



## HOW MEDICAL DESTINATION AFFECTS THE HEALTH TOURISTS' WELL-BEING?

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Received: 06.05.2020

Accepted: 31.10.2020

Research Article

**Abstract:** Customer satisfaction has significant influence on medical tourism. The aim of this study is to determine the opinions of health tourists' buying health services from Turkish hospitals. The study was carried out on 69 foreign patients referred to hospitals in Trabzon and Ordu provinces. A revised well-being questionnaire aimed to measure the reflections of well-being indicators on health tourists. The Cronbach's alpha was calculated as 95. The validity of the scale was tested by factor analysis, and collected under the single factor account for 55% of the variance and are suitable. Participants' feelings of security, respect and courtesy were high and their level of satisfaction with explaining themselves and receiving services in exchange for payment was the lowest level. Patients differ in their level of satisfaction according to their country.

**Keywords:** *Medical Tourism, Foreign Patient, Health Tourist, Patient Satisfaction*

## Introduction

As reported by WHO (World Health Organization); “Health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity.” We may add this definition the emotional well-being though. With emphasis on health in recent years tourists tend to be more sensitive in destination choices. On the other side health is an area of very sensitive and open to abuse. At this point tourist experience has a prominent importance for retention. The number of studies on well-being have been increasing in tourism literature. When the well-being of the tourists is high, they are more likely to visit the destination again. Psychological factors have been believed that they have a strong attraction effect. People share their happiness with other people as advice (Vada, Prentice and Hsiao, 2019). This contributes to destination brand value and increases destination loyalty (Hwang and Lee, 2019). The aim of the study is to examine tourists’ experiences after staying a hospital. What they have expected more or less and what they have experienced according to well-being / wellness concept is the main objective of the study. To understand well-being in general a well-being module improved by from Scottish Government (2012) is shown below:

**Table 1.** Well-being Module

<b>Be safe</b>	shielded from misuse, disregard or mischief
<b>Be healthy</b>	encountering the best expectations of physical and emotional wellness, and upheld to make solid, safe decisions
<b>Be achieving</b>	accepting help and direction in their vacation – boosting their abilities, certainty and confidence
<b>Be nourished</b>	having a sustaining and invigorating spot to live and invest energy
<b>Be active</b>	having chances to partake in a wide scope of exercises – helping them to assemble a satisfying and upbeat future
<b>Be respected</b>	to be given a voice and associated with the choices that influence their prosperity
<b>Be responsible</b>	playing a functioning job inside their days off and networks
<b>Be included</b>	finding support and direction to defeat social, instructive, physical and financial disparities; acknowledged as full individuals from the networks in which they live and learn

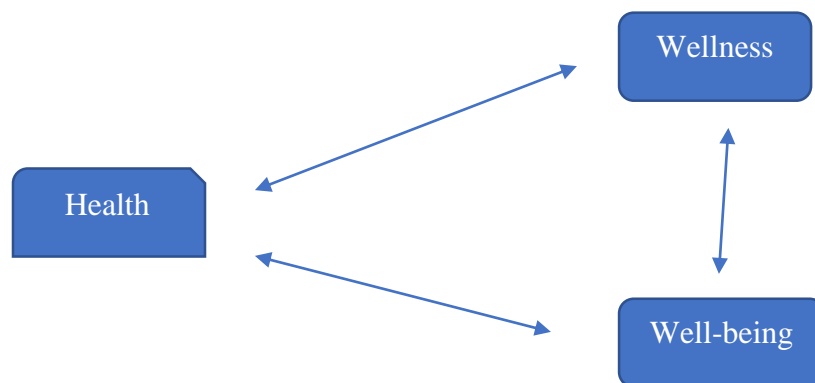
These eight well-being indicators are used to reach high health level through achieving best well-being and wellness status.

In the light of these information, the aims of the study are,

- what is well-being and how can be measured?
- to be identified Turkey in the opinion of foreign patients' satisfaction of various hospital departments they receive health services in the field of medical tourism,
- to contribute to the foreign patient satisfaction literature
- to contribute human well-being literature

## 1. Literature

As tourists experience, some may have temporary difficulties, some may live with difficulties that divert them on their excursion and some may encounter progressively complex issues. Milman (1998) mentioned travel experience and physical well-being relationship. Gilbert and Abdullah (2004) explained the holidaytaking and sense of well-being. They found that the activity of holidaytaking changed the sense of well-being of those participating in it. Some authors focused on the physical dimensions of the well-being and tourism mostly. This is exemplified in the work undertaken by Mannell and Iso-Ahola (1987). And some focused on ecosystem and well-being. But we just wouldn't say who might need some extra help at some point if things haven't been going so well. And that's why it's so important that organisations should be aiming to get it right for every tourist. Every tourist has the right to feel safe. To be showed honour and to have holiday in a loving place. Also having right to spend quality time in a healthy environment. As the tourists only have the one go at being a happy tourist. However this study aims to show the dimensions of well-being in wellness type hotels for tourists and other parts. We may say; wellness is simultaneous presence of physical (health) and psychological (well-being) life satisfaction. When human harmonise health and well-being he or she would reach superior health and well-being (wellness). Health is state of more of a medical treatment. Encountering the best expectations of physical and psychological well-being, and thus to make healthy, safe choices (**Figure 1**).



**Figure 1.** Relationships between Concepts

The eight dimensions of wellness adapted from Swarbrick (2006) understandable as follows:

**Physical well-being** – support of body in great condition through sustenance, physical movement, maintaining a strategic distance from unsafe propensities and making educated, capable choices about somebody's wellbeing.

**Intellectual well-being** – having a psyche open to new thoughts and ideas, to look for new encounters and difficulties to invigorate self-improvement and add to society.

**Emotional and psychological well-being** – getting feelings and realizing how to adapt to issues that emerge in regular day to day existence and how to suffer pressure. This fuses mental wellbeing, giving positive thinking about existence, oneself and what's to come.

**Social well-being** – associating with others and being able to live in the public eye easily and obligingly.

**Spiritual well-being** – a procedure of consistently looking for importance and reason throughout everyday life and in the improvement of an individual conviction framework.

**Occupational well-being** – the degree to which individual can communicate individual qualities while picking up happiness and improvement from paid or unpaid work. It is the capacity to utilize aptitudes and gifts and the harmony among occupation and different responsibilities.

**Environmental well-being** – the capacity to perceive individual's own duty regarding the nature of the air, water and land encompassing him; and the capacity to acknowledge and have a constructive outcome on the nature of his condition.

**Financial well-being** – relationship with cash and aptitudes in overseeing assets, just as individual's capacity to settle on great buyer decisions and search out fitting budgetary chances.

Travis (1972) explained popularity of the word “wellness” as; used by many people and organizations, especially since the sharp rise in healthcare costs, diabetes and obesity during the past decade. Maslow's concept of self-actualization, and the high-level wellness model proposed by Halbert Dunn (1961). He explained wellness as; “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the

environment where he is functioning.” Very first well accepted wellness concept defined by Hettler (1984) as "an active process through which people become aware of, and make choices toward a more successful existence". Sweeny and Witmer (2000) expanded this definition as; “a way of life oriented toward optimal health and wellbeing, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community.” Hettler (1976) developed six dimensions wellness model. These are occupational, physical, social, intellectual, spiritual and emotional dimensions. Afterwards environmental and financial dimensions have added to this model. By balancing these eight dimensions and actively seeking to improve them, it is believed individuals could improve their overall well-being. Second model is Indivisible self by Sweeny and Myers (2001). Third one is Travis’ (1972) iceberg model.

Ryan and Deci (2001) defines well-being as “a complex construct that concerns optimal experience and functioning.” Well-being has been including two approaches. These are hedonic and eudaimonic, subjective and psychological approaches and scientists have been trying to flourish well-being theory. Well-being is a topic of positive psychology and has some elements. These are positive emotion, engagement, meaning, accomplishment, and positive relationships. None of them define well-being but contribute to it and can be measured through self-report (subjectively) and objectively. Generally happiness has been used for defining the well-being. According to Seligman (2011) happiness has been overused and meaningless. Thus it must dissolve into more workable terms. Original goal of happiness is increase life satisfaction.

Researches concerning subjective well-being (SWB) conducted within hedonic tradition. It has three distinct components. Life satisfaction, positive affect and (absence of) negative affect. Life satisfaction refers to global cognitive evaluation of life (Kahnemann, Diener and Schwarz, 1999). Hedonics are basic building blocks of subjective well-being. On the other hand Psychological well-being (PWB) argues that SWB has little theoretical background. It has been striving for perfection that represents the realization of one’s true potential. Draws on mental health, clinical and life span development theories. Ryff (1989) suggested 6 ideals: autonomy, personal growth, self acceptance, purpose in life, environmental mastery and positive relationships with others.

## 2. Method

The data were collected through a seven-point Likert scale. The questionnaire adapted from Lee, Han and Lockyer study (2012). The questions are written in Arabic, English and Turkish. The data in the study consisted of two sections which consisted of a questionnaire about demographic characteristics of foreign patients and their satisfaction with hospital services. The population of the study consists of foreign patients who applied to health institutions operating in Trabzon-Ordu province of the Black Sea region. The data collection process, which started in February 2017, was terminated in May 2017. In this process, a total of 69 valid questionnaires were obtained. The data obtained from the study were evaluated by using quantitative analysis techniques. In this respect, quantitative data were analyzed by using SPSS 16.0 program, frequency analysis, factor analysis, T-test (nonsense) and Anova analysis.

We have analyzed the answers according to indicators. The wellbeing Indicators are used to record observations, events and concerns and as an aid in putting together a tourist's plan. The indicators classified into eight categories as mentioned above. The post-consumption evaluations of satisfaction has been examined.

### 2.1 Findings

In the factor analysis conducted to validate the Wellbeing scale, sample adequacy was achieved. It was seen that the expressions in the scale were collected under one factor and explained 55% of the variance. The reliability of the scale was measured by Cronbach Alpha coefficient and 95 was found to be reliable. Validity and reliability analysis results are shown in Table 2.

**Table 2.** Validity and reliability findings of wellbeing scale

<b>Reliability and Validity</b>			
Kaiser-Meyer-Olkin Measure of Sampling			,871
AdequacyBartlett's Test of Sphericity	Significant	Sig.	,000
Explained Total Variance	55,929	Cronbach Alpha Total	0,956
<b>Health Tourist Hospital Hotel Services Well-Being Model</b>		<b>Factor Loading</b>	<b>Exp. Variance</b>
How satisfied are you with this hospital hotel?			
Booking process		,495	55,929
Physical environment		,531	
Facilities		,565	
Understanding your needs		,532	
Your standard of living		,323	
Your health condition		,438	
Receiving support and guidance		,656	
Your personal relationships with the hospital hotel staff		,587	
Feeling safe and confident		,636	
Your social interactions		,505	
Your spiritual or religious side		,519	
Participation in hospital hotel activities		,666	
Recreational activities		,614	
Food and beverage (nutrition)		,531	
Being affiliated		,671	
Being respected (intimacy)		,622	
Being self actualized (personal potential)		,534	
Self transcendence (personal contribution to life)		,573	
Booking process		,627	

Table 3 shows the demographic variables and home country of the foreign patients participating in the study.

**Table 3.** Demographic findings

Demographic Data			
Variables	Category	Frequency (N)	Percentage %
Gender	Female	38	55,1
	Male	31	44,9
Age	18-24	34	49,3
	25-34	8	11,6
	35-44	15	21,7
	45-54	7	10,1
	55 and more	5	7,2
Occupation	Self-employed	10	14,5
	Civil servant	8	11,5
	Worker	11	16,0
	Retired	2	2,9
	Student	37	53,6
	Unemployed	1	1,4
Holiday with	Yourself	35	50,7
	Company	4	5,8
	Family	30	43,5
Holiday duration	1-10	15	21,7
	11-20	13	18,8
	21 and more	41	59,4
Education	Uneducated	5	7,2
	High school and <	9	13,0
	2yrs college	9	13,0
	University	42	60,9
	University +	4	5,8
Frequency of visit	Once	11	16,0
	2-3 times	22	31,9
	4-5 times	24	34,7
	6 and more	12	17,3
Home Country	Holland	3	4,3
	Saudi Arabia	9	13,1
	Germany	4	5,8
	Switzerland	2	2,9
	Russia	2	2,9
	Azerbaijan	5	7,2
	Georgia	7	10,1
	Northern Cyprus	9	13,1
	Pakistan	10	14,5
	Ukraine	2	2,9
	Bulgaria	3	4,3
	Slovenia	3	4,3
	Afganistan	6	8,7
	Egypt	4	5,8



According to Table 3, 55% of the women participating in the research, 49% of the 18-24 age group, 53% of students, 50% of their spending on vacation, 50% of their families and 43% of their families are covered and the university educated rate is 63%. Foreign patients are from the Middle East, Asian countries, The Balkans and European countries. Patients from Pakistan, Saudi Arabia, Northern Cyprus and Georgia come to the fore.

The mean values of the well-being level of the foreign patients participating in the study according to the statements they received from the health services are shown in Table 4.

**Table 4.** The level of well-being of foreign patients from health care services

Expressions	Mean	Standart Dev.
Booking process	3,21	,893
Physical environment	3,27	,770
Facilities	3,40	,869
Understanding your needs	3,12	,963
Your standard of living	3,37	,864
Your health condition	3,35	,764
Receiving support and guidance	3,29	,977
Your personal relationships with the hospital hotel staff	3,42	,936
Feeling safe and confident	<b>3,69</b>	,875
Your social interactions	3,33	,985
Your spiritual or religious side	<b>3,52</b>	,828
Participation in hospital hotel activities	<b>3,50</b>	,980
Recreational activities	3,44	,873
Food and beverage (nutrition)	3,33	,879
Being affiliated	3,31	,940
Being respected (intimacy)	<b>3,58</b>	,871
Being self actualized (personal potential)	3,21	,871
Self transcendence (personal contribution to life)	3,25	,764
Value for money	3,10	,975

According to Table 4; The average level of well-being of foreign patients from health care services is 3.35 points. The lowest score was 3,10 and the highest score was 3.69, and all statements were scored in this range. Considering that the scale is between 1-7, it can be said that the level of well-being of foreign patients is moderate. Foreign patients stated that they felt themselves safe with a maximum of 3.69 points, that they were respected with 3.58 points that they felt themselves mentally and religiously with 3.52 points, and that they found the hotel's hotel services well with 3.50 points. The lowest rated scores of foreign patients were; Their understanding of themselves with 3,12 points, appointment procedures with 3.21 points and expressing their personal potential were expressed.

In the analysis of whether there is a difference between demographic characteristics and well-being of foreign patients, it was found that there was a significant difference in terms of occupation, holiday style and holiday time variables. There was no difference in terms of other variables. These findings are shown in Table 5, Table 6 and Table 7.

**Table 5.** Profession of foreign patients

	Occupation	N	Mean	SD	F	P
Overall Satisfaction	Self-employed	10	4,0702	,89680	3,064	,018
	Civil servant	8	3,7719	,66644		
	Worker	11	3,6776	,36076		
	Retired	2	3,8947	.		
	Student	37	3,1433	,62015		
	Unemployed	1	4,2632	.		
	Total	69	3,3512	,66400		

According to Table 5; It was found that self-employed people have a higher level of well-being which the health services they receive.

**Table 6.** Vacation type (accompany) of foreign patients

	Holiday with	N	Mean	SD	F	P
Overall Satisfaction	Yourself	35	3,6316	,41442	3,613	,034
	Company	4	2,8026	,71053		
	Family	30	3,2561	,72307		
	Total	69	3,3512	,66400		

According to Table 6; It was seen that the wellness of the foreign patients who were on holiday through their companies was lower than the health services they received.

**Table 7.** Vacation period of foreign patients

	Duration	N	Mean	SD	F	P
Overall Satisfaction	1-10 days	15	3,6140	,54063	7,457	,001
	11-20 days	13	3,8316	,59328		
	21 days over	41	3,0860	,61183		
	Total	69	3,3512	,66400		

According to Table 7; The well-being of foreign patients who had holiday for more than 21 days was lower than the health services they received.

## Conclusion

While the effects of destination on health tourists' well-being have been frequently discussed and studies are limited. We have predicted destination choices whether or not would affect tourist well-being. Tourists' mental health and well-being contribute to their learning and achievement and have a positive effect on retention. Chen, Fu and Lehto (2016) founded direct constructive outcome of fulfillment with movement on travelers' SWB.

According to the study; health tourists who were self-employed, self-traveled and have 11-20 days period of stay could be evaluated higher well-being status. Filep and Deery (2010) indicated that positive emotions, engagement and meaning are the main three elements of tourist's well-being. Compare to our scale expressions, it includes each of the three elements.

According to the findings of the research, it was found that foreign patients had a moderate level of satisfaction with the health services they received and felt better in terms of trust and religious values; It was found that they feel relatively worse in terms of understanding, appointment processes and being able to show themselves. It has clearly seen that occupations, holiday style and holiday periods are effective in evaluating health services. Also there is a higher gap between level of well-being and value for money.

If we look from the viewpoint of managerial implications, in order to reach a certain point in health tourism; especially public and private sector health institutions and tourism companies need to cooperate more closely with social security institutions in other countries. The quality of health care facilities should be improved to attract health tourists. In addition to health services offerings, other tourism facilities of a country should be designed within a package system.

Customer satisfaction has essential sides for health tourism industry. The most important sides affecting the preferences and demand of those participating in health tourism are as follows:

- Affordability of the service,
- Accessibility of the service,
- Matching the service to the needs,
- Quality of care,

Destination attractions as a component of tourism,

Privacy

Other benefits closely affect the preferences of health tourism participants.

Every health tourist has the right to expect appropriate support from organisations to allow them to develop as fully as possible across each of the well-being indicators. It can be discerned from the study that health services in general need to improve service quality, better organization of appointments, booking procedures, and the need to improve the number of foreign language-speaking health workers and foreign language levels in order to understand tourists and express themselves. The limitation of the study is number of the attendance. Sample is less generalisable. However the topic and implications could be valuable. There is a huge need for understanding the tourist's well-being (Nawijin and Filep, 2016). For further researches it has to be design longitudinal studies to understand causes and effects of health tourists' well-being.

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