The Effect of Patient Expectations and Satisfaction on Regional Trust in Health Tourism: A Private Hospital Example

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ABSTRACT

In this study, the effect of health tourists' expectations and satisfaction on regional feelings of trust was examined. In line with the purpose of the research, the sample of the research consists of 178 patients whose structure was determined by simple random sampling method among the patients who were in the institution to receive health services. The data were analyzed with the SPSS program. Of the 178 tourists who participated in the research, 52.8 percent were women and 47.2 percent were men. According to the age variable, 41.6 percent of the tourists were between the ages of 18-30, 36.5 percent were between the ages of 31-45, and 21.9 percent were aged 46 and over. When the educational status of the tourists was examined, it was determined that 42.7 percent were primary school graduates, 14.6 percent were high school graduates, 33.1 percent were university graduates, and 9.6 percent were master's and doctorate graduates. As a result of the analysis, it was determined that meeting the expectations and satisfaction of the participating health tourists had a statistically significant and positive effect on the sense of regional trust. In line with these results, as patients' expectations are met and their satisfaction increases, their trust in the region and country also increases.

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1.INTRODUCTION

Health has a feature that individuals have and that closely affects their quality of life. For this reason, high-level investments are made in health-related research and technological development activities today (Shehawy, 2021; Zhang et al., 2021). Health services, which have become widespread throughout the world, serve patients by public and private institutions. Sick individuals receive treatments with or without medical intervention for purposes such as being healthy and staying fit (Rahman et al., 2021). Thanks to the developing technology and communication opportunities, patients search for the institutions that provide the most successful treatments for their disease conditions, even in any part of the world, and they want to receive treatment there (Puczkó & Smith, 2022; Utama et al., 2021). Therefore, tourism activities are carried out to receive health services.

Health tourism, which is spreading rapidly in the world, has shown a significant increase in recent years due to the development of health services in Turkey (Büyüközkan et al., 2021). According to the data of the Turkish Statistical Institute, the number of visitors, which was 267 thousand in 2013, has increased continuously and exceeded 662 thousand in 2019. Despite the decrease in the negative impact of the pandemic process, a total of 642,644 people from various countries of the world came to Turkey in 2021 to receive health services. With these people benefiting from health services, an income of over 1 billion dollars has been provided. It is observed that diseases belonging to patients coming from abroad are generally gynecological diseases, general surgery, dental, infectious diseases, eye, ear, nose and throat (Turkish Statistical Institute, 2022).

Health tourism can be generally classified as medical tourism, thermal tourism, tourism for the elderly and disabled (Shehawy, 2021). Health tourism is generally carried out for reasons such as benefiting from professional health services, receiving health services at more affordable costs, vacationing with treatment, and insufficient development of health services in the country where they are located (Anaya-Aguilar et al., 2021; Zhang et al., 2021). Within the scope of health tourism, there are also applications such as spa tourism, disabled tourism, medical tourism, spa-wellness and elderly tourism. Spa tourism, which has an important place in health tourism, includes applications such as thermal water bath, mud bath, drinking water, inhalation, physical therapy, exercise, diet and psychotherapy. These can also be expressed as uvalism, climatism, and thermalism in general (Utama et al., 2021; Vega-Vázquez et al., 2020).

Turkey has some advantages in terms of medical tourism, which is effective in meeting the satisfaction and expectations of patients coming from abroad. Examples of these are the provision of services at the standards in western countries, the high number of institutions accredited with the Joint Commission International (JCI), the cheaper health services compared to other countries, and the quality of human resources. It can also be added that the country's historical, touristic and climatic features are preferable and it is in the first place in Europe in terms of thermal resources. In terms of thermal resources, it is in the first place in Europe(Edinsel & Adıgüzel, 2014; Yılmaz et al., 2020). Among these features, providing health services at affordable costs is considered to be the most important reason for preference. These features ensure satisfaction and fulfillment of expectations in patients (Joseph et al., 2021). Therefore, the satisfaction of patients visiting Turkey for various reasons is an important factor that affects other patients who may come from their home countries to visit Turkey for the health services they plan to receive (Özsarı & Karatana, 2013). In addition, it is possible for patients who are satisfied with the visit to repeat health tourism in the same region/institution in case of need.

Despite these advantages, it can be said that there are weaknesses in terms of health tourism. Some of these can be expressed as negative image perception, low number of accredited hospitals compared to the general number, lack of emphasis on marketing, coordination problems with foreign insurance companies, staff not speaking a foreign language, lack of information about patient rights, coordination problems between the private sector and the Ministry of Health (Edinsel & Adıgüzel, 2014; Özsarı & Karatana, 2013).

As a result, health tourism focuses on the organizational and operational aspects of business trips for the treatment of individuals (Hashemi & Derakhsh, 2021). In parallel with economic growth, there have been significant developments in the health industry in recent years (Puczkó & Smith, 2022; Utama et al., 2021; Vega-Vázquez et al., 2020). The expansion and improvement of accommodation services, trained and equipped personnel, and the use of technological opportunities are among all developments (Yılmaz et al., 2020). Turkey is considered as one of the most suitable markets in the region due to its thermal resources, mild climate, geographical accessibility and natural resources. Along with other development features, this contributes to meeting the expectations of patients and increasing their satisfaction(Utama et al., 2021; Yılmaz et al., 2020). Therefore, in terms of health tourism, it is considered in terms of the important

accommodation centers that can be preferred for patients among various countries of the world as well as in the region.

1.1. Customer Satisfaction in Health Tourism

Customer satisfaction is extremely important in health tourism. The reason is that individuals visit the region or institution within the scope of health tourism according to their various disease states (Ridderstaat et al., 2019). During this visit, they make an effort in terms of time and financial opportunities. It is possible for patients to be satisfied with the health services and additional services provided, increasing the possibility of re-visiting in the future, and recommending them to other patients in their environment (Kılıçarslan, 2019). Therefore, the satisfaction of patients from an individual point of view is important in terms of both the success of the treatment of the patients and the continuation of the existence of the institutions.

There are many factors that affect health tourism. These factors are that advertising activities within the scope of tourism, the availability of tourism venues and permanent means of transportation, communication features such as internet and telephone, the provision of accommodation services such as nutrition and accommodation in addition to the health services provided, the satisfaction of patients who have visited the institution before, and the equipment of service personnel can be given as examples.

Features such as being close to other tourism areas, not containing overcrowded or overly desolate environments, having social opportunities, being economically suitable for patients' budgets, having enriched websites that can answer all potential questions of intermediary institutions affect the quality and sustainability of health tourism(Göde et al., 2021; Tontus & Nebioglu, 2018). In addition, it is important that the payments made for the service are consistent with each other, the level of influence of the individuals from the institution, the treatment period is practical and effective, and the advanced services are provided at international standards.

Therefore, it is seen that there are many factors that affect health tourism and almost all of them are manageable factors (Zekavati & Naami, 2020).
In addition to these factors affecting health tourism, there are also some restrictive factors for health tourism. These can be expressed as(J. Han et al., 2021; Yavuz, 2018):

- Lack of accreditation to national and international standards,
- The services provided are not legal,
- Infrastructure services within the organization are not sufficiently developed,
- Inadequate customer relations, language and communicative characteristics of the personnel providing service,
- Incomplete or complete treatments,
- Customer dissatisfaction,
- Failure to advertise the services offered at a realistic level.

1.2. Regional Trust

Trust is a key factor in building long-term relationships between service providers and customers. It is a vital part of any customer relationship and brand loyalty is one of the results of this relationship. Consumers are more likely to prefer countries, regions, institutions, brands and/or products they trust, as perceived trust reduces or eliminates risks and uncertainty(Gounaris & Stathakopoulos, 2004; Morgan & Hunt, 1994; Power et al., 2008). For this reason, it can be thought that the first step is to gain the trust of the consumer in order to establish a long-term bond between the product/service provider and the buyer. This concept is influenced by both 'personal' (e.g. empathy, courtesy, and customer/service representative affinity) and 'corporate/brand-related' (customization, competence, reliability, and promptness) service representative characteristics(Coulter & Coulter, 2002). One of the first things sought before health tourism is the sense of trust that can be felt about the place where the service will be received. Regional trust is defined as “the willingness of the average consumer to trust the region's ability to perform its promised function”. Often, trust is associated with or identified with beliefs such as competence, honesty, and helpfulness(Chaudhuri & Holbrook, 2001).

Health care is vital and risky in some cases. Therefore, the ability to build customer trust is important. Trust in a healthcare brand or country is driven by a variety of factors, including consumer attitudes towards the brand or country, perceived quality, prestige, and customer-oriented behavior of staff (Kemp et al., 2014). The importance of the sense of trust to be felt is increasing due to the complex and unique features of health services. Individuals want to entrust their health only to the institution or health workers they trust enough. This request is becoming more dominant among health tourists due to reside in a foreign country. Maintaining confidence in health depends on a variety of quantitative and qualitative factors, such as performance, highly skilled staff, technical and behavioral interactions, treatment, type of patient, general and specialized services at a competitive price (Thantry et al., 2006).

Trust in an institution, region or country enables consumers to believe in the quality of the service/product to be offered and helps consumers make a choice and feel comfortable while purchasing their service/product (Chih-Chung et al., 2012). This feeling, which is created by customer satisfaction, ensures that it is preferred again.

2. MATERIALS AND METHOD

2.1. Type of Research

This research is exploratory in accordance with the quantitative research design.

2.2. Universe and sample

The population of the research consists of adult patients who come to Turkey to receive treatment within the scope of health tourism. Scale questions were administered to patients face-to-face, on a voluntary basis, and by simple random sampling method. In the research conducted between 08.04.2022 and 08.05.2022, the applications of 298 health tourists from Syria and Iraq were recorded to receive treatment at a private hospital in Gaziantep. In our study, the population was accepted as 298, and when the sample was calculated within the 95 percent confidence interval, it was determined that it was sufficient to reach 169 health tourists (Yazıcıoğlu and Erdoğan, 2004). 178 health tourists were reached between the specified dates. It was concluded that this number was sufficient as a sample.

2.3. Data Collection Tools

"Personal Information Form", "Service Satisfaction Scale" and "Regional Trust Scale" were used to collect data in the research.

Personal Information Form; It is a questionnaire form consisting of 4 statements about the age, gender, educational status and first visit to the health institution of health tourists.

Service Satisfaction Scale; The scale developed by Çakır (Çakır, 2019) has 4 sub-dimensions; It consists of 18 questions in total, including the physician dimension (4 md), the hospital dimension (6 md), the nurse dimension (4 md), and the accessibility dimension (4 md). The scoring range in the Likert-type scale ranges between 1-5, between "I strongly disagree" and "I totally agree". There is no reverse coding in the scale. The Cronbach's Alpha of the research conducted by Çakır was calculated as 0.910 (Çakır, 2019). In our research, Cronbach's Alpha was determined as 0.992. This value shows that the Service Satisfaction Scale is highly reliable (Kalaycı, 2017).

Regional Trust Scale; "Regional Trust Scale" developed by Abubakar (Abubakar, 2016) would be used. Permission was obtained to use the scale. The scale consists of one dimension and eight items. These scale items were also scored with a five-point Likert scale ranging from 5 "strongly agree" to 1 "strongly disagree". There is no reverse coding in the scale. The Cronbach's Alpha of the research by Abubakar was calculated as 0.831 (Abubakar, 2016). In our research, Cronbach's Alpha was determined as 0.991. This value shows that the Regional Confidence Scale is highly reliable (Kalaycı, 2017).

2.4. Data collection and analysis

After obtaining the necessary permissions from the scale owners and the ethics committee, the scale questions were sent to the participants online and asked to answer them, and it was carried out on a voluntary basis. The data obtained as a result of the applied scales were analyzed through the SPSS program. Frequency and percentage calculations were made in order to determine the demographic and descriptive data of the participants (such as age, gender, educational status and the sector they worked in).

Since it was determined that the data did not show a normal distribution, arithmetic median, IQR, Man Whitney U and Kruskall Wallis tests were applied to determine the effects of the health tourists participating in the research on the perception of service satisfaction and regional trust. In addition, Spearman correlation analysis was performed to evaluate the relationship between patients' satisfaction with service and their sense of regional trust.

3. RESULTS

In the findings part of the study, firstly, the demographic and descriptive data of the participants were included (Table 1).

Table 1. Data On Demographic Characteristics Of The Research Group

Demographic Characteristics	Groups	Sample	%
Gender	Female	94	52.8
	Male	84	47.2
Age	18-30 years old	74	41.6
	31-45 years old	65	36.5
	46 years and older	39	21.9
Educational Status	Primary education	76	42.7
	High school	26	14.6
	University	59	33.1
	MSc and PhD	17	9.6
First Coming to This Health Group?	Yes	114	64
	No	64	36
TOTAL		**178**	**100.00**

In Table 1, 52.8% of the 178 tourists participating in the research were female and 47.2% were male. In terms of the age variable, 41.6% of the tourists were between the ages of 18-30, 36.5% were between the ages of 31-45, and 21.9% were aged 46 and over. When the educational status variable of the tourists is examined, it was determined that 42.7% of them are primary school graduates, 14.6% were high school graduates, 33.1% were university graduates, and 9.6% were master's and doctorate degrees.

The results of the normality test examination for the scale and its dimensions used in the study are presented in Table 2.

Table 2. Normality Test Analysis Data

SCALES AND DIMENSIONS	Median	IQR	Skewness	Kurtosis	Kolmogorow-Smirnow	
					Statistic	p
SERVICE SATISFACTION SCALE	4.83	1.00	-2,650	9,346	,666	,000
Accessibility	5.00	0.75	-2,530	8,618	,639	,000
Doctors	5.00	1.00	-2,523	8,739	,654	,000
Nurses	5.00	0.76	-2,341	7,146	,662	,000
Hospital	5.00	1.00	-2,522	8,581	,649	,000
TURKEY TRUST	2.46	0.67	-2,691	9,656	,630	,000

In the light of the results obtained from the participants in Table 2, it was concluded that the data were not normally distributed, since the Skewness and Kurtosis values of the data were between "-1.5 and +1.5" (Tabachnick & Fidell, 2013). When Kolmogorow-Smirnow values were also examined, it was observed that the data were not normally distributed (Kalaycı, 2017). In the light of these findings, non-parametric analyzes were applied in the further analyzes.

In order to determine whether there is a statistically significant difference between the socio-demographic characteristics of the participants and the mean scores of the Satisfaction with Service Scale and the Turkish Confidence scale, the Mann-Whitney U test and Kruskal Wallis-H test, which are nonparametric analysis methods, were used and the analysis results are presented below.

Table 3. The Results of The Analysis Between The Demographic Characteristics of The Participants and The Satisfaction with The Service

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	4.66	1.00	82.59	-2.002	**0.045*** 2>1
	Male[2]	84	5.00	0.49	97.23		
Age	18-30 years old[1]	74	4.72	1.00	84.32	3.525	0.172
	31-45 years old[2]	65	5.00	0.42	98.54		
	46 years and older[3]	39	4.66	1.00	84.27		
Educational Status	Primary education[1]	76	4.97	0.49	96.70	3.372	0.338
	High school[2]	26	4.80	1.00	87.13		
	University[3]	59	4.77	1.00	84.87		
	MSc and PhD[4]	17	4.61	1.17	77.00		
First Coming to This Health Group?	Yes[1]	114	4.72	1.00	84.13	-1.962	**0.049*** 2>1
	No[2]	64	5.00	0.39	99.06		

***p<0,05**

In Table 3, a statistically significant difference was determined between the gender and health group of tourists when they first arrived and the Service Satisfaction Scale ($p<0.05$), while no significant difference was found between the age and education status and the Service Satisfaction Scale ($p>0.05$). When the gender variable was examined, it was found that the group score median was higher for men than for women, and when the first visit to the health group was examined, the median score for those who had come before was found to be higher than for those who came for the first time.

Table 4. Results of The Analysis Between The Demographic Characteristics of The Participants and The Accessibility Sub-Dimension of The Service Satisfaction Scale

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	5.00	1.00	84.09	-1.669	0.095
	Male[2]	84	5.00	0.94	95.56		
Age	18-30 years old[1]	74	5.00	1.00	84.75	4.427	0.109
	31-45 years old[2]	65	5.00	0.50	98.97		
	46 years and older[3]	39	4.75	1.00	82.73		
Educational Status	Primary education[1]	76	5.00	0.69	98.13	5.739	0.125
	High school[2]	26	5.00	1.00	87.65		
	University[3]	59	5.00	1.00	83.82		
	MSc and PhD[4]	17	4.50	1.25	73.44		
First Coming to This Health Group?	Yes[1]	114	5.00	1.00	83.75	-2.234	**0.025* 2>1**
	No[2]	64	5.00	0.50	99.73		
***p<0,05**							

In Table 4, a significant difference was found between the demographic characteristics of the participants and the accessibility sub-dimension of the service satisfaction scale and the first visit to the health group. The mean rank scores of the tourists who had applied to the institution before are higher than those who came for the first time.

Table 5. Results of The Analysis Between The Demographic Characteristics of The Participants and The Physicians Sub-Dimension of The Service Satisfaction Scale

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	5.00	1.00	86.54	-0.893	0.372
	Male[2]	84	5.00	1.00	92.82		
Age	18-30 years old[1]	74	4.87	1.00	84.04	3.712	0.156
	31-45 years old[2]	65	5.00	0.50	98.40		
	46 years and older[3]	39	4.75	1.00	85.03		
Educational Status	Primary education[1]	76	5.00	0.75	97.93	4.411	0.220
	High school[2]	26	4.87	1.00	84.38		
	University[3]	59	4.75	1.00	83.69		
	MSc and PhD[4]	17	4.75	1.00	79.79		
First Coming to This Health Group?	Yes[1]	114	5.00	1.00	84.97	-1.723	0.085
	No[2]	64	5.00	0.50	97.57		

In Table 5, no significant difference was found between the demographic characteristics of the participants and the doctor's sub-dimension of the service satisfaction scale and the first visit to the health group.

Table 6. Results of The Analysis Between The Demographic Characteristics of The Participants and The Nurses Sub-Dimension of The Service Satisfaction Scale

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	4.75	1.00	81.84	-2.323	**0.020* 2>1**
	Male[2]	84	5.00	0.69	98.08		
Age	18-30 years old[1]	74	5.00	1.00	86.62	1.605	0.448
	31-45 years old[2]	65	5.00	0.75	95.29		
	46 years and older[3]	39	5.00	1.00	58.31		
Educational Status	Primary education[1]	76	5.00	0.75	95.95	2.888	0.409
	High school[2]	26	5.00	1.00	86.04		
	University[3]	59	5.00	1.00	85.83		
	MSc and PhD[4]	17	5.00	1.50	78.68		

First Coming to This Health Group?	Yes[1]	114	5.00	1.00	85.75	-1.434	0.152
	No[2]	64	5.00	0.69	96.18		
***p<0,05**							

According to the test results between the demographic characteristics of the participants and the nurse sub-dimension of the service satisfaction scale in Table 6, a significant difference was found in the gender variable. The mean rank of male tourists were significantly higher than that of females.

Table 7. Results of The Analysis Between The Demographic Characteristics of The Participants and The Hospital Sub-Dimension of The Service Satisfaction Scale

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	5.00	1.00	84.68	-1.464	0.143
	Male[2]	84	5.00	0.67	94.90		
Age	18-30 years old[1]	74	4.83	1.00	81.36	6.408	**0.041*** **2>1**
	31-45 years old[2]	65	5.00	0.42	100.91		
	46 years and older[3]	39	5.00	1.00	85.94		
Educational Status	Primary education[1]	76	5.00	0.79	96.35	3.350	0.341
	High school[2]	26	5.00	1.00	86.79		
	University[3]	59	5.00	1.00	85.35		
	MSc and PhD[4]	17	4.83	1.00	77.44		
First Coming to This Health Group?	Yes[1]	114	5.00	1.00	88.04	-2.092	**0.036*** 2>1
	No[2]	64	5.00	0.50	99.23		
***p<0,05**							

In Table 7, in the hospital sub-dimension of the service satisfaction scale, a significant difference was determined between the age and the medians of the answers given to the first visit to this health group. In the age variable, mean rank values of those aged 31-45 were significantly higher than the relevant values of those aged 18-30. In the case of first coming to the health group, mean rank values of those who had come before were significantly higher than the relevant values of those who came for the first time.

Table 8. The Results of The Analysis Between The Demographic Characteristics of The Participants and The Regional Trust

Demographic Characteristics	Groups	Sample	Median	IQR	Mean Rank	K-W or MW-U Value	p
Gender	Female[1]	94	4.93	1.00	84.44	-1.537	0.124
	Male[2]	84	5.00	0.84	97.23		
Age	18-30 years old[1]	74	4.75	1.00	81.28	5.617	0.060
	31-45 years old[2]	65	5.00	0.50	99.90		
	46 years and older[3]	39	5.00	1.00	87.77		
Educational Status	Primary education[1]	76	5.00	0.75	96.75	7.422	0.060
	High school[2]	26	5.00	1.00	89.96		
	University[3]	59	5.00	1.00	87.56		
	MSc and PhD[4]	17	4.50	1.50	63.12		
First Coming to This Health Group?	Yes[1]	114	4.93	1.00	83.37	-2.347	**0.019*** 2>1
	No[2]	64	5.00	0.50	100.42		
***p<0,05**							

In Table 8, a statistically significant difference was determined between the first arrival of the tourists to the health group and the Turkish confidence scale ($p<0.05$). No significant difference was found between gender, age and education level and Turkish confidence scale($p>0.05$). When the first arrival of the tourists to the health institution was examined, it was determined that the median of the trust score in Turkey was higher than the relevant values of those who came before the first time.

Table 9. Correlation Analysis Findings Between Service Satisfaction Scale and Its Sub-Dimensions and Regional Trust

		1	2	3	4	5
1- PATIENT EXPECTATIONS AND SATISFACTION	r	1				
2- Accessibility	r	,928**	1			
	p	0				
3- Doctors	r	,922**	,865**	1		
	p	0	0			
4- Nurses	r	,928**	,881**	,806**	1	
	p	0	0	0		
5- Hospital	r	,931**	,857**	,854**	,858**	1
	p	0	0	0	0	
6- TURKEY TRUST	r	,870**	,831**	,828*	,823**	,862**
	p	0	0	0	0	0
****p<0,001 *p<0,05**						

In Table 9, Spearman correlation analysis was made between the scale and sub-dimensions of tourists' satisfaction with the service and their confidence in Turkey. According to the results of the analysis, it was determined that there is a positive and significant relationship between the Service Satisfaction Scale and its sub-dimensions and the level of trust in Turkey ($p<0.001$). As the satisfaction level of tourists increases, their confidence in Turkey also increases. ($p<0.001$, $r=0.870$).

Table 10. The Effect of Service Satisfaction on Turkish Confidence

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p	F	Model (p)
	B	Std. Error	β				
Stable	0.812	0.205		3.957	0.000	338.358	0.000*
Service Satisfaction	0.825	0.045	0.811	18.395	0.000		
R^2: 0.658, R: 0.811, *p<0.001, Regression Equation of the Model: Y=0.812+ (0.825X)							

In Table 10, it is seen that there is a significant positive correlation between Service Satisfaction Scale and Turkey Confidence Scale ($R=0.811$, $R2=0.658$, $p<0.01$). Service Satisfaction Scale explains 65% of Turkey Confidence Scale ($R2=0.658$).

When the p value of the regression analysis of the Satisfaction with Service scale in explaining the level of confidence in Turkey is examined, it is seen that the Satisfaction with Service scale is a significant predictor in explaining the opinion on the confidence in Turkey. When the standardized regression coefficient was examined, the relative predictive level of service satisfaction and trust in Turkey was found to be 81% (Standardized $\beta= 0.811$).

It is observed that a one-unit increase in the Service Satisfaction Scale independent variable will increase the Turkish Confidence dependent variable score by a coefficient of 0.811.

4. DISCUSSION

People traveling for the purpose of health tourism have some expectations from the destination they go to. These expectations start with the accessibility of the institution and continue with the equipment and behaviors of the health workers, the physical equipment of the hospital, and all kinds of facilities. If these conditions, and the needs of the individuals are satisfied, it is possible for them to come back to receive service when necessary, and to praise the institution to their close circles with a sense of satisfaction, even if it is not for themselves. Thus, with the application of individuals who want to purchase services, the number of people to whom the institution provides services will increase, and the sustainability of the institution will be ensured. It is important for people to receive service from the institution and leave with satisfaction in terms of trusting the institution, country and region within the scope of health tourism. In this research, it is aimed to determine whether the satisfaction of health tourists from the service has an effect on their trust in Turkey.

While a significant difference was determined between the service satisfaction scale of the tourists participating in the research and the status of their first visit to the same health institution, there was no statistically significant difference between gender, age and educational status. Those who have previously received service from the same institution have a higher median satisfaction score than those who have received service for the first time. This can be explained by the fact that those who purchased the service before experienced the service compared to those who came for the first time and that they applied again because they were satisfied.

In the study conducted by Ünal and Demirel (2011) with the guests benefiting from the health tourism establishments of Bolu province, there was no significant difference between satisfaction and gender, yet a significant difference was found between the age variables. This difference is that the satisfaction rates of those aged 26-30 are significantly different compared to those aged 25 and under. In Çelik's (2009) master's thesis, a significant difference was found between the perception of service satisfaction and age variable among individuals who received service from thermal enterprises, yet no significant difference was found between gender, educational status and nationality of individuals. In the study conducted by Devebakan and Aksaraylı (2003) on patients, a significant difference was found between the age and education level of the patients and their perceptions of service satisfaction. In the study conducted by Çatı and Yılmaz (2002) on patients, a significant difference was found between the perception of service satisfaction and gender, whether the patient had applied to the institution before, and education levels. In the research conducted by Yavuz (2018) on 216 patients who applied to hospitals providing health tourism services in the Central Anatolia Region, it was determined that the physical structure of the institution did not have a significant effect on patient satisfaction, while the trust in the institution staff had a significant effect on patient satisfaction. In Demirci's (2018) research on 402 health tourists in Muğla, a significant difference was found between service satisfaction and first visit to the institution. In Çakır's (2019) research, no significant difference was found between service satisfaction scale and gender and educational status.

In our study, a statistically significant difference was found between the Turkish Confidence scale and the first visit only to the health group, while no significant difference was found in the responses given to other demographic variables. The reason for this may arise from the fact that the satisfaction obtained from the service received previously gives a guarantee, even partially, about the services to be received in the future. If a product or service is to be purchased again, relying on experience is the most likely option. In the study of Iranmanesh et al., no significant difference was found between age and gender variables and confidence, while a statistically significant difference was found between education variable and trust (Iranmanesh et al., 2018). In the study conducted by İbiş and Batman (2018) on 131 Chinese tourists, no significant difference was found between gender and education demographic variables and regional trust. In the study conducted by Kılınç and Koçarslan (2022) with 286 tourist patients, no significant difference was found between regional trust, gender and educational status, while a significant difference was found with the age variable. In Abubakar's (2016) research on health tourists, a significant difference was found between gender and regional trust.

In line with the purpose of the research, it has been determined that there is a positive and significant relationship between the satisfaction level and sub-dimensions of health tourists and their level of trust in Turkey. In the research of Al-Ansi and Han and Melián-Alzola and Martín-Santana, it has been determined that customer satisfaction has a positive relationship with on rüşt (Al-Ansi & Han, 2019; Melián-Alzola & Martín-Santana, 2020). In some other studies, it has been determined that customers' positive perception of trust and service increases their satisfaction (Amoako et al., 2019; Chang, 2014; Wu et al., 2016).

In this study, it was concluded that the satisfaction level of health tourists has a significant and positive effect on their level of trust in Turkey. Iranmanesh et al. reported in their research that trust has a significant impact on Muslim medical tourists' attitudes towards Islamic medical treatment (Iranmanesh et al., 2018). According to Han and Hyun's research finding, in a competitive medical tourism market, trust in staff and clinic significantly influences tourists' intention to revisit clinics and destination country (H. Han & Hyun, 2015). In the study of Jeaheng, Al-Ansi, and Han, a positive relationship was observed between service quality and tourist trust, similar to our research (Jeaheng et al., 2020).

5. CONCLUSION AND RECOMMENDATIONS

In this study, it was determined that there is a positive and significant relationship between the satisfaction level and sub-dimensions of health tourists and their level of trust in Turkey. In addition, it has been concluded that the satisfaction level of health tourists has a significant and positive effect on the level of trust in Turkey.

In all types of tourism, especially in medical tourism, satisfaction and trust are interrelated and very important concepts. Tourists are very likely to feel anxiety about the quality of health services they will receive, possible malpractice, and being in a different geography and culture. At this point, it is a feeling that does not cost money to make the patient feel in safe hands by gaining a sense of satisfaction and trust. Confidence, in its clearest form, is an emotion that can be gained after satisfaction and is often the explanatory of the tourist's repetitive travel behaviors. Therefore, destinations aim to create satisfaction due to their strong relationship with loyalty. It is critical for all healthcare providers to understand and articulate how they can customize service delivery to create and increase satisfaction. In reality, tourists from different

countries may have various needs and expectations from the same healthcare provider, which leads to different levels of satisfaction. In line with this information, the following suggestions can be made to improve the satisfaction and trust levels of health tourists:

- At this key point, service delivery should be in a structure that can be customized within certain limits in line with a wide range of demands. Demands, requests and complaints from health tourists should be dealt with closely, and these applications should be carefully considered and resolved.

- In order to ensure satisfaction and continuity, health service providers should constantly improve themselves, give importance to research and development activities, and optimize service results.
- In order to increase satisfaction, the number of active intermediary institutions should be increased in all transactions of health tourists from their arrival to the country and they should be able to provide personal service without sacrificing quality.

- In order to increase the trust level of health tourists receiving service from the institution, the patient follow-up process should be continued very actively in cross-border conditions, even after the service.

- In order to convey the operations and successes of the institution within the scope of the current technological possibilities, it should communicate with the patients or candidates by conducting interviews on online platforms.
- Institutions should open branches in the countries where patients live, if possible, or if not, they should make an agreement with an institution of that country and provide faster and simultaneous assistance in case patients feel the need, and a solution should be produced without the need to travel.

- There should be information on the web page for every question that patients may seek answers to, and the live support line should be used actively and serially.
- If the institutions do not include any transactions that have not been performed on their patient invoices or do not show the transaction prices different from what they actually are, the patient will be satisfied with the trust of the institution and the country in terms of price, that they are not exploited.

The research is limited to the number of patients that can be reached. Future studies could be conducted over longer periods of time and attempt to reach more patients from a wider range of nationalities. It is also limited by the fact that the research was conducted in a private hospital in Gaziantep in one month on patients coming from Syria and Iraq. Another limitation is that the translator is required to participate in the survey. In future studies, it may be recommended to prepare a Google Form that can be translated into any language so that the patient can easily understand it.

Conflict of Interest:
The authors declare that they have no conflicts of interest

Ethical Approval:
Before applying the data collection form in the study, ethics committee approval was obtained with the Hatay Mustafa Kemal University Social and Human Sciences Scientific Research and Publication Ethics Committee's decision dated 07.04.2022 and numbered 33.

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