

## A QUALITATIVE RESEARCH ON MEDICAL TOURISM OF SAMSUN (TURKEY)

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### Abstract

Samsun has several unique opportunities for different types of tourism under the category of alternative tourism which includes coastal, health and thermal tourism, winter sports, plateau tourism, golf tourism, heritage tourism and etc. In particular, medical tourism is noteworthy in these types of tourism. But it is yet hard to say that people are not aware of this potential. Because, information about their experiences and perceptions of health travellers coming to Samsun in the context of medical tourism are incomplete or inadequate. The aim of the study is to analyse the current status and potential of medical tourism in Samsun by taking the opinions of international patients. This study is carried out in order to provide theoretical, analytical and finally concrete support for the development of medical tourism in Samsun. This research was conducted through qualitative research method. Within the scope of this method, data were collected through semi-structured questions addressed to international patients coming to Samsun for medical tourism. The data collected by these tools were analysed by content analysis. The study revealed that the most important factor for international patients to choose Samsun and the health institution is trust in Turkish doctors and health personnel. It was also found that internet is the most important source of information for international patients about Samsun and its hospitals. The satisfaction rate from health institutions in Samsun is high, and this is one of the most important reasons for the increase in the number of patients coming to Samsun.

**Keywords:** Samsun, Tourism, Health Tourism, Medical Tourism, International Patient, Qualitative Research

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## INTRODUCTION

Tourism has become an important sector due to its rapid growth and its direct or indirect economic contribution to many countries. According to the World Tourism Organization (UNWTO, 2019), the number of tourists participating in tourism trips was 1,4 billion in 2018 and contribution of tourism to the world economy reached \$8,8 trillion together with complementary sectors. This figure corresponds to one-tenth of the world economy and employment (UNWTO, 2019). In addition, tourism predictions indicate that there will be significant increases in tourism expenditures and tourism income based on technological innovations, economic developments and demographic changes in the coming years. These data are complementary to why globalization and competition are at the highest level in the tourism sector and contribute to the related literature about this phenomenon.

Undoubtedly, the impact of health tourism cannot be underestimated in the rapid growth trend of the international tourism movement. Travel for a person's health is one of the oldest motifs of tourism (Swarbrooke and Horner, 1999). Health tourism refers to travel for the use of services that improve or promote the physical or psychological health of an individual in a location apart from their place of residence lasting over 24 hours (Amouzagar, Mojaradi, Izanloo, Beikzadeh and Milani, 2016). Initially, the number of people traveling for receiving health care in the international arena and areas of treatment were limited. However, health tourism which has become widespread in the world for the last 20 years has turned into a large complex and rapidly changing segment with thermal tourism, spa-wellness, medical tourism and advanced age tourism.

Global health sector grew by 12,8% between 2015 and 2017 and its turnover increased from \$3,7 trillion to \$4,2 trillion. World health tourism revenues increased from \$494.1 billion in 2013 to \$639 billion in 2017, projected to reach \$919 billion by 2022 (Global Wellness Institute, 2017; Global Wellness Economy Monitor [GWI], 2018). In other words, health tourism income has increased by 29% in just four years. This trend shows that the health tourism industry will continue to grow in terms of modern tourism movement and tourism investments, and 5% of the world's population will travel to international health care services. In this growth, the reasons such as the increase in the population in the world, the increase in the quality of life, the lack or of high cost health services in many countries and the presence of countries that offer better quality and economic have been effective.

It is a well-known fact that it was made significant strides in the tourism sector after 1980 in Turkey and nowadays tourism has become one of the most important sectors in Turkey's economy. Health tourism has an important place in Turkey's growth trend in tourism sector. Health tourism in Turkey, especially in the past 20 years has made significant progress and today Turkey has started to compete with India, Malaysia, Thailand, Hungary, which are considered to be the most successful countries of the world in the field of health tourism (Zengingönül, Emeç, İyilikçi and Bingöl, 2012). Particularly, a number of changes and innovations were introduced from the end of 2002 in order to make the provision of health services more effective, efficient and accessible, and more modern and qualified in Turkey (Özlem and Songur, 2013). Turkey's possible leader position and attraction in the field of health and health tourism has been among important goals of 2023 health vision and government program (Aydın, Aypek, Aktepe, Şahbaz and Arslan, 2011). All of these applications has expanded its path of growth of health tourism in Turkey (Turkey Health Foundation, 2010). Due to the increase in the number of public and private hospitals day by day, the number of tourists visiting Turkey for the purpose of health tourism and the contribution of health tourism to the country's economy is increasing. According to data from the Ministry of Health, the number of tourists visiting Turkey for health tourism was 412 thousand in 2017. In the first six months of 2018, number of tourists visiting Turkey within the scope of health tourism has reached 178 thousand. Most of these people (67%) preferred private hospitals (Ministry of Health [Turkey], 2019).

## LITERATURE REVIEW

When the literature is examined, it is seen that researches about health tourism has increased in the recent years and the future is perceived as a tourism phenomenon. The total research output in the field of health tourism in the world has reached 1422 publications in 10 years Period from 2007-2016 (Visakhi, Gupta, Gupta and Garg, 2017). According to Vijaya (2010), health tourism provides international tourists with many health possibilities worldwide. However, the same study emphasizes the indifference to the basic health needs of the low-income population as a criticized aspect of health tourism. It is important to emphasize that this is in agreement with the fact that some problems such as risk, ethical problems and inequalities that should be considered by both public and private sectors are among the most mentioned issues in international literature (Bayın, 2015). Academic studies in Turkey have focused on the health tourism especially in the last 7-8 years. Of these publications 57.7% are empirical and 42.3% are conceptual texts (Temizkan, Çiçek and Özdemir, 2015). Among these studies, "Health Tourism: An Evaluation for Istanbul" is important in terms of revealing the health tourism potential of Istanbul and the opinions of international patients. In this study, it was revealed that Istanbul is an important health tourism center, the patients are especially accessible and they prefer

it because of their economic advantages (Zengingönül et al., 2012). Öncü, Çatı and Yalman (2016), in the context of medical tourism, compared foreign patients and domestic patients with satisfaction and loyalty, they have revealed that domestic and foreign patients' satisfaction varies, but the loyalty towards health services is positive. According to Çalgınoğlu (2018), the factors such as the cheapness of the costs and the short waiting times as well as the possibilities of having a holiday, are the main reasons for the treatment of the citizens of the developed countries in our country. Those who are victims of war from neighbouring countries are being treated in the fields of general surgery, brain and nerve surgery, orthopaedics and traumatology and they prefer our country mostly because of the long waiting times in their country.

When the distribution of the subject of the theses about health tourism in Turkey was examined, it is seen that 68% of the theses are about thermal tourism, 18% about medical tourism and 9% about covering all types of tourism (Bayın, 2015). In addition, when the distribution of the theses according to the place of the studies is examined, it is understood that the Aegean region (38%) is the most studied region and the Black Sea Region (1%) is the least sampling region. When the sample groups of these are examined, it is seen that these are mostly applied to health consumers (43%), managers of accommodation and thermal enterprises, health institutions and health personnel working in thermal establishments. In other words, recent studies on the subject show that the Black Sea Region and international patients are not preferred as many sample groups in theses. For this reason, the study is differentiated from others in terms of being conducted in Samsun in the Black Sea Region and reflecting the opinions of international patients.

### **PURPOSE OF THE RESEARCH, IMPORTANCE AND SCOPE**

The aim of the study is to analyse the current status and potential of medical tourism in Samsun by taking the opinions of international patients. This analysis is carried out in order to provide theoretical, analytical and finally concrete support for the development of medical tourism in Samsun. In this context, literature review was done and the data obtained from official institutions (TUIK, Provincial Health Directorate, Provincial Culture and Tourism Directorate, etc.) related to medical tourism characteristics of Samsun were compiled. In the second stage, reasons why international patients prefer Samsun, the information channels about Samsun, the problems they encountered in Samsun and the expectations of the health tourism stakeholders in the context of medical tourism were put forward. For this reason, the study is important in terms of demonstrating the added value that health tourism will create in the socio-economic texture of the city and help the sustainability of medical tourism. It is also important in terms of giving clues to the emergence of innovative ideas for investments in medical tourism and creating a lasting theme.

In this study, answers to the following questions will be sought;

- From which countries are more international patients coming to Samsun for medical tourism and for which diseases is Samsun more preferred?
- How got information international patients coming to Samsun about this hospital or doctor?
- What are the reasons for international patients to prefer Samsun for medical tourism?
- Is there a significant difference between the fees they pay for the health service in Samsun and the health fees they should pay in their own countries?
- Is there a significant difference between the expectations of patients and their relatives and their satisfaction with the health services they receive?
- Do patients and their relatives recommend Samsun to other patients in their countries for medical tourism?

### **LOCATION AND GENERAL PROPERTIES OF WORK AREA**

The study was conducted in health institutions operating in Atakum, Canik and İlkadım districts of Samsun. The reasons of why this research area is preferred is the concentration of private or public health institutions and easier access to health tourists in these districts of Samsun. Samsun is in the central Black Sea region, north of Turkey and is surrounded by Tokat, Amasya, Çorum, Sinop and Black Sea (Figure 1).



Figure 1: Location Map of Samsun Province

Samsun has several unique opportunities for different types of tourism under the category of alternative tourism which includes coastal, winter sports, plateau tourism, golf tourism, heritage tourism and etc. Also, it has many theme-based tourism attractions such health tourism (Şahin and Yılmaz, 2009). As a matter of fact, statistical data show that medical tourism has an important place among the reasons of the tourists coming to Samsun.

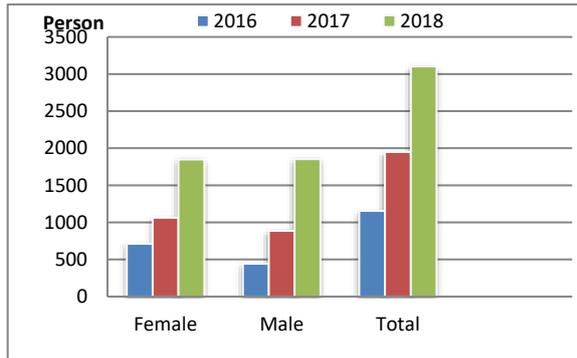
It is very important that the target audience in the market can reach the tourism centers which have high attractions in a fast and low cost. Especially accessibility is more important in theme-based tourism types such as health tourism. Samsun is located in northern of Turkey and in addition to being on the crossroads of the road connecting the provinces on the eastern Black Sea coast to the inner regions with airline, railway and maritime transportation systems are accessible to many points of the world. One of the factors affecting health tourism is the climate. Apart from mass tourism, most of the tourists travel to touristic areas where they will regain their health or provide vigor with their unspoiled nature, environment, climate and physical characteristics (Türksoy and Türksoy, 2010: 700). Samsun has climatic characteristics that can be considered suitable for health tourism with its relatively warm summers and mild winters (Yılmaz and Zeybek, 2016). Moreover, Samsun has a strong feature in terms of medical tourism with its accommodation infrastructure, health care facilities and expert health personnel (Table 1). As a matter of fact, Samsun has an important place in Turkey with 19 public, two universities, eight private hospitals and nine private medical centers (total 38 but except for community and family health centers) (Ministry of Culture and Tourism [Turkey], 2018).

Table 1: Number of Accommodation Facilities in Samsun by Years

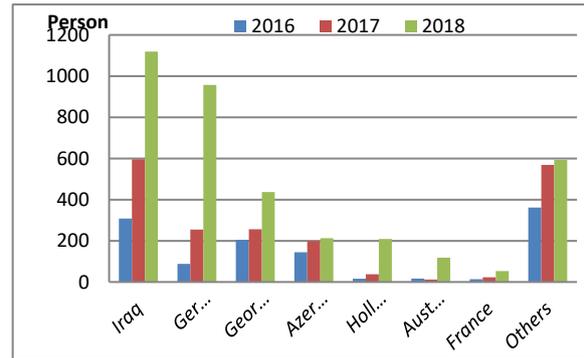
Year	Tourism Investment Certified Accommodation Facilities			Tourism Business Certified Accommodation Facilities		
	Facility Number	Number of rooms	Number of Beds	Facility Number	Number of rooms	Number of Beds
2018	7	517	1082	30	1973	3967
2017	8	615	1228	27	1852	3645
2016	8	615	1228	26	1712	3445
2015	7	595	1198	25	1700	3427

Ministry of Culture and Tourism, 2018

These advantages of Samsun are also reflected in the number of international tourists coming to the city within the scope of medical tourism. The data show that the total number of patients receiving service within the scope of medical tourism has increased rapidly (close to 60% in only three years) in Samsun (Figure 2). Most of the patients coming to Samsun in the context of medical tourism are from Iraq, Azerbaijan and Georgia and from the EU countries (Figure 3). Even according to provincial health directorate data, Samsun has a different place in medical tourism in Turkey with the acquisition of health services of patients from 73 countries.



**Figure 2:** Total Number of Patients and Distribution of Patients by Gender in Samsun within the Scope of Health Tourism (2016-2018, *Samsun* Provincial Health Directorate).



**Figure 3:** The Countries in Which Patients Who Receive Services within the Scope of Health Tourism in Samsun (2016-2018, *Samsun* Provincial Health Directorate).

## RESEARCH METHODOLOGY

Tourism experiences and behavioural pattern of tourist are multifaceted and inherently subjective (Jennings et al., 2009). For this reason, the research was conducted with qualitative research method. Qualitative research is a type of research in which qualitative data collection methods such as observation, interview and document analysis are used and a process is followed in order to present perceptions and events in a realistic and holistic manner in the natural environment (Yıldırım and Şimşek, 2008: 39). Especially in case and action studies, the adoption of a qualitative research tradition provides a better understanding of the research topic (Yıldırım and Şimşek, 2008: 69). So and so, the most commonly used qualitative method is interview (Yıldırım, 1999: 10; Karataş, 2017). Interviewing is an important method used to reveal people's perspectives, experiences, feelings and intuitions (Bogdan and Biklen, 1992). In this study, data were collected through interview method. With this method, it is thought that the views of tourists who come to Samsun for medical tourism purposes can be examined in depth.

A semi-structured interview form was used during the interviews in order to contribute to the consistency of the interviews to a certain extent and to avoid skipping main research-related issues. The questions in the interview form are related to the subject and the purpose of the research and were prepared by using the relevant literature (Zengingönül, et al., 2012; Aljumah, Islam and Noor, 2017; Aydın, et al., 2011; Batı Akdeniz Kalkınma Ajansı [BAKA], 2011; Bayın, 2015). Supporting the interview process with data obtained from observation and written documents increases the validity and reliability of the research (Yıldırım and Şimşek, 2008). Verbal statements of the participants were confirmed by interviews and observations with staff in hospitals, clinics and hotels by examining the data obtained from Samsun Health Directorate and TÜİK. Thus, the validity and reliability of the findings were tried to be increased.

## Sampling Frame

Non-probabilistic sampling method was used in the study. As sampling, international patients receiving treatment in public hospitals, private hospitals and medical centers in Atakum, Canik and İlkadım districts of Samsun were selected. These patients were asked to write down the answers to the semi-structured questions on the forms. A total of 62 international patients were interviewed. The international patient is defined as a tourist if he / she is traveling for health services and evaluated within the scope of medical tourism. If the international patient is traveling for health services, it can be defined as a tourist and evaluated within the scope of medical tourism. For this reason, 13 international patients who resided for different reasons (employees, refugees, students, etc.) in Samsun and four patients who received health services due to emergency health problems during their travels were evaluated within the scope of the health of tourists and interview forms were excluded from the analysis. As a result, content analysis of the interview form of 45 international patients was performed.

## Data Collection Process and Limitations of Study

The data collection process of the survey includes 17 months period between August 2017 and December 2018. Difficulties in making appointments from hospitals for interviews are the most important limitation of the study and the most important reason for the prolongation of data collection process. In fact, only one public hospital, four private

hospitals and one medical center responded positively to the request to interview with their international patients. For this reason, the research is limited to the international patients treated in hospitals and medical centers in Atakum, Canik and İlkadım districts of Samsun. Another limitation of the study was the reluctance of the patients to interview. Consequently, limitations such as sensitivity of the subjects to the questionnaire, being related to human health and special issues, informality in the sector, suspicious approach of hospitals to research and strict bureaucratic structure had a significant effect on the sample size of the study. Nevertheless, 45 patients were interviewed in these health institutions. Spa, wellness and elderly tourism, which are among the types of health tourism, are out of focus of this study.

## Data Analysis

Content analysis was used in the analysis of the data collected in the research. Content analysis requires a closer examination of the data obtained and the concepts and themes that explain this data (Yıldırım and Şimşek, 2008: 89). Since the data collected with these tools are qualitative, they are quantitatively analysed by statistical analyses (Krippendorff, 2003). In this context, were analysed with categorical analysis. Categorical analysis is made in the form of coding raw data in data sources and creating categories based on related data in the document. In this analysis, the examined document was first divided into units and then grouped into categories according to the predefined criteria (Tavşancıl and Aslan, 2001). Data are based on Miles and Huberman's (1984) qualitative data analysis process and subjected to a content analysis in a three-step classification. In the analysis of the views of international patients, data were grouped according to the similarity of expressions. In the analysis, a code number was given to the international patients who were consulted (P1, P2, ...) and explanations have been made. First, the data collected with the interview forms has been reduced (data reduction). At this stage, the data set collected from the field and pending in the unprocessed state has been processed from extraction, summarization and conversion processes. The data reduction phase continued until the completion of the study. In the second stage, the data have been rendered visual. At this stage, data extracted, summarized and converted during the data reduction process has been constructed for specific results. Thus, it is aimed to be put into a more understandable format by the knitting of data that do not have any meaning yet. In the final stage, the indefinably reality hidden in the data at the beginning of the research process was discovered and brought to light. Because of being difficult to achieve a specific result based solely on the set of data, block transfers have been made in some locations to test the validity of new information (Miles and Huberman, 1984; Özdemir, 2010).

## FINDINGS

The distribution of the individuals involved in the study regarding the findings of personal data such as gender, age, marital status, educational status, working status, social insurance and the country of residence are as follows (Table 2).

		f	%
Gender	Female	27	60,0
	Male	18	40,0
	Total	45	100,0
Age	0-20	2	4,5
	21-30	3	6,7
	31-40	15	33,3
	41-50	12	26,7
	51-60	8	17,7
	61- +	5	11,1
Total	45	100,0	
Marital Status	Married	31	68,9
	Single	14	31,1
	Total	45	100,0
Educational Status	Primary education	4	10,3
	High School	8	20,5
	University	22	56,4
	Doctorate	5	12,8
	Total	39	100,0
Social Insurance	State insurance	21	55,1
	Private insurance	17	44,9
	Total	38	100,0
Habitual Place of Abode	Irak	12	28,6
	Gürcistan	9	21,5
	Almanya	6	14,3
	Kuveyt	2	4,7
	Cezayir	2	4,7
	Others (USA, Denmark, Austria...)	11	26,2
Total	42	100,0	

When the distribution of the participants according to gender was examined, it was observed that 27 of the 45 individuals (60,0%) were female and 18 (40,0%) were male and as for marital status, it was observed that 31 (58,9%) were married and 14 (31,1%) were single. Of 45 individuals who answered at ages questions 2 (4,5%) were between 0-20, 3 (6,7%) were between 21-30, 15 (33,3%) were between 31-40, 12 (26,7%), 8 (17,7) were between 51-60 and 5 (11.1%) were 61 and over. When their distribution according to their educational status was examined, it was determined that 4 (10,3%) graduated from primary school, 8 (20,5%) from secondary education, 22 (56,4%) from undergraduate and 5 (12,8%) from graduate and doctorate education. When their distribution is examined according to social security conditions, of the 38 individuals who answer the question 21 (55.1%) have state insurance and 18 (44.9%) have private insurance. As for the place of residence, it is seen that they are from 12 (28,6%) Iraq, 9 (21,5%) Georgia, 6 (14,3%) Germany, 2 (4,7%) Kuwait, 2 (4,7%) Algeria and the others 11 (26,2%) USA, Denmark, Austria, Kazakhstan, Russia, Iranian, Jordan, Macedonia, Kyrgyzstan, Azerbaijan and Australia.

International patients who participated in the study the duration of stay for treatment, income status and reasons for receiving health services and distribution of health care groups are as follows (Table 3).

		f	%
<b>Income Status</b>	Low	6	13,9
	Average	16	37,2
	Below Average	16	37,2
	High	5	11,7
	Total	43	100,0
<b>Accommodation Time for Treatment (day)</b>	0-10	25	55,5
	11-20	5	11,1
	21- +	15	33,4
	Total	45	100,0
<b>Causes of Health Care</b>	Compulsory	11	27,5
	Optional	29	72,5
	Total	40	100,0
<b>Diseases Treated</b>	Aesthetic	10	23,2
	Diabetes	6	14,0
	Orthopaedics-physical therapy	4	9,3
	Cancer	4	9,3
	Test-tube baby	3	6,9
	Hair transplantation	2	4,7
	Ophthalmological	2	4,7
	Bariatric	2	4,7
	Other (infection, speech disorder...)	10	23,2
	Total	43	100,0
<b>Accommodation during Treatment</b>	Hotel	16	35,6
	Hospital	17	37,7
	Relatives House/ House	12	26,7
	Total	45	100,0

When the income analysis was examined of international patients participating in the study was examined, they were 6 (13,9%) low, 16 (37,2%) medium, 16 (37,2%) above average, 5 (11,7%) from the income group. It is observed that 45 individuals who answered questions about their stay duration for treatment were accommodated 25 (55.5%) between 0-10 days, 5 (11,1%) between 11-20 days, 15 (33,4%) 21 and over days. Among the international patients who participated in the study of 11(27,5%) were compulsory treatment and 29 (72,5%) were optional receive health care. When the type of was examined health care, they were listed as aesthetic (23,2%), diabetes (14,0%), orthopaedics-physical therapy (9,3%), cancer (9,3%), test-tube baby (6,9%), hair transplantation (4,7%), ophthalmological (4,7%), bariatric (4,7%) and others (23,2%) infection, allergic diseases, cardiovascular diseases, hypertension, gynaecological diseases, hormonal disorder, kidney diseases, epilepsy, speech disorder.

The results of their answers to the question "Is there a significant difference between the fees they pay for the health service in Samsun and the health fees they should pay in their own countries?" Are as follows (Table 4).

When the findings of the fees paid by the international patients participating in the study according to the countries and the health service examined, it is seen that patients coming from Iraq \$900-5000, Georgia \$140-1200, Germany \$1200-4000, Algeria \$3000-5000 and Russia, Macedonia, USA, Denmark and Austria \$4000-8000 spent a health

expenditure in Samsun. If this health service had been provided in their own countries, patients would have paid \$75-3000 in Iraq, \$ 150-1875 in Georgia, \$ 2000-13000 in Germany and \$ 1000-2900 in Algeria for this health service.

**Table 4: The Health Service Received and the Fee Payable for This Health Service According to Countries**

Country	Coded Patient	Disease Group	Health Wage Spent in Samsun (\$)	The amount to Spend in His Own Country (\$)
Iraq	P35	Orthopaedics	1300	800
	P11	Cardiovascular	5000	-
	P13	Physiotherapy	1000	1000
	P21	Infection	2000	3000
	P24	Aesthetic	900	-
	P14	Nephropathy	2000	75
Georgia	P3	Cancer	1200	1875
	P7	Migraine	500	200
	P10	Allergy	140	150
	P16	Speech disorder	650	560
	P17	Epilepsy	650	400
Germany	P34	Bariatric	4000	-
	P42	Hair transplantation	1200	2000
	P44	Aesthetic	4000	-
	P45	Aesthetic	2000	13000
Algeria	P1	Aesthetic	3000	1000
Russia	P18	Aesthetic	5000	2900
Macedonia	P8	Cancer	8000	-
USA	P32	Bariatric	5000	-
Denmark	P33	Aesthetic	5000	-
Denmark	P36	Diabetes	5000	-
Austria	P40	Diabetes	4000	-

The results of their answers to the question "From which countries are more international patients coming to Samsun for medical tourism and for which diseases is Samsun more preferred?" Are as follows (Table 5).

**Table 5: Why Samsun Is Preferred for Health Tourism?**

Reasons for hard-coded preference		f
1	Trust to Turkish doctors and health personnel (P1, P2, P3, P4, P5, P6, P8, P10, P12, P17, P18, P21, P31, P32, P34, P36, P37, P38, P39, P41, P43)	21
2	Touristic (P1, P7, P8, P11, P12, P14, P15, P21, P22,P23,P24,P27,P29,P30,P32,P33,P34).	17
3	Because of the advice of my close friend who had health service in this hospital before (P1,P9,P10,P11,P16,P17,P18,P19,P23, P26,P28,P29,P37,P40,P42,P44).	16
4	Because it is a Muslim country (P11, P12, P14, P15, P30, P32, P33, P34).	8
5	Geographical proximity (P5-P6-P11-P14-P18-P34-P36-P38-P45-P49-P50-P51)	7
6	Because there is a political stability in the country (P11, P21, P32, P33, P34, P35).	6
7	Treatment costs are cheaper than my country (P21, P23, P25, P29, P37, P45).	6
8	Because the City's food- beverage and transportation expenses are cheap (P1, P7, P21, P32, P33).	5
9	My insurance company leaded me to hospitals in Samsun (P17, P20, P21).	3

(\*P; Coded Patient)

According to the table 5 in the context of medical tourism, it is seen that 9 coded motivations are the source of international patients' preference for Samsun. When the reasons for choosing Samsun are examined, trust in Turkish doctors and health personnel (f=21) is an important determinant among medical tourists. This is followed by the fact that they view Samsun as an important place in tourism (f=17). Other important determinants are the recommendations of close friends and patients who are particularly pleased with the hospital (f=16) and religious reasons (f=8). Geographical proximity (f=7), a stable political structure (f=6), Samsun's treatment costs less than their own country (f=6) and cost of eating, drinking and transportation less than their own country (f=5) and the insurance company's referral to Samsun hospitals were listed as reasons.

A few of the patients' own statements regarding the reasons for choosing Samsun are as follows:

" I came to this hospital because the best doctor to treat my illness is... works in this hospital (P36, P39)". "Samsun is close to my country where I live, I can reach it in a short time and my stay is shortening. I can also come to the controls more often (P3, P7, P10)". " The interpreter who informed me in my country led me to this hospital. (P13, P14)".

The results of their answers to the question "How got information international patients coming to Samsun about this hospital or doctor?" Are as follows (Table 6).

	<b>The way to obtain encoded information.</b>	<b>f</b>
<b>1</b>	Internet (P1,P2,P3,P4,P6, P8,P9,P10,P11,P12,P15,P16,P17,P18, P20,P21,P25, P26, P31, P32, P33, P34, P36,P38, P39, P43, P44, P45)	28
<b>2</b>	Advice of my friend/ close relative (P10,P11,P16,P18,P19,P21,P22,P23,P25, P26,P27, P28, P29, P30, P32, P33,P34, P37, P40, P41, P42)	21
<b>3</b>	Magazine/newspaper/television advertisement (P7, P8, P17, P32, P33, P34, P45)	7
<b>4</b>	Doctor recommendation (P1, P11, P12, P17, P18, P21)	6
<b>5</b>	Health agency (P8, P10, P18, P28, P27, P29)	6
<b>6</b>	Brochures of the hospital (P1, P10, P14, P21)	4
<b>7</b>	Health fairs (P11, P12, P20)	3
(*P; Coded Patient)		

It can be seen from Table 6, there are seven coded information retrieval channels that are effective when patients arrive at the hospital where they are treated in Samsun. The internet (f=28) ranks first in terms of the frequency of expression. After the internet, it is remarkable that the frequency values of friends or relatives who have been treated in Samsun (f=21) are high. According to the statistics, other ways of obtaining information are magazines, newspapers and television advertisements (f=7) and doctor's advice (f=6) and health agencies (f=6) and hospitals' introductory brochures (f=4) and insurance companies and health fairs (f=3).

Here are a few of their statements regarding the sources of information that are effective in the arrival of patients in Samsun: "I am impressed and informed about the share and comments of patients who have been treated before in this hospital under the knowledge base about the treatment service I would like to receive on the hospital's website (P8, P32, P33)". "My friend ... was treated in this hospital in Samsun and informed me (P37)". "The insurance company in my country made suggestions and information about this hospital and Samsun (P17)".

To demonstrate the satisfaction of the patients from the health institutions in Samsun, it was asked "When you return to your country, will you recommend Samsun and your health care provider or doctor to your relatives and your environment?" All of the patients (f = 45) answered this questions as "I would definitely recommend" this question.

## DISCUSSION AND CONCLUSION

The reasons why international patients prefer Samsun within the scope of medical tourism, the way to obtain information about Samsun and the hospital where they are treated, their opinions about the level of satisfaction are compared with the data obtained from national and international institutions and discussed with the literature survey.

In the context of health tourism, patient mobility in the world is seen as the dominance of women compared to men (UNWTO, 2018). Among the international patients coming to Samsun and Turkey, women occupy more space than men (Ministry of Health [Turkey], 2019). Similarly, the number of female patients who agreed to participate in this study is higher than that of men. However, it is seen that this difference is closed in time. In addition to compulsory health services, it is reported that women tend to be more oriented towards health tourism than men due to some reasons such as aesthetics and weight (Sabina and Nicolae, 2013). Most of the patients participating in the study are married and have a bachelor's degree. The mean age of the patients is 42 years. Participants have equal social insurance such as government insurance and private insurance. In the context of medical tourism, the first five countries in which the most much international patients come to Turkey are Azerbaijan, Iraq, Germany, Georgia and Libya respectively (Ministry of Health [Turkey], 2019), and the first five countries in which the most international patients come to Samsun are Iraq, Germany, Georgia, Azerbaijan and the Netherlands (Samsun Health Directorate, 2019). Distribution of the patients in this study according to their countries of origin where they came from is on-going in the form of Iraq, Georgia, Germany, Kuwait and Algeria. In the context of medical tourism the distribution rates of foreign patients who prefer Turkey and Samsun are very similar. However, while Azerbaijani patients are in the lead in Turkey, they are fourth in Samsun. Instead of Azerbaijani patients, the Iraqi patients settled in the first place. On this difference, the fact that the tour operators, interpreters and intermediary companies bring foreign patients from Iraq to Samsun and the large number of Iraqi population living in Samsun has a significant effect. Besides, in this ranking ; the impact of geographical proximity and kinship ties (such as the Turkish republics in Central Asia), the countries where Turkish population is concentrated (such as Germany, Holland, France), health services are expensive and the longer duration of medical services compared to Turkey (such as Germany, the Netherlands), infrastructure and health workers lack (such as Iraq, Syria) and health insurance are not covered or have limited services has an effect (Sulku, 2017). In this

context, it will be appropriate to plan the studies to be carried out within the scope of medical tourism in Samsun by considering the characteristics of the countries where the patients come from.

When the state of income of the international patients participating in the study is examined, they are concentrated in an income group above average and middle. In addition, the majority of these patients have received more on-demand health care instead of treatment of a disease that makes life difficult. As a matter of fact, this data are supported by the taking of aesthetic first place in the disease group where health care is taken. On the other hand, ranking is listed in the form of surgical, internal diseases and aesthetic in Samsun. Data show that Samsun has an important brand value especially in certain branches such as aesthetics. It is important to use these branches as an advertising tool especially in promotional and marketing activities and investments. Foreign patients who come for health services such as aesthetic, hair transplantation, eye surgery and tube baby, preferred health institutions because of both low cost and high quality and technology standards in Turkey (BAKA, 2011). The majority of patients coming to Samsun are accommodated in hotels, hospitals and clinics. However, for those diseases that require long treatment periods such as cancer and IVF, those who come to Samsun prefer to stay in rented houses, while patients who receive short-term treatment such as aesthetics stay in hotels and hospitals. In addition, it is noteworthy that patients staying for treatment from Georgia have a short stay (1-10) and prefer to stay in hotels. Therefore, Samsun's accommodation infrastructure in both clinics and hotels is of great importance for the development of health tourism in the city. While the majority of patients who come to Samsun for short-term treatment are staying in hospitals and clinics, patients who come to require longer treatment prefer to stay in hotel and rental homes. What is meant is that the accommodation infrastructure is an important factor in the selection of business, in the formation of patient loyalty and in the tendency to recommend it (Del Bosque, San Martín and Collado, 2006; Yoo and Chang, 2005).

When findings of the fees paid by the international patients participating in the study according to the countries and the health services they receive examined, patients from Middle Eastern and African countries who come to Samsun for medical tourism are more than they will pay in their own countries, while the wages paid by patients from European countries are less than they would pay in their own countries. In other words, patients from Middle Eastern and African countries prefer Samsun due to their health services and personnel quality, while price advantages are added to patients from European and developed countries. With these findings, to be quite expensive for curative health services in developed countries (for example, while the price of the by-pass surgery is 94000-210000 \$ in the United States, it is about \$ 12,000 in Turkey (Karababa, 2017) curative health care in the Middle Eastern countries and the countries neighboring Turkey the inadequacy of services complement each other. In the context of medical tourism, motivation factors in international patients' preference for Samsun is the confidence in Turkish doctors and health personnel, the attractiveness of the tourism and the religious beliefs. Similarly, motivation factors in international patients' preference for Istanbul, Turkish physicians and healthcare personnel (46.9%) ranked first (Zengingönül et al., 2012). However, in contrast to this finding, low prices and high quality medical services are seen as the most important motivation reasons for health tourists (Karuppan and Karuppan, 2010; Doshi, 2008; Işık, 2018; Woodman, 2010; International Trade Centre [ITC], 2014).

The findings show that the most effective information channel of international patients is internet about Samsun and the hospital where they receive treatment. Why did the Internet take place before friends and consanguineous advice? It can be deduced that people can get detailed information with internet about the hospital they are treated and even there are opinions of those who are treated more praiseworthy about hospital and the doctors. Digital communication channels are one of the important means of information transfer in health tourism both in terms of reaching tourists who are residing in different parts of the world, taking their evaluations and creating trust (Öksüz and Altıntaş, 2017). Foote (2017) puts forward that web sites and social media are one of the most important sources of information in health tourism. Similarly, while the decisions of international patients who prefer Turkey, it is claimed that they choose according to advertisements, internet researches, agency directions and recommendations (Çilginoğlu, 2018; Yağar and Dökme 2017). However, according to Zengingönül et al., (2012), internet ranks second among the channels of receiving information of international patients about Istanbul. All these analyses point out that the competitiveness of health institutions in Samsun with other countries is one of the most important ways of promoting and advertising activities with the help of interactive portals and websites. In other words, health centers can make a difference with well-developed communication strategies focusing on social media and can be distinguished from other centers (Kirářlová and Pavlířeka, 2015).

Findings show that the most informative way for international patients to get information about Samsun and the health institutions in Samsun after the internet is their relatives or friends who have already been treated in Samsun. Therefore, customer satisfaction is one of the important arguments for the sustainability of medical tourism in Samsun. One of the important results of the study is that patients benefit from multiple sources instead of a single information channel. It is natural that individuals do more research and question the quality of health care on an important issue,

such as health. Because, number of international travellers is increasing worldwide and health risks related to international travel are important and generally well-understood (Selcuk et al., 2016).

In the research, the satisfaction of the patients is not directly related to the question, when they returned to their country indirectly, they were asked about in the form of their advice to Samsun and the health institution they were receiving treatment or their doctor. The fact that all the patients responded in the form that "I would definitely recommend" shows that they are satisfied with the health institution or doctors in Samsun. This finding indicates that the increase in the number of health tourists coming to Samsun in the coming years will continue. Similarly, it is emphasized that satisfaction with the health services provided brings along the loyalty of the tourists and supports the increase in the number of patients (Ergen, 2018; Ataman, Esen and Vatan, 2017; Aljumah et al., 2017, Naidu, 2009; Öncü et al., 2016; Zengingönül et al., 2012).

As a result, Samsun has a great potential for health tourism with its geographic location, suitable climate, transportation advantages, accommodation infrastructure, qualified health personnel and hospitals with high technology utilities. We come to this conclusion because of the number of tourists coming for medical tourism in Samsun. In general, more medical tourists come to Samsun from countries like Iraq and Georgia and Germany. The arrival of medical tourists from 73 different countries, particularly Iraq, Georgia and Germany, leads us to this idea. In the context of medical tourism, patients who come to Samsun in terms of branches such as aesthetics, hair transplantation and plastic surgery are predominant. In addition, although these patients have a short stay, their high health expenditures increase the added value in medical tourism. The results of this study show that the most important reason why international patients prefer Samsun is trust in Turkish doctors and health personnel. It can be concluded that, in the city's health tourism planning and studies, it will be appropriate to keep the well-known and branded health institutions and doctors in the forefront. While internet is the first place of international patients take in order to get information about Samsun, the advice of close relatives and friends is also important. For this reason, it is recommended to include more introductions via WEB-based promotions and social media. In addition, patient satisfaction coming to Samsun is high. To summarize, the potential future of medical tourism are based on successful procedure options, information, qualified service and satisfaction about treatment facilities, tourism opportunities, travel arrangements and arrival countries. Briefly, when these patients return to their country, referral of people around them to Samsun and their recommendations interactive based promotion is an important way of sustainability of medical tourism in Samsun.

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