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## Editorial

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### DEVELOPMENT OF HEALTH TOURISM IN DIYARBAKIR, TURKEY

**Rojan GUMUS**

**Ataturk Vocational School of Health Services, Dicle University, TURKEY**

**E-mail:** gumusrojan@gmail.com

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#### Abstract

This study provides a profile of the health tourism sector in Diyarbakır, Turkey. Although tourism officials discuss from different viewpoints that health tourism is one of the strengths of Diyarbakır tourism for future investment, the promotion of city's qualified health institutions and staff, historical and natural places, and hospitality of citizens is not adequate in creating demand for health tourism. The aim of the study is to investigate the current status of health tourism in Diyarbakır and to make recommendations for future investments and promotional activities in order to increase number of medical tourists. The study is based on data delivered from tourism and health institutions for the years 2015-2018. The current paper reports that in 2016 and 2017 there is a meaningful increase in total tourist and health tourist number visiting Diyarbakır. Most of the patients received health service from private hospitals and came from Iraq. Germany, Syria and Azerbaijan are the countries which other health tourists come from. Foreign patients received healthcare service mostly from cardiology, orthopedics and traumatology clinics. Internal medicine, urology and general surgery are the following most preferred health services by health tourists.

**Keywords:** *Health tourism, Foreign patients, Diyarbakır, Challenges, Opportunities*

## Introduction

In the last century, like other countries, tourism became a very important income source for Turkey due to the needs of human beings, increasing technologic facilities and incomes of countries, socio economic conditions, political and economic developments in the world. Until recently the aim of travelling of tourists was exploring new places and natural beauties, having holiday, resting, swimming, or visiting historical places (Garcia,2005; Izadi,2013). Nowadays treatment of illnesses, taking advantages of climate of different countries, getting well by utilizing underground resources or technologies took place of classical aims of tourism. The main reason of this issue is increasing number of elder populations, and easiness and speed of healing of some illnesses in some different regions of the world. Therefore, countries went too far in increasing the profit shares in health tourism and contributing to income of the country (Edinsel and Adıgüzel, 2014).

In the literature there are good findings related to needs of a successful health tourism. In a study conducted in Iran, writers found that lack of advertising and marketing absence of insuring coverage are the most important challenges in health tourism sector (Amouzagar et al.,2016) On the other hand in another study in Iran, they found that tourism development depends on the factors such as proper organizational structure, programming, trained workforce, and tourism and foreign investment regulations (Izadi et al.,2012).

In a study conducted in Malaysia it was suggested that once the target market has been identified, the next step can begin by drawing up plans or packages tailored to the market's needs (Aniza et al.,2009). Another important issue pointed out in the study was language. Everything should be multilingual from the promotions to website of the hospitals. In USA top three services that are important for health tourism were "competent doctors", "high quality medical treatment facility", and "prompt medical treatment when needed (Gill et al.,2011).

Countries that want to increase their share in health tourism should create demand. Tourism demand is defined as travelling willingness oriented by tourism market and supported by purchasing power of individuals (Öztürk and Bayat, 2011). Turkey must increase demand of foreign visitors and facilities in order to progress in health tourism. Turkey is advantageous in this field owing to its natural facilities, powerful economy, quality of health services, hospitality of its citizens, and human resources. For this reason, Turkey becomes more attractive for tourists who travel for health and medical tourism every year.

## 1.1. Health Tourism

Tourism is the activities of people traveling to and staying in places outside their usual environment for leisure, business or other purposes for not more than one consecutive year. Tourism is a dynamic and competitive industry that requires the ability to adapt constantly to customers' changing needs and desires, as the customer's satisfaction, safety and enjoyment are particularly the focus of tourism businesses. In other words, tourism is changing place, excursion and getaway, and appear by human feelings and needs (Akat,2000). The subject of the tourism is human, and tourist leaves his or her living place for a time period for the purpose of travelling, and trying to be satisfied and happy in limited economic conditions (Saturk,2014).

The tourism sector is one of the largest Money-generating sectors in the World. There are different kind of tourism in the world; some of them are recreational tourism, cultural tourism, nature tourism, pleasure tourism, religious tourism, adventure tourism and medical tourism (Ministry of Culture, 2016).

The essence of health tourism is that the health tourist travels from the place where they live to another place for healthcare purposes. Ross (2001) defined health tourism as "tourism by people traveling from the place they live to another place for healthcare purposes". On the other hand, for medical staff and doctors to travel from where they live to provide medical treatment is covered by the concept of medical tourism and, for example, "cross border working doctors" are included under this definition, and there are those who regard the health services they offer as medical tourism.

A classification in the context of demand for the sector was made by Cohen (2008). He says tourists or visitors can be divided into five basic categories in health tourism market. Regular tourist group who do not benefit from any medical services or treatments and, instead they spend their vacation on sea, sun and the beach are the first group. Tourists who get medical treatment while on vacation is the other one: People who receive medical care and treatment during their travel due to a suddenly emerging illness or accident. These tourists are included in the category of emergency patients. The third one is tourists with travel and treatment purposes: These tourists do not go to the country or region they travel for only medical reasons. The other one is tourist patient group who essentially go to a region for treatment purposes but during or after treatment, they travel in the region. The last one is regular patient

group who is mainly medical tourists and the only reason for their travel to an area is to receive treatment or a medical operation and they do not have leisure travel purposes.

### **Medical Tourism**

When consumers elect to travel across international borders to receive some form of medical treatment, which may span the full range of medical services (most commonly includes dental care, cosmetic surgery, elective surgery and fertility treatment). Setting the boundary of what is health and counts as medical tourism for the purposes of trade accounts is not straightforward. Within this range of treatment, not all would be included within health trade. Cosmetic surgery for aesthetic rather than reconstructive reasons, for example, would be considered outside the health boundary (Lunt et al.,2011).

### **SPA-Wellness Tourism**

While today's types of tourism are being gradually enriched with the innovations in the variable fields by showing variety according to purpose, demand and people's appreciation and hobbies, health tourism has begun to serve also to the modern people who transformed being fit into a way of living and who give importance to their spiritual and physical beauty (Saturk,2014).

### **Thermal Tourism**

Thermal spring health tourism is considered to be "a component of health tourism that usually incorporates the provision of thermal waters designed to assist in overcoming various medical conditions. The thermal, mechanical and chemical beneficial effects of thermal water (Boekstein, 2014), together with natural therapies and remedies, good climate, social interaction and healthy activities such as walking, hiking and swimming, may combine to create an environment that can only be conducive to healing. The main thermal therapy applications are spa bath, mud (peloid) application, gas bath, drinking cure, inhalation cure and sea cures (thalassotherapy).

### **1.2. Medical Tourism Industry**

The health tourism industry is an extensive sector and includes a very wide range of different professionals from different fields. The stakeholders of the International Patients' healthcare involve a wide range of different partners. The first one is "patient". The second group involves relatives and friends. Also, intermediaries like medical tourism tour operators (facilitators, agents, brokers, etc.) and travel agencies or airlines, insurances and payers are

the most important stakeholders. The service providers like hospitals, health staff, technical staff, quality departments and others (Lunt,2016; Turner,2011).

Stakeholders who want to develop and have a big share in this industry, should have empirical data and information regarding the field (Johnston,2010). Number of patients, directions and size of flows, patients' profile (age, gender, citizenship, socio-economic status, diagnosis and health condition), current market/industry size and its projections, market drivers, patient's motivations and decision-making process, treatment types, outcomes, success rates of performed procedures, patient's satisfaction insurance rates and facilities are the most common data for health tourism to guide.

### **1.3. Strengths and Weaknesses for Health Tourism in Turkey**

Like all other sectors, in health tourism sector there are some barriers and advantages for Turkey. According to the Ministry Turkey's competitiveness elements in health tourism are such as follows: "World standard quality, personal service, short waiting time, rich cultural heritage, and cheap healthcare services" (Ministry of Health, 2012).

Weaknesses of health tourism in Turkey is summarized and explained below:

- Focusing too much on production and neglecting the importance of marketing,
- Very few organisations support health tourism,
- Weak cooperation between health tourism establishments
- Lack of a holistic state policy on management of the health tourism,
- Very few establishments are ready to support health tourism,
- The focus is mostly on "health of the tourist",
- Lack of holistic service records and mobility
- Lack of information systems to share the data with Ministry of Health.

Strength of health tourism in Turkey is listed below:

- A leading country of health sector in the world,
- Having lots of alternative touristic opportunities,
- Well qualified service sector,
- A forerunner of health tourism and has gained much of experience on health tourism,
- Relatively inexpensive health care services comparing with others
- Advanced legal regulations and state support.

Although having advantages, Turkey is not still in the status that it deserves. This problem can be solved by good marketing policies and right advertising methods. In this study it is aimed to investigate the status of health tourism in Diyarbakır and reach general results and solutions for our city and also our country.

## **2.Method**

Diyarbakır is one of the biggest cities in South East Anatolia of Turkey. It has become a favourite destination for health tourism owing to its qualified health centers, historical and natural beauties, contiguity to border countries and hospitality of its citizens. In this study it is aimed to investigate the current status of health tourism sector of Diyarbakır and to make suggestions in order to develop the status of the sector. For this purpose, data gained from Tourism Bureau of Diyarbakır, Health Ministry of Turkey, Public Hospitals, Private Hospitals, TUIK, University Hospital has been compiled. The health service capacity of Diyarbakır, number of tourists according to years, number of treated foreign patients in hospitals, distribution of treated foreign patients according to countries and branches, increasing of number of foreign patients are data collected and compiled.

## **3. Findings**

According to last census in 2018, Diyarbakır has a population of 930,266. Due to its high population there are many qualified health centers managed by government or private sector. Some data about health institutions, health service users and health staff are collected from Health Ministry of Turkey Health Statistics Yearbook published in 2017 and shown in tables (Ministry of Health, 2017).

There are number of hospitals and beds in Diyarbakır province in 2016 in Table 1. As can be seen that number of hospital bed per 10,000 population is 26.7. It is an important indicator for health service delivery.

Table 1. Hospital and bed number in Diyarbakır Province in 2016

<b>Health Indicator</b>	<b>N</b>
Number of Hospital	22
Number of Bed	4,472
Number of Qualified Bed	1,873
Number of Intensive Care Unit Bed	907
	<b>%</b>
Number of Hospital Bed per 10.000 population	26.7
Proportion of Qualified Bed	52.5
Intensive Care Unit Bed per 10.000 Population	5.4

Source: Ministry of Health, Health Statistics Yearbook 2016.

To capture availability, access and distribution of health services delivery a range of indicators or a composite indicator is needed. Also, number of hospitals, is one of the available indicators on a component of level of health service delivery.

Access of patients to health services is given in Table 2. Also, number of dentist visits and number of inpatients can be seen in Table 2.

Table 2. Number of access to healthcare services in Diyarbakır Province in 2016

<b>Health Indicator</b>	<b>N</b>
Primary Health Care Facilities Visits	3,349,378
Secondary and Tertiary Health Care Visits	8,631,142
Number of Dentist Visits	859,649
Number of Inpatients	309,908
Number of Surgical Operation	78,177
	<b>%</b>
Per Capita Dentist Visits	0.51
Per capita Physician Visits	7.20

Source: Ministry of Health, Health Statistics Yearbook 2016.

As can be seen from Table 2 that number of secondary and tertiary health care visits done by individuals are much more than primary health care facilities visits.

In Table 3 there are numbers of specialist physicians, general practitioners, total number of physicians, number of dentists, pharmacists and medical residents.

Table 3. Number of Health Staff working in Diyarbakır Province in 2016

<b>Health Indicator</b>	<b>N</b>
Specialist Physicians	1,193
General Practitioners	808
Medical Residents	393
Physicians Total	2,394
Dentists	307
Pharmacists	393
Nurses	3,201
Midwives	819
Other Health Personnel	2,636

Source: Ministry of Health, Health Statistics Yearbook 2016.

In Table 3 total number of health staff working in Diyarbakır province is shown. Also, number of nurses and midwives working in health institutions in 2016 can be followed from Table 3.

Total number of tourists visiting Diyarbakır can be seen in Table 4. It is obvious that number of tourists has increased in last 3 years.

Table 4. Number of tourists visiting Diyarbakır by years.

<b>Number of Tourists</b>	<b>2016</b>	<b>2017</b>	<b>2018(10 Months)</b>
<b>Foreign</b>	3,235	14,232	18,272
<b>Domestic</b>	119,310	388,894	426,323
<b>Total</b>	122,545	403,126	444,595

Source: Ministry of Culture and Tourism, Tourism Statistics 2016.

Total number of foreign tourists has increased to an amount of 18,272 in first ten months of 2018. This data can be followed from Table 4.

Number of foreign patients visiting Diyarbakır in last five years can be seen in Figure 1. There is a decrease in 2016, this was because of the unsecure environment of the city.

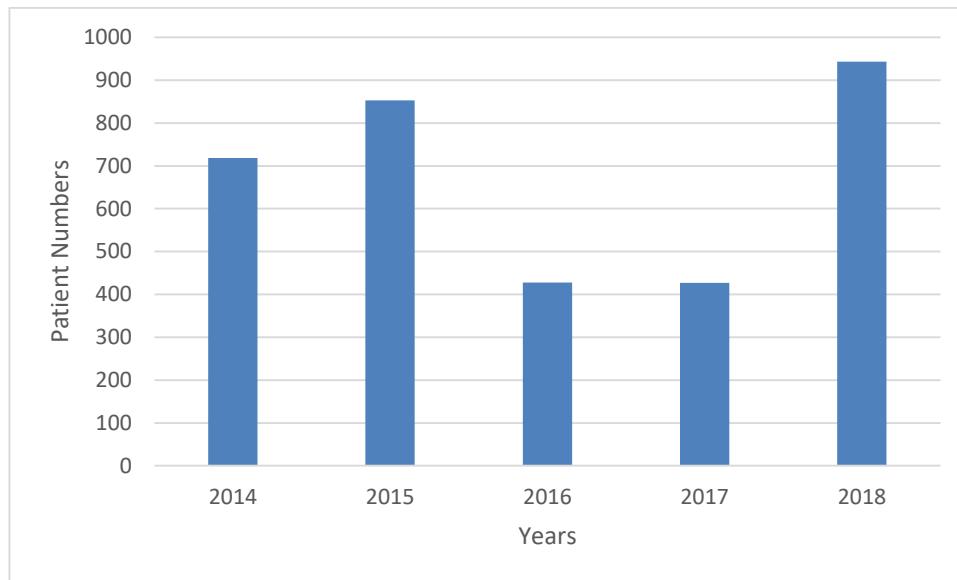


Figure 1. Distribution of foreign patients visiting Diyarbakır by years

Number of foreign patients has increased in last two years because of the peaceful environment and revived social life of the city.

The distribution of foreign patients visiting Diyarbakır according to their countries is shown in Figure 2.

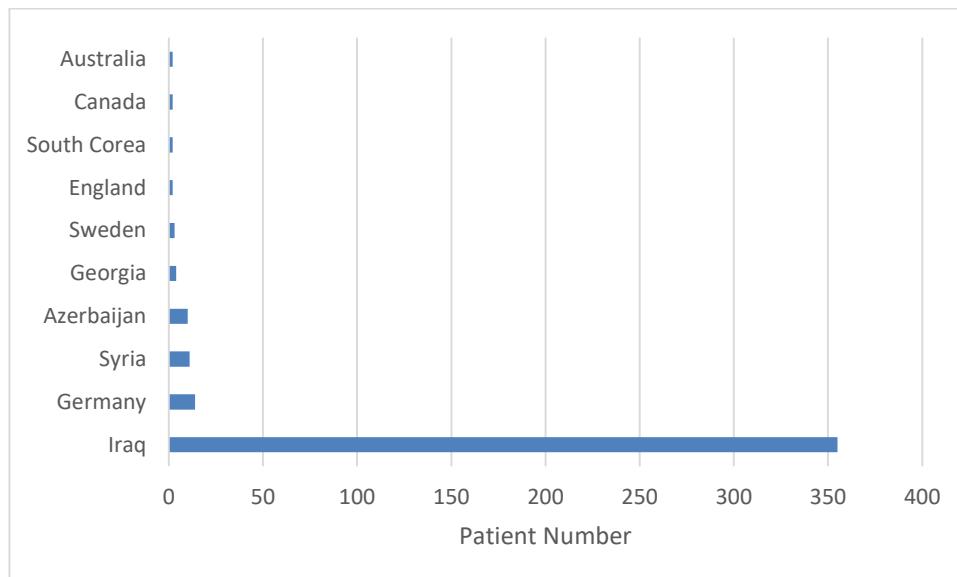


Figure 2. The distribution of foreign patients visiting Diyarbakır by country

Figure 2 shows that most of the foreign patients visiting Diyarbakır hospitals come from Iraq. Germany, Syria and Azerbaijan are the other countries which come after Iraq.

In Figure 3 there is ratios of hospitals visited by foreign patients.

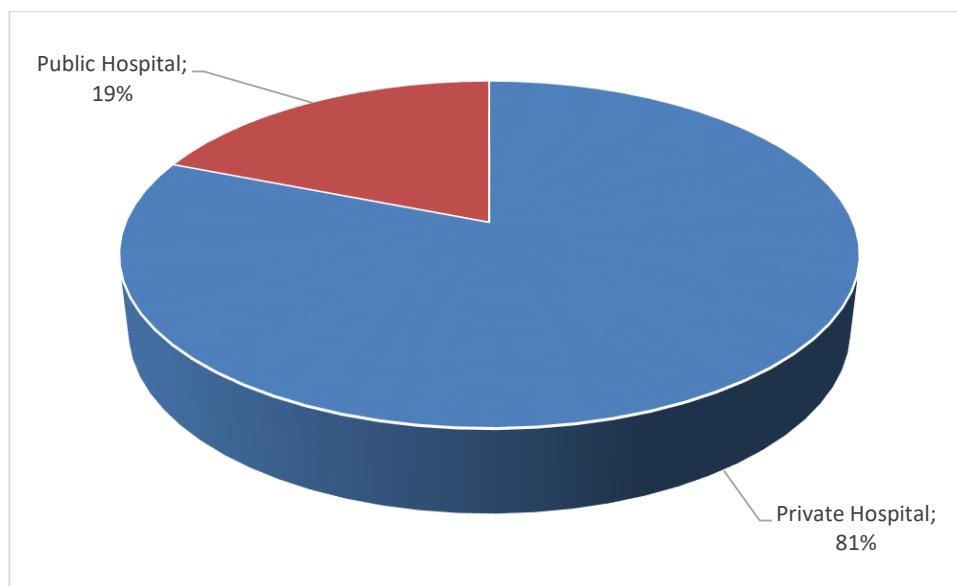


Figure 3. The distribution of foreign patients visiting Diyarbakır by hospital type.

Figure 3 shows that most of the foreign patients (81%) have received health care service in private hospitals. Private hospitals in Diyarbakır are very qualified and health staff working in private hospitals are experienced.

In Figure 4 the distribution of foreign patients visiting Diyarbakır is shown according to visiting branches in hospitals.

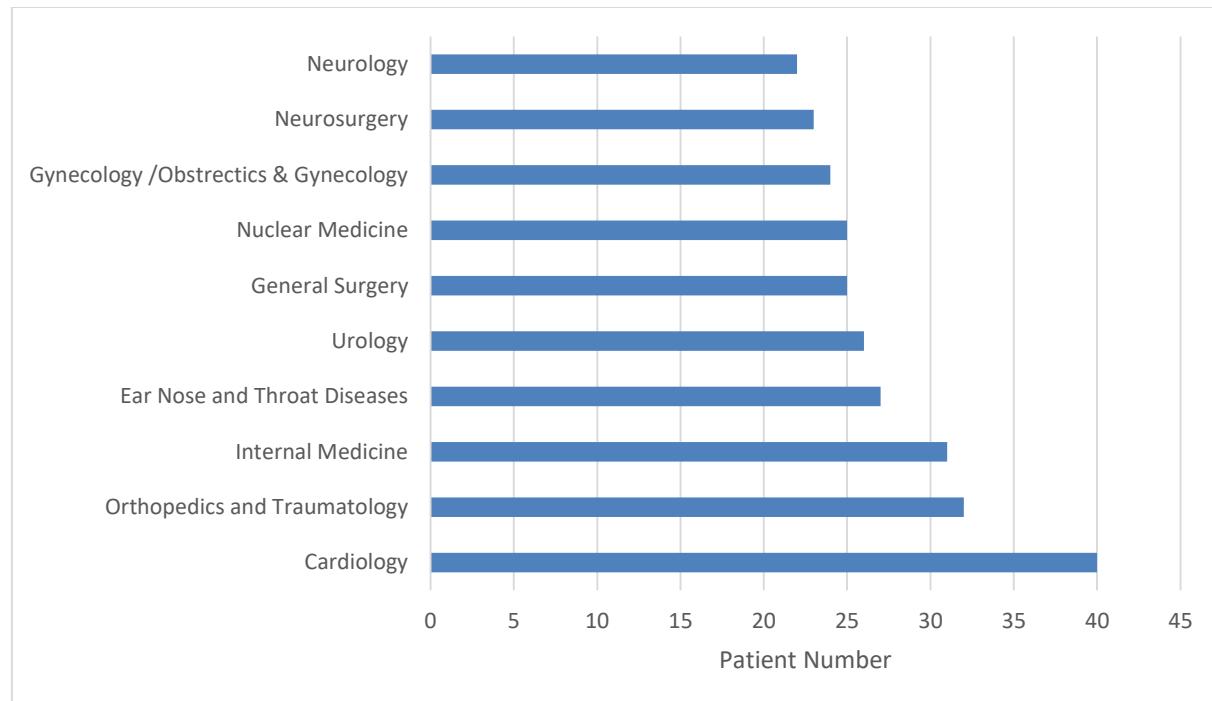


Figure 4. The distribution of foreign patients visiting Diyarbakır by branches.

Figure 4 shows that foreign patients receive healthcare service mostly from cardiology, orthopedics and traumatology clinics. Internal medicine, ear nose and throat diseases, urology and general surgery are the following most preferred health services by health tourists.

#### 4. Conclusion

The results of this study provide an array of insights into the medical tourism market and the services delivered to foreign visitors in Diyarbakır. It is obvious that health tourism comes to the fore among Turkey's foreign exchange-saving activities which include many elements such as personnel, hospitals, accommodation, translation service, insurance transactions, tourism services that add prestige to the country. Diyarbakır not only has the expertise professionals but also has strong infrastructure to support medical tourism industry. When compared to many tourism destinations which have difficulties in identifying target markets, Diyarbakır has the advantage of being in the neighbourhood of many countries. For a more successful marketing of the destination word of mouth advertising and institutional marketing efforts through other medical facilities should be given more priority.

A study conducted in India reports that medical tourists from industrialized countries travel in large numbers in order to get cheaper health service even standards of the healthcare is equal to their country (Dindayal, 2008). Cost and quality are obviously the most important factors patients consider specific destinations for treatment. Additionally, they consider facilities found in resorts and hotels. Diyarbakır has a great potential with four and five stars hotels, drinking and eating occasions and historical and natural places (Delil, 2013). Although there is an increase in the number of medical tourist number in last years, the rates are not satisfactory. There is a long to do list for citizens, private and public institutions, all participants like insurance companies, travel agencies, airlines, medical tourism operators and health workers.

- Health care city free zones exempted from costs and taxes should be launched. Also, big integrated health campuses must be built in Diyarbakır or nearby cities.
- The preference of foreign visitors is primarily private health institutions; therefore, encouragements should be increased. Health equipment in institutions must be in international level and physical structure of hospitals should be improved.
- Organ transplantation must be one of major issues in health tourism.

- Other participants like hotel owners and managements and advertising companies should take part in organization and planning health tourism.
- Number of health staff should be increased and an oncology center must be launched.
- Liaison offices acting as a channel have to be established in foreign countries especially in Iraq and health care services in Diyarbakır should be advertised.
- Prices of treatments and hotels should be controlled and assurance of foreign visitors should be provided.
- Staff working in tourism and health sector also should be educated and learning foreign languages must be a priority.
- Marketing researches related to health tourism market in neighbourhood countries have to be done.

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