



The Relations between Motivational Factors and Behavioral Intentions of Medical Health Tourists

Medikal Sağlık Turistlerinin Motivasyonel Faktörleri ile Davranışsal Niyetleri Arasındaki İlişkiler

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Abstract

This study aims to determine the relationships between medical health tourists' perceptions of motivational factors and their behavioral intentions. In addition, it is aimed to redesign the health investments made with the existing medical technology in accordance with the medical health tourism trends and to develop motivational resources in this application process. The population of the study consists of international patients who have received medical health tourism services from health facilities operating in the province of Istanbul and holding a health tourism facility authorization certificate and who were reached through social media channels (Twitter, Instagram). The sample group consisted of 400 international medical tourists reached through the social media addresses (Twitter, Instagram) of health facilities operating in Istanbul and holding a health tourism facility authorization certificate. The data were collected through online survey technique. The total number of questionnaires evaluated and used in data analysis is 400. Accordingly, the overall average score of the motivational factors of medical health tourists is 3.94 ± 0.58 ; the highest sub-dimension is "price affordability (4.39 ± 0.75)" and the lowest sub-dimension is country knowledge and awareness (2.67 ± 0.96). At the same time, looking at the evaluations of medical health tourists regarding their behavioral intentions, the general average score of behavioral intention was found to be 4.45 ± 0.73 . Based on the results of confirmatory factor analysis, it was revealed that there is a positive relationship between medical health tourists' motivational factors and their behavioral intentions at a high level and that medical health tourists' attitudes regarding their perceptions of motivational factors have a highly significant and positive effect on their attitudes regarding their behavioral intentions. This research has demonstrated that motivational factors can affect how a medical tourist perceives the image of the healthcare provider in the host country. First of all, since medical health tourism, which adds positive value to the economy, is an important preference criterion to be included in strategic plans, it is recommended that the government develop an effective policy in this direction. In addition, health investments in Türkiye with existing medical technology should be supported and redesigned in line with medical health tourism trends.

Keywords: Motivational factors, behavioral intentions, medical health tourists

Paper Type: Research

Öz

Bu araştırma ile medikal sağlık turistlerinin motivasyonel faktörlere yönelik algıları ile davranışsal niyetleri arasındaki ilişkilerin tespit edilmesi amaçlanmıştır. Bunun yanı sıra mevcut tıp teknolojisi ile yapılmakta olan sağlık yatırımlarının medikal sağlık turizmi trendlerine uygun olarak yeniden tasarlanması ve bu uygulama sürecinde motivasyon kaynaklarının geliştirilmesi hedeflenmiştir. Araştırmanın evrenini İstanbul ilinde faaliyet gösteren ve sağlık turizmi tesis yetki belgesine sahip sağlık tesislerinden medikal sağlık turizmi hizmeti almış olan ve sosyal medya kanalıyla (Twitter, Instagram) ulaşılan uluslararası hastalar oluşturmaktadır. Örneklem grubunu ise İstanbul ilinde faaliyet gösteren ve sağlık turizmi tesis yetki belgesine sahip sağlık tesislerinin sosyal medya adreslerinden (Twitter, Instagram) ulaşılan 400 uluslararası medikal turist oluşturmuştur. Araştırmanın verileri Google formlar

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üzerinden oluşturulan online anket tekniği ile elde edilmiştir. Toplamda 400 adet anket üzerinden analizler yapılmıştır. Buna göre, medikal sağlık turistlerinin motivasyonel faktörlerinin genel ortalama puanı $3,94 \pm 0,58$; en yüksek alt boyut "fiyat uygunluğu ($4,39 \pm 0,75$)", en düşük alt boyut ise ülke bilgisi ve farkındalığıdır ($2,67 \pm 0,96$). Aynı zamanda medikal sağlık turistlerinin davranışsal niyetlerine ilişkin değerlendirmelerine bakıldığında davranışsal niyet genel ortalama puanı $4,45 \pm 0,73$ bulunmuştur. Doğrulamalı faktör analizi sonuçlarına göre medikal sağlık turistlerinin motivasyonel faktörleri ile davranışsal niyetleri arasında yüksek düzey pozitif yönlü bir ilişki olduğu ve medikal sağlık turistlerinin motivasyonel faktörlerine yönelik algılarının, onların davranışsal niyetlerine yönelik tutumlarını istatistiksel olarak anlamlı düzeyde ve pozitif yönde etkilediği tespit edilmiştir. Bu araştırma, motivasyonel faktörlerin bir medikal sağlık turistinin ev sahibi ülkedeki bir sağlık hizmet sunucusunun imajını nasıl algıladığını etkileyebileceğini ortaya koymuştur. Öncelikle ekonomiye pozitif değer katan medikal sağlık turizminin stratejik planlarda yer alması önemli bir tercih kriteri olduğundan, bu yönde hükümetin etkin bir politika geliştirmesi önerilmektedir. Ayrıca Türkiye'de mevcut tıbbi teknoloji ile yapılmakta olan sağlık yatırımlarının desteklenmesi ve medikal sağlık turizmi trendlerine uygun olarak yeniden tasarlanması gerekmektedir.

Anahtar Kelimeler: Motivasyonel faktörler, davranışsal niyetler, medikal sağlık turistleri

Makale Türü: Araştırma

Introduction

High health expenditures in developed countries, difficulties in social security services, rapidly aging population, and developments in transportation and communication technologies have formed the starting point of health tourism. Health tourism includes a variety of types of travel for health and fitness services, including plastic surgery, cosmetic, beauty, treatment, rehabilitation, visiting, recreation and cultural services. Currently, with the widespread use of the internet and other communication technologies, it has become much easier to access all kinds of information, and with these opportunities, people have chosen to visit health institutions in these countries and try the treatment of various diseases in institutions with international accreditation, with less waiting time and cheaper treatment opportunities. As a result of the spending arising from these trips, health tourism had a market value of over 100 billion dollars globally in 2014 (SATURK, 2022).

Health tourism encompasses health restoration and recovery, wellness, well-being and health and medical care services. Facilities or regions that provide special care services and provide useful services for a specific disease, facilities or regions that provide services for preventive health practices such as sports, dieting, weight loss, such as weight control clinics or SPA, and facilities such as famous clinics that apply a different treatment for a specific disease than other health centers are the places where these services are provided (World Tourism Organization, 2018). Health tourism refers to travel to a country (or region) different from one's usual place of residence to receive medical (surgeries, dental/eye treatments, organ transplantation, diagnostic services, etc.) and non-medical (aesthetic operations, healthy living and wellness, third-age care/treatment) services. Although health tourists benefit from different vacation opportunities in parallel with their travel, their main purpose is to receive a specific health service (Bookman and Bookman, 2007). In general, health tourism is considered as an organized tourism movement consisting of medical (medical) health tourism, thermal health tourism (spa + spa & wellness) and elderly health tourism (Republic of Türkiye Ministry of Culture and Tourism, 2023).

Medical health tourism refers to people traveling within the country or to other countries for medical treatment. Due to reasons such as high prices of health services and long waiting times, people travel to other countries to receive treatment. The primary objective of medical health tourism is to seek treatment and to benefit from the services such as accommodation, eating and drinking, transportation and travel programs provided by the tourism sector (Tengilimoğlu, 2013). Medical tourism, which is also called medical tourism in some sources, is the applications made for the purpose of treating local and foreign tourists with

any health problem applied by doctors with certain plans in the health centers of countries for a fee. It usually includes services such as dental, eye, organ transplantation, in vitro fertilization and aesthetic surgery (Gray and Poland, 2008). Medical health tourism has gained importance with the increasing importance people attach to their health. Singapore, Philippines, UAE, UAE and India stand out as countries that want to increase their medical health tourism potential and revenues. Today, India is considered as the center of medical tourism. In the medical tourism sector, the demand is focused in three regional markets, namely North America, Western Europe and the Middle East, while India, Malaysia and Thailand are the favorite destinations for European medical visitors in terms of the distribution of demand across destinations (BAKA, 2011).

As a result, health tourism has an income-generating effect six times more than other types of tourism. Türkiye is the most ideal region for medical tourism and alternative health tourism thanks to its climate, sea, beaches, thermal springs, thalassotherapy facilities, forests, plateaus, as well as the ease of transportation offered by Turkish Airlines, a national airline brand that flies to the most destinations in the world. Meanwhile, Türkiye aims to be the focus of high-quality healthcare services in medical health tourism with its university hospitals, training and research hospitals and private healthcare organizations across the country. At the same time, Türkiye's high youth population, educable and qualified labor force potential, developed human resources and strengthening economy have made Türkiye a preferred health tourism destination worldwide. In addition, due to the investments made in the field of health in the last decade and the positive results of the health transformation program, many health institutions in Türkiye have reached a level that can compete with health institutions in other countries. The objective of this research is to determine the relationships between motivational factors and behavioral intentions of medical health tourists.

1. The Relations between Motivational Factors and Behavioral Intentions

In recent years, medical health tourism has been recognized as an alternative tourism that contributes to the economy of countries as a strategic alternative tourism source with high added value (Aslan and Aslan, 2016). In general, the scope of medical health tourism includes the information research of the medical tourist before the point of departure from his/her home, the process of reaching the destination where he/she receives service, the place where he/she stays during the service, other services other than the medical services he/she receives, the process of returning home after the service he/she receives, and the intention to return to the destination where he/she receives service (Lee and Fernando, 2015, p. 149).

Medical health tourism is a concept that covers international travel to receive certain treatment methods performed by physicians in hospitals within the scope of general medicine. Medical health tourism is mostly aesthetic operations that require specialization and are carried out to destinations that include advantages such as hygiene, security, image, waiting times, quality of care of the service provided, having accreditation, being close to where they live, being reliable and cheap. It is an international patient mobility covering advanced treatments, cardio vascular surgery, radio therapy, cyber knife, transplantation, infertility-tube baby IVF applications, eye, dental, dialysis, cancer, chemotherapy and similar advanced treatments (Jotikasthira, 2010). The literature treats health tourism and medical tourism as a composite concept with varying emphasize. Nevertheless, while medical tourism is "organized travel out of the natural health jurisdiction of an indigenous individual for the protection, enhancement or restoration of the individual's mental and physical health", medical tourism is limited to "travel out of the natural health authority of an indigenous individual to improve or enhance the health of the individual by means of medical care" (Carrera and Bridges, 2006, p. 448).

The global medical health tourism market size is undoubtedly significant. According to the Medical Tourism Association, approximately 14 million people worldwide travel to other countries each year to seek medical care, and the value of these trips can range from 50 to 70

thousand million dollars. Currently, Thailand is seen as the top destination for health tourism with 1 million 200 thousand visitors. This country is followed by Mexico, which hosts around one million tourists seeking new health services every year. Mexico has overtaken the United States, which ranks third with 800,000 people. After these three countries, according to "Patients Beyond Borders" statistics, Singapore, India, Brazil, Türkiye and Taiwan share one million 380 thousand tourists (Medical Tourism Association, 2022).

There are many factors that influence medical health tourists to choose the destinations where they will receive their treatment after searching for information. These are generally listed as; affordable price, presence of a good team that has proven itself, country image, cultural proximity, environmental factors, ability to offer a good accommodation service, giving importance to privacy, geographical proximity, quality service, absence of natural factors, presence of entertainment centers, development in medical technology, government guarantee, presence of language services, prioritizing the food and beverage culture of medical tourists, provision of religious services, safety and security, post-treatment services, approach of insurance companies or intermediary institutions (Jotikasthira, 2010).

The preference factors of individuals/patients in medical health tourism have been addressed from different aspects by different researchers such as country image (Fetscherin & Stephano, 2016; Caballero-Danell and Mugomba, 2007; Crooks et al., 2010; Manaf et al., 2015), quality and affordability (Connell, 2013), hospital image (Fetscherin and Stephano, 2016) and tourism facilities (Connell, 2006; Hall, 2011). However, it has also been stated that there is a strong relationship between quality and affordability in destination choice in medical health tourism (Sarwar et al., 2012) and that the recommendation of friends/friends/relatives and social media play an important role in the formation of a strong brand image (Cham et al., 2021, p. 164).

The country to be visited in medical health tourism is generally known as the destination and the choice of country constitutes the demand side of the medical tourism sector (Heung et al., 2010). Here, factors such as good economic conditions in the destination country (Smith and Forgione, 2007); political stability (Lajeberdi, 2016); the existence of insurance measures against malpractice in the legal structure of the country (Falk and Prinsen, 2016); and the existence of legal regulations to perform some special procedures such as abortion and stem cell transplantation (Hall, 2011) are taken into consideration.

The cost factor, which is one of the frequently studied issues in medical health tourism (Falk and Prinsen, 2016), means that tourists prefer the most favorable price (Connell, 2006). In some studies (Smith and Forgione, 2007), the cost factor is considered as the second factor after the economic and political structure of the country, while in some studies (Aniza et al., 2009) it is considered as the main factor. In the study conducted by Fetscherin and Stephano (2016), within the scope of medical tourism costs; low-cost travel expenses, accommodation expenses, treatment expenses, flight tickets and health service sub-dimensions are included.

In addition, there are many studies conducted internationally to determine the underlying reasons for the development and branding of health tourism and medical tourism in the literature. According to the results of a study conducted by Bhadu (2011) in India, the factors affecting the branding of India in medical tourism are listed as the provision of the highest quality health services at low prices, an expert team of professional doctors, the presence of highly equipped health institutions, 100% reliability and 100% success rate. According to the results of the study conducted by Anvekar (2012) to measure the perceptions of patients on India's becoming a brand country in medical tourism; while India's being a big country and having a good experience in health tourism were stated as the reasons for preferring India in medical tourism; low price, quality health services and affordability of insurance budget were stated in the same study. According to a study by Pasadilla et al. (2014), the factors influencing the growth of medical and thermal tourism in Asia are listed as savings, high quality

of health services, short waiting times and ease of access to health services, more affordable international travel, improved communication via the internet and increased medical facilities, lack of health insurance and lack of insurance coverage, and lack of quality health services in some developing countries.

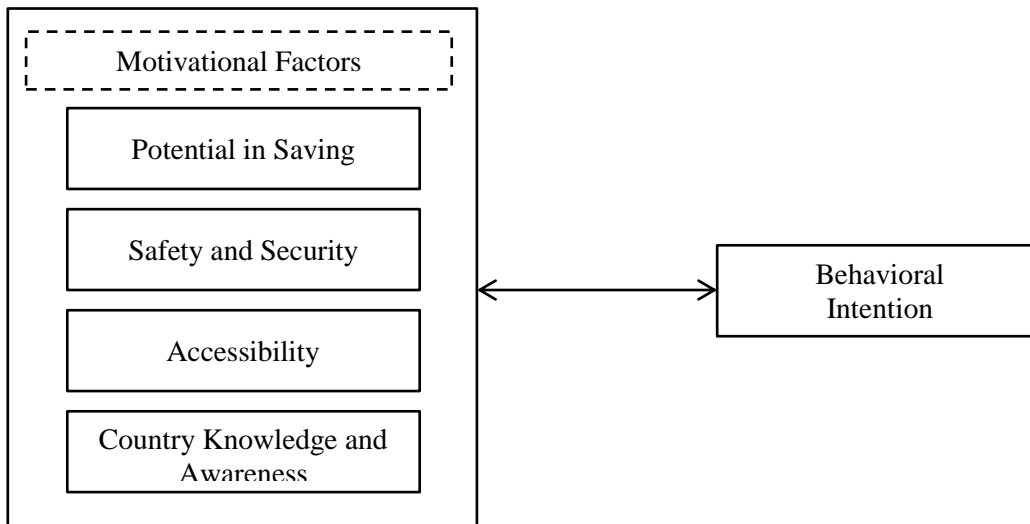
As a consequence, due to the rise in the world population, the improvement in the overall quality of life and the increase in health expenditure in several countries, countries that offer better quality and affordable care have appeared, which has led to the establishment of a medical health tourism sector. The rise in the aged population in the world has also stimulated the sector. The factors that develop medical health tourism are listed as; getting rid of long waiting lists, receiving better quality and shorter service, accessing high health technologies, reducing the cost of health services, the desire of chronic patients, the elderly and the disabled to go to other environments and receive treatment, the desire of people with drug addictions and other addictions to be in different or more suitable environments, the desire to travel and visit culture in addition to receiving treatment, the desire to hold on to life and the desire to live (T.R. Ministry of Culture and Tourism, 2023).

2. The Material and Methodology

2.1. Purpose and Hypotheses of the Research

The relationships between motivational factors and behavioral intentions of medical health tourists constitute the subject of the research. The statement "There is a statistically significant relationship between motivational factors and behavioral intentions of medical health tourists" constitutes the main hypothesis of the research. The conceptual design of the research explores the underlying causal relations between the research's main variables (motivational factors and behavioral intentions of medical health tourists). The associations between the conceptual model of the research are shown in the Figure 1.

Figure 1. Conceptual model of the research



Common elements of medical health tourism destination image include tourist attractions, general infrastructures, reputation of hospitals, service quality of hospitals, medical facilities, social environment, transportation services, accommodation, supportive services, food, personal safety and communication (Jotikasthira, 2010; Lam et al., 2011). At the same time, accessibility is generally recognized as an important factor that attracts tourists to visit a particular destination (Marrocu and Paci, 2013; Massidda and Etzo, 2012). Easy accessibility with safe transportation has the ability to increase a country's competitiveness (Aref and Gill, 2009; Goffi, 2013) and has a great impact on tourists' perception of destination image (Frias et

al., 2008; Shani et al., 2010). Accessibility has also been associated with tourists' destination choice (Aguila and Ragot, 2014), their satisfaction with a destination (Sangpikul, 2018) and their intention to visit a destination (Bianchi et al., 2017). Product or service price is known to be an important factor in influencing consumers' product or service choices and purchase decisions (Ryu and Han, 2010). It is accepted that price affordability has a significant impact on consumer behavior (Crozier and Baylis, 2010; Ryu and Han, 2010). In medical health tourism, price is the medical cost paid by medical tourists for treatment. Medical tourists compare price and choose the destination that provides medical services at a reasonable price (Abd Manaf et al., 2015; Han and Hyun, 2015).

2.2. Study Population and Sample

The universe of the research is composed of the international patients who received medical health tourism services from health institutions that operate in Istanbul and have a health tourism authorization license and who were accessed using social media platforms (Twitter, Instagram). The sampling group is composed of 400 foreign medical tourists who were reached through the social media addresses (Twitter, Instagram) of health institutions that operate in Istanbul and have a health tourism authority license.

2.3. The Process of Data Collection

An on-line questionnaire technique was used as a data collection method. The questionnaire form developed was extensively discussed with experts and academicians specializing in the field of health tourism and its last format was prepared. The questionnaire consists of three sections in total. The first section includes statements related to the basic characteristics of the participants, while the second section includes statements consisting of 18 propositions regarding the motivational factors of medical health tourists. In the last section, there are questions consisting of 3 statements expressing the behavioral objectives of medical health tourists.

2.4. Scales Used in the Research

The motivational factors and behavioral intentions of medical health tourists were revealed by using the scale developed by Mee et al. (2008). The scale of motivational factors of medical health tourists consists of four sub-dimensions and 18 questions. The scale of behavioral intentions of medical health tourists consists of one dimension and three questions.

2.5. Data Analysis

IBM SPSS 23 and AMOS were used together for the statistical analysis of the data set.

2.6. Ethical Aspect of Research

Ethical permission for the research was obtained from the Scientific Research and Publication Ethics Committee of Iğdır University, dated 25.05.2023 and decision number 2023/10. Participation in the study was based on volunteerism.

3. Results

3.1. Reliability of Research Data

The motivational factors of medical health tourists, which constitute the variables of the research, were subjected to reliability analysis with 18 questions, and the behavioral intentions factors of medical health tourists were subjected to reliability analysis with 3 questions.

Table 1. Reliability analysis results

Scale and Dimensions	Number of expressions	Cronbach Alpha
Potential in Saving	5	0,739
Safety and Security	5	0,812
Accessibility	4	0,727
Country Knowledge and Awareness	4	0,709
Behavioral Intention	3	0,756
General	21	0,917

Approximately 60% of the individuals included in the study were men (240) and 40% (160) were women. The majority of the participants included in the study were between the ages of 36-59 (69%). More than half of the participants (54.5%) had postgraduate education. 65% of the participants received health services from Istanbul, 15% from Ankara, 8% from Izmir, 6% from Bursa and the remaining 6% from other provinces. In general terms, the medical units related to the treatments received by the participants were as follows: 40% aesthetic surgery, 28% oral and dental health, 12% general surgery, 7% ophthalmology, 5% cardiovascular surgery, 3% otolaryngology, 3% dermatology, 2% orthopedics.

3.2. Evaluations of Medical Health Tourists on Motivational Factors and Behavioral Intentions

The evaluations of the participants regarding the dimensions of motivational factors and behavioral intentions of medical health tourists are given in Table 2. Accordingly, the general average score of motivational factors of medical health tourists is 3.94 ± 0.58 ; the highest potential in saving dimension (4.39 ± 0.75) and the lowest one in country knowledge and awareness (2.67 ± 0.96). When we examine the evaluations of medical health tourists about the behavioral intention dimension, the general average score of behavioral intention is 4.45 ± 0.73 .

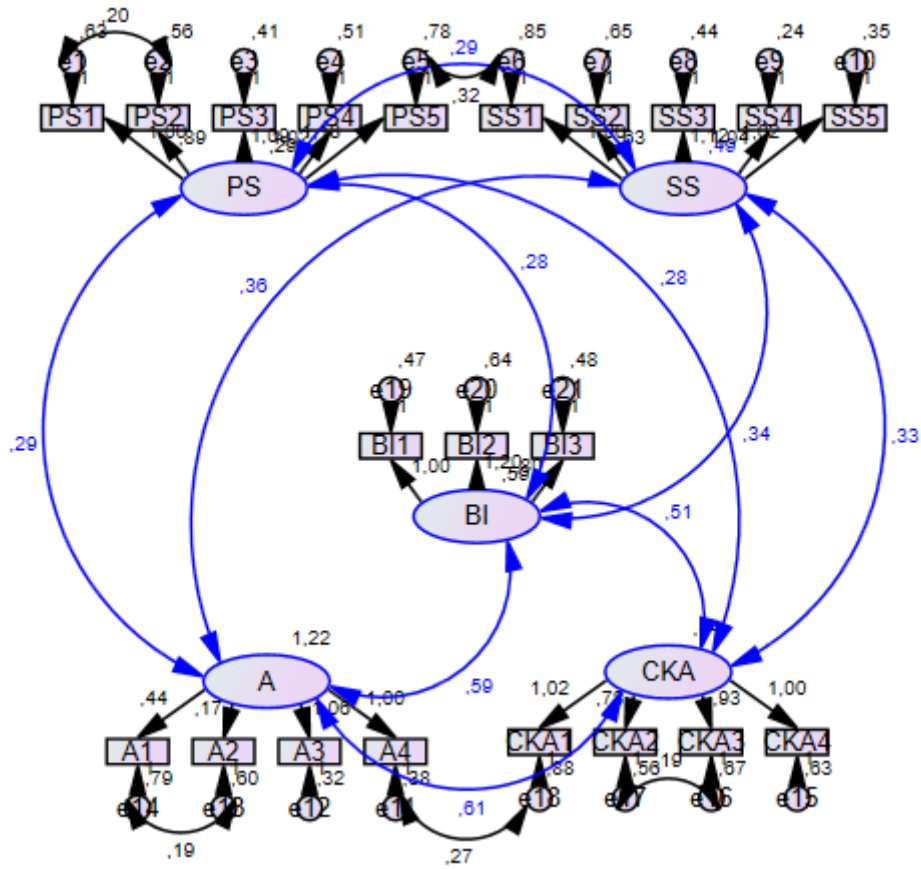
Table 2. Evaluations of the participants on motivational factors and behavioral intentions

Constructions	Factors	Mean	Std. Deviation	Variance	Reliability Coefficient
Motivational Factors	Potential in Saving	4.39	0.75	0.63	0,655
	Safety and Security	4,18	0.71	0.53	0,623
	Accessibility	4,12	0.80	0.65	0,740
	Country Knowledge and Awareness	2.67	0.96	0.76	0,709
	General	3.85	0.52	0.73	0,879
Behavioral Intentions	Behavioral Intention	4.45	0.73	0.69	0,940

3.3. Confirmatory Factor Analysis

In order to achieve the purpose of the study, confirmatory factor analysis model was used for the motivational factors and behavioral intention scales used in the questionnaire. The confirmatory factor analysis model is shown in Figure 2.

Figure 2. Motivational factors and behavioral intentions of medical health tourists (Research Model and Goodness of Fit Results)



CMIN/DF:3,79; GFI: 0,870; NFI: 0,844; IFI: 0,880; RFI: 0,810; TLI: 0,855; CFI: 0,881; AGFI: 0,832; RMSA: 0,074

[(Potential in Saving-PS, Safety and Security-SS, Accessibility-A, Country Knowledge and Awareness-CKA, Behavioral Intention-BI)]

The obtained fit variables demonstrate that model fit is provided. There is a significant positive relationship between motivation factors and behavioral intentions of medical health tourists. As the motivation factors perceptions of medical health tourists increased, their behavioral intentions also increased positively. The findings of the content validity and confirmatory factor analyses show that the construct validity of the model is ensured.

Table 3. CFA results for the modified measurement model

Constructs	Items	Standardized Regression Coefficients	Estimate	Standard Error (SE)	T value (CR)	P
Potential in Saving (PS)	PS1	,560	1,000			
	PS2	,538	,888	,088	10,038	***
	PS3	,673	1,090	,117	9,315	***
	PS4	,610	1,022	,116	8,792	***
	PS5	,581	1,178	,137	8,581	***
Safety and Security (SS)	SS1	,606	1,000			
	SS2	,484	,633	,076	8,329	***
	SS3	,762	1,115	,094	11,814	***
	SS4	,830	1,039	,084	12,426	***
	SS5	,771	1,021	,086	11,896	***
Accessibility (A)	A4	,872	1,000			
	A3	,899	1,057	,052	20,153	***
	A2	,240	,174	,038	4,614	***
	A1	,482	,444	,045	9,814	***
Country Knowledge and Awareness (CKA)	CKA4	,644	1,000			
	CKA3	,605	,932	,085	10,921	***
	CKA2	,569	,780	,075	10,355	***
	CKA1	,587	1,021	,096	10,652	***
Behavioral Intention (BI)	BI1	,743	1,000			
	BI2	,752	1,196	,085	13,989	***
	BI3	,661	,801	,065	12,340	***

According to the results of structural equation modeling; standardized regression coefficients (β), critical ratio (C.R.) and significance level (p values) are shown in Table 3. The results of the correlation analysis (the relationships between the motivational factors of the medical health tourists and their behavioral intentions) are given in Table 4.

Table 4. Correlations between variables

Variables	Correlation Coefficients
PS <--> BI	,682
SS <--> BI	,631
A <--> BI	,703
CKA <--> BI	,995

[(Potential in Saving-PS, Safety and Security-SS, Accessibility-A, Country Knowledge and Awareness-CKA, Behavioral Intention-BI)]

According to the results of structural equation modeling; standardized regression coefficients (β), critical ratio (C.R.) and significance level (p values) are shown in Table 3. A moderate positive correlation was found between safety-security and potential in saving with behavioral intentions of medical health tourists. In addition, a high level of positive correlation was found between accessibility and country knowledge-awareness with behavioral intentions of medical health tourists

Discussion

With this research, it is aimed to determine the relationships between medical health tourists' perceptions of motivational factors and their behavioral intentions. In addition, it is aimed to redesign the health investments made with the existing medical technology in accordance with the medical health tourism trends and to develop motivational resources in this application process. The population of the study consists of international patients who have received medical health tourism services from health facilities operating in the province of Istanbul and holding a health tourism facility authorization certificate and who were reached

through social media channels (Twitter, Instagram). The sample group consisted of 400 international medical tourists reached through the social media addresses (Twitter, Instagram) of health facilities operating in Istanbul and holding a health tourism facility authorization certificate. The data were collected through online survey technique. The total number of questionnaires evaluated and used in data analysis is 400. IBM SPSS 23 and AMOS were used together for the statistical analysis of the data set. Descriptive analysis, and correlation analysis and structural equation modeling were used in the research.

Accordingly, the overall mean score of motivational factors of medical health tourists was 3.94 ± 0.58 ; the highest sub-dimension is "potential in saving" (4.39 ± 0.75), and the lowest sub-dimension is country knowledge and awareness (2.67 ± 0.96). At the same time, when the evaluations of the behavioral intentions of the medical health tourists are examined, the general average score of the behavioral intention was found to be 4.45 ± 0.73 . According to the results of confirmatory factor analysis, it has been determined that there is a high level positive relationship between the motivational factors and behavioral intentions of medical health tourists, and the perceptions of medical health tourists towards motivational factors affect their attitudes towards their behavioral intentions in a statistically significant and positive way.

The main reasons that lead people to health travel activities are; the scarcity or absence of high-tech health services and professional human resources in the country of the person, the desire to have a vacation with the treatment, the fact that health services are expensive in their own country, the desire to receive much higher quality health services, not wanting their surgery to be known for any reason in their country (plastic surgery, infertility treatment, etc.), tourism mobility in cases where there are limited opportunities for climate and geographical vacation in their country (going to countries with forests, plateaus, historical and cultural richness), tourism mobility in a country where there are mostly thermal facilities and thermal tourism opportunities), tourism mobility in cases where there are limited opportunities for vacation in the country in terms of climate and geography (going to countries with forests, plateaus, historical and cultural richness), the desire to have a holiday in a country where there are many thermal facilities and thermal tourism opportunities, the desire of chronic patients, the elderly and the disabled to go to other environments and receive treatment, the desire of people with drug and other addictions to be in different or more suitable environments and the desire of the person to hold on to life and live (Republic of Türkiye Ministry of Health Tourism Handbook, 2012).

In addition to this, due to the rapid increase in the world population, the increase in the quality of life, and the increase in health costs in various countries, countries that provide better quality and economical treatments have emerged and led to the formation of the health tourism sector. The increase in the elderly population in the world has also triggered the sector. The factors that develop health tourism are listed as; getting rid of long waiting lists, receiving better quality and shorter service, accessing high health technologies, reducing the cost of health services, the desire of chronic patients, the elderly and the disabled to go to other environments and receive treatment, the desire of people with drug addictions and other addictions to be in different or more suitable environments, the desire to travel and visit culture in addition to being treated, and the desire of the person to hold on to life and live (Republic of Türkiye Ministry of Culture and Tourism, 2023).

Medical health tourism, one of the types of health tourism, generally refers to people traveling to another country to receive medical treatment abroad. Medical tourism originated from the wider term of health tourism. Other researchers have considered health and medical tourism as a composite construct with different emphasis (Lunt and Carrera, 2010). Carrera and Bridges (2006) describe health tourism as "organized traveling out of one's local environment to maintain, recover or restore one's mental and physical health", whereas medical tourism is limited to "organized traveling out of one's natural health care area to improve or restore one's health by medical intervention". Medical tourism covers travel to hospitals and clinics for

medical treatments in different areas ranging from cardiology, gynecology, neurology, ophthalmology, oncology, orthopedic transplants, preventive medicine, artificial insemination, anti-aging medicine and plastic reconstructive medicine.

Conclusion and Suggestions

Medical health tourism, where patients travel away from their homes to receive medical treatment, has grown rapidly in recent years. At the same time, the gradual growth of the medical health tourism sector has enabled an increasing number of countries to participate in this sector, which has become more competitive than ever before. Therefore, it is important to identify motivational factors and measure behavioral intentions in order to understand and attract potential international patients.

According to the results of confirmatory factor analysis, it has been determined that there is a high level positive relationship between the motivational factors and behavioral intentions of medical health tourists, and the perceptions of medical health tourists towards motivational factors affect their attitudes towards their behavioral intentions in a statistically significant and positive way. This research revealed that motivational factors can affect how a medical health tourist perceives the image of a healthcare provider in the host country.

First of all, since the importance of medical health tourism, which adds a positive value to the economy, and the fact that it is included in strategic plans are an important preference criterion, it is recommended that the Turkish government implement an effective policy on medical tourism and improve the motivation resources in this implementation process. In addition, it is necessary to support the health investments that are being made with the current medical technology in Türkiye and to be redesigned in accordance with the new medical health tourism trends.

It is important for the decision makers who determine the medical health tourism destination policies to develop new policies by taking into account the motivation criteria for the destination selection of medical tourists. It is important to provide all kinds of medical care in a quality way, especially for medical potential tourists who cannot find the medical care they want in the country they live in. At this point, it is suggested that health service providers in Türkiye should emphasize this source of motivation.

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