. Finally the project will facilitate an expansion of the international network of researchers looking at cosmetic surgery tourism and pave the way for future research into medical tourism.

Staff Duties

Summarise the roles and responsibilities of each post for which funding is sought [up to 2000 characters]

[Boxed text: underscoring] will oversee and manage the project and co-ordinate communication between Co-Is; recruit and manage the UK RA, oversee their staff development and training; manage the project budget; design, develop and analyse the interview and visual methods materials; conduct preliminary interviews to test research methods; lead co-writing books and articles and presenting at conferences and departmental seminars; contribute to media dissemination; organize stakeholder events; oversee the development, design and updating of the project website, liaise with the BAAPS to present work at their Annual Conference. She will manage the research and travel with the RA in South Korea.

[Boxed text: underscoring] will participate in the design, development and analysis of the interview and visual methods materials; conduct preliminary interviews to test research methods; contribute to the writing and publication of scholarly books and articles and the presentation of conference and departmental papers; contribute to media dissemination, co-organize stakeholder events, assist with updating the project website, liaise with the ASPS and present work at their Annual Conference. She will manage the research and travel with the RA in Singapore.

[Boxed text: underscoring] and will recruit and manage the Australian RA and oversee their staff development and training as well as managing research and travelling with the RA in Thailand.

[Boxed text: underscoring] and managing research and travelling with the RA in the Czech Republic.

[Boxed text: underscoring] and managing research and travelling with the RA in Spain.

The Research Assistants will conduct interviews and assist with fieldwork and contribute to dissemination. They will develop their research skills through ongoing training and mentoring.

The administrator will arrange interviews, travel, conferences and workshops; assist in the preparation of reports and publications; update project website; and general administrative duties.

Impact Summary

Impact Summary (please refer to the help for guidance on what to consider when completing this section) [up to 4000 chars]

The project team has made initial contact with the British Association of Aesthetic and Plastic Surgeons (BAAPS) and the Australian Society of Plastic Surgeons (ASPS), who have responded positively, offering access to existing data resources and a platform for future dissemination. This relationship will be further developed in the lead-up to the project, securing further contacts, resources and outlets for the research. Similar appeals will be made to relevant professional bodies in the ‘destinations’.

As the research will involve working directly with key intermediaries, we will also seek to find other suitable outlets for
dissemination, even where no professional bodies exist. Broader stakeholder engagement activities are planned and budgeted for in the project proposal, including international conferences. Stakeholders will include members of professional bodies (both medical and tourist), policy makers in healthcare, and those concerned with the legal, financial and employment implications of this new global market. The press will also be invited to these events.

To raise awareness of the issues related to cosmetic surgery tourism, the production of a non-academic report has also been included in the budget. This will complement the academic outputs, which will also be tailored to disseminate findings to different audiences (eg sociology, healthcare studies, tourism management).

The report, together with widespread dissemination of key findings at different stages of the project via press releases, non-technical summaries, and a public project website supported by the press offices of the team members' universities will generate substantial media and non-academic interest. Members of the team have considerable experience of media/popular dissemination activities arising from previous research (eg on Radio 4 and at the Cambridge Festival of Ideas 2009 and on Australia's Radio National and Four Corners). Expected impacts from media coverage in addition to raising awareness of the issues will include:

- highlighting an important field of study,
- informing consumers of risks, choices and potential outcomes,
- highlighting the economic impacts of this form of tourism to the tourism industries,
- providing information for government bodies in order to inform policy formulation around health and health insurance guidelines.

Ethical Information

Has consideration been given to any ethical matters raised by this proposal? Yes

Please explain what, if any, ethical issues you believe are relevant to the proposed research project, and which ethical approvals have been obtained, or will be sought if the project is funded? If you believe that an ethics review is not necessary, please explain your view (available: 4000 characters)

Ethical issues connected to this project fall into four categories:

1. Interviews, observations and visual diaries of cosmetic surgery tourism recipients (patients).

Cosmetic surgery tourism patients will be interviewed in an open-ended conversational style about their decisions to undertake cosmetic surgery tourism in locations of their choice. Thus interviews may take place in cafes, offices, homes, hotels, hospitals, clinics and tourist locations. While there will be set questions it will be made clear to interviewees that answering them all is not compulsory, and they may add any stories and experiences they wish to share. Often, people who choose to have cosmetic surgery are very secretive about both decision and process. However, found in previous research that because many of them confide only in those closest to them, or to nobody at all, they are often relieved and happy to talk about their surgical experiences. Thus we think that rather than there being a risk of potential harm to patients, there is more likely to be a benefit to them. previous research found that many people happily volunteered private details of their lives without prompting. Similarly, in research using video diaries to explore sexuality, diarists often revealed intimate details but were extremely keen that these be communicated to a wider audience in order to promote empathy and understanding. They did not feel compromised by dissemination of their image. Cosmetic surgery is a deeply personal issue and must not be treated in a trivial manner. People will be made as comfortable and accepted as possible in the context of the interview and only willing volunteers will use video or photo diaries. It will be made clear in advance when and where extracts will be disseminated. The potential benefits of the research will be clearly articulated (to gain better understanding of a growing phenomenon that impacts upon many people) and the comfort and welfare of the interviewees will be a foremost concern.

2. Interviews and observations of cosmetic surgery tourism practitioners (surgeons, agents, hospital liaison officers, etc). Interviews with surgeons, consultants and other connected practitioners in the cosmetic surgery tourism industry will follow a similar relaxed and conversational style, although because of time constraints many of these professionals prefer a speedy meeting. The cosmetic surgery tourism consultants will be interviewed at their workplaces in the UK and Australia (most of them work from home). Surgeons generally prefer to be interviewed in their consulting rooms. This research will report people's opinions about and experiences of cosmetic surgery tourism. If, for example, a case of medical negligence or complications arising from post-surgical air travel arose, and that resulted in less people choosing cosmetic surgery tourism, then the research could harm people who make their livings from the practice. However, as anonymity will be preserved at all times no one practitioner's livelihood would be directly impacted by this research. Researchers will encourage any cases of medical malpractice uncovered to be taken to the appropriate regulator in each country.

3. Impact on the researchers.

Care will be taken to conduct the research in safe spaces. Researchers may be emotionally affected by stories they are told and the practices they observe. University counselling services will be made available before and after the fieldwork to prepare and debrief.
4. Impact on the countries visited
The researchers are aware they must be considerate of language, customs, religions and values in the countries they visit. Advice will be taken from cultural experts and well-trained interpreters and research assistants with good knowledge of the languages and cultures of those countries will be used.

The project will be referred to the University of Leeds Research Ethics Committee prior to commencement.
Impact Plan

The project team has made initial contact with the British Association of Aesthetic and Plastic Surgeons (BAAPS) and the Australian Society of Plastic Surgeons (ASPS), who have responded positively, offering access to existing data resources and a platform for future dissemination. This relationship will be further developed in the lead-up to the project, securing further contacts, resources and outlets for the research. Similar appeals will be made to relevant professional bodies in the 'destinations'.

As the research will involve working directly with key intermediaries, we will also seek to find other suitable outlets for dissemination, even where no professional bodies exist. Broader stakeholder engagement activities are planned and budgeted for in the project proposal, including two high profile stakeholder conferences which will pay the expenses of invited stakeholders. Stakeholders will include members of professional bodies (both medical and tourist), policy makers in healthcare, and those concerned with the legal, financial and employment implications of this new global market. There is a significant debate over the healthcare services in the UK and Australia concerning the costs to the taxpayer of repairing bad or infected surgeries performed abroad. Key protagonists in this debate will be invited. We will also contact stakeholders from health and travel insurance companies. The press will also be invited to these events.

To raise awareness of the issues related to cosmetic surgery tourism, the production of a non-academic report has also been included in the budget. This will complement the academic outputs, which will also be tailored to disseminate findings to different audiences (e.g. sociology, healthcare studies, tourism management). Leeds University's press team will assist in targeting and distributing the report in the most effective ways. The report, together with widespread dissemination of key findings at different stages of the project via press releases, non-technical summaries, and a public project website supported by the press offices of the team members' universities will generate substantial media and non-academic interest. Members of the team have considerable experience of media/popular dissemination activities arising from previous research (e.g. [radio] on Radio 4, The Guardian podcasts and the Cambridge Festival of Ideas 2009 and [radio] on Australia's Radio National and Four Corners). Expected impacts from media coverage in addition to raising awareness of the issues will include:

- highlighting an important field of study,
- informing consumers of risks, choices and potential outcomes,
- highlighting the economic impacts of this form of tourism to the tourism industries,
- providing information for government bodies in order to inform law and policy formulation around health and for private companies drafting health and travel insurance guidelines, or designing new products and services.
Sun, Sea, Sand and Silicone
All members of this project team are world leading academics in the research area. This research is timely and necessary. There is huge speculation on this issue amongst academics, medical and healthcare professionals, policy makers, private businesses and the media, but as yet very little robust data. Securing this grant would greatly enhance the careers of the Co-Is by placing them unequivocally at the forefront of their research area and enhancing their potential to make a significant non-academic impact.

Introduction
This project aims to map out and understand the growing cosmetic surgery tourism industry. It uses mixed methods in various key geographic sites, and brings together an international and interdisciplinary research team.

Cosmetic surgery tourism is a new and developing industry that incorporates novel forms of labour and organizational structure which straddle national boundaries. It is possible for a cosmetic surgery travel agent to arrange a car to collect a consumer from their doorstep in Australia, deliver them to the airport to be flown to Thailand, transport them from the Thai airport to a hotel near the hospital, allocate a nurse/ guide/ interpreter to be constantly at the consumer’s side during surgery, recovery and post-surgery tourist experiences, before returning them once more to their home (Jones, 2008). People travelling abroad for cosmetic surgery are the likely pioneers of medical tourism more generally (yet may also differ from other medical tourists in important ways). Monitoring the movements of those in search of privately funded cosmetic surgery could potentially anticipate other kinds of health, medical and surgical tourism in the future (Pope, 2008).

The ‘credit crunch’ has undoubtedly slowed the growth of the cosmetic surgery industry globally, but it has simultaneously swelled the numbers prepared to travel for ‘cut-price’ surgeries made possible by favourable currency exchange rates and lower labour costs outside the richest countries in the world (Turner, 2007). Little research has yet been conducted on mapping out this new industry and investigating the experiences of its workers and clients. This project aims to broaden our understanding of the modes of operation of the organizations involved, the working lives and practices of employees involved in the industry, the surgical tourist experience, and the potential implications for a globalized system of healthcare organized around consumption. It will contribute to established work in ‘cosmetic surgery studies’ (eg Blum; 2003; Davis, 1995, 2003; Elliott, 2008; Gilman, 2001; Heyes & Jones, 2009; Jones, 2008), related work on health/care/ wellness/ medical tourism (eg Burkett, 2007; Connell, 2006; Goodrich & Goodrich, 1987; Ramirez de Arellano, 2007; Smith & Kelly, 2006; Turner, 2007; Williams, 2010), and the smaller body of work directly addressing cosmetic surgery tourism (eg Casanova, 2007; Elliott, 2008; Gilman, 1999; Jones, 2008). The project will contribute to substantive theoretical debates in the social sciences, and offers a unique combining of key theoretical concerns, drawing on and adding to work on embodiment, aging and aesthetics, studies of consumption and of local, national and global flows and imaginaries, tourism theory, the sociology of health and medicine, and work on emerging forms of labour, care and new economies. In so doing, the project will integrate and illuminate key debates, adding new empirical material and new theoretical insights.
The primary research questions of this project are:

1. What is the shape and structure of the cosmetic surgery tourism industry and who are its key protagonists?
2. Supply: Who is supplying the skills and creating infrastructure of this industry? What forms of new labour and global economic relations does the CST industry create and what are the experiences of these workers and entrepreneurs?
3. Demand: Who are the CST industry’s key consumers, where are they from, what are their motivations for and experiences of travelling abroad for surgery, what factors influence their choice of destination?

These questions will be answered through internet research (since most cosmetic surgery tourism is organized via web-based organizations); participant observation of tourists during the course of their trips; and interviews with tourists, surgeons, clinic staff, tourist agents, translators, tour guides, nurses and other care workers.

Two sites of origin have been chosen in which to conduct this research for reasons of comparison – the UK and Australia. Both have significant rates of cosmetic surgery tourism. Although comprehensive and reliable data is hard to source the International Passenger Survey shows that, approximately 100,000 UK citizens go abroad each year for medical treatment (a number rising by about 20% annually) Cosmetic surgery tourists are believed to make up about 85% of Australians and 70% of UK citizens who choose medical tourism (Condren, 2008). Both, importantly, have nationalised healthcare systems that cover the costs of cosmetic surgery only as repair to traumatised bodies (or minds); the increasing demand for ‘elective’ cosmetic surgery must be paid for by individual consumers. In addition, both of these countries are geographically close to popular cosmetic surgery tourism destinations – Thailand, Korea and Singapore, and Spain and the Czech Republic. (However, we do not yet know if surgical tourists are likely to travel locally or much further afield, and what factors influence their choice of destination.) These destinations also represent countries where, because of their relatively large cosmetic surgery industries, preliminary work has already been undertaken and the applicants have some expertise – has looked at Thailand, at Singapore, at South Korea and at Spain. The research team is thus ideally placed to carry out this research, and we have good links with other universities and academics in the countries listed. and have written on tourism and globalization more generally, has written extensively on sex tourism, and has written specifically on cosmetic surgery tourism. and have strong records of publications on cosmetic surgery. All members of the team participated in the major international conference Cosmetic Cultures held at Leeds in June 2009 (see http://www.gender-studies.leeds.ac.uk/research/cosmetic-cultures/). This is an experienced and respected team with a significant level of existing expertise.

The limited evidence available suggests that clients of cosmetic surgery abroad are not an homogenous group (Schult, 2006). There are those that are motivated to travel purely because of the low cost – being unable to afford surgery in their home country. These tourists tend to seek the least expensive package, often offset against some national myths about, for instance, the cleanliness of hospitals or levels of surgical skill in the potential destination countries. At the other end of the spectrum, are those who seek the highest levels of care or the best touristic experience and pay a premium for having well-known surgeons and hospitals, or who buy a surgery tourism package where procedures are followed by a holiday until recovery is complete. Then there are tourists who decide spontaneously during an otherwise
ordinary tourist trip to obtain surgery whilst on holiday (a choice made for various reasons). Cosmetic surgery clinics encourage this latter kind of tourist with carefully placed and worded advertisements in airport arrival halls and at tourist destinations. There is also some evidence that tourists travel to particular countries in order to procure a particular (national) ‘look’, in other words, on aesthetic grounds, and guidebooks sometimes refer to these different aesthetic approaches (eg Schult, 2006 on Brazil versus US). This is frequently the rationale given by tourists travelling from China, Japan and Thailand to Korea in search of a ‘Korean face’ (Holliday & Elving-Hwang, forthcoming). Clients vary in terms of age, gender, race, class and nationality and whether this affects their CS tourism choices is also a question that will be addressed.

The research will also consider cosmetic surgery tourism as a form of tourism. Holiday packages offer surgery plus recuperation in a beautiful resort location, while also offering more familiar tourist experiences for patients and accompanying family members or fellow-travellers, such as sightseeing or safaris. Our research will explore the ‘packaging’ of surgery with tourism, drawing on contemporary debates in tourism theory (eg Franklin’s 2004 work on ‘ordering’). Tourism happens in the imagination as well as in actual lived experience, as writers like Rojek (1997) have noted. Where people choose to go on holiday, including for surgery, draws in pre-existing ideas and images about different places and cultures. The “place myths” of destinations are therefore an important part of our analysis. Guidebooks and websites draw on these “place myths” and in doing so produce an interesting and geographically variegated set of cosmetic surgery offers. This means that tourists select their destinations at least in part as particular places where they expect not only certain prices and levels of service, but also where they imagine an encounter with a particular host culture – including, but not limited to, its surgical culture.

Our research aims to explore the different motivations of tourists by examining a variety of clinics in two strategically selected locations in Europe and three in East Asia. We will interview cosmetic surgery tourists (n=100) to explore their different motivations, decision-making processes and experiences of both surgery and place. Respondents will be recruited through magazine and online advertisements, as well as through tourist agents and surgical clinics. Some (n=10) will also complete photo or video diaries of their experiences and a sample will also be accompanied in their groups, throughout the tourist process with an RA acting as participant observer (n=30). Co-Is will also participate in observation and interviews for a limited time in order to get a sense of the research site, refine interview schedules and strengthen links participants and contacts. We will use both clinics and agents as well as calls in magazines and online to recruit surgical tourists.

In addition to the tourist/consumer experience we will also explore the role of the agents and intermediaries who arrange surgical tourist experiences. Cosmetic surgery travel agents primarily advertise on the internet and organize via phone and email, liaising between surgeons, patients, travel agents and operatives, care workers, guides and interpreters. Whilst some agencies involve business premises and a small number of staff, impressive and sophisticated websites can often conceal very small-scale businesses being run from the spare room of a domestic property. We will select 40 agencies of different sizes, 20 targeting the UK and 20 targeting Australia, for interviews that will explore the variety of businesses in this sector and the services available as well as the roles and experiences of the agents. In particular we aim to examine what happens and where responsibilities lie when surgeries ‘go wrong’ or do not meet customer expectations. In addition to the agents we will interview other workers (n=50) such as private ‘nurses’ (who may have no formal nursing
qualifications), translators, tour guides and any other workers involved in cosmetic surgery ‘package holidays’. We will attempt to document and assess the ethical issues raised, and to examine the forms of labour (including emotional and aesthetic labour) performed by these intermediaries.

Lastly, we will explore the issues involved for surgeons and clinics in treating growing numbers of surgical tourists, compared with treating indigenous patients. We will interview surgeons and other clinical staff in Thailand, Korea, Singapore, Spain and the Czech Republic (n=25) to explore issues such as surgical ethics and problems of linguistic and aesthetic translation. We will also explore how these surgeons and clinics attract surgical tourists and how they see their roles and responsibilities in relation to tourism agents and other intermediaries. We will record the countries of origin of clients using the services of these surgeons and the kinds of surgeries they request. Whereas agents are likely to target particular language groups or geographic locations, surgeons are likely to treat a wider variety of clients from different countries. Surgeons will be contacted directly to request participation – an approach which has yielded positive results in previous studies and with which the team has experience.

Research Methods
An initial survey and review of newspaper and magazine articles, guidebooks (e.g. Hancock, 2006; Schult, 2006) and advertisements on cosmetic surgery tourism will be undertaken, as well as a more detailed analysis of cosmetic surgery tourism websites. This will assist in estimating the size and scope of the ‘market’, and attention will be paid to the construction of the surgical tourist experience in different geographical locations.

Five periods of participant observation will be conducted with small groups (4-5) of tourists accessed via cosmetic tourist agents. These will involve the research assistants (and initially Co-Is) travelling alongside the groups, staying in their hotels, accompanying them to and from their surgeries and on their post-surgery recuperation and excursions, and returning with them to their countries of origin. Conversations and multiple short interviews will be an ongoing part of this process. The purpose of the participant observation is to chart the experiences of tourists as accurately as possible at different points throughout their trips. Other tourists will be interviewed upon their return to their countries of origin or at their cosmetic surgery tourism destinations depending on how recruited. Most will be recruited through tourist agencies, some through magazine articles and contacts from previous research and some will be recruited via clinics, surgeons and staff in the surgical sites. Diverse recruiting practices aim to offset the possibility that clinics and agents will only put forward positive cases. In total, 100 semi-structured conversational interviews with cosmetic surgery tourists will be conducted (each lasting 1-2 hours) over the course of this study. Purposive sampling will be used to recruit respondents with different gender, class and ethnic backgrounds to explore different motivations for travelling for surgery and different characteristics of the cosmetic surgery tourism market.

Two participants travelling to each location will be recruited to make video or photo diaries (n=10). These diaries will have the purpose of collecting the thoughts of diarists on an ongoing basis throughout their surgical tourist experience – before they leave home, just prior to surgery, post-surgery, during their tourist experience and upon returning home. There is no expectation that such diaries will be used to record ‘before and after’ bodies, but rather will focus on diarists’ thoughts and emotions at different points throughout the trip, as well as their relationship to, and sense of place, which may be a key factor in attempting to analyse or
predict surgical tourism destinations. Photography and video are routinely used to record
Tourist experiences and thus do not represent additional burden on the respondent (Robinson
& Picard, 2009). Permission will be sought to use excerpts from the diaries in presentations of
the findings to academic and user audiences. Permissions here will be sought extremely
sensitively, as some cosmetic surgery tourists travel abroad to obtain surgery ‘secretly’.
However, some surgical tourists are more than happy to openly share their experiences, as
evidenced by the number of blogs and vlogs available online. This aspect of the research will
be overseen by [Name], who has published on visual research and ethical issues, participated
on an ESRC ‘expert panel’ on visual ethics and taught on the ESRC’s Building Capacity in
Visual Methods programme (eg Holliday, 2004).

Twenty-five interviews with surgeons participating in the cosmetic surgery tourism market
will be conducted. These are likely to be more focussed and targeted given the time pressures
on clinicians. The interviews will elicit information about marketing, the countries of origin
of patients, the surgeons’ opinions about domestic versus international surgery, and ethical
issues involved. We will recruit surgeons from a variety of different clinics ensuring both
‘high-end’ and ‘budget’ clinics are covered. We will also use these clinics to recruit tourists
who visit them. In addition, interviews with 50 workers in the tourist sites including nurses,
carers, interpreters and guides will be conducted. Initial contacts will be recruited through
cosmetic tourist agencies and clinics, and snowballing and other contacts will be used to
access other respondents. The purpose of these interviews will be to explore the patterns of
working, levels of remuneration, emotional labour and experiences of these new forms of
labour operating within a globalised healthcare market. Forty interviews with tourist agents
will be conducted. These interviews will be relatively unstructured and will explore the
working lives and experiences, motivations for start-up, and business practices of these
international intermediaries.

RAs with language abilities in the destination countries will be recruited. This may involve
the splitting of posts if necessary. It is particularly important that the UK RA has Korean
language capability as this person and the PI will travel to Korea for research purposes and
Australia to link with the Australian team. This is also designed to minimise the number of
flights required for the overall project whilst integrating the research across sites. A data set
review has been carried out and no similar research could be identified.

All interviews will be conducted using a semi-structured, open and conversation style and will
be recorded and later transcribed by RAs. Diaries will be recorded using digital video or
photography and voice recorders. Analysis of visual material will use a (critical) semiotic
approach in addition to a thematic analysis of audio material, following emerging conventions
in visual methods (eg Banks, 2001; Rose, 2007). The interview and diary material will be
analysed using NVivo software, identifying and coding emergent themes in three areas. Other
themes will undoubtedly emerge from the data over the course of the project, but the
following represent an initial focus:

1. The nature and operation of the cosmetic surgery tourism market within a globalized
economy that relies on increased access to information and cheap travel and differential
pricing based on economic inequalities across countries.
2. The new kinds of labour and organisations created by this globalised market including
relations of exploitation, facilitation and care, interactions between consumers and service
providers at differentiated levels of employment and status.
3. The kinds of consumers participating in this market, their experiences of embodiment, sense of place and mobility, relationships (of power) with service providers, their consumer rights in a globalised economy.

The analysis of these themes will be shaped by and compared with the existing literature on cosmetic surgery tourism, cosmetic surgery and body theory more generally, tourism theory, and literature on emerging markets and labour markets in globalized economies. Part of the originality of this project is in bringing some of these hitherto diverse literatures and approaches together.

Although visual methods are not specifically novel, their use in the touristic setting can provide innovative material in terms of documenting participants’ thoughts over the course of their experience, capturing their emotional relationships with both surgery and travel, and possibly offering clues to ‘internal states’ through external performance (Pocock et al, 2009). In addition, travel alongside tourists whose trips have been organised by cosmetic surgery tourist agents, as well as interviews with service providers at each part of the journey, will enable a much fuller picture of the interconnections and interactions between different intermediaries than has previously been visible.

User Engagement (for more detail, see Impact Plan)
The project will contribute to substantive theoretical debates in the social sciences, and offers a unique combining of key theoretical concerns, drawing on and adding to work on embodiment, aging and aesthetics, studies of consumption and of local, national and global flows and imaginaries, tourism theory, the sociology of health and medicine, and work on emerging forms of labour, care and new economies. The project will integrate and illuminate key debates, adding new empirical material and new theoretical insights.

The research will provide insights into patterns and motivations of cosmetic surgery tourists, and data on the workings of the industry (both clinics and intermediary services), thus contributing to health and social policy in both ‘origin’ countries and destinations. Given the rates of growth in health and medical tourism more broadly, and cosmetic surgery tourism in particular, the findings of the project will be of vital importance to policy makers (eg Pope, 2008). There are also growing medical, ethical and economic concerns about this market, but these lack robust data to underpin them (eg Birch et al, 2007; Burkett, 2007; Furuya et al, 2008); the project will assist in developing a fuller picture of the industry, its workings and impacts to inform future developments and their regulation.
Justification of the Resources

Staff – Directly Incurred Posts

3 Research Assistants will be recruited (cost £4500) to this project (or 1 UK post may be split into 2 x 0.5 posts if necessary to cover language expertise). 1 will cover Spain and the Czech Republic from the UK (18mth contract), 1 will cover South Korea and link to the Australian RA (12mth contract) and 1 will cover Singapore and Thailand from Australia. Basing 1 RA in Australia will be more cost effective than basing him/her in the UK given the necessary research sites. The Research Assistants will conduct interviews with patients, surgeons, clinic and ‘care’ staff, and tourist agents and assist with fieldwork and contribute to dissemination. They will develop their research skills through ongoing training and mentoring. All RAs will be appointed on grade 7 of the University’s salary scale (or Australian HEW level 5) because good language skills are necessary for dealing with respondents in non-English speaking countries as well as English-speaking tourists and agents; for transcription/translation; and due to the skilled nature and sensitivities required in the participant observation and interviewing. They will also need to work very independently at times during the project.

The administrator is needed to arrange interviews, travel, conferences and workshops; assist in the preparation of reports and publications; update project website; and general administrative duties (0.2 FTE).

Staff – Directly Allocated

All staff on this project are extremely experienced researchers and world-leading experts in their fields. [Name], [Name] and [Name] already have strong records of publication in the area of cosmetic surgery; [Name], [Name] and [Name] have written extensively on tourism; [Name], [Name] and [Name] have significant experience of a range of qualitative methods, including visual research, and of research ethics debates; and [Name] has also written on small companies and issues around gendered labour. This is an outstandingly strong international team with significant expertise in all areas that touch the field of cosmetic surgery tourism. No similar research has yet been carried out elsewhere and an international collaboration of this kind will guarantee the careers of those involved as world leaders in this under researched yet significant area of the economy. Each Investigator has been allocated 10% FTE on the project, except [Name] (15%), who has additional responsibilities for recruiting and managing the Australian RA and [Name] (20%) who will manage the whole project. As Director of the Centre for Interdisciplinary Gender Studies [Name] has 5 years of experience in managing finances and staff as Head of School at the University of Leeds. For further details of individual responsibilities see staff duties.

Travel and Subsistence

The nature of this research necessitates significant travel. We have attempted to minimise cost (and carbon footprint) as much as possible by flying one Investigator and one RA to each location only once, the investigator returning after a week and the RA staying on for 8 weeks. We feel it is important that the investigator experiences the study site and conducts some fieldwork in person in order to assist in setting up and refining interviews and observations and for assisting in analysis and writing up. 8 weeks is a lengthy but necessary period to fully investigate the operating conditions and experiences of a variety of clinics, care workers, tourist workers. Interviews will be pre-booked as much as possible before departure to ensure productive use of time abroad. The AU RA will be based in Sydney (with [Name]) but will also need to spend time in Adelaide (UniSA, with [Name]) 1 week before and 1 after travelling to Singapore; 2 week’s accommodation and 1 internal return flight is included for this purpose. [Name] and 1 RA will also travel from Korea to Australia for 1 month to liaise with AU team.
Table 1. from Australian Tax office: Australia cost group 1; Thailand cost group 2; Singapore cost group 4.

<table>
<thead>
<tr>
<th>Cost Group</th>
<th>Salary $90,000 and below</th>
<th>Salary $90,001 to $160,100</th>
<th>Salary $160,101 and above</th>
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<td>6</td>
<td>$215</td>
<td>$45</td>
<td>$260</td>
</tr>
</tbody>
</table>

All hotels and subsistence are charged at the University rate – (£85 per day Accom and £25 per day subsistence). This may not cover all hotel costs but we will attempt, where possible, to use apartments for RA visits. For the International Co-Is we have used T&S rates based on actual hotel costs and Australian Tax Office subsistence rates as per table 1. Key international conferences have been selected at which to disseminate results. These will be attended by one investigator and one RA each for RA career development.

**Other Directly Incurred Costs**

8 Digital voice recorders needed for RAs, PI and Co-Is and for tourists to make ‘photo diaries’.
3 Transcription machines needed for RAs to transcribe recorded materials
1 LCD Projector needed to enable dissemination in non-academic environments
3 Video Cameras for tourists making video diaries
3 Digital Cameras for tourists making photo diaries
3 Laptops plus editing software for RAs to work on materials in varied locations
3 Webcams to enable video conferencing

Additional funds are needed to bring delegates to 2 stakeholder conferences to maximise non-academic impacts; print reports; design, host and update project website

**International Co-Is Costs** are a necessary part of this international collaborative research. Staff time from the Au Co-Is is not charged but RA and travel and subsistence are along with around 1/3 of other directly incurred costs, including recruitment costs. Basing part of the project in Australia strengthens the validity of claims made about the global nature of the industry and is more cost effective than sending researchers from the UK to the destinations necessary. The Au costs represent 25.5% of the overall amount requested.

**Visiting Researcher** Professor [Redacted] will visit Leeds for 3 months towards the end of the project. This will enable a concentrated and collaborative writing up period and dissemination opportunities such as departmental seminars on behalf of the project in the UK and Europe. She will also participate in and thereby enhance the Centre’s research and teaching for the duration of her stay and publicise her links with the Centre extending its international reputation for high quality research.
Qualifications
PhD Staffordshire University, Small Firms and the Organization of Production (University Research Scholarship, Completed in 3 years), 1993
BA (Hons) Electronics and Management Science, University of Keele, 1989, 2:2
B/T/EC National Diploma in Electrical Engineering, Eastleigh College of FE, Merit.
8 O' Levels, Romsey Community School.

Current Position
Professor of Gender and Culture, since Feb 2007
Director, Centre for Interdisciplinary Gender Studies, University of Leeds

Previous Appointments
2002-2004 Director of Studies, Gender Studies, University of Leeds
1998-2002 Senior Lecturer in Cultural Studies, Staffordshire University
1996-1998 Senior Lecturer in Sociology, Staffordshire University
1993-1995 Lecturer in HRM and Organizational Behaviour, Staffordshire University
1992-1993 Lecturer in Organizational Behaviour, University of Central England

Authored Books
- [Title and Author(s)], Manchester, Manchester University Press, forthcoming.
- David Bell, Jon Binnie, [Title and Author(s)], New York: Syracuse University Press, 2001.
- [Title and Author(s)], London: Routledge, 1995.

Edited Books
- [Title and Author(s)], London: Routledge, 2001.
- [Title and Author(s)], London: Sage, 1998.

Journal Articles
- [Title and Author(s)], Sociology, (submitted).
- [Title and Author(s)], Journal of Consumer Culture 7 (1), 2007, 57-78.
- [Title and Author(s)], Feminist Theory 7 (2), 2006, 179-195.
- [Title and Author(s)], Sociology of Health & Illness 27 (7), 2005, 1031-1036.
- [Title and Author(s)], American Behavioral Scientist 47 (12), 2004, 1597-1616.

- [Title and Author(s)], Sociological Review 48 (4), 2001, 503-521.
- David Bell and [Title and Author(s)], Body and Society 6 (3-4), 2000, 127-140.