



The Impact of Health Tourists' Brand Perceptions Towards Private Hospitals on Health Tourism: The Case of Istanbul Province ^a

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Abstract

This study investigates health tourists' brand perceptions of private hospitals in Istanbul. Medical tourism refers to individuals traveling abroad to receive preventive, curative, or rehabilitative healthcare services. Cost advantages, speed, and quality are key motivators for seeking healthcare in other countries. We conducted semi-structured face-to-face interviews with 11 international health tourists and applied thematic content analysis. The findings indicate that health tourists predominantly access health-related information through internet news, Instagram, and Facebook. Separately, the main factors influencing hospital selection include a history of successful procedures, quick results, trust, affordable pricing, accessible information, recommendations, quality of service, and overall satisfaction. Brand image elements identified by participants include

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hygiene, trust, network affiliation, competent doctors, positive reviews, and successful medical outcomes. These insights can guide private hospitals in enhancing social media strategies and procedural transparency to strengthen brand image.

Keywords: Health tourism, brand perception, qualitative content analysis, international patients

INTRODUCTION

This study investigates international health tourists' brand perceptions of private hospitals in Istanbul. Medical tourism refers to the cross-border travel of individuals for medical, surgical, or wellness services. This growing global phenomenon encompasses a wide array of treatments such as cosmetic surgery, dental procedures, in vitro fertilization, cardiac and cancer treatments, eye surgeries, and organ transplants (Spoladore, 2021). In addition to curative services, medical tourism also includes spa treatments and wellness therapies that aim to promote mental, physical, and spiritual rejuvenation (Khairunnisaa and Hatta, 2017).

Medical tourism is generally categorized into three major branches: curative medical tourism, thermal/wellness tourism, and senior tourism. Curative medical tourism involves patients seeking more affordable, high-quality, and timely healthcare abroad (Connell, 2011). Thermal tourism focuses on the healing properties of natural hot springs, while senior tourism allows older adults to access healthcare services while enjoying cultural and recreational activities that enhance their quality of life (Oliveira Campos et al., 2017).

The global demand for medical tourism continues to increase due to rising healthcare costs, long waiting times, and physician shortages in many developed countries (Hanefeld et al., 2015). Recent studies further emphasize the growing importance of medical tourism in the post-pandemic context. Zhong et al. (2024) found that tourists have become increasingly interested in both wellness-oriented and medically necessary travel following COVID-19, highlighting the dual importance of curative and preventive services in shaping tourism demand.

Countries such as Thailand, Malaysia, India, Germany, Israel, and the United States have emerged as prominent players in this sector. In recent years, Turkey has positioned itself as a competitive destination, offering advanced medical infrastructure, skilled healthcare professionals, cost-effective services, and rich cultural assets (Çubuk, 2022). Cities such as Istanbul, Ankara, Izmir, Antalya, and Bursa offer a wide range of medical services including cosmetic procedures, fertility treatments, transplants, and ophthalmological care. Turkey's potential in thermal tourism

is also noteworthy. Collaboration between hospitals and hospitality establishments has made the country particularly attractive to patients from Europe, Russia, and the Middle East (Üstün and Uslu, 2022).

Healthcare institutions in Turkey must compete not only through clinical success but also through brand perception. Therefore, it is essential to prioritize branding by selecting high-value products and services tailored to target markets and by emphasizing differentiating features from other countries (Tengilimoğlu, 2021). Brand perception refers to the impressions patients develop based on factors such as trust, service quality, hygiene, transparency, and overall satisfaction. In a study conducted with health tourists in Istanbul, Çetin and Başal (2024) found that trust in the brand directly influences the potential of health tourism, and that social media marketing significantly reinforces this effect. Similarly, Cham et al. (2020), in a study conducted in Malaysia, emphasized that social and marketing factors such as social media presence, word-of-mouth communication, advertising, and pricing are key contributors to hospital brand image. Their findings also indicate that brand image positively affects perceived service quality, patient satisfaction, and behavioral intentions. Rahman et al. (2022) further revealed that destination brand equity significantly influences tourists' intentions to revisit a health tourism destination. Brand association and trust were identified as key mediating factors in this relationship.

These findings suggest that in order to gain competitive advantage in medical tourism, countries and institutions must go beyond service delivery to strategically manage how their brand is perceived by international patients. In this context, the present study aims to explore the brand perceptions of international patients receiving treatment at private hospitals in Istanbul. The findings will provide insights to help private healthcare institutions enhance their branding strategies, digital outreach, and service quality. Ultimately, the study seeks to contribute to strengthening Turkey's competitive positioning in the global medical tourism market.

1. RESEARCH METHODOLOGY

1.1. Research Design

The study was designed to examine the brand perception created by institutions or organizations that health tourists or expatriates seeking medical care in our country rely upon. The study aims to reveal the brand perceptions of private hospitals in a significant medical tourism destination, such as Istanbul, and to aid in understanding the competition within this sector.

This research was planned as a qualitative study, with data collected through in-person interviews with foreign patients. The data collection process was carried out between April 2023 and October 2023, allowing sufficient time to reach a diverse group of participants and ensure thematic saturation. Ethical approval for the study was granted by the İstinye University Social and Human Sciences Research Ethics Committee (Decision No: 36, File No: 2023/03, Date: 23.03.2023), and informed consent was obtained from all participants prior to the interviews.

1.2. Sampling and Data Collection

The study was conducted with 11 international health tourists who traveled to Istanbul for medical tourism. Participants were selected through purposive sampling, based on the following inclusion criteria:

- Aged 18 or older
- Not residing in Turkey
- Traveled to Istanbul specifically for medical treatment
- Received healthcare services at a private hospital
- Reached Turkey via a health tourism intermediary or agency
- Willing and able to participate in a face-to-face interview in English or via a translator

The sample size was determined according to the principle of data saturation, which is widely used in qualitative research. During the interview process, recurring themes began to emerge, and after 11 interviews, no new significant information was being obtained. This indicated that thematic saturation had been reached. In addition, practical constraints, such as the limited number of accessible foreign patients and the time frame of the study, also influenced the final sample size.

The data were collected through face-to-face, semi-structured interviews conducted with participants who met the inclusion criteria. Interviews were scheduled after participants had completed their treatment experiences, ensuring that the full medical tourism process—from initial contact with intermediaries to post-treatment reflection—was captured. Interview data were recorded in the form of detailed field notes. During the data collection phase, open-ended, semi-structured questions were developed based on an initial theoretical framework. The final interview guide was refined through feedback from three subject-matter experts. All interviews were conducted in person and in the same physical environment as the participants.

1.3. Data Analysis

The collected data were first systematically and clearly organized using descriptive analysis techniques. Subsequently, an in-depth content analysis was conducted to identify recurring codes, categories, and overarching themes. The analytical process followed several key steps: data familiarization, initial coding, theme development, refinement, and interpretation.

To enhance credibility and consistency, two researchers independently coded the data using MAXQDA 2022 software. Discrepancies in coding were discussed collaboratively until consensus was reached, and an inter-coder agreement of approximately 80% was achieved. This ensured methodological rigor and minimized subjective bias in the interpretation process. Following the coding and theme generation, the data were categorized and examined to explore relationships among emerging concepts. The researcher then synthesized the results, constructing explanatory narratives and identifying potential causal links between perceived brand attributes and the medical tourism experience.

This content analysis enabled a structured interpretation of participants' narratives, aligning with the study's aim of exploring how brand perception is shaped by the experiences of international health tourists in private hospitals in Istanbul.

1.4. Ethical Approval

Ethical approval for the conduct of this study was obtained from the Istinye University Social and Human Sciences Research Ethics Committee on 23 March 2023, decision number 36.

2. ANALYSIS

Table 1 displays the demographic characteristics of the participants. In this table, each participant is assigned a unique code for identification purposes. Among the participants, four are female, and seven are male. The majority of participants (seven individuals) hold a university degree, one participant has a high school diploma, and one holds a master's or doctoral degree. There are five married participants and six single participants. Most of the participants (seven individuals) are from Europe, with additional participants from Asia and the Middle East (two from each region). The highest income group includes six participants who earn 3,000 Euros or more. Additionally, five participants earn between 2,000 and 3,000 Euros, and only one participant has an income below 1,000 Euros. This table illustrates the target population of the study and the demographic distribution of the participants.

Table 1. Participant Characteristics

Participant Code	Gender	Education Level	Marital Status	Region	Monthly Income
P1	Male	University	Married	Europe	3,000 Euros or more
P2	Female	High School	Married	Europe	Less than 1,000 Euros
P3	Female	University	Single	Europe	3,000 Euros or more
P4	Female	High School	Single	Europe	2,000-3,000 Euros
P5	Male	University	Single	Europe	2,000-3,000 Euros
P6	Female	Masters/	Married	Europe	3,000 Euros or more
P7	Male	PhD	Single	Asia	2,000-3,000 Euros
P8	Female	University	Married	Europe	3,000 Euros or more
P9	Male	University	Single	Middle East	2,000-3,000 Euros
P10	Female	University	Married	Europe	2,000-3,000 Euros
P11	Male	University	Single	Middle East	3,000 Euros or more

Table 2 provides information on the types of health insurance used by participants, the types of healthcare services utilized, and their internet usage durations. According to the table, the majority of participants (six individuals) use national insurance. Four participants prefer private health insurance, and three participants make payments via mobile phone. Seven participants opted for cosmetic surgery services, while four chose other types of healthcare services (routine treatments). One participant utilizes dental services. The participants' internet usage times vary widely: the largest group (six individuals) uses the internet for five or more hours daily, four participants use it for 3–5 hours, and one participant uses it for 1–3 hours.

Table 2. Participant Characteristics

Participant Code	Health Service Financing	Type of Health Service	Internet Usage
P1	National Insurance	Other (Routine Treatments)	5 hours or more
P2	Private Health Insurance	Cosmetic Surgery	1-3 hours
P3	National Insurance	Cosmetic Surgery	3-5 hours
P4	National Insurance	Cosmetic Surgery	5 hours or more
P5	National Insurance	Other (Routine Treatments)	5 hours or more
P6	Private Health Insurance	Cosmetic Surgery	5 hours or more
P7	Mobile Payment	Other (Routine Treatments)	1-3 hours
P8	Private Health Insurance	Cosmetic Surgery	3-5 hours
P9	Mobile Payment	Other (Routine Treatments)	3-5 hours
P10	Private Health Insurance	Other (Routine Treatments)	3-5 hours
P11	Mobile Payment	Dental Services	5 hours or more

Table 3 shows the channels through which participants prefer hospitals and the frequency of use of these channels. According to the table, participants who choose hospitals based on recommendations from friends use this channel at varying frequencies, with ten participants frequently relying on it. Hospital preferences based on recommendations from healthcare professionals are also commonly observed, with five participants using this channel regularly. Participants who choose hospitals based on information from television generally use this channel frequently, with three participants frequently preferring TV information. Those who choose hospitals based on online news exhibit varying frequencies, from infrequent to very frequent use, with seven participants using this channel frequently. Participants selecting hospitals based on the institution's website also show varied usage frequencies, with nine participants frequently using this channel.

Participants who interact on Facebook may focus on specific categories, potentially engaging with content or groups related to these categories. Two participants interact with other categories, which may indicate interest in different topics or types of content. There is one participant involved in a specific category of interaction. Participants on Instagram show intense interactions in specific categories, likely involving activities such as sharing images or videos, stories, or visiting profiles. Four participants engage in interactions across different categories, while three are involved in other activities or interests.

Table 3. Participating Hospital Preferences

		1 (Very Rarely)	2 (Rarely)	3 (Neither Rarely nor Often)	4 (Frequently)	5 (Very Often)
1.	Friends	P1 P3		P2, P4, P5, P6, P9, P10 P11	P8	P7
2.	Health Professionals	P3, P6 P7, P8 P11	P2 P9	P1, P4 P5		
3.	TV	P6, P7 P8	P1 P3	P4, P5 P9, P11	P2	
4.	Online News	P1		P5, P7 P10	P2, P4 P8, P9 P11	P3 P6
5.	Hospital Websites	P1, P6 P7	P11	P4, P8 P9	P2 P4	P5
6.	Facebook	K4		K3 K6	P2, P5 P9, P11	P1, P7 P8
7.	Instagram	P1	P3	P10 P11	P2, P4 P5, P9	P6, P7 P8
8.	YouTube	P7	P2, P3 P4, P5	P1 P11	P9	P6 P8
9.	Twitter	P2, P3 P4, P7	P5 P9	P8	P11	P1 P6
10.	LinkedIn	P3, P4 P7, P9	P2 P11	P5	P6 P8	P1

On YouTube, participants display a wide range of interactions, including watching videos, commenting, and liking, with all 11 participants engaging in various activities. One participant is involved in other specific interaction categories. On Twitter, all 11 participants engage in a variety of activities, such as tweeting, retweeting, and liking. Similarly, on LinkedIn, all 11 participants demonstrate a broad range of interactions related to professional networking and job-related content sharing. The data indicate that users have established a significant online presence by engaging with various topics across these platforms. Participants using social media platforms like Facebook, Instagram, YouTube, Twitter, and LinkedIn for hospital preferences exhibit varied frequencies of channel usage, with each platform showing distinct usage patterns.

The findings of this study are based solely on the views of 11 international health tourists and should be interpreted within the scope of a limited sample. Further studies with larger participant groups are needed to determine whether these selection criteria are applicable to different segments of health tourists. Moreover, additional research involving broader and more diverse samples would be beneficial to test whether the components that shape brand perception hold true across different contexts.

3. CONCLUSIONS

In the study by Düzcü (2019) involving domestic patients, it was found that they follow health-related information primarily through YouTube, healthcare professionals, and Twitter. In contrast, this study reveals that foreign patients more frequently use online news, Instagram, and Facebook to access health information. Both studies observed that participants use television less frequently to follow health-related information. In the study by Ince and Uygurtürk (2019), the primary consideration for domestic patients when choosing a hospital was noted to be the reputation of the doctor in their field. Similarly, Ayaz and Karaduman (2017) found that the branding of doctors significantly influences domestic patients when selecting a hospital. However, this study shows that foreign health tourists prioritize successful prior procedures as the main factor in choosing a hospital. Kavuncu and Yaman (2019) highlighted that domestic patients value receiving healthcare services from well-known institutions, whereas this study indicates that foreign tourists prioritize factors such as rapid results, affordable prices, and meeting expectations when choosing a private hospital.

Zor and Biçer (2020) found that consumers' preference to repeatedly choose a healthcare institution is influenced by elements that shape brand image, including service quality, customer satisfaction, and loyalty. In this study, factors influencing brand image for health tourists were identified as competent doctors, trust, recognition, positive reviews, and successful procedures. Yağar and Soysal (2017) observed that hospitals with established brands are trusted for the quality of their healthcare services and are less influenced by online ads, billboards, and social media reviews. Instead, these hospitals are more impacted by technology, lack of transportation issues, and doctor reputation. Similarly, this study shows that online news and social media significantly impact health tourists.

These insights enable private hospitals to refine their digital communication strategies and prioritize platforms most frequently used by international patients. Furthermore, identifying brand

image components from the health tourists' perspective contributes to theory-building by expanding our understanding of loyalty formation in cross-border healthcare settings.

Findings from studies on global health tourists reinforce these observations. For instance, Pan and Moreira (2018) observed that while Chinese health tourists prioritize access to advanced technology and highly regulated healthcare environments, high costs and perceived risks act as significant deterrents. Majeed et al. (2018) reported that Thai, Indian, and Chinese health tourists favor destinations that offer both medical services and sustainable tourism experiences. In addition, destinations rich in cultural and natural attractions have been found to play an important role in shaping expectations and influencing destination choices. Heydari et al. (2019) highlighted that service quality, staff behavior, and effective communication are among the most critical factors affecting satisfaction. Kim et al. (2016) emphasized that integrating healthcare services with enjoyable tourism experiences enhances the perceived benefit and satisfaction of health tourists. Building on this, Lee and Li (2019) proposed the development of a health tourism destination index based on specialized services, which could help countries optimize their strategies to attract international patients.

Theoretical and Practical Implications

- Among the reasons health tourists choose Turkey for medical tourism, the opportunity for a "vacation" is seen as a primary factor. By diversifying Turkey's vacation options—including seaside, winter, thermal resort, and cultural tourism—tourists can be further encouraged to visit the country. Hospitals in Istanbul, a hub of medical tourism, could establish collaborations with hotels and travel agencies along these vacation routes, offering patients the opportunity to combine their recovery process with a holiday.
- Health tourists have expressed a preference for private hospitals based on "Google Reviews," "social media," and "Renowned Doctors" during their research. This finding suggests that hospitals involved in medical tourism should utilize Google reviews and social media accounts more actively. Positive reviews and shares about successful doctors, in particular, will positively influence the hospitals' brand image and increase their attractiveness.
- Among concepts associated with private hospital branding, health tourists particularly emphasize "successful procedures," followed by "trust" in the hospital. Increasing the success rates of procedures performed and adopting an approach that conveys trust to

patients will positively influence brand perception. Hospitals that demonstrate transparency, especially concerning their successful procedures, and share numerical data will reinforce patient trust.

- According to health tourists, the requirements for a private hospital to become a recognized brand include being "part of a network" and having "positive reviews." It is essential to remember that positive reviews are the most significant factor in service marketing. Maintaining communication with health tourists, especially after the service has been provided, and assessing their satisfaction levels will positively impact brand perception. Hospitals should collect feedback from health tourists through various channels, such as evaluation forms and social media feedback, and make improvements based on this feedback.
- Health tourists report that factors negatively affecting brand perception of a private hospital include "unsuccessful procedures," "lack of hygiene," and "indifferent doctors." To prevent procedural failures, it is essential to improve the attentiveness of all healthcare professionals, especially doctors. Negative experiences related to doctors' communication and attentiveness also adversely impact brand perception. Providing specialized training for doctors on patient communication and satisfaction can contribute positively to the development of the institution's brand image.
- According to the study results, health tourists' brand perceptions of private hospitals are generally based on service quality. Therefore, hospitals should continuously strive to improve their service quality. This includes organizing training programs, enhancing technological infrastructure, and consistently working to improve the patient experience.
- Price perception is a significant factor influencing health tourists' choice of hospital. Hospitals should develop competitive pricing strategies and clearly communicate the value of the services they offer. Additionally, it is important to present pricing policies transparently and avoid hidden costs.
- To succeed in the medical tourism sector, it is crucial for hospitals to focus on specific target audiences. Based on the research findings, hospitals should identify which geographic regions or health issues to target and adjust their marketing strategies accordingly.

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