

**T.C.
ISTANBUL AYDIN UNIVERSITY
INSTITUTE OF GRADUATE STUDIES**



**HEALTH TOURISM AS A RISING BUSINESS AND ITS IMPACT
ON ISTANBUL'S MARKET FROM A HOSPITAL'S POINT OF
VIEW**

**MASTER'S THESIS
Dana Lutfi Hasan AL-NATOUR**

**Department of Business
Business Administration Program**

SEPTEMBER, 2020

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Thesis Advisor: Asst. Prof. Dr. Özgül UYAN

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DECLARATION

I hereby declare with respect that the study “Health Tourism as a Rising Business and Its Impact on Istanbul’s Market from a Hospital’s Point of View”, which I submitted as a Master thesis, is written without any assistance in violation of scientific ethics and traditions in all the processes from the Project phase to the conclusion of the thesis and that the works I have benefited are from those shown in the Bibliography.

(10/09/2020)

Dana Al-Natour

FOREWORD

I would like to express my sincere thanks and gratitude to my advisor Asst. PROF. DR. ÖZGÜL UYAN for her support and guidance and to Estethica hospital and its staff for getting me involved in the health tourism sector which was the step I needed to start my own business as an agency for health tourism.

I dedicate this Thesis first and most importantly to my mother LEQA AL BITAR for believing in me and allowing me to pursue my dreams and for her infinite love and support I am forever grateful. I also dedicate it to Mr. MURAT AKDOGAN the owner of Estethica Hospitals, for his help and cooperation in providing all the resources for me to do my research.

September, 2020

Dana Al-Natour

HEALTH TOURISM AS A RISING BUSINESS AND ITS IMPACT ON ISTANBUL'S MARKET FROM A HOSPITAL'S POINT OF VIEW

ABSTRACT

The concept of the health or medical tourism has developed rapidly around the world for the last few decades with the increase in health costs, lack of healthcare in home state, the cooperation between countries, simplicity of transportation, and higher quality and lower expenses of the health services in the foreign countries. Medical tourism is a sector affecting related sectors such as travel agencies, hotels, restaurants, and consultation, from financial perspectives. Therefore, trade in health services has been growing globally. In recent years, one of the leading countries in exports of health tourism is Turkey.

This thesis study aims to explore why people are heading to Turkey (Istanbul) for medical treatments and plastic surgeries, and how the health tourism effects Turkey's healthcare industry and economy in relation with similar countries. In this context, a research was carried out on 310 patients who received services from a medical center and its 4 branches located in Istanbul. In order to collect data suitable for the study purposes, a questionnaire with a sociodemographic form and four different scales were prepared by the researcher. The sociodemographic form consists of 8 questions including age, gender, marital status, education level, nationality, salary, occupation, and country of residence. The scales include basic information of medical travel (10 items), general perception on Turkey and medical tourism in Turkey (11 items), perceived quality of medical treatment (20 items), perceived value, overall satisfaction and future intention (10 items). Scales concerning perceptions of the medical treatment in Turkey were designed according to 7-points Likert scale. Data were collected through online data collection tools (Google docs) from the participants. The participants consist of patients who visited Turkey for any types of medical treatment. The SPSS Statistical analysis program

was used to analyze the collected data. Frequencies, percentages, means, standard deviations, and correlations were calculated, statistical analyses including ANOVA test and t-test were utilized on the data sets of variables, and then discussed thoroughly.

The findings revealed that the patients who visited Turkey for medical operations were mostly in their 20s and 30s. It was determined that these patients were upper-class individuals based on the world economic standards and have a high education level. It is seen that they were mostly self-employers and most of them were from Middle Eastern countries. Research findings confirmed all the hypotheses of the study. According to this, there exists a significant relationship between the sociodemographic characteristics and research variables (perception on Turkey and its Medical Tourism; perceived quality of medical treatment; perceived value, overall satisfaction and future intention.). Additionally, there is a significant relationship between perceived value and overall satisfaction; perceived value and future intention; and overall satisfaction and future intention.

Keywords: *Exports of Health Services, Healthcare Industry in Turkey, Health Tourism, Medical Tourism*

YÜKSELEN BİR ENDÜSTRİ OLARAK SAĞLIK TURİZMİ VE BİR HASTANENİN BAKIŞ AÇISINDAN İSTANBUL PİYASASINDAKİ ETKİSİ

ÖZET

Sağlık veya medikal turizm kavramı, sağlık maliyetlerindeki artış, ülke içindeki sağlık hizmetlerinin eksikliği, ülkeler arasındaki işbirliği, ulaşımın kolaylığı ve yabancı ülkelerdeki daha yüksek kaliteli ve daha düşük masraflı sağlık hizmetleri sebebi ile son birkaç yıldır dünya çapında hızla gelişmiştir. Medikal turizm seyahat acenteleri, oteller, restoranlar ve danışmanlık gibi ilgili sektörleri finansal açıdan etkilemekte olan bir sektördür. Bu nedenle sağlık hizmetleri ticareti küresel olarak artmaktadır. Son yıllarda sağlık turizmi ihracatında önde gelen ülkelere Türkiye'dir.

Bu tez çalışması, insanların neden tıbbi tedaviler ve plastik ameliyatlar için Türkiye'ye (İstanbul) gittiğini ve sağlık turizminin benzer ülkelerle bağlantılı olarak Türkiye'nin sağlık endüstrisini ve ekonomisini nasıl etkilediğini araştırmayı amaçlamaktadır. Bu kapsamda İstanbul'daki bir tıp merkezi ve 4 şubeden hizmet almış olan 310 hasta üzerinde bir araştırma gerçekleştirilmiştir. Çalışma amaçlarına uygun veri toplayabilmek için araştırmacı tarafından bir sosyodemografik form ve dört farklı ölçek içeren bir anket hazırlanmıştır. Sosyodemografik form yaş, cinsiyet, medeni hal, eğitim düzeyi, uyruk, maaş, meslek ve ikamet ettiği ülke olmak üzere sekiz sorudan oluşmaktadır. Ölçekler, medikal seyahat hakkında temel bilgileri (10 madde), Türkiye ve Türkiye medikal turizmi hakkındaki genel algıyı (11 madde), algılanan tıbbi tedavi kalitesini (20 madde), algılanan değeri, genel memnuniyeti ve gelecekteki niyeti (10 madde) içermektedir. Türkiye'de tıbbi tedavi algılarına ilişkin ölçekler 7'li Likert ölçeğine göre tasarlanmıştır. Veriler, katılımcılardan çevrimiçi veri toplama araçları (Google dokümanları) aracılığıyla toplanmıştır. Katılımcılar her türlü tıbbi tedavi için Türkiye'yi ziyaret eden hastalardan oluşmaktadır. Toplanan verileri analiz etmek için SPSS İstatistiksel analiz programı kullanılmıştır. Değişkenlere ilişkin veri kümelerinde frekanslar, yüzdeler, ortalamalar, standart

sapmalar ve korelasyonlar hesaplanmış, ANOVA testi ve t-testi gibi istatistiksel analizler kullanılmış ve ardından ayrıntılı olarak tartışılmıştır.

Bulgular, Türkiye'yi tıbbi operasyonlar için ziyaret eden hastaların çoğunlukla 20'li ve 30'lu yaşlarında olduğunu ortaya koymaktadır. Bu hastaların, dünya ekonomik standartlarına göre üst sınıf bireyler oldukları ve yüksek eğitim düzeyine sahip oldukları belirlenmiştir. Çoğunlukla serbest meslek sahibi oldukları ve çoğunun Ortadoğu ülkelerinden olduğu görülmektedir. Araştırma bulguları çalışmanın tüm hipotezlerini doğrulamıştır. Buna göre, sosyodemografik özellikler ile araştırmanın değişkenleri (Türkiye ve medikal turizmi hakkındaki algı; algılanan tıbbi tedavi kalitesi, algılanan değer, genel memnuniyet ve gelecekteki niyet) arasında anlamlı bir ilişki vardır. Ayrıca algılanan değer ile genel memnuniyet; algılanan değer ile gelecekteki niyet ve genel memnuniyet ile gelecekteki niyet arasında anlamlı bir ilişki bulunmaktadır.

Anahtar Kelimeler: *Sağlık Hizmetleri İhracatı, Türkiye'de Sağlık Endüstrisi, Sağlık Turizmi, Medikal Turizm.*

TABLE OF CONTENT

DECLARATION	Error! Bookmark not defined.
DEDICATION	Error! Bookmark not defined.
FOREWORD	Error! Bookmark not defined.
TABLE OF CONTENT	ix
LIST OF FIGURES	xii
LIST OF TABLES	xiii
ABBREVIATIONS	Error! Bookmark not defined.
ABSTRACT	v
ÖZET	vii
1. INTRODUCTION	1
1.1 Background of the Research.....	1
1.2 The Research Problem.....	3
1.3 The Purpose of the Study	3
1.4 The Importance of the Study	4
1.5 Hypothesis	4
1.6 Limitations.....	5
1.7 Thesis Outline	5
2. LITERATURE REVIEW	7
2.1 Health Tourism and Medical Tourism	7
2.2 History of Medical Tourism	10
2.3 The Forms of Medical Tourism	12
2.4 Current Global Situation of Medical Tourism.....	15
2.5 Implications of Medical Tourism.....	17
2.5.1 Financial implications.....	18
2.5.2 Healthcare system implications.....	20
2.5.3 Development of medical tourism	22
2.5.4 Revenue implications.....	23
2.6 Medical Tourism Actions and Demands	25
2.7 Issues and Obstacles in Medical Tourism	27

3. MEDICAL TOURISM IN TURKEY	33
3.1 Turkish Healthcare System.....	33
3.2 Current Medical Tourism Situations in Turkey	34
3.3 Future Trends of Medical Tourism in Turkey	37
3.4 Factors Effecting Medical Tourism to Turkey	38
3.5 SWOT Analysis of Medical Tourism in Turkey	39
4. RESEARCH METHODOLOGY AND HYPOTHESIS	45
4.1 The Study Model.....	45
4.2 The Participants	45
4.3 Data Collection and Data Collection Tools	46
4.4 Data Analysis	48
5. FINDINGS.....	49
5.1 Results of the Sociodemographic Characteristics	49
5.2 Results of the Basic Information of the Medical Travel	53
5.3 Perceptions, Perceived Quality and Value, Overall Satisfaction, Future Intention	55
5.4 The Results of Hypothesis Testing	61
6. CONCLUSIONS AND RECOMMENDATIONS.....	64
APPENDICES.....	73
Appendix A. Questionnaire	73
RESUME.....	85

ABBREVIATIONS

ANOVA	:	Analysis of Variance
Cont'd	:	Continued
e.g.	:	Exempli gratia (for example)
ed.	:	Edition
et al.	:	Et alia (and others)
etc.	:	Et cetera (and so on)
EU	:	The European Union
GDP	:	Gross Domestic Products
IMTJ	:	International Medical Travel Journal
IT	:	Information Technology
NMH	:	The National Ministries of Health
OECD	:	Organization for Economic Cooperation and Development
SPSS	:	Statistical Package for the Social Sciences
SWOT	:	Strengths, Weaknesses, Opportunities, Threats
TRAM	:	Tourism Research and Marketing
USA	:	United States of America
WHO	:	World Health Organization
WTO	:	World Tourism Organization
TUROFED	:	The Turkish Motoliers Federation

LIST OF FIGURES

Figure 2.1: Major medical and healthcare types of services	7
Figure 2.2: History of medical tourism.....	10
Figure 2.3: Framework of the medical tourism.....	14
Figure 2.4: Comparisons of the medical costs for different countries	16
Figure 2.5: Differences of the financial costs among various destinations	18
Figure 2.6: Costs of the medical treatments among various destinations.....	19
Figure 2.7: Key drivers of the medical tourism.....	26
Figure 2.8: Seven issues of the medical tourism	30
Figure 3.1: The number of the international medical tourists visiting private and public hospital in Turkey.....	33
Figure 3.2: Total health care expenditure as a percentage of GDP	34
Figure 4.1: The Study model diagram	43
Figure 5.1: Suggestions of the participants about the medical treatments in Turkey	49

LIST OF TABLES

Table 2.1: Major forms of medical tourism	Error! Bookmark not defined.
Table 2.2: Number of doctors and health personnel density per thousand citizens...	24
Table 3.1: SWOT analysis of the medical tourism in Turkey	40
Table 5.1: Sociodemographic characteristics of the participant	48
Table 5.2: The correlations among the sociodemographic factors	50
Table 5.3: Basic information of the medical travel	52
Table 5.4: Perception, perceived quality and value, overall satisfaction, and future intention.....	54
Table 5.5: The correlation coefficients among Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)	55
Table 5.6: The correlation coefficients between the sociodemographic characteristics and Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)	57
Table 5.7: The findings of the ANOVA and regression analysis (p-value) among Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)	58
Table 5.8: The results of the hypothesis testing	60

1. INTRODUCTION

1.1 Background of the Research

Health tourism is rapidly growing as the healthcare prices go up in the developed countries and inadequate medical techniques and absence of high-tech technology in the undeveloped or developing countries. Therefore, in this study, it is intended to investigate health tourism in a city (Istanbul) of a developing country (Turkey) in terms of perceptions of health tourists and their attitudes towards the country and the medical procedures.

It is aimed to investigate the medical tourism and its impacts on Turkey's market for the patients who visited the country for medical care, treatments, and procedures including heart surgery, eye surgery, plastic surgery (breast implants, tummy tuck), rehabilitations and nature touristic travels. The collected data is statistically analyzed with the quantitative research methodologies and approaches.

Definition of the health tourism varies based on the resources investigations and many different definitions are found in the literature. Medical tourism and health tourism are used interchangeably. However, a consensus could be formed regarding the definition of the medical tourism. There are some major concepts regarding defining the medical tourism including illness treatment, fertility, wellness, alternative treatments, cosmetic surgeries, SPA, water treatments, acupuncture, herbal healings, surgery, recovery, agency, ecotourism, diagnostic tourism, oncological treatments, and elderly care programs.

Medical tourism historically goes back to the ancient times as people travel to seek for treatments from their gods or other religious temples in the Middle East, South America, and other regions of the world. This trend rapidly increased in the middle ages as certain groups of individuals had gotten richer and had the financial strengths to travel abroad. Similarly, the trend continues as rich people in the developing and underdeveloped countries travel to the developed countries for the

special medical treatments such as oncological diseases, neurological and cardiologic operations that requires higher technological devices.

The real spike for the medical tourism happened following the second world war. In the 1990s, air travel costs were reduced according to the transportation regulations that caused rapid increase in the medical tourism around the world. Not only rich people could travel abroad for medical travel purposes but also average middle class in the developed countries are currently able to travel abroad for the medical treatments.

One of the major reasons for the rapid development in the medical tourism around the world is medical expenses became very expensive in the developed countries such as European Union countries, USA, Japan, and Canada due to the new innovative medical and technological advances for special treatments such as cancer and diabetes. These medical expenses still attract people from the underdeveloped and developing countries.

Medical tourism is one of the fastest growing industries in the world today. The sector has been included in the scope of service export. Turkey has become the center of attraction of both foreign patients and international investors in the medical tourism industry in recent years thanks to the different geographical and cultural characteristics and the service quality. Health tourism in Turkey has been promoted within the scope of foreign exchange earning services (Uyan, 2019).

Turkish healthcare system has been growing rapidly in the last two decades, especially on the medical tourism. Turkey is a developing country that has some hospital with advanced technologies and well-educated medical personnel. It attracts people from Middle Eastern countries and some from European countries. Medical tourism roots started in the ancient times as people travel for religious and medical treatment purposes.

Turkey is aiming to earn more than USD 20 billion from the medical tourists by the end of 2023. It reached about 551,000 people who visited Turkey for the medical tourism, but it dropped sharply due to national, and international economic, political, and other related issues in Turkey and around the world.

Our literature review also showed that developed countries such as USA, France, and UK spend the highest GDP percentages compared to the other countries.

US citizens spend around 17% of their GDP amount as compared to Turkey spending only around 6% of its GDP in 2019. This result indicates that developed countries prefer travelling abroad as it comes to the expensive medical procedures.

1.2 The Research Problem

Health expenses has been steadily increasing in most of the developed countries involving EU nations, USA, and Japan in the last few decades. Therefore, most of the citizens residing in these countries and require health treatments are generally looking for alternative places that offer cheaper and reliable medical care. Main types of the medical tourism could include thermal treatment, health, senior, and disabled tourism.

Medical tourism is made with most commonly in the shape of health tourism. It focuses on providing various medical opportunities to guarantee relief of the patient and relatives. Turkey has becoming a preferred destination for the medical tourism especially for people from neighboring countries such as Iran, Iraq, Saudi Arabia as well as European countries.

In the light of the literature review and possible study interests of the researcher, this thesis study was designed to provide useful reactions for the following research questions:

1. How are socioeconomic factors and the perception of Turkey and its medical tourism related?
2. How are socioeconomic factors and the perceived quality of medical care in Turkey related?
3. How are socioeconomic factors and the perceived value, satisfaction and any future intention related?

1.3 The Purpose of the Study

Medical tourism is considered a significant importance for developing countries including Turkey. Such countries require foreign investment to complete their developing process. For increasing quality and quantity of the medical tourism in Turkey, it is needed to collect data and analyze the perceptions of medical tourists regarding medical treatment in Turkey.

Main goal of this thesis is to study general thoughts and perceptions of people who visited Turkey for any health issues and medical health care regarding the medical operations in Turkey.

1.4 The Importance of the Study

This study was intended to reveal any advantageous and disadvantageous of the medical tourism attempts and investments. The results are expected to help medical tourism organizations and companies to propose and decide future planning and investments for the medical tourism.

Medical tourism also helps new business sectors and employment opportunities to be born and flourished including transfer agencies, hospitals, restaurants, accommodation services (hotels and motels), clothing, patient consultants, and caregivers. Better accommodation facilities influenced the quality of the medical curing and treatments. Medical tourism positively affects the quality of hotels and other accommodation services. In addition, personnel quality at both medical services and hotels play important roles to invite higher number of medical tourists around the world in this very competitive sector. This sector correspondingly is closely related to the economy of the country. Medical tourism has primary or secondary impacts on some of the aforementioned sectors.

1.5 Hypothesis

The current study was structured to investigate the following hypothesis:

H1: There exists a relationship between professions of the participants and their perceptions of Turkey and Medical Tourism in Turkey.

H2: There exists a relationship between professions of the participants and perceived quality of medical treatment.

H3: There exists a relationship between professions of the participants and perceived value, overall satisfaction, and future intention.

H4: There exists a relationship between perceived value and overall satisfaction.

H5: There exists a relationship between perceived value and future intention.

H6: There exists a relationship between future intention and overall satisfaction

1.6 Limitations

The study is limited for the following assumptions and conditions:

- Findings of this study are limited to a similar population with similar sociodemographic features in a similar environment.
- It was assumed that the participants correctly responded to all the items on the data collection tools with their best knowledge and honesty.
- It was assumed that the samples collected for the study best represent the universe and the general population with similar criteria.
- It was assumed all the participants who were agreed to get involved in the study share similar cultural, social, and environmental specifications.
- It was assumed that data collection tools correctly unveil correct information about perceptions on Turkey and its Medical Tourism, perceived quality and value of medical treatment, perceived values, overall satisfaction, and any future intention.

1.7 Thesis Outline

This thesis study consists of six chapters. The first chapter was the introduction section to the concepts of the thesis. It included background of the previous research, research problems, main purpose of the study, the importance of the study, hypothesis, and limitations.

In the second chapter, the literature was reviewed with a deductive methodology. Firstly, previous studies were reviewed that focused on descriptions, history, current states, implications, actions and demands, and issues regarding the medical tourism. In the second part of the literature review section, Turkish medical tourism status, factors effecting medical tourism, current medical tourism, and SWOT analysis were conducted.

Third chapter reviewed recent studies that were conducted on the medical tourism in Turkey. Turkish healthcare system was reviewed at the beginning of the chapter. Current medical tourism and its future trends in Turkey. Recent studies regarding the factors that influence medical tourism in Turkey were reviewed. Finally, SWOT analysis of the medical tourism in Turkey was structured.

In the chapter four, research methodology and hypothesis were explained. Study model, information about the participants, data collection process and tools, and data analysis were also discussed.

Findings and conclusion sections were discussed in the fifth chapter. Results of the sociodemographic features of the participants and basic information of the medical travel, the participants' perceptions, perceived quality and value, overall satisfaction, and future intentions were discussed. Hypothesis testing was included in the final part of this chapter.

Finally, in the last chapter of the thesis, results and findings of the data analysis were discussed. Conclusions of the data analysis section of the study were compared with the previous researches. Also, some recommendations were proposed based on the results and findings.

2. LITERATURE REVIEW

2.1 Health Tourism and Medical Tourism

Health tourism and medical tourism are two similar subjects that are related to the healthcare and tourism. Health tourism was defined as “the organized travel outside one’s local environment for the maintenance, enhancement or restoration of an individual’s wellbeing in mind and body” (Carrera & Bridges, 2006). Medical tourism is a subset of health tourism. In this thesis, health tourism and medical tourism are used synonymously.

Medical tourism is described as a type of tourism where patients travel overseas for any forms of medical treatments including cosmetic, dental or fertility (Connell, 2006). It has been grown rapidly in the last three decades. It could also be described “people travelling from distinctive countries to receive health services” (Barca, Akdeve, & Balay, 2013).

There is no consensus in terms of any common definition of the medical or health tourism. However, it generally is related to the activities of travelling abroad for medical purposes (Connell, 2006). Four major components of healthcare and medical tourism included medical, cosmetic, alternative therapies, and fertility (TRAM, 2006). Figure 2.1 illustrates these fundamental types of medical tourism modified from TRAM (Tourism Research and Marketing) original classification.

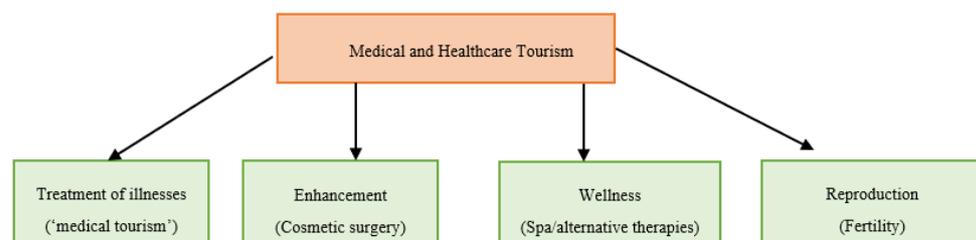


Figure 2.1: Major medical and healthcare types of services

Source: Lee & Spisto, 2007

Medical tourism or illness treatments refer to general health checkups, screening, cancer and dental treatment, heart or neuro-based surgeries, organ or tissue transplants, and any other kinds of medical treatment and interventions (Satish, 2019).

Cosmetic surgery or enhancement includes medical procedures primarily for cosmetic purposes including face, breast, and other parts of the body such as face lift, liposuction, or cosmetic dental surgery (Connell, 2006). Although costs of such surgeries decreased in the last decades, medical tourism continues due to the lower costs and immediate interventions compared to domestic countries. Most of the cosmetic surgeries are not medical emergencies. However, some of them such as nose surgery could be related to also medical or health purposes.

Alternative medical treatment also creates medical tourism attractions such as spa and water treatments, acupuncture, and herbal healing. Such treatments do not include professional doctors but only specialists. Last type of medical tourism, reproduction of fertility, consists of medical procedures such as fertility-related treatments and fertilization. It is also called 'birth tourism' (TRAM, 2006). This medical tourism is classified into two separate kinds. First purpose includes fertilization treatment when a woman can't get pregnant under natural conditions. Second type is health care services after the childbirth. Parents prefer other nationalities such as American or British for their future generations.

Main purpose of such medical tourism includes low surgery costs, reduced transport expenses, and new medical technology, and treatments in target countries (TRAM, 2006). Also, concept of medical (or health) tourism has developed in the world with the increase of health costs, the lack of treatments in their own countries, the cooperation among the countries, the ease of transportation, the development of health service quality in different parts of the world.

Medical tourism sector has been increasing around the world especially in underdeveloped or developing countries including Turkey, India, and Thailand (Bookman, 2007). For example, an American individual could visit Costa Rica, Thailand, or Indiana for nonemergency surgery because waiting time is much higher as well as surgery and after surgery treatment cost much more than their original country, USA.

The fast increase of the medical tourism led to more privatization of health care services, increasing technology needs, and enhanced medical tourism (TRAM, 2006). Development countries annually earn important amount of revenue from medical tourism. For example, total revenue of medical tourism around the globe has increased remarkably and reached at USD 100 billion endorsement in 2019 (Satish, 2019).

Medical tourism is generally grouped under four main headings: thermal healthiness tourism, medical tourism, elderly and disabled tourism. Recently, it has been in a growing trend with the decreased costs of medical treatments in the destination probably developing countries. Medical and health tourisms could be used interchangeability.

Health tourism intends to provide medical alternatives for the comfort of the medical tourists and their relatives (Connell, 2006). Aligned with their high level of education and income in the industrialized countries, providing the medical care services could be expensive. Total stake of health care needs and expenditures of the aging population is increasing every day in the developed countries.

The increasing costs of social security costs force the social security institutions and create immediate and huge challenges (Gonzales, Brenzel & Sancho, 2001). For that reason, the social security institutions and private insurance companies in the developed countries are trying to get health services at low costs by making package agreements with the countries that provide quality medical services.

Health tourism does not require any season or month of the year (Gonzales, Brenzel & Sancho, 2001). It could be completed in any month or day during anytime. Also, it could take for a day or several days or months depending on the forms of the illness, surgery, recovery, and types of medical treatment.

Like the high level of culture, education and prosperity in the industrialized countries, health expenses are generally much more expensive than the rest of the world. In addition, major health needs and expenses especially for the elderly citizens are growing in the developed countries (Gonzales, Brenzel & Sancho, 2001). The increasing costs of health agencies financially influence social security institutions.

In order to solve such difficulties, social security administrations and private health insurance corporations focus on providing health services for their citizens at lower cost by formulating business contracts with any neighboring countries that has quality medical facilities at lower costs (Cook, 2008).

2.2 History of Medical Tourism

Medical tourism, a subbranch of general tourism branches, has been rapidly developing in the last decades. In the previous years, people in the developing countries generally used to travel developing countries for medical health services due to the advanced technologies and better receiving quality health care that they could not assess within their countries (Kılınç, 2017). This trend has started to gain momentum in the opposite direction (Reisman, 2010).

The major periods of the medical tourism could be classified into five main times starting from the ancient times and current period (2007 and beyond) (Figure 2.2).

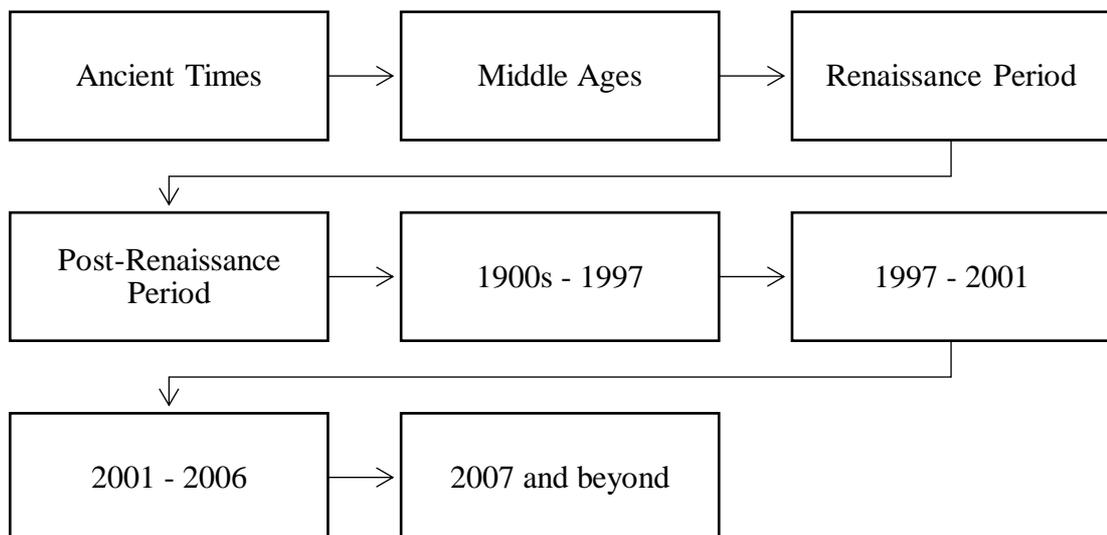


Figure 2.2: History of medical tourism

Source: Reisman, 2010

Initial medical tourism concept was started during ancient Roman Empire and Ancient Greek era. Researchers (Ali & Holden, 2006; Kılınç, 2017; Reisman, 2010) on the ancient cultures showed that there was a relationship between health and religion since the first human and religion emerged. Romans and later Ancient

Greeks travelled several miles to get help especially from the healing Gods. In addition, Romans visited certain thermal health centers throughout Italy provinces (Cook, 2008).

For example, Sumerians are the first civilization that built hot springs and health complexes around 4000 BC in middle east region (Cook, 2008). They included royal health buildings and temples.

During the bronze era, in Europe (Switzerland), local tribes introduced iron-rich mineral springs for drinking and bathing in terms of their health and medical benefits (Cook, 2008). Similar drinking fountains later emerges in France and Germany in the same period. Similar attempts were observed in India within the similar periods. Indian medical tourists and medical students usually travels all around the country to receive health treatments of alternative procedures.

Historically ancient Greek civilization was the first group who systematize health care and health science as they did on other branches of science such as physics, chemistry, and mathematics (Reisman, 2010). They built temples with the purpose of health center. People often travelled vast distances to get medical help from the religious leaders and figures.

During the middle ages especially in Roman Empire periods, governments built hot-water springs for elite, rich or royal people (Ali & Holden, 2006). They not only offer health care treatments but also a part of the elite people's medieval gathering places.

Such medical tourism initiations continued during middle ages (Reisman, 2010). However, they also offer medical treatment for ordinary citizens of Roman Empire and foreigners. Other civilizations and empires including Ottoman, Japan, and Egyptian built their health centers that benefited from hot springs and alternative health treatments. Such buildings could be considered as first hospitals.

During the renaissance and reform movements, it started again with the rich individuals and early medical school of the era (Swarbrooke & Horner, 2007). Insufficient sanitary conditions in this period in Europe accelerated health tourism and it continued until the industrial revolutions in the 18th century. Some primary reasons for such health travels included cold weathers in north Europe, health cures, and the sun (Ali & Holden, 2006).

With the development of faster, reliable, and easier transportation resources, medical tourism soared during 18th and 19th century (Telfer, 2002). Migration to the cities and growing large communities led the humans get closer and this social change added more concerns to sanitary conditions. Such situations promoted health tourism to smaller, cleaner cities and countries to get medical cure. Such a trend continued until today.

20th and 21st centuries produced distinctive focus and approaches for the health tourism around the world (Reisman, 2010). Following the mid-19th century, USA and European countries became the center of medical treatments and built modern hospitals (Smith & Puczko, 2008). Therefore, medical tourism was only for the elite people who could afford to travel to these countries for medical purposes. India started becoming a medical tourism center in 1960s for health treatment destination especially with alternative treatment methods such as yoga.

After 1980s, people in USA, Europe and other developed countries started seeking alternative health operation destinations because of the high costs of health expenses in home countries (Connell, 2013). Dental treatments and surgical options in Canada and South America became popular for American citizens.

Especially globalization and air travel provided more opportunities for the citizens in the developed countries for receiving health treatments and surgeries particularly in the destination countries, mostly developing countries (Kilinc, 2017). New concepts such as ‘medical tourism’ have been born in the same period. Today, more than ten million of individuals globally travel for medical purposes called as a medical tourist every year (Hopkins et al., 2010).

2.3 The Forms of Medical Tourism

Although many definitions and implementations have been discussed thoroughly for many years as we briefly discussed in the previous section, there are several types and forms of the medical tourism around the world.

Studies (Gonzales, Brenzel and Sancho, 2001) showed some prospects for developing trade in accordance with medical tourism services and identifying some trade regulations and strategy. They a taxonomy about the fundamental types of medical tourism was proposed as illustrated in Table 2.1.

Their taxonomy consisted of four major medical tourism categories; “Health beauty tourism, Treatment, Cosmetic surgery, and Rehabilitation”. Their proposed health beauty tourism includes several touristic purposes. One of the most important health beauty tourism examples is alternative medical tourism. SPA is the most favorite type of this form. People have been travelling to the distance destinations to get health from the thermal and mineral water.

In Turkey, the most important destination is Pamukkale in the vicinity of Denizli. In addition to the historical sites and destinations in the region, thermal water baths, pools, and other related facilities are very important for the medical tourism to offer their guests desired goals. SPA tourism is like the ancient baths in Rome and Greece. Several destinations exist in other parts of Turkey regarding SPA and related medical tourism such as Istanbul, Izmir, and regions especially in the Aegean region of Turkey near Aegean and Mediterranean coasts. Such medical tourism services are generally preferred by the retired people especially from the European countries, USA, and Canada (Republic of Turkey Ministry of Health, 2018).

Another type of beauty tourism is nature tourism. Turkey offer many beautiful sceneries especially in the Black Sea region and Mediterranean coastline. Tracking and camping are the most popular types of nature tourism.

Treatment tourism has the biggest revenue and number of tourists in Turkey. In terms of treatment tourism, cardiothoracic and cancer treatments are two most popular purposes for the medical travelers. Diagnostic tourism, eye surgery and fertility treatments are other popular types of treatment tourism. In fact, medical treatments composed of the main types of medical services that generate the most important services and widespread around the world. It is very important for turkey to offer such medical tourism forms because such services are extremely expensive in the countries such as USA.

Table 2.1: Major forms of medical tourism

Health Beauty Tourism	Treatment	Cosmetic Surgery	Rehabilitation
• SPA	• Cardiothoracic	• Dental care	• Dialysis
• Nature tourism	tourism	• Plastic surgery	• Additional
• Ecotourism	• Diagnostic	• Breast	programs
• Mass tourism	tourism	enhancement	• Elderly care
• Herbal tourism	• Cancer treatment	• Skin treatment	programs
• Complementary tourism	• Eye surgery		• Addiction treatment
	• Fertility		

Source: Gonzales, Brenzel & Sancho, 2001

Table 2.1 also presents two other medical tourism forms, cosmetic surgery and rehabilitation. Cosmetic surgery has been very expensive medical procedures until recently. Today, it costs at the levels of a regular procedure. Therefore, cosmetic surgeries such as dental care, plastic surgery, breast surgeries, and skin treatment are offered at the medical tourism facilities especially in Istanbul, Izmir, and Ankara. Finally, rehabilitation services have been growing lately in Turkey. Foreigners have been purchasing condos, houses, and homes to live in Turkey.

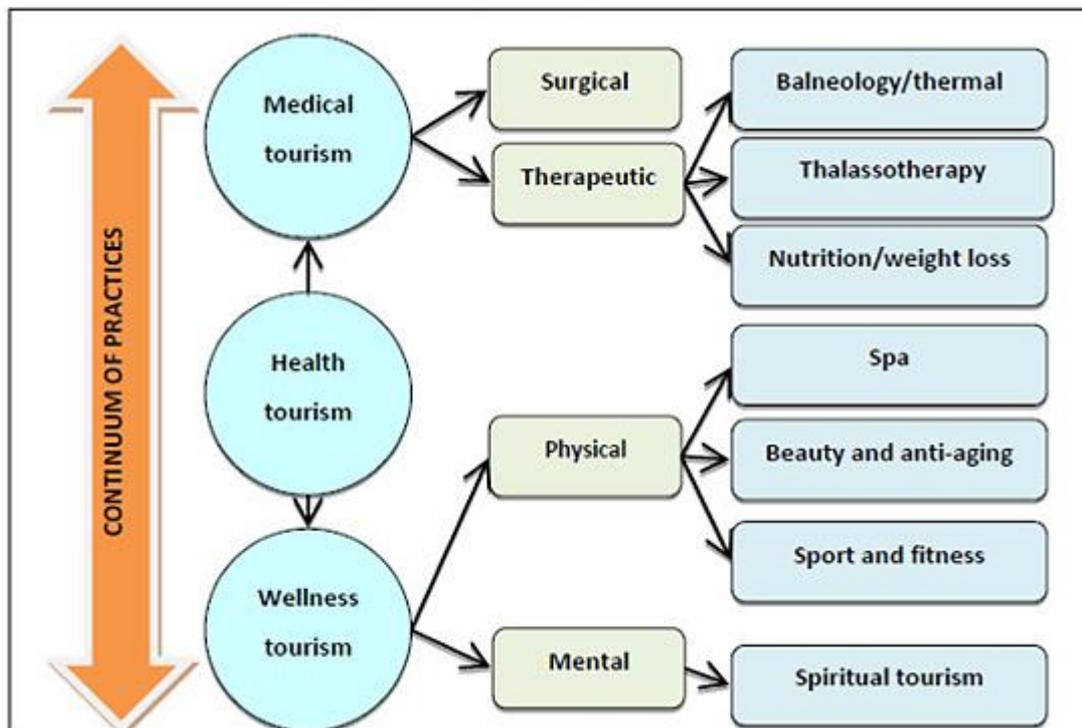


Figure 2.3: Framework of the medical tourism

Source: Padilla-Meléndez & Del-Águila-Obra, 2016

According to the above figure, continuum of the practices consisted of two forms of tourism purposes followed by subcategories and distinctive examples of these tourism types. Main forms included medical and wellness tourisms. They are both categorized into two subcategories.

Similar to the medical tourism forms indicated in the Figure 2.3, there exists a framework for the medical tourism according to the types, subcategories, and typical usages. Following an analysis of literature conducted on medical tourism, a group of researchers (Padilla-Meléndez & Del-Águila-Obra, 2016) proposed below structure for the description of the medical tourism functioning, health tourism and wellness system through a practice continuum. They also classified them into four separate medical practices and a total of seven sub practices regarding the choices of medical travels.

Medical tourism branch included surgical and therapeutic tourisms. Therapeutic tourism categories are balneology/thermal, thalassotherapy, nutrition, and weight loss procedures. Surgical therapy does not have any subbranches according to this taxonomy.

Physical tourism branch consists of three important subcategories, which are SPA, beauty/antiaging, sports and fitness. Finally, last category is mental tourism that is very popular especially in the fat eastern countries such as Japan, China, and Thailand. Turkey has several religious and historical places, and it is foreseen that it could easily improve this type of tourism category.

2.4 Current Global Situation of Medical Tourism

Most people who currently travel for medical concerns are from USA, Canada, and Western Europe (Hopkins et al.,2010). It is also known as medical travel. It generally refers to travelling to a particular destination for health issues and medical curing possibilities in the developing countries.

Hopkins et al. (2010) conducted one of the most extensive review studies regarding medical tourism current state and developments in the world today. They stated that inexpensive medical treatments, lower labor and living costs triggered increasing number of the citizens of the developed countries to travel for any forms

of medical conditions and concerns. For example, some developing countries provide similar health procedures and treatments with only 10% of the cost in the US.

Figure 2.4 presents cost comparison of typical medical surgeries between the United States and a group of developing countries (India, Thailand, Singapore, Malaysia). Typical cost includes surgery, labor, after surgery, and pharmaceutical expenses (Kılınç, 2017). According to the figure, heart bypass costs an average of 16 times more expensive in the US than reviewed developing nations. Heart valve replacement was found as the most expensive health surgery in the list. Overall, the costs of such health care procedures and surgeries were much more expensive than some of the developing countries included in the investigation (Hopkins et al., 2010).

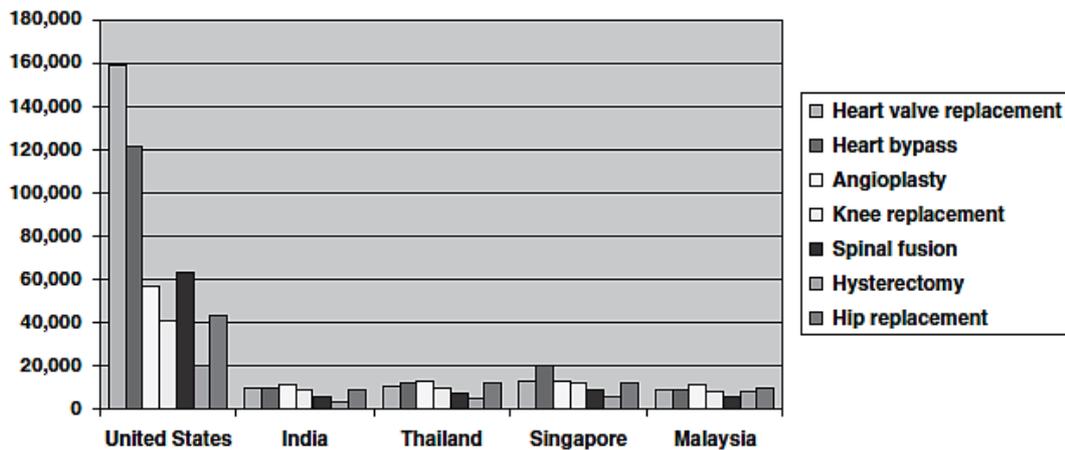


Figure 2.4: Comparisons of the medical costs for different countries (USD)

Source: Hopkins et al., 2010

One of the popular medical tourism destinations is known as India (Chinai & Goswami, 2007). The average health and pharmaceutical expenses in India are lower compared to the similar countries and especially developed countries. In 2017, around half million people visited India for health issues (IMTJ (International Medical Travel Journal), 2018).

Among the developing countries indicated in above figure, Singapore was seen the most expensive and India was the least expensive regarding medical treatments discussed in the study India (Chinai & Goswami, 2007). The average GDP (Gross Domestic Products) – per capita (Gross Domestic Products) and income

values are accepted as important factors that produce the average costs for the medical care procedures.

Future of the health services and medical tourism was discussed by Lee and Spisto (2007). In a study, they investigated progress of the medical tourism around the world in the use of the factors of the Porter's diamond. It is a tool and a strategic analysis that mainly focus on two types of organizational perspective (industrial and source based). They claimed that long waiting lines and high health insurances led to the international medical tourism and initiated this trend.

Lee and Spisto (2007) reported that 41 countries offering medical or health tourism as of 2006 including Turkey. They also stated that any country who wishes to initiate and offer medical tourism do not need too much financial investments as it is not very different from other types of touristic attractions. Although countries make investments for medical buildings and medical doctors, their investments are generally paid back in a period of time depending how successful their marketing and advertisement efforts.

2.5 Implications of Medical Tourism

Medical tourism has been considered one of the most important business especially for the developing countries including Turkey. In terms of these countries it is possible to obtain a crucial income through the business. In order to achieve that, politicians, decision makers, and tourism entrepreneurs should work together collaboratively.

In collaboration of the Minister of Culture and Tourism and the Minister of Health have been working together to better offer medical tourism to increase potential revenues (Republic of Turkey Ministry of Culture and Tourism, 2018). Although health tourism is included in the field of activity of many institutions or organizations in Turkey, the thermal tourism was one of the main areas offered for the elderly and disabled tourists. The Minister of Culture and Tourism conducts special planning, certification, and promotion activities on thermal health tourism (Republic of Turkey Ministry of Culture and Tourism, 2018).

According to a recent article written by Lum (2015), more than 50 countries have been promoting medical tourism around the globe because of its growing source of foreign exchange. Demands of the medical tourism have been growing in

the last century and that makes developing countries to focus on their health services and advance them based on the needs by the medical tourists. Annual development of any types of medical visits in Asian market has been growing with around %23-30 annually Lum (2015).

Governments and investors should increase the quality of their services in order to attract more customers abroad. In addition, public pays are kept low to compete their rivals in the industry. However, stakeholders should be careful about the steps they take because the progress should also make the citizens and public satisfied.

2.5.1 Financial implications

Developed countries spend high amount of money in order to offer medical services to the citizens. For instance, United States invested a total of USD 2 trillion, which about 16% of their GDP in 2010 (Carruth & Carruth, 2010). Health costs have been rising in the last decade. In conclusion, the model of sending the patients to develop or less developed countries to reduce the medical costs have been becoming a major revision in social security and health care systems of developed nations.

Carruth and Carruth (2010) investigated financial burden of medical tourism in regard to the treatment, follow up care and complications from the US healthcare system perspectives. According to them, huge cost differences between the US and medical tourism destinations create and increase demands for this tourism business. For instance, while it costs between USD 40.000 for a knee replacement in the US, same operations could be performed with only USD 10.000, about 1/5th of the cost.

The researchers (Carruth & Carruth, 2010; Piazzolo, & Zanca, 2011; Sandberg, 2017) also indicated that the rapid rise of the average expected life expectancy for an American citizen also influenced surge of the health care costs. Although the US spend more budget for the health care system and most people think that health care system is the best in the world, statistical data proved otherwise. It ranks 23rd for infant mortality and 28th for life expectancy in the world.

Piazzolo and Zanca (2011) developed a scientific model for international Trade for health care industries in Germany, USA, India, and Hungary. They Focused on international Trade in terms of specializations and free Trade. They showed that the model between USA and India to be beneficial for both countries for

the medical tourism perspectives. They also pointed out the specifics for the flow of medical tourism between Hungary and Germany (Piazolo & Zanca, 2011).

Piazolo and Zanca (2011) expressed that the main reason for the medical tourism and medical tourism destinations is due to the financial differences between financial cost nationally and internationally. This difference was illustrated in Figure 2.5.

Medical Procedure	USA	Germany	Hungary	India
Hip Resurfacing	₹ 49.803,00	₹ 14.900,00	₹ 6.960,00	₹ 8.070,00
Heart Valve Replacement	₹ 60.000,00	₹ 39.000,00	₹ 16.900,00	₹ 11.800,00
Dental Implants	₹ 5.470,00	₹ 2.100,00	₹ 1.060,00	₹ 500,00
Dental Crowns	₹ 2.000,00	₹ 2.350,00	₹ 330,00	₹ 150,00

Figure 2.5: Differences of the financial costs among various destinations

Source: Piazolo and Zanca, 2011

As can be seen in above table, medical operations cost 5 to 10 times expensive in the USA compared to India, Germany, and Hungary. The biggest cost difference included hip replacement, knee replacement, and heart bypass.

Bariatric surgery is one of the common medical tourism (Kim et al, 2016). They investigated financial costs and patients' perceptions of medical tourism in Canada. They also reported some complications for weight loss treatments. Data were collected from general surgeons in a state of Canada (Alberta) and a sample of medical tourists in the cases of treatment complications in bariatric surgery. Patients' motivations were also their research purpose.

Their findings (Kim et al, 2016) showed that more than 560.000 US dollar were spent on the bariatric surgeries by 25 surgeons in 2012 and 2013. The results of the medical tourist surveys also showed that they mostly consider their surgeries and medical treatments were successful though some complications occurred. Such complications included medical teams' lack of treatment skills and any postoperative complications. They claimed that any financial costs of medical tourism were significant, but some impacts emerge for the existing medical treatments in the state of Alberta.

Davison et al. (2018) investigated the price and legal implications of medical tourism and surgical treatments. They reported that over 15 million American people

travel abroad to seek medical treatment and surgical operations (Figure 2.6). The total amount of financial expenditures was around 50 billion dollars for medical care in 2017. Scope, practice, and legal jurisdiction pose treats for medical tourism and treatments. They mostly do not have any information or little information regarding legal recourse and legal issues. Davison et al. (2018) reported the financial costs in various destinations.

Medical Procedure	USA	Columbia	India	Jordan	Thailand	Singapore	Turkey
Heart Bypass	£123.000,00	£14.800,00	£7.900,00	£14.400,00	£15.000,00	£17.200,00	£13.900,00
Angioplasty	£28.200,00	£7.100,00	£5.700,00	£5.000,00	£4.200,00	£13.400,00	£4.800,00
Heart valve replacement	£170.000,00	£10.450,00	£9.500,00	£14.400,00	£17.200,00	£16.900,00	£17.200,00
Hip replacement	£40.364,00	£8.400,00	£7.200,00	£8.000,00	£17.000,00	£13.900,00	£13.900,00
Breast implants	£6.400,00	£2.500,00	£3.000,00	£4.000,00	£3.500,00	£8.400,00	£4.500,00
Rhinoplasty	£6.500,00	£4.500,00	£2.400,00	£2.900,00	£3.300,00	£2.200,00	£3.100,00
Face lift	£11.000,00	£4.000,00	£3.500,00	£3.950,00	£3.950,00	£440,00	£6.700,00
Liposuction	£5.500,00	£2.500,00	£2.800,00	£1.400,00	£2.500,00	£2.900,00	£3.000,00
Tummy tuck	£8.000,00	£3.500,00	£3.500,00	£4.200,00	£5.300,00	£4.650,00	£4.000,00

Figure 2.6: Costs of the medical treatments among various destinations

Source: Davison et al., 2018

2.5.2 Healthcare system implications

Non-traditional medical treatment methodologies, although it has existed for many centuries, have been rapidly growing in the last few decades (Barer & Stoddart, 1992). Non-traditional medical care consists of two dimensions. First dimension includes uncommon and unorthodox health treatments such as acupuncture, massage, and similar therapies especially in the far east countries.

Secondly, rehabilitation therapies have had great attention particularly for older people in addition to the chiropractic and physiotherapy. Such non-traditional therapies are not offered at a regular health system (hospitals) or private health care centers. They are only offered by certain specialists with higher skills and this trend is likely to rise in the near future and maybe integrated within the health care systems.

On the other hand, another growing area within the medical systems has been managing certain chronic disease such as heart issues, hypertension, and diabetes (Barer & Stoddart, 1992). Especially developing countries are expected to get involved in the same chronic diseases in the near future, they were also believed to improve their health care systems to deal with the aging populations and look for the cures and managing their chronic diseases. Such programs could be successfully

implemented if required revisions in the structural form of the medical health care. Any types of disease could not be managed with the traditional methods from the family physicians. Experts from the specified medical areas should form a team and advanced medical technological and gadgets for the patients are required.

In general, people look for a high-quality health care and appropriate systems and this trend keeps pushing medical systems to evolve and adapt structural revisions to deliver the best health care system to be able to stay in the business (Barer & Stoddart, 1992). Also, establishing more integrated system within a campus like hospitals are more preferred by the patients to get fast and diverse results. In conclusion, it is inevitable to expect more health care investments in regard to information technology in order to provide their patients' need for obtaining detailed information about their health concerns.

Béland and Zarzeczny (2018) reviewed recent literature to study various medical tourism research outline that focused on relationships between medical tourism trend and its implications on public medical care systems. Participants from Canada and USA were included in the study to generate a methodical research framework these two related variables towards offering recommendations for the future investigations.

National health care system is shaped by the impacts of medical tourism policies and public background to support such visitors (Kim et al, 2016). Health care systems could vary from one country to another. Some are centralized such as Turkey while others are designed and organized regionally or statewide such as USA.

Medical tourism sometimes affects the availability of health care opportunities for wealth people due to the limited sources of medical treatment. The researchers proposed four areas for future studies in this field to gather more specific and in-depth data for the links between medical tourism and its implications of the destination country (Béland & Zarzeczny, 2018):

- Patient flow trends and tendencies (types of treatments demanded by the medical tourists, medical tourism destinations).
- Motivations of the medical tourists (quality purposes of the health care and treatments, domestic medical professionals, cost effectiveness).

- Health care system and medical tourist interactions (domestic health care doctors and other professional roles in the system, follow-up costs).
- Current state policy on the medical tourism (infrastructure of public and private health institutions, regulations)

2.5.3 Development of medical tourism

New advancements of machines and technology in the field of medical care has been growing since the industrial revolutions in 18th century. During the 20th century, many people travelled to the industrialized countries to get better health cares and advanced medical treatments (Simpson, 2017).

However, this trend changed and directed to the developing countries since 1950s (Béland & Zarzeczny, 2018). This was due to the globalization efforts around the globe. Especially, sharp price decreases of the airline tickets in 1990s greatly affected such medical journeys. Also, medical development in India, Turkey, Mexico, Singapore, and Thailand changed the trends towards themselves and other developing countries. Western nations started getting same medical procedures and health operations at lower prices than in their home country. Cheaper travel expenses also contributed to that shift.

It is important to study the reason of any medical travel based on the country of origin of the patient (Simpson, 2017). The individuals who reside in a developed country mostly prefer to get medical needs in a developing country where medical costs are lower than their own countries. The destinations also provide similar technologies.

The medical tourists do not always travel from developed to developing countries (Simpson, 2017). The other way around is also possible. But in this case, the individuals could not get any specific surgery or operations in their home country, so they visit developed countries.

Some health treatments and surgeries offered in the developing countries such as India are not permitted in other countries due to the cultural or legal reasons (Simpson, 2017). For example, many people travel to the developing countries for dental or cosmetic treatments. On the other hand, people travel to the developed countries for any types of oncological treatments or stem cell procedures.

Among the procedures, dental treatments are one of the most common health tourism area that citizens of the developed countries travel to the developing countries for a crown replacement or root canal operation (Béland and Zarzeczny; 2018). Rising costs and prices of the dentures could be considered as the most important reasons for such a trend. For example, US citizens often travel to Canada or Mexico to get dental operations. Western European people also travels to eastern European or less developed countries for their dental work. The cost and prices of the dental work in the developing are approximately one fifth of the prices or cheaper than in the developed countries.

For example, Cuba provides similar dental procedures at much lower prices than the one in the United States (Simpson, 2017). Also, the government provides more financial aid to the medical system and build similar technology and treatment systems that attracts more patients from developed countries. They also offer nontraditional treatments for cancer and diabetic patients. Their legal system allows such treatments but most of them are prohibited in the developed countries.

2.5.4 Revenue implications

Total revenue of the medical tourism and related treatments has been growing at a fast rate in the last three decades according to the international reports and studies (NaRanong & NaRanong, 2011). Also, the number of medical tourists has been growing and increasing incomes from it are regularly reflected on the media sources. According to McKinsey, medical tourism in Indian created a total of \$1 billion in 2012 and growing since then. Also, medical tourism industry reached to a total of USD 20 billion worldwide in 2006 and doubles in 2010. But such figures were not reflecting total picture of this system since some of them are not included in the calculation.

Thailand a popular medical tourism destination has been greatly increasing since 1990s, but few scientific researches have been conducted on this topic. The medical health care market for the medical tourists were estimated between \$1.5 billion and \$2.5 billion for the year of 2012 (NaRanong & NaRanong, 2011). That was only 0.4% of their GDP. Another study showed that many American citizens travel abroad to get medical treatments. An estimated value of \$1 billion spent on such travels and considered a loss to the US medical care system and US economy

(Cornell, 2006). Studies were based the obtained statistical data gathered from their National Ministry of Health.

On the other hand, now many researches were conducted in the case of the UK (Guy, Henson, & Dotson, 2015). It could be estimated that considering the income generated in the country; the value of the medical tourism could be calculated. According to the British National Minister of Health (NMH), people who travel abroad for the medical purposes increase the costs for the NMH that was caused from the follow-ups and related health expenditures.

Table 2.2: Number of doctors and health personnel density per thousand citizens

Country	Number of Doctors (year)		
India	645,825 (2004)		
Indonesia	29,499 (2003)		
Philippines	90,370 (2002)		
Thailand	22,435 (2000)		
United States	730,801 (2000)		

Country	Physician Density	Nursing Density	Other Health Workers Density
India	0.60 (2004)	0.80 (2004)	1.03 (2004)
United States	2.56 (2000)	9.37 (2000)	14.52 (2000)
Thailand	0.37 (2000)	2.82 (2000)	0.23 (2000)

Source: NaRanong & NaRanong, 2011

As can be seen in above table, USA had the highest number of doctors in the list and Thailand having the lowest number of doctors. India had the second largest groups of doctors (NaRanong & NaRanong, 2011). Such numbers do not reflect profound details in terms of doctor/patient ratios. Second table presented health personal densities for three countries (India, USA, Thailand). It showed that USA had the highest densities (number of patients per medical personnel). That result also indicates that USA having the highest number of medical doctors and health personnel. Thailand was the top country with the lowest number of health personnel for a group of citizens (1000 people) and lacking number of medical personnel.

NMH reports also showed accessible data and insights for the data provided (Vijaya (2010). Although low availability of the reliable and valid data, studies were mostly generated based on the estimation and theoretical analysis obtained from foreign government reports and calculations. However, major economic impacts

could be easily estimated as far as the UN NMH system is concerned. Vijaya (2010) discussed medical tourism in regard to revenue creation and international money transfer of medical issues in five different countries including USA, India, Indonesia, Philippines, and Thailand. Number of doctors in each country were shown in Table 2.2 provided from WHO in 2008.

The NMH presented average costs and total expenditures that was the main interest, but net costs for the case of health care and medical systems were eliminated. Some expenditures of the services such as social medical costs were included for the bariatric patients (NaRanong & NaRanong, 2011). The total costs of the medical tourism travels abroad could be calculated with the medical expenditures when they are back to their home country and visited their doctors. The NMH provided detailed information regarding their health development and certain average costs could be gathered. If the patients did not get any medical treatments which could be supported by the NMH could provide average savings and expenditures. Also, any actual costs of the medical treatment implemented abroad could show average amount of revenue for the medical tourism. In conclusion, it is important to generate a revenue for the developing countries as well as for the develop countries from the procedures very expensive. Certain treatments including cosmetic surgery, fertility, and bariatric procedures are the most common procedures preferred in the medical tourism destinations

Although medical tourism is considered as a probable revenue, it helps the domestic health care system and could eliminate particular health issues in the developed countries and transferred the to the developing countries (NaRanong & NaRanong, 2011).

2.6 Medical Tourism Actions and Demands

Although populations in western countries, as well as countries in the Far East are facing rapid ageing, global data still show that half of the world's population is younger than 30 years of age (Cohen, 2011). Young people represent a potential demand for health-related tourism in the near future.

Cultural traditions, natural assets and heritage play a significant role in defining demand and motivations (Cohen, 2011). International wellness travelers tend to be savvy and lead a wellness lifestyle. They seek healthy services and prefer

lifestyle-based treatments. Domestic health tourism is significant in several countries. This is especially true in countries where the government still subsidizes national or domestic health tourism (e.g., thermal medical bath treatments) through social tourism.

Medical tourism involves people travelling expressly to access medical treatment (Turner, 2007). People travel for wellness to maintain or enhance their personal health and well-being, and wellness services focus on healing, relaxation or beautifying of the body that is preventive and/or curative in nature.

The key drivers for medical tourism are the lack of insurance and services (in the patients' home country), lower costs, better quality care, procedures unavailable at home and shorter waiting periods (Turner, 2007).

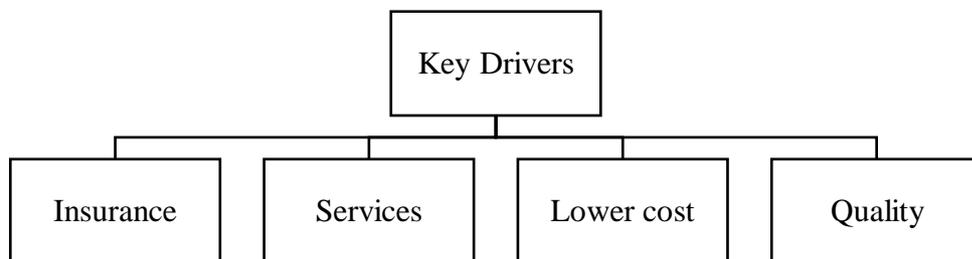


Figure 2.7: Key drivers of the medical tourism

Source: Turner, 2007

Figure 2.7 illustrates four important key drivers of the medical tourism. Insurances if the first essential criteria for an individual to select a medical tourism destination for any types of purposes. Insurance could be bought from their national country or could be obtained from the destination country. In addition, it could also be sold by the travel agencies.

Medical tourism facilities need to offer good service in regard to the medical treatment and other tourism services. First of all, the costs for the services should be competitive compared with their rivals. Services should also be advertised with the use of the digital marketing opportunities. Finally, a quality service with the low costs is expected from the medical tourism facilities.

Medical tourism has historically been from lower to higher income countries, with better medical facilities and more highly trained and qualified professionals (Turner, 2007). However, this trend is now reversing and most recently *hubs* of

medical excellence have developed which attract people regionally. Many countries participate in medical tourism as importers, exporters, or both.

The main importing countries (those where the medical tourists come from) are in North America and Western Europe (Turner, 2007). The main exporting countries (those who provide the services to medical tourists) are located across all continents, including Latin America, Eastern Europe, Africa, and Asia. Countries and/or hospitals tend to be specialized in certain procedures.

2.7 Issues and Obstacles in Medical Tourism

Social policies and public as well as private initiatives aiming at the improvement of the general wellbeing of citizens also support travelling for health purposes (Fisher & Sood, 2014). National and regional policies and initiatives are often paving the way for domestic and/or international health tourism (e.g., investment, incentives or regulations), especially if supported and facilitated by a relevant organization, e.g., industry co-established cluster or governmental department (Esiyok, Çakar, & Kurtulmuşoğlu, 2017).

Distribution in health tourism is quite unique. In medical tourism, facilitators (and not traditional tour operators) play an important role. In wellness tourism (especially in retreat-based or spiritual tourism) small but rather specialized tour companies provide packaged services or operate distribution platforms (Bookman, 2007). The online distribution (e.g., online travel agencies) has not yet developed (or applied) a terminology that would support distribution on a larger scale. Time spent on leisure activities (including health care and prevention) has increased over time. More available time and increased disposable income devoted to leisure activities (e.g., travel, entertainment, health care, personal wellbeing) are supporting healthy lifestyle motivations.

Medical tourism is particularly driven by over-burdened health care and public health insurance systems (Fisher & Sood, 2014). Long-term care (LTC) expenditure has risen over the past few decades in many advanced economies, with ageing population requiring more health and social care. Urbanization is a major challenge for public health. According to the United Nations, over half of world's population live in cities, a proportion that is expected to increase to two-thirds in

2050. Urban living associated health condition and chronic diseases are leading to a growing need and demand for healthier trips, *natural* alternatives, and *escapism*.

Certain legal directives are also perceived as influential, especially those in medical tourism, like the European Union (EU) Directive on cross-border mobility (Cohen, 2011). The Directive 2011/24/EU on patients' rights in cross-border health care "clarifies that patients are entitled to seek health care abroad, including for planned care, and be reimbursed for it, in principle without having to seek prior authorization".

The global nature of financial markets fuels rapid developments, especially in the hospitality and spa market (Cohen, 2011). Increasing investments (often as foreign direct investment) are taking place in medical tourism as well, mainly in the form of investments in technology and know-how. However, the concept of *brain drain* is quite common especially in the medical tourism industry (i.e., doctors and other health care professionals choose to work in medical tourism rather than treating local residents).

Medical tourism has been widely called as a slogan for the countries that fast growing their health care system for their guests around the world including Turkey (Fisher & Sood, 2014).

It is not a new concept or topic because it has been around the world since the ancient times as discussed in the previous sections (Momeni et al, 2018). However, the services and the medical procedures evolved since the ancient trips to the near cities for holy water and temples.

Also, new developing innovative technological advanced deeply affected to this sector as developing countries started grasping. Earlier times, medical tourism occurred mostly in the developed countries because wealthy people of the underdeveloped or developing countries visited the developed countries since they offered most advanced medical technologies for their times (Cohen, 2011).

However, since those times, especially from the beginning of 20th century, this trend was reversed, and citizens of the developed countries started visiting developing countries because they started offering similar level of medical treatments at lower costs in their home countries (Hadi, 2009). For example, India could be named as one of the most popular destinations because its medical care

system offers specialized physicians and high-tech medical procedures and treatments as well as famous tourism attractions around the country.

Medical tourists get the medical treatment needed as well as enjoying beautiful countryside. The medical tourism shows great potential for improvement, but it brings and surfaces several challenges to the host country (Fisher & Sood, 2014). Such challenges will be briefly discussed below.

First challenge starts when the medical tourists come back to their home country (NaRanong & NaRanong, 2011). Certain complications could create further treatments in the follow-up sessions. Follow-up visits could be expensive and time consuming and causes high amount of money to be spent on them. Although high technology communication tools such as Skype, WhatsApp and Facetime could help reduce this cost in addition to other information technology. This is a major difficulty for a country that plan to increase the number of their medical tourists.

Second issue that prevent rapid expansion and improvement of the medical travels is best known as language problems (Cohen, 2011). It creates an important issue in medical tourism. The host country could offer best doctors and treatment to the medical tourists, but it is no use if the communication barrier could not be overcome. Therefore, doctors, nurses and other medical personnel should be able to communicate with their patients in order to offer the best treatment possible. The language barriers pose a great threat to the development of the medical tourism.

Brain drain for the developing countries also creates another important threat to the host country as some of them could move to the developed countries. This could be generated by offering higher salaries and flexible hours as well as better work conditions in developed countries. Top doctors or nurses of the developing countries could be stolen by them.

Infrastructure is another important issue for the developing countries like Turkey because it could prevent the citizens of developed countries choosing as their medical destinations. For example, several infrastructure issues were reported such as poor hygienic buildings, insufficient water resources, poor supplies, and lodging issues. This list could also include por communication technology, staff inefficiency, and low-quality foods.

Many medical staff including doctors, nurses, and administrative personnel at the hospital in developing countries are generally lack of behavioral and professional characteristics. Other personal features such as friendliness, professional skills, loyalty, appearance, and underdeveloped interpersonal skills negatively affect their patients and service experiences.

Also, India and some other destination countries show lack of any professional promotion system in their medical tourism agenda. Lack of accreditation and legal regulation at their medical care centers related to service providers pose another threat for the medical tourism.

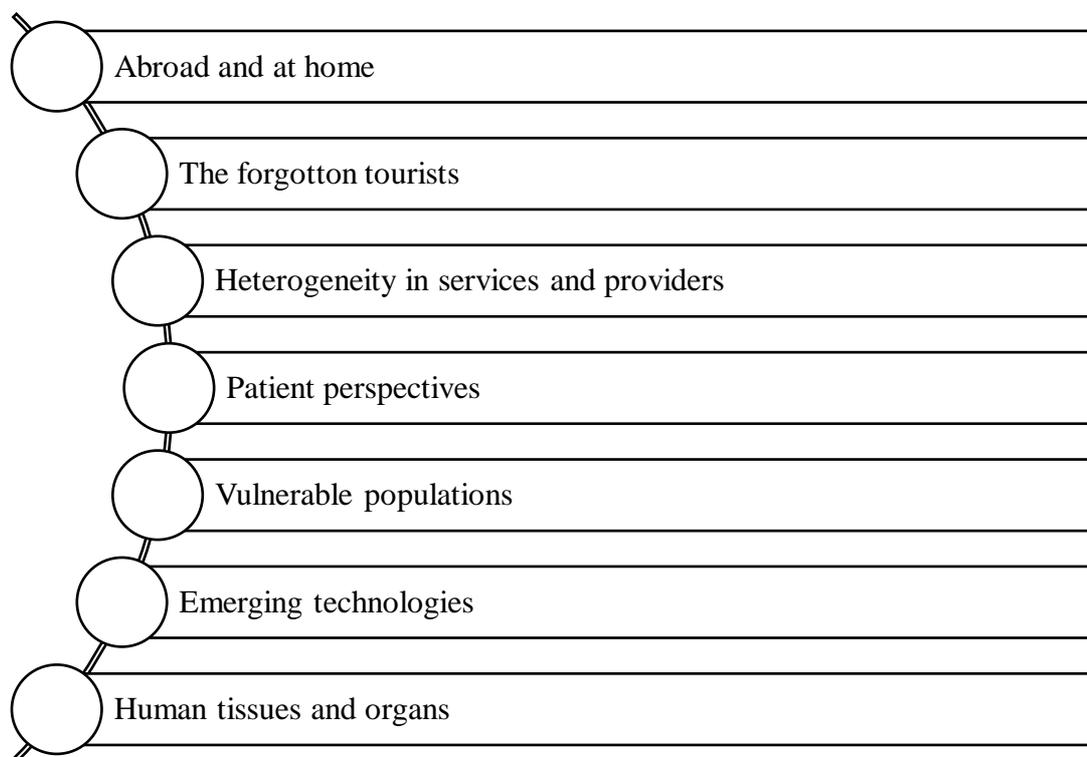


Figure 2.8: Seven issues of the medical tourism

Source: Behrmann, & Smith, 2010

Finally, one of the serious concerns in medical tourism relate to differences in laws in different countries (Figure 2.8). There are no uniform laws and moreover, in most countries there are weak laws for malpractice in medical services which leave patients with fewer options to fight for their rights in case they are cheated or if something goes wrong during the whole medical process.

In addition to the issues and concerns regarding the medical tourism as discussed in the literature in general, a recent study discussed top seven issues in

medical tourism for Canada for certain and particular perspectives (Behrmann, & Smith, 2010). They expressed seven important concerns as presented in the above figure.

Medical tourism number one issues is that the government authorities in a country do not have any authority in other countries such as medical tourism destinations. Therefore, it is necessary to build multinational medical agencies and medical facilities in order to overcome this issue.

Additionally, forgotten tourists refer to the national or local tourists. Most nations including Turkey often ignore the Turkish tourists in general as well as the medical tourism. So, local tourists should be offered with some advantages for their medical procedures related to the special operations.

Heterogeneity in services and service providers is required for better medical tourism destinations. Medical tourism is evolving with the recent developments of technological and innovative medical procedures. The medical tourism organizations and hospitals should treat and give importance to all types of medical procedures and treatments. For example, organ transplants and abortion tourism do have ethical and religious effects (Behrmann, & Smith, 2010). This issue is important for the medical tourism activities in Turkey because the diversity of the Turkish medical systems is currently lack of offering different healthcare.

Another concern for the medical tourism is patients' perspectives, motivations, outcomes, in terms of anecdotal and empirical viewpoints. Medical tourism facilities should consider their services from their patients' perspectives and use their inputs and feedbacks. Personnel should be motivated according the outcomes in regard to the anecdotal and empirical perspectives.

Vulnerable populations and inequities issues are considered other problems that need to be resolved for the destinations including Turkey. This concern involves economic and political factors. Waiting times and the ages of the patients pose significant issues in this regard (Behrmann, & Smith, 2010). Payment issues and medical insurances are also other related factors.

Another issue that affect medical tourism activities is technological advancements in the medical treatments and procedures. For example, genetic transfers and genetic modifications require advanced technological support.

Final issue included human tissues and organs in terms of monetary constraints. Meeting health needs of commodifying populations should be satisfied. Researches should be conducted in order to better serve medical tourists. In order to conduct related studies, public and private companies and research organizations should put more research grants to the researchers.

3. MEDICAL TOURISM IN TURKEY

3.1 Turkish Healthcare System

Turkish healthcare system is structured within two different state ministries, Ministry of Health, and Ministry of Treasury and Finance (Baris, Mollahaliloglu, & Aydin, 2011). It includes three separate health insurance systems. It contains all of the employed employees and a large population of the self-employed individuals.

Health sector in Turkey and its financial structure was operated under health service law and organizational comprehensive, holistic, and unitary duty of a health system. Its current structure was designed according to the economic and social policies directed after 1980s. Since then, scientific, and official studies have been carried out to implement the welfare-oriented health system.

Turks have ancient and deep-rooted knowledge and experiences in medicine throughout their history since they have been a nomadic and warrior tribe (Barca, Akdeve, & Balay, 2013). Besides, religious beliefs play an important role. According to the Shamanism, early religion of the Turks, evil spirits were considered to be the main cause of some illnesses. Religious leaders (Shamans) were accepted physicians as well as their other jobs. After migrating to Anatolia in 1071 A.C., health systems of the western and middle eastern civilizations affected Turkish health system.

Current health sector issues arise when national income and per capita national income are considered low compared to the developed countries and the average of the world's nations (Baris, Mollahaliloglu, & Aydin, 2011). After all, the systems mainly affected by the financial structure and availabilities. And the income distribution is distorted. The rate of population growth is high enough to negate the pace of development. However, infant mortality rate has sharply decreased and the expected life expectancy at birth increased in the last four decades due to the integration attempts with the European health care systems.

Some health areas such as maternity, infant health, and oncology cannot offer enough levels of quality health care due to the shortage of physicians. This could be

generalized to the whole health sector in Turkey. Although Turkey offers medical health tourism, its average number of expert physicians falls short. For example, according to the international reports (OECD, 2018), only 2 (1.8) physicians exist per 1000 people in Turkey. On the other hand, the average number of physicians per 1000 people falls between 3 – 5 in the western European countries in 2016.

3.2 Current Medical Tourism Situations in Turkey

Turkey hosted around 178.000 medical tourists in the first half of 2018 according to the Turkish Ministry of Health (Republic of Turkey Ministry of Health, 2018). These tourists visited the country for only health purposes. Most of them (67%) preferred private hospitals and others (24%) visited public hospitals for their medical concerns. The remaining medical tourists preferred university hospitals. Turkey has been preferred for the medical facilities to the individuals from all around the world since it could offer quality medical infrastructure, facilities, and easy transportation availabilities. Medical tourism in Turkey is among the top ten countries worldwide with offering price advantageous, health and quality of medical services.

The number of the medical tourists is only counted as around 2% of the total tourists (38 million) who visited Turkey for various reasons (World Tourism Organization, 2013). Similar trends continued for the last six years. Turkey has been a popular destination for the international tourists and ranked among top 10 destinations in the last decade. Turkey aims to increase the number of tourists to a total of 50 million people by the end of 2020.

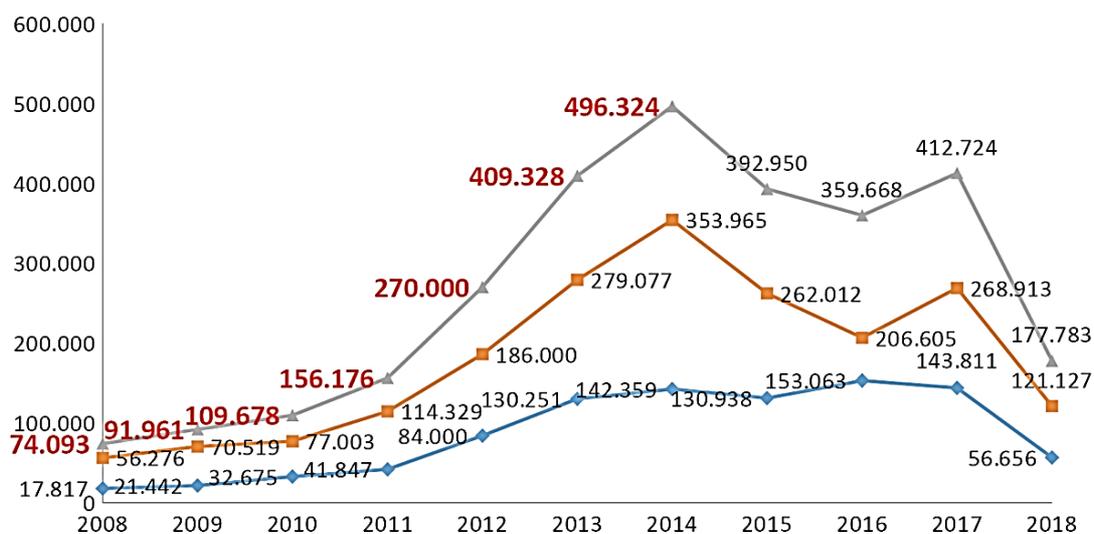
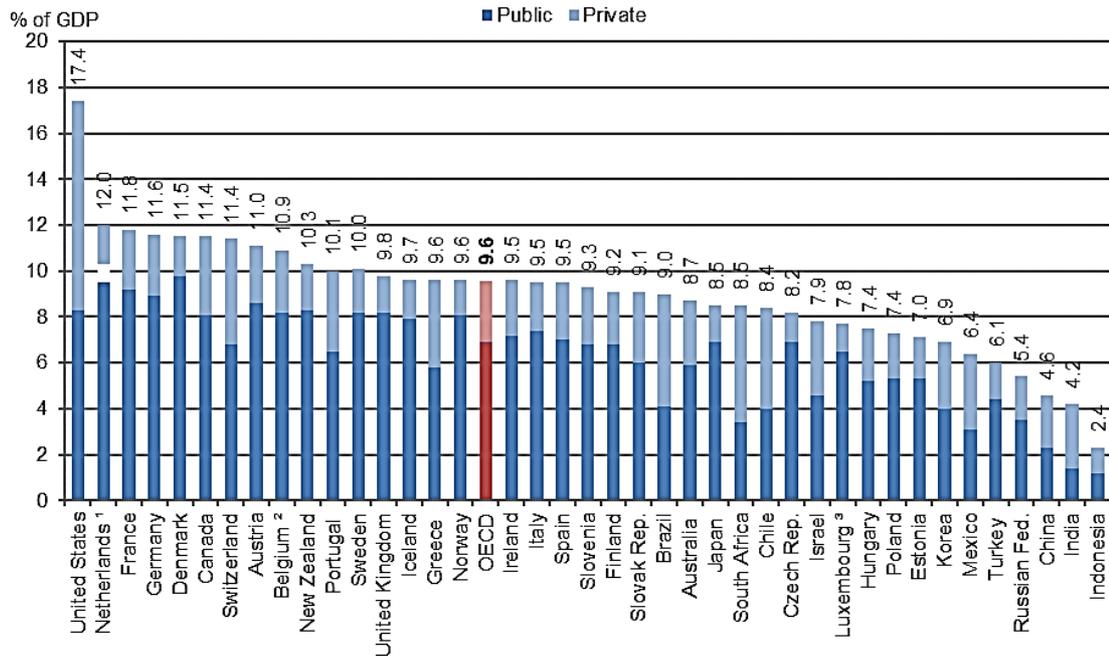


Figure 3.1: The number of the international medical tourists visiting private and public hospital in Turkey

Source: Republic of Turkey Ministry of Health, 2018

Figure 3.1 presents the number of medical tourists who preferred Turkey for their medical issues for the last decade (World Tourism Organization, 2013). As can be seen in above figure, Turkey has been increasing the number of medical tourists since 2008. It increased rapidly between 2008 and 2014. It peaked at approximately 500.000 in 2014. This year was the golden period for medical tourism for Turkey. Between 2014 and 2018, it fluctuated due to the demand-supply as well as financial problems that occurred in Turkey. For the half of 2018, the number of people who visited Turkey for only medical issues was calculated as a total of 178.000.

The first ten clinics of patients receiving medical tourism for 2011 as follows: skin and venereal diseases, ophthalmology, gynecology and obstetrics, medical oncology, internal medicine, aesthetic surgery, orthopedics and traumatology, general surgery, cardiology, and ear-nose-throat (Erdogan & Yilmaz, 2012).



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Total expenditure excluding investments.
3. Health expenditure is for the insured population rather than the resident population.

Figure 3.2: Total health expenditure as a share of GDP, 2009 (or nearest year)

Source: OECD, 2011.

Figure 3.2 illustrates the countries with the highest health care expenditure shares based on their GDP values in 2009 (OECD, 2011). The highest medical health care spenders reside in developed countries and were above the OECD average. The first top three countries who spent the highest medical health care were the United States, Netherlands, and France. Turkey ranked 37th among the 40 countries included in the above list with only higher than Russia, China, India, and Indonesia. This rank put Turkey among the most preferred destination for medical tourism.

According to statistical figures obtained from the Turkish Ministry of Health, 30 million people annually travel abroad for the medical tourism purposes (Republic of Turkey Ministry of Health, 2018). Medical tourism expenditures in the world are approximately 500 billion dollars. Of the 178.000 people who visited Turkey for medical purposes, 67% visited at private hospitals while 33% preferred public or university hospitals (İçöz, 2009).

A study by Ulaş and Anadol (2016), private hospital venture for medical tourism in Turkey was examined in a case research. They investigated various

environmental factors that are needed by a private hospital to be a competitor in the medical tourism market. It was designed as a qualitative study with two hospital directors and 12 medical professionals at a hospital. The initial findings revealed that infrastructure, state support, and financial issues including capacity, cost, and human resources were the major factors that had great impacts for the development of the medical tourism for the private medical centers.

3.3 Future Trends of Medical Tourism in Turkey

Geographical location of Turkey plays an important role attracting people who seek for medical health destination. Turkey lies between Europe and Asia. It is on the border of the European Union countries (Özsarı & Karatana, 2013). In addition, Turkey hosts an international operating airline company, Turkish Airlines. Such prospects make it easier and more affordable to travel for medical tourists. The Turkish government is planning to reach their highest number of medical tourists (500K, 2014) and host more medical tourists in the future.

Several direct or indirect issues arise for the development of the medical tourism efforts in Turkey (İçöz, 2009). The need for family planning and development of reproductive health services continue. Health services are not planned effectively and principally sufficient. Health manpower is inadequate. Almost half of the existing physicians work in three major cities. Inpatient health care spending is low. Ministry of Health offers medical care services at 6000 health centers and 12000 health houses.

As a result of conversion policies in health care system, the quality of services has increased at public and private hospitals in Turkey. Turkish government passed related laws and regulations for the medical tourism in 2017 (İçöz, 2009). The regulations involved procedures and principles regarding the establishment of the medical care services standards provided at the international level for medical health tourists (Republic of Turkey Ministry of Health, 2018). People who visit Turkey for education, refugees, stateless persons, and foreigners of Turkish descendants are offered free of charge or at minimum costs medical services due to their legal conditions and situations (İçöz, 2009).

Turkey is expected to increase the number of people who chose for their medical trips since the satisfaction rates of the medical tourists have gone up 72% in

the recent years (Kilinc, 2017). By considering rising medical costs, long waiting times, and not having medical insurances caused the individuals with medical conditions travel developing countries for destinations including Turkey.

3.4 Factors Effecting Medical Tourism to Turkey

During the 1980s and 1990s, Turkey experienced various structural issues in the medical care facilities for the patients (Republic of Turkey Ministry of Health, 2018). The biggest problems included shortage of financing, insufficient and uncoordinated medical institutions, fragmented and complex structure of the insurance and social security system, and lacking the number of health care facilities. In the 20th century, some of these problems were eliminated. However, some still exist.

Quality service and suitable price advantageous in the world, Turkey ranks among top ten medical tourism destinations (Özsarı & Karatana, 2013). Such challenges include insufficiency of intermediate agencies and institutions, lack of qualified employees, inappropriate and variable prices for medical processes (Özsarı & Karatana, 2013).

In order to overcome such shortcomings, sector stakeholders (e.g. business, government, and travel agencies) should be emphasized as well as strategies for eliminating weaknesses (İçöz, 2009). They should function properly to maintain competitiveness in the medical tourism. Although Turkey offers high quality of medical services, some shortages affect perception of the quality in the sector (Republic of Turkey Ministry of Health, 2018). To minimize negative perceptions regarding the Turkish medical facilities, they should be examined, and practices should be implemented. Also, the number of the highly qualified medical personnel should be increased.

Another issue that negatively affect the medical travel is the lack of employees with the knowledge of foreign language (Republic of Turkey Ministry of Health, 2018). The development of training and seminar programs aimed at understanding the cultural differences and the needs of visiting patients will reduce the problems that may occur due to the cultural differences (Kılınç, 2017).

One of the main concerns about the medical tourism in Turkey is that leading destinations in which Turkey is competing in health tourism in the world are

expected to allocate more budgets for health tourism than Turkey (İçöz, 2009). Another concern is that the likelihood of the reflection of the neighboring countries' economic, social, or political confusion to the region where Turkey is located (İçöz, 2009).

Medical tourism in Turkey is estimated to grow faster if the medical tourists are willing to pay more attention, healthcare services become competitive, and cost differences remain the main factor (İçöz, 2009). In case of fulfillment of the required conditions, Turkey can become a leader in the international health tourism market.

There is an important trade between Turkey and Russia, both in the general tourism and health tourism. A tension with Russia could adversely affect Turkey's exports of healthcare services (Aslan, Çınar, & Özen, 2014) in 2013 and 2014.

Another issue is the possibility of accelerating brain drain from these countries due to the increasing physician needs of economically developed and especially aging countries (Kılınç, 2017). On the other hand, Turkey should take attention on the monopolization in the pharmaceutical sector and its dependence on foreign sources.

Medical tourism has been one of the greatest achievements for the Turkish tourism industry (Aslan, Çınar, & Özen, 2014). Especially post-2000 era showed fast growth in terms of the number of medical tourists and the revenue.

3.5 SWOT Analysis of Medical Tourism in Turkey

In this section, it is presented that the SWOT (Strengths, Weaknesses, Opportunities, Threats) of the Turkish medical tourism sector according to a report prepared by the Turkish Motoliers Federation (TUROFED). Below table summarizes the results of the report (TUROFED, 2018).

According to the SWOT analysis in the table 3.1, Turkish medical tourism has several strengths and weaknesses in terms of it sociodemographic, political, economic, and medical foundations, local people, international destinations, transportation issues, visa programs with the other countries, accommodations, health care system and language problems.

In the first column of the table, the strong sides of the medical tourism in Turkey are listed. First of all, medical tourism in Turkey has advantages over other

destinations such as more international connections and mobility, trade agreement and visa exception programs. Additionally, such serviced like all-in-one contribute to it. Combined with being an international tourism destination also contribute to the medical tourism in Turkey.

In addition, medical tourism infrastructure and innovative medical technological tools in Turkey play important roles for the medical tourism economy. Hotel chains and other accommodation facilities especially in Istanbul, Antalya and Izmir offer economic accommodations in addition to the special discounts of the Turkish airlines for the medical tourists. Turkey also has recognized and accredited medical institutions that could provide health care costs with lower expenses.

Table 3.1: SWOT analysis of the medical tourism in Turkey

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • More international connection and mobility. Trade agreement and visa exemptions. • All-in-one service recognized offers for medical tourism. • Future technologically innovative plans for the medical tourism (Tenth development plan). • Medical tourism infrastructure in addition to cultural and historical values. • Recognized international tourism destinations (Istanbul, Antalya). 	<ul style="list-style-type: none"> • Inadequate advertisement internationally via meetings. • Insufficient budget allocation for promotion of the medical tourism. • Inadequate number of cities with high infrastructure. • Lack of awareness of the health services and medical tourism in the society. • Insufficient statistics about the health issues. • Small number of operating intermediary companies for the medical tourism. 	<ul style="list-style-type: none"> • Increased opportunities to receive health services via the private health insurances • Increased treatment-based health services • Increased interests in health care by investor companies • More attention to health in general, increased survival and growing demand for plastic surgery • Easy access to worldwide healthcare organizations 	<ul style="list-style-type: none"> • Competitors offering more financing than Turkey • Negative perceptions on the region where Turkey is located due to terrorist attacks. • International health tourism sector turning into price and service. • Political crises with other foreign countries. • Financial issues for the high-quality health service.

Source: TUROFED, 2018

Table 3.1 (Cont'd): SWOT analysis of the medical tourism in Turkey

<ul style="list-style-type: none"> • Important hotel chains and international pharmaceutical companies. • Economic accommodation facilities. • Close to European countries. • Recognition for face and another organ transplantation. • Discounts of Turkish Airlines for medical tourists. • JCI accredited medical institutions. <ul style="list-style-type: none"> • Support of the government. • General health insurance system. <ul style="list-style-type: none"> • Providing health care at cost-effective 	<ul style="list-style-type: none"> • Little financial support on the scientific research on human tourism. • No active and effective strategies adapted by the sector shareholders. <ul style="list-style-type: none"> • <i>Not enough studies on the expectations and satisfactions regarding the medical tourism.</i> • Language barriers of the personnel. <ul style="list-style-type: none"> • Difficulty of the arrivals and departures during winter season. • No additional focus on the cultural and historical perspectives. • Lack of legislation to support the medical tourism. 	<ul style="list-style-type: none"> • Growing demand from countries with slowing population (USA, EU, UK) • Increased demand for health services in countries with the underdeveloped health care infrastructure • Increased demand for health tourism in developing countries <ul style="list-style-type: none"> • Possibility to provide training, market research, infrastructure for the health tourism market by benefiting from international funds. 	<ul style="list-style-type: none"> • Brain drain (physicians departing Turkey) movements to the developed countries. • Monopolization in the pharmaceutical sector and its dependence in foreign sources.
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Source: TUROFED, 2018

In the second column of the table 3.1, general weaknesses of the medical tourism in Turkey are summarized. Although Turkey has many advantages regarding the medical tourism, it also poses some disadvantages. First of all, it does not advertise enough internationally at the international meetings. In addition, it does not provide sufficient budgets for promoting the medical tourism. Although some of the medical facilities have strong infrastructures, some still lack of solid infrastructures. Most of the local people are now aware of the medical tourisms in their cities however statistical information are not shared often in the public media.

Not many studies are conducted on the medical tourism and only few research studies are supported by the local, regional, and national organizations. One of the main concerns included in the list of weaknesses is language barrier for the medical personnel. Medical staff who work at the hospitals do not speak the languages of the medical tourists very well and communication poses a big problem. Medical hospital and organizations generally do not hire translators for the medical tourism, either. Compact touristic travels including historical and cultural tourism are not included in the medical tourism packages.

Turkish medical tourism has many disadvantages; however, it offers several opportunities for the medical tourism agencies and private companies. Several private medical insurances started offerings that support medical expenses for the medical travelers. Increased treatment-based health services and interests in the medical care by the medical entrepreneurs and private companies. Especially they focus on the health in general, increased survival and demands for the medical surgeries such as plastic surgery.

Also, Turkey has a geographic location that is easily accessible to the worldwide healthcare organizations. Since Turkey has a younger median age ranges, more medical doctors and work force are involved in the medical sector that is attractive to the older nations such as USA, EU, UK, and other countries. In addition, there have been increased demands from the underdeveloped countries because they do not have appropriate medical care infrastructure. Also, increased demands for health tourism in developing countries. Finally, there have been possibility to provide training, market research, infrastructure for the health tourism market that generally benefit from the international financial investors and international funds.

In the final column of the SWOT analysis in the table 3.1, possible threats and other risks are listed. Competitive countries in the other medical tourism destinations sometimes offer more financial supports than Turkey. In the current and late situations and issues related to the terrorist attack and political instability pose potential risks for the medical tourism in Turkey.

The price and service policies in Turkey often create risks on the medical tourism. Political crises with the other and neighboring countries damage Turkey's perceptions for the medical travelers. Another important problem with the medical tourism in Turkey is education and experienced medical staff. Some of them travel to the foreign countries and sometime move there for the rest of their lives. Lastly, monopolization in the pharmaceutical sector and its dependence in foreign sources create problems for the medical tourism in Turkey.

4. RESEARCH METHODOLOGY AND HYPOTHESIS

4.1 The Study Model

This thesis study was designed to explore the relationships between sociodemographic factors, perceptions of Turkey and medical tourism in Turkey, perceptions of the services, perceived quality (PQ) and perceived value (PV) of Turkish health services, overall satisfaction (OS) and future intentions (FI) of the patients who visited Turkey for health issues.

It was aimed to reveal how they are interconnected within the medical tourism perspectives. Below figure presents the study model.

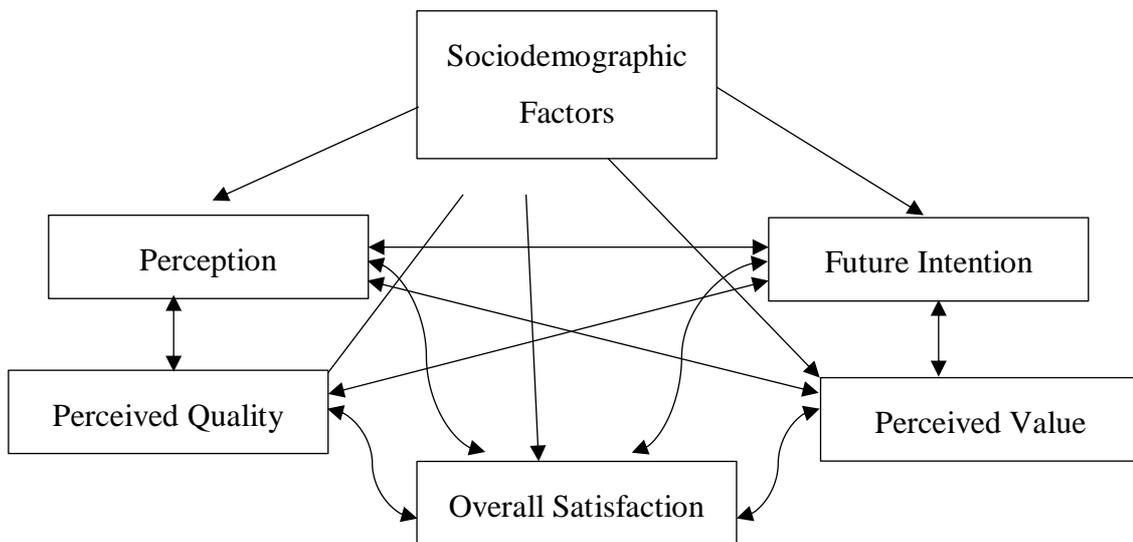


Figure 4.1: The Study model diagram

According to the study model above, sociodemographic factors of the participants have impacts on the five variables in this research project. These five variables are also interconnected to each other.

4.2 The Participants

The participants were selected with random sampling from the medical tourists who visited Turkey for any medical operation, surgery, and other health issues. They mostly from the countries in Middle East. Few participants were from European countries.

Participants were found at a major medical hospital (Esthetical) and its four branches. The researchers gave the necessary information regarding the study and how to complete it online. All four locations of the hospital were used to gather the participants.

A total of 310 patients were selected for the study purposes. 150 of them were male and 160 were female patients. Their age ranged between 25 and 65 with the average of 36 years old. There had various types of occupations including executive assistants, manager, educators, and company owners. The only requirement to participate in the study was medical treatment experience in Turkey.

4.3 Data Collection and Data Collection Tools

This study was conducted at four hospital that offer medical treatments for the foreign citizens in Istanbul where medical tourists visited for their medical treatments between December 2019 and February 2020. Data was collected via google document data collection tool online. The four separate data collection scales were combined in a questionnaire.

Permissions from the hospital managements were obtained for data collection. The participants were contacted from a list of information gathered from the hospitals. The criteria for the participants to be included in this study was being a foreigner who travelled and received medical treatments at a Turkish hospital.

The data collection tools were uploaded to the online system in Google. Potential participants were contacted via email, social media, and other communication tools to invite them to answer the questions online. Completing the online questionnaires approximately took place for 25-30 minutes.

Data collection tools included a questionnaire with five subsections. Each section included sociodemographic form and four questionnaires. First part asked questions regarding their sociodemographic characteristics including gender, age, marital status, monthly income, education status, employment, nationality, and the country of residence (8 items) during the data collection process.

Second subsection data tool, basic information of the medical travel, was utilized to collect data regarding the participants' previous health experiences, reasons for choosing Turkey for their destination, travel companion, other reasons for visiting Turkey other than for medical issues, and alternative destinations. This section included a total of 10 items in this section. Items in this section were responded according to a variety types of answering methods. Some questions required multiple choice options in addition to the final questions that require open ended responses. We collected data from the participants and grouped them according to the research purposes.

Third data collection tool consisted of 11 items in regard to perceptions of Turkey and medical tourism in Turkey. The participants responded to the items based on the 7-point Likert scale from 'strongly agree' (1) to 'strongly disagree' (7) according to their agreements with the corresponding statement. Maximum total amount of score that one could get from this questionnaire was 77 points. The lowest possible score from the questionnaire was only 11 points.

The higher the total score from the questionnaire, the higher the were satisfied with the medical treatments in their visits. The items on the questionnaire included various statements regarding, costs of services, waiting time, types of medical treatments, privacy and confidentiality, travel arrangements, political stability, hospital recognition, and quality of the medical facilities.

The fourth part, perceived quality of medical treatment, measured how the participants thought of their medical visits in Turkey. It included 20 item questionnaires structured with a 7-point Likert scale. The minimum score one can get was 20 points and the maximum score possible was 140 points. The questions were regarding specific features of the medical treatments and procedures that the participated hospitals in Istanbul could offer for their foreign patients.

Finally, the fifth part of the data collection tools included three separate sections regarding perceived value, overall satisfaction, and future intention of the participants. They included three, three, and four (totally 10) items, respectively. They were 7-scale Likert scales.

4.4 Data Analysis

After completing data from the respondents, it was analyzed based on the research purposes and hypothesis. The quantitative data analysis methodologies were adapted. The findings were categorized.

Accordingly, mean scores, frequencies, standard deviations, p-values, percentages, major tendencies, and other significant responses were calculated based on t-test, ANOVA, and other statistical approaches. Open ended questions were also reported for their important inputs regarding the main goals of the study.

5. FINDINGS

The findings of the study were analyzed in this section. Initially, sociodemographic data distributions were analyzed and discussed in detail. The data analysis was conducted based on the quantitative method data analysis methodology.

Sociodemographic features selected for the study purpose included age, gender, marital status, income level, education status, occupation, and nationality (country of origin).

In the second section of the findings, responses of the participants for the items on the basic information of the medical tourism questionnaire were analyzed and discussed. Third part of the questionnaire included perceptions of the participants regarding Turkey and medical tourism in Turkey. The responses were analyzed based on the Likert scale structure.

Regarding perceived quality of the medical treatment in Turkey, the participants responded to 20 items on the questionnaire answered based on the 7-point Likert scale in terms of sociodemographic characteristics.

Last part of the questionnaire included questions regarding perceived value, overall satisfaction of the treatments, and future intentions in terms of their medical procedures. All of the responses and data collected from the participants in the study were analyzed and discussed according to the hypothesis claimed at the beginning of the investigations. Statistical analyses including ANOVA test and t-test, were utilized to calculate p-value, means, standard deviations, and correlations among the data sets of variables and discussed thoroughly.

5.1 Results of the Sociodemographic Characteristics

Seven sociodemographic characteristics of the participants are illustrated in Table 5.1. As shown in the below table, of the participants, 160 (48.4%) were female and 150 (51.6%) were male. Majority of them (N=108, 34.8%) were the ages of between 26 and 35 years old, and between the ages of 36 – 45 (24.5%). It showed

that majority of the participants who preferred Turkey for health tourism destination were young adults according to the WHO age classification (WHO, 2019). The number of the participants who were 56 or older were only 24 (7.8%)

Table 5.1: Sociodemographic characteristics of the participant (N = 310)

Sociodemographic Characteristics	Category	Frequency (N)	Percentage (%)
Gender	Male	150	48.4
	Female	160	51.6
Age	18-25	44	14.2
	26 -35	108	34.8
	36 -45	76	24.5
	46 -55	58	18.7
	56 and older	24	7.8
Marital Status	Married	140	45.2
	Single	132	42.6
	Widow	38	12.3
Income (USD/monthly)	1,000 and below	32	10.3
	1001-2000	72	23.2
	2001-3000	102	32.9
	3001-5000	108	34.8
	5000 and above	50	16.1
Education Status	High School or below	48	15.5
	Associate Degree	36	11.6
	Undergraduate	84	27.1
	Graduate	142	45.8
	Occupation	Government Official	20
Teacher/Professor		40	12.3
Execmive		38	12.3
Clerical/Administrative		40	12.9
Technical		30	9.7
Production		26	8.4
Self-Employed		104	33.5
Retired		12	3.9
Nationality	Jordan	60	19.4
	Middle East	140	45.2
	Europe	68	21.9
	Africa	20	6.5
	Other	22	7.1

Regarding the marital status, 140 (45.2%) were married participants and 132 (42.6%) were single. Most of the patients were earning a monthly income of between 3,001 and 5,000 USD (N=108, 34.8%) or between 2,001 and 3,000 (N=102, 32.9%).

Education status data showed that the participants mostly held undergraduate degree (N=84, 27.1%) or graduate degree (N=142,45.8%). The participants were highly educated.

They stated their occupations in the next item of the inventory. 104 (33.5%) participants were self-employed and owned their practices or companies. In the second biggest group regarding the employment were educators (12.9%), managers or executives (12.3) and clerical or administrative assistants (12.9).

Finally, they were asked to provide their nationalities. 140 of them (45,2%) were from middle east countries including Saudi Arabia, Kuwait, UAE, and Qatar. The greatest number of patients (N=60, 19.4%) were visiting from Jordan. Second biggest group (N=68, 21.4%) were from European countries including Germany, UK, and France.

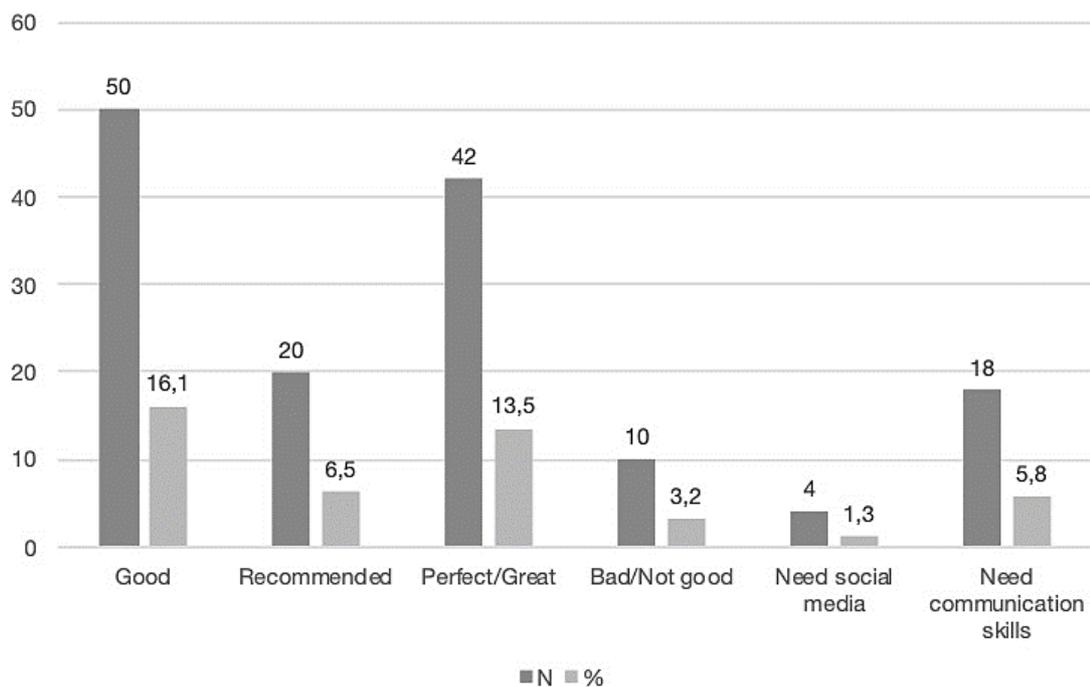


Figure 5.1: Suggestions of the participants about the medical treatments in Turkey

In the sociodemographic section of the questionnaire, the last question was asked to the participants regarding their suggestion to the medical treatment and procedures in Turkey. Above figure presents how much they suggest the country for medical tourism destination. Figure 5.1 also showed how the patients perceived about the medical treatments and operations at the hospital and health centers in Turkey. 36.1% of them were satisfied with and suggested their medical treatments in

Turkey. Particularly, they indicated good prices, better quality of doctors, cheaper medical travel packages. On the other hand, 32 (10.3%) disapproved their visits to Turkey and made some recommendations. They indicated that the health personnel at the hospitals required communication skills and the hospitals should advertise on social media for promotion. Some of them also stated issues such as political unbalanced, risky, and less organized.

Table 5.2: The correlations among the sociodemographic factors

S. Factor	Gender	Age	MStatus	MIncome (USD)	ELevel	Occupation
Gender	1					
Age	-0,17	1				
MStatus	0,19	-0,52	1			
MIncome (USD)	-0,17	0,19	0,00	1		
ELevel	-0,22	-0,20	0,03	0,25	1	
Occupation	0,12	-0,07	0,01	0,03	0,12	1

Above table presents the relationships (correlation coefficients) among the sociodemographic factors of the participants. The correlation coefficient is represented as ‘r’ and indicated how distributions of two data sets are related.

Correlation coefficient ranges between -1.00 and +1.00. Correlation coefficient has 0.20 or lower, it is identified as ‘no correlation’ and could be ignored. If r is between 0.30 and 0.50 in value, it is low correlation (Akarsu & Akarsu, 2019). ‘r’ between 0.50 and 0.70 indicated moderate correlation and about 0.70 is high or very high correlation. All the levels of correlation could be positive and negative.

The highest correlated ($r = -0.52$) existed between age and marital status. It was moderate negative correlation. It means that the older the patients were, the less the status of being married. There also existed low negative correlations between gender and education levels ($r = -0.22$), and between education level and age of the

patients ($r = - 0.20$); a very low positive between education level and monthly income (+0.25).

5.2 Results of the Basic Information of the Medical Travel

Second part of the questionnaire further elaborated the participants' fundamental information of medical travel. The items were related to their medical trips to Turkey and other concerning statements responded according to various types of answering tools including multiple choice, Likert type, and ranking the options.

Table 5.3 summarized major findings from the responds of the participants for this section. Initially, they were asked to indicate how many times they visited Turkey for medical purposes. 170 of the visited Turkey for health care purposes for the first times and 108 visited it for the second time with the same purposes.

Out of 310 participants, 132 stated that this trip was mainly and primarily for medical treatment purposes. Other major answers they selected were due to pleasure, vacation, business, and work trips.

Majority of the patients (200) indicated that they visited Turkey for cosmetic or plastic surgeries. Others included dental and checkups. 186 stated having medical insurance during their visits. 130 of them had medical insurance from their home countries and the remaining received their medical insurance in Turkey.

They answered to the items regarding how they got informed about Turkey as medical tourism destination. 206 were informed with the word of mouth. Other significant responses included websites of the travel agencies and the local hospital websites in Turkey. Other responses consisted of online medical forums and community social media, doctor advise, and surfing on the Internet.

Table 5.3. Basic information of the medical travel for Turkey

	First time	2 times	3 times	4 times				
How many times have you traveled on a medical trip to Turkey including this trip?	170	108	22	10				
	Medical treatment	Pleasure/vacation	Business/work	Visit friends/relatives	Convention/exhibition			
Primary purpose of this visit to Turkey	132	82	50	38	8			
	Dental surgery	Eye treatment/Lasik	Checkup	Cosmetic/plastic surgery	Heart surgery	Other		
Types of medical service	92	20	64	200	12	124		
	Home country	Turkey						
Medical Insurance	130	56						
	Doctor advice	Word-of-mouth	Travel website	agency	Hospital website	Online medical communities	Webblog	Other patients
Sources of information	64	206	160		142	70	112	88
	1 -- 4	5 -- 8	8+					
Decision time (weeks)	154	112	44					
	Yes	No						
Other countries	138	102						
	Travel agency	Hospital	Other					
Arrangement	180	82	48					
	Family member	Individual						
Travel companion	180	65						
	Yes	No	Maybe					
Future travel to Turkey	202	62	46					

Table 5.3 also showed that how far ago the participants decided to get medical procedures in Turkey. They mostly planned their trips within 1 through 4 weeks before they decided. 240 provided their top choices for their health treatments and 138 stated that Turkey was their top destination.

180 of them said that they had arranged their travel plans with a travel agency and 82 of the with local hospitals. 180 indicated they were accompanied with a family member of theirs during their trip and 65 travelled alone. Finally, according to their medical travel experiences, 202 stated they would visit Turkey again for any types of visits and 62 said they would not visit Turkey for any reasons.

5.3 Perceptions, Perceived Quality and Value, Overall Satisfaction, Future Intention

In this sections, six study variables were discussed that contained responses from the participants regarding their trips to Turkey about the medical treatments. In this sense these items in the third and fourth parts of the questionnaire further elaborated the participants' medical treatments in Turkey.

These two sections included four separate subsections regarding six important issues of the participants. The variables included perceptions of Turkey and medical tourism in Turkey, perceived quality of medical treatment, perceived value, overall satisfaction, and future intentions of the health tourists.

Table 5.4 summarized the findings from the responses of the patients on the items in the last section of the questionnaire. First two row presents mean scores and standard deviations for perception and perceived quality of Turkish medical treatments according to the patients. The items on the questionnaire were answered based on a 7-point Likert scale. The average scores (with the standard deviation) for the perception and perceived quality were calculated as 5.44 (0.88) and 5.58 (1.07), respectively.

The potential maximum and minimum total score of the perception inventory were 77 and 11 points. The minimum score and maximum scores were found 15 and 77, respectively with the range of 62 based on the responses.

Table 5.4. Perception, perceived quality and value, overall satisfaction, and future intention

	Mean	SD
PERCEPTION (11 items)	5.44	0.88
TOTAL	59.8	9.72
MAX	77	
MIN	15	
PERCEIVED QUALITY (20 items)	5.58	1.07
TOTAL	112	21.31
MAX	140	
MIN	26	
PERCEIVED VALUE	5.81	1.29
Received a quality medical treatment with a reasonable price	5.82	1.19
This medical treatment delivered superior value	5.79	1.24
This medical treatment was a good value of money	5.82	1.17
OVERALL SATISFACTION	5.8	1.22
Overall, I was satisfied with my medical treatment in Turkey	5.77	1.25
Ease of assembled and transmitted of medical record/information	5.79	1.25
Overall, I was satisfied with my medical trip to Turkey	5.84	1.17
FUTURE INTENTION	5.59	1.35
I would say positive things about this medical treatment in Turkey to my relatives and close friends	5.85	1.19
I would be willing to do further medical treatment at this hospital in Turkey	5.80	1.21
I would consider Turkey as my first choice for medical tourism	5.79	1.26
I would be willing to spend more money on the medical treatment in Turkey even if the price increased	4.94	1.51

Potential maximum and minimum scores were 140 and 20. Calculated maximum and minimum score were 140 and 26, respectively. The range between maximum and minimum score was calculated 114 points.

Table 5.4 also presents the average scores for the perceived value, overall satisfaction, and future intention questionnaire. The average score of the perceived value was found 5.81 with the standard deviation of 1.29. The average score was out of 7 points, therefore they showed higher levels of perceived value regarding the medical treatments they received in Turkey.

The overall satisfaction of the medical care in turkey was found as an average of 5.80 (out of 7 points) with the standard deviation of 1.22. Finally, the average score for future intention of the patients were 5.59 (out of 7 points) with the standard deviation of 1.35. Therefore, the patients' future intention to visit Turkey for additional medical trips was lower than their perceived value and overall satisfaction.

Table 5.5 illustrates the correlations among the five variables based on the participants' medical care experiences. As can be seen on the table, the correlation levels among them were at least 0.74 (perception and future intention) or higher. The highest correlation was found between perceived value and overall satisfaction (0.95), and future intention and overall satisfaction (0.95).

Table 5.5: The correlation coefficients among Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)

Variable	Perception	PQ	PV	OS	FI
Perception	1				
PQ	0,82	1			
PV	0,80	0,93	1		
OS	0,78	0,90	0,95	1	
FI	0,74	0,92	0,92	0,95	1

Table 5.6 illustrated the correlational relationships between sociodemographic characteristics and Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI).

There is very low negative correlation between the education levels and gender (-0.22), and age (-0.20) of the participants.

Also, Marital status and age showed negative medium (-0.52) level of correlation. Marital status had very low positive correlations ($r = 0.20$) with the perceived quality and future intentions.

Education levels of the patients had very low positive correlation (0.25) with the monthly income levels. That leads to the fact that the higher income levels cause lower education levels. Education level is also correlated at low level (0.20) with the variable of perceived qualities.

Employment types (occupations) of the participants had positive small correlations with the perception levels (0.31), perceived quality of the medical services (0.33), perceived value (0.33), overall satisfaction (0.26), and future intention (0.27).

In the next step, ANOVA and regressions analysis were conducted to examine the relationships between the sociodemographic characteristics and Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI). These analyses were important as they will reveal the findings of the hypothesis proposed at the beginning of the study.

Table 5.6: The correlation coefficients between the sociodemographic characteristics and Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)

S. Characters	Gender	Age	MStatus	MIncome	ELevel	Occupation	Perception	PQ	PV	OS	FI
Gender	1										
Age	-0,17	1,00									
MStatus	0,20	-0,52	1,00								
MIncome	-0,17	0,20	0,00	1,00							
ELevel	-0,22	-0,20	0,03	0,25	1,00						
Occupation	0,12	-0,07	0,01	0,03	0,12	1,00					
Perception	0,10	-0,08	0,14	-0,05	0,13	0,31	1,00				
PQ	-0,04	-0,13	0,20	-0,13	0,20	0,33	0,82	1,00			
PV	-0,01	-0,09	0,16	-0,07	0,12	0,32	0,80	0,93	1,00		
OS	0,08	-0,12	0,15	-0,08	0,14	0,26	0,78	0,90	0,95	1,00	
FI	-0,01	-0,07	0,20	-0,10	0,13	0,27	0,74	0,92	0,92	0,95	1

Table 5.7 shows the results of the ANOVA and regression analysis between sociodemographic characteristics and five research variables (perception, perceived quality (PQ), perceived value (PV), overall satisfaction (OS), and future intention (FI) averages.

According to the below table, some of the relationships showed statistically important difference between them. They were analyzed according to the corresponding confidence level of 95% and significance level of 0.05 (p-value) for criteria. In the below table, the p-values less than 0.05 are accepted as significant and are written in italic. In the below table.

Table 5.7: The findings of the ANOVA and regression analysis (p-value) among Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI)

Sociodemographic Char. vs. P-values	Perception	PQ	PV	OS	FI
Gender	0,390	0,437	0,773	0,619	0,359
Age	0,459	0,103	0,049	0,035	0,170
MStatus	0,359	0,433	0,675	0,752	0,519
MIncome (USD)	0,254	0,493	0,075	0,140	0,836
ELevel	0,650	0,844	0,349	0,297	0,871
Occupation	0,007	0,001	0,004	0,002	0,001

Table 5.7 revealed that there existed a statistically significance between patients' perceptions of the medical services in Turkey and the patients' occupations. It means that the occupation and perception are strongly related to each other based on the findings.

Moreover, there is statistically significant difference between perceived quality of the medical services and occupation.

Perceived values of the medical care showed statistically differences compared to the participants' ages and their occupation types. Such relationships stated that age and occupation strongly affect the perceived value of the participants.

The participants were also asked to indicate their overall satisfaction and future intentions in regard to their future planning. Age and occupation were the main variables statistically significant with the overall satisfaction of the patients.

Also, occupation and future intention produced a statistically significance based on the responses. In conclusion, the occupation of the patients was the only sociodemographic characteristic that had statistically significant variable among the participants.

5.4 The Results of Hypothesis Testing

In conclusion, the hypothesis was tested according to the findings of the study. Six hypotheses proposed at the beginning of the study prior to the data collection tools. They were analyzed based on the participants' responses to the items on the questionnaire. They were as follows:

H1: There exists a relationship between professions of the participants and their perceptions of Turkey and Medical Tourism in Turkey.

H2: There exists a relationship between professions of the participants and perceived quality of medical treatment.

H3: There exists a relationship between professions of the participants and perceived value, overall satisfaction, and future intention.

H4: There exists a relationship between perceived value and overall satisfaction.

H5: There exists a relationship between perceived value and future intention.

H6: There exists a relationship between future intention and overall satisfaction

First hypothesis was regarding relationship between the participants' professions and their perceptions of Turkey and medical tourism in Turkey. There existed a relationship between the patients' occupations and their perceptions of Turkey and its medical tourism and a statistically significant was found between them according to the Table 5.7 The findings of the Table 5.6 also present that occupation of the participants has low positive correlation with their perceptions of Turkey and its medical tourism. Therefore, first hypothesis was accepted.

Table 5.8. The results of the hypothesis testing

	Hypotheses	Accept	Reject
H1	There exists a relationship between professions of the participants and their perceptions of Turkey and Medical Tourism in Turkey.	√	
H2	There exists a relationship between professions of the participants and perceived quality of medical treatment.	√	
H3	There exists a relationship between professions of the participants and perceived value, overall satisfaction, and future intention.	√	
H4	There exists a relationship between perceived value and overall satisfaction.	√	
H5	There exists a relationship between perceived value and future intention.	√	
H6	There exists a relationship between future intention and overall satisfaction.	√	

Similarly, the results of Table 5.6 show that perceived quality had low correlation in related to the variables of marital status, education level and occupation. However, Table 5.7 shows that there exists statistically significance between occupation and perceived quality of the participants. For this reason, second hypothesis was accepted with the study findings.

In the third hypothesis, it was proposed that sociodemographic characteristics were related to the perceived value, overall satisfaction, and future intention of the patients. According to Table 5.6 occupation shows low correlation with the perceived value, overall satisfaction, and future intentions. In addition, Table 5.7 shows that there exists statistically significance between occupation and perceived value, overall satisfaction, and future intention. Also, according to Table 5.7 the age levels of the patients have statistically significance in related to the perceived data and overall satisfaction, but So, third hypothesis of the study was accepted.

Perceived value and overall satisfaction of the participants showed high positive correlation (0.95) as shown in the tables 5.5 and 5.6. Therefore, the hypothesis four was accepted. Similarly, perceived value is highly correlated with the future intention as shown the tables 5.5 and 5.6. Therefore, the hypothesis five was accepted. Finally, future intention and overall satisfaction shows high positive correlation (0.95) as shown in the tables 5.5 and 5.6. Therefore, the hypothesis six was accepted.

6. CONCLUSIONS AND RECOMMENDATIONS

Medical or health tourism has been growing at a fast rate for the last few decades both in Turkey and around the world. Medical tourists are normally residents of developed countries because of the high medical expense prices and poor health care systems as well as other financial issues and touristic attractions. However, some groups of wealthy families in underdeveloped also travel to other destinations for medical and operation purposes.

Medical tourism in Turkey has been attracting more medical tourists since it is a developing country and offer health care and medical treatments at lower affordable costs. The number of people who visit Turkey for medical reasons has been growing one the last decade. Some of the participants indicated Turkey being an affordable medical service destination and this result was aligned with the previous studies (Erdogan & Yilmaz, 2012; Ulaş & Anadol, 2016).

Nevertheless, few studies were conducted to reveal any specific information regarding the medical tourists. For example, the reasons why they chose Turkey as their destination, types of health procedures, travel companions, relationships between sociodemographic characteristics including age, employment, country of residence, gender, marital status, education levels and income levels were in addition to their perceptions of value, quality, overall satisfaction and future intentions regarding their medical health services and operations. Many participants expressed that their decisions were affected by their doctors and this result was like the previous research findings (Ignjatijević & Vapa-Tankosić, 2018)

In the first part of the study, sociodemographic features of the medical tourists were investigated. The participants were mostly younger patients and that was not surprising since new generations prefer especially cosmetic surgeries including nose surgery or face lifting surgery.

The number of males and female patients were almost the same. Also, the correlation between age and gender was negligible and that means the findings being no significant for the gender. This was surprising as majority of the patients tend to be female especially for cosmetic purposes (Aizura, 2010). However, the results showed that both genders undergo similar procedures regarding their medical touristic travels.

Being married or single do not have any significant differences regarding the medical travels to foreign destinations. This was somewhat different from the previous studies (Fisher & Sood, 2014). They were mostly upper-class individuals considering their country of origins. They were also highly educated with at least college or higher degree holders. This result explains their income and wealth and correlates with the earlier studies (Fisher & Sood, 2014; Guy, Henson, & Dotson, 2015). Also, being mostly self-employed also reasoned their economic situations.

Their nationality or country of citizens were mostly Middle Eastern states including Jordan, Iran, and Saudi Arabia. This result was not surprising because Turkey has been becoming one of the favorite touristic destinations for the last two decades as indicated in previous studies (Kangas, 2011; Figueroa-Domecq et al., 2015).

Majority of the participants indicated that they were satisfied with their medical treatments and healthcare in Turkey and suggested it. This showed high quality and services offered to the health tourists.

The only variable among the sociodemographic characteristic was between age and married status (-0.52). As the age increases, being a single or divorced (widow) decreases, aligned with the earlier researches (Fisher & Sood, 2014).

Regarding the basic information of the participants, they mostly visited Turkey for the first time. Possible, this trip was their first medical treatments abroad. Mostly, they visited Turkey for cosmetic treatments. They also mostly decided within one through four weeks.

Average values of their perceived quality, values, and satisfaction were higher than 5.50 other of 7 points. They highly (5.59) scored with their future intentions for Turkey being medical destinations in the future. This is aligned with the above findings as they suggested Turkey for medical destination.

The correlations among the variables Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI) were calculated higher than 0.74. That finding made sense that they suggested Turkey for medical destination because they were satisfied with the services.

When sociodemographic characteristics and six variables were compared, marital status and future intention had very low correlation. If the patient is single or widow, they are more likely to visit Turkey again for medical reasons in the future, as expected (Fisher & Sood, 2014).

Another significant finding was that there existed a significant difference ($p < 0.05$) between their employment types and their Perception, Perceived Quality (PQ), Perceived Value (PV), Overall Satisfaction (OS), and Future Intention (FI). The more they are professional or technical job holders or self-employed, they are most likely to be satisfied with the medical treatments, as expected, and aligned with the previous researches (Gan & Frederick, 2011).

Age is another sociodemographic factor regarding the perceived value of the medical services. Increasing age shows higher satisfaction with the perceived value. This was like the earliest studies (Gholami et al., 2016). This was important and expected since older people were more satisfied with the service and was similar to the previous researches (Fisher & Sood, 2014).

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APPENDICES

Appendix A. Ethics Committee Form

Appendix B. Questionnaire

Dear contributors

Below inventory and questionnaire was designed to deliver specific information for a Graduate thesis study, conducted by Asst. Prof. Dr. Özgül Uyan at İstanbul Aydın University. Data will only be in the purpose of this thesis based on the ethical requirements and private information will be kept private accordingly.

Thank for your contributions and participations.

Part 1: Sociodemographic Form

1. Gender A) Male B) Female

2. Age

A) 18 – 25 years old B) 26 – 35 years old C) 36 – 45 years old
D) 46 – 55 years old E) 56 – 65 years old F) Above 65 years old

3. Marital Status A) Married B) Single C)
Divorced/Widowed/Separated

4. Monthly Income (USD)

A) 1000 and below B) 1,001 – 2,000 C) 2,001 – 3,000
D) 3.001 – 5,000 E) 5,000 and above

5. Education Level

A) High School or below B) Associate college degree (2 years)
C) Undergraduate (4 years) D) Graduate

Appendix B. (Cont'd) Questionnaire

6. Employment/Occupation

- A) Government Official/Military
- B) Teacher/Professor/instructor
- C) Executive/Managerial
- D) Clerical/Administrative/Secretarial
- E) Professional/Technical
- F) Production/Manufacturing
- G) Self-employed
- H) Retired
- I) Other (please specify) ...

7. Nationality

8. Country of residence

Comments and suggestion regarding medical tourism

.....
.....

Appendix B. (Cont'd) Questionnaire

Part 2: Basic Information of Medical Travel

Please respond the following questions that corresponds to your answer.

1. How many times have you traveled on a medical trip to Turkey including this trip?

- A) First time B) 2 times C) 3 times D) 4 times or more

2. Your primary purpose of this visit to Turkey (Select only one)

- A) Pleasure/vacation B) Medical treatment C) Convention/Exhibition D) Business/work
E) Visit friend and relatives F) Other (please specify)_____

3. Type of medical service you are seeking for this medical trip (please check all apply)

- A) Dental surgery/treatment B) Sight treatment/Lasik C) Comprehensive medical checkup
D) Cosmetic/plastic/reconstructive surgery E) Heart surgery
F) Other (please specify)_____

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

- a) In your country :** A) Yes (with full or partial coverage) B) No
b) In Turkey: A) Yes (with full or partial coverage) B) No

5. Please rank the TOP THREE sources of information you sought before making the decision to embark on this medical trip (1, 2, 3)

- _____Advice of doctor/physician in your country
_____Word-of- mouth from friends or relatives
_____Medical tourism intermediary's website
_____Website of hospital in Turkey
_____Online medical communities
_____Medical tourism weblog (blog)
_____Reading the testimonies of other patients who had surgery abroad _____
Other (please specify)_____

Appendix B. (Cont'd) Questionnaire

6. How long did it take for you to make the final decision for this medical trip?

- A) 1 – 4 weeks B) 5 – 8 weeks C) More than 8 weeks D) Specify lengths _____

7. Besides Turkey, have you considered other countries for this medical treatment?

- A) Yes B) No

If yes, please list the TOP TWO countries you considered

1. _____
2. _____

8. How did you arrange for this medical treatment?

- A) Directly with the hospital B) Through medical travel intermediaries' websites
C) Other (please specify) _____

9. Travel companion?

- A) Individual (none) B) Spouse/family/relatives/friends
C) Others (please specify) _____

10. Besides the medical treatment, do you plan to do any type of traveling in Turkey?

- A) Yes, What type? _____ Where? _____
B) No Why? _____

Appendix B. (Cont'd) Questionnaire

Part 3: Perceptions of Turkey and Medical Tourism in Turkey

Please indicate your level of agreement for the following statements by circling the appropriate number as; “SD = Strongly Disagree (1), D = Disagree (2), SWD = Somewhat Disagree (3), N = Neutral (4), SWA = Somewhat Agree (5), A = Agree (6), SA = Strongly Agree (7)”

When it comes to medical treatment, Turkey offers;	AGREEMENT						
	SD	D	SWD	N	SWA	A	SA
1. Shorter waiting time for medical service than in your country	1	2	3	4	5	6	7
2. Less expensive medical treatment than in your country	1	2	3	4	5	6	7
3. Opportunity to combine medical service with a vacation	1	2	3	4	5	6	7
4. Type of medical treatments that are not allowed in your country	1	2	3	4	5	6	7
5. Preference of privacy and confidentiality	1	2	3	4	5	6	7

6. Great place for relaxation after medical treatment	1	2	3	4	5	6	7
7. Ease of travel arrangements	1	2	3	4	5	6	7
8. Ease of visa and immigration procedures	1	2	3	4	5	6	7
9. Political stability	1	2	3	4	5	6	7
10. Recognized hospital reputation	1	2	3	4	5	6	7
11. High standard level of medical facilities	1	2	3	4	5	6	7

Appendix B. (Cont'd) Questionnaire

Part 4. Perceived Quality of Medical Treatment

Please indicate your level of agreement for the following statements by circling the appropriate number as; “SD = Strongly Disagree (1), D = Disagree (2), SWD = Somewhat Disagree (3), N = Neutral (4), SWA = Somewhat Agree (5), A = Agree (6), SA = Strongly Agree (7)”

PERCEIVED QUALITY	AGREEMENT						
	SD	D	SWD	N	SWA	A	SA
1. The process for setting up the medical procedure appointment was simple and easy	1	2	3	4	5	6	7
2. Ease of assembled and transmitted of medical record/information	1	2	3	4	5	6	7
3. Short waiting time for the medical examination from the physicians	1	2	3	4	5	6	7
4. The physicians paid enough attention to my concerns in deciding on a medical procedure	1	2	3	4	5	6	7
5. The physicians adequately explained my condition, examination results and medical process	1	2	3	4	5	6	7
6. The physicians allowed me to ask many questions, enough to clarify everything	1	2	3	4	5	6	7
7. The medical staff has good communication skill	1	2	3	4	5	6	7
8. Medical staff was polite and friendly	1	2	3	4	5	6	7

9. The hospital has state -of –the-art facilities and equipments	1	2	3	4	5	6	7
10. Hospital care facilities (laboratory, doctors' office) were easy to find	1	2	3	4	5	6	7
11. The hospital amenities (cafeteria, public telephone) were conveniently located	1	2	3	4	5	6	7
12. The hospital has a strong concern of patient safety	1	2	3	4	5	6	7
13. The hospital's attention to patient' s privacy, confidentiality and disclosure	1	2	3	4	5	6	7
14. The hospital has acceptable protection against medical malpractice and liability	1	2	3	4	5	6	7
15. The payment procedure was quick and simple	1	2	3	4	5	6	7
16. Package pricing with price transparency	1	2	3	4	5	6	7
17. Assistance with financial arrangements including advance estimates for fees, deposits, and payments	1	2	3	4	5	6	7
18. Convenient hospital transportation arrangement	1	2	3	4	5	6	7
19. Arrangement for language interpretation service	1	2	3	4	5	6	7
20. Coordination of arrangements between the patient, hospital, third party insurance companies, embassies and other businesses	1	2	3	4	5	6	7

Appendix B. (Cont'd) Questionnaire

Part 5: Perceived Value, Overall satisfaction and Future intention

Please indicate your level of agreement for the following statements by circling the appropriate number as; “SD = Strongly Disagree (1), D = Disagree (2), SWD = Somewhat Disagree (3), N = Neutral (4), SWA = Somewhat Agree (5), A = Agree (6), SA = Strongly Agree (7)”

PERCEIVED VALUE	AGREEMENT						
	SD	D	SWD	N	SWA	A	SA
1. received a quality medical treatment with a reasonable price	1	2	3	4	5	6	7
2. This medical treatment delivered superior value	1	2	3	4	5	6	7
3. This medical treatment was a good value for money	1	2	3	4	5	6	7

Appendix B. (Cont'd) Questionnaire

OVERALL SATISFACTION	AGREEMENT						
	SD	D	SWD	N	SWA	A	SA
1. Overall, I was satisfied with my medical treatment in Turkey	1	2	3	4	5	6	7
2. Ease of assembled and transmitted of medical record/information	1	2	3	4	5	6	7
3. Overall, I was satisfied with my medical trip to Turkey	1	2	3	4	5	6	7

Appendix B. (Cont'd) Questionnaire

FUTURE INTENTION	AGREEMENT						
	SD	D	SWD	N	SWA	A	SA
1. I would say positive things about this medical treatment in Turkey to my relatives and close friends	1	2	3	4	5	6	7
2. I would be willing to do further medical treatment at this hospital in Turkey	1	2	3	4	5	6	7
3. I would consider Turkey as my first choice for medical tourism	1	2	3	4	5	6	7
4. I would be willing to spend more money on the medical treatment in Turkey even if the price increased	1	2	3	4	5	6	7

RESUME

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Education

2020 : Istanbul Aydin University, Istanbul, Turkey /
Master of Business Administration (GPA 3.4)
2015 : The University of Jordan, Amman, Jordan /
Bachelor of Business Administration (2.85)

Work Experience

Sep 2015 - Aug 2017 : Department Manager / Estethica Healthy Beauty
2013 – Aug 2015 : Senior Sales / Virgin Megastores
2012- 2013 : Sales Representative / Virgin Megastores

Volunteer Experience

6 months with Amideast Language partner program (certified)

Languages

Arabic : Native Language
English : Advanced
Turkish : Intermediate level.

Computer Skills

Effective supplementary skills in MS Windows and MS Office (Word, Excel Power Point etc.)