



PATIENT EXPECTATIONS AND SATISFACTION IN HEALTH TOURISM EXAMPLE OF A PRIVATE HOSPITAL GROUP*

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Abstract: The aim of this study to determine the satisfaction level of the patients coming for health tourism in accordance with the received treatment services and the factors affecting their satisfaction. The study was performed in a private hospital group providing health service in more than one location in Istanbul. The data were collected through a survey. The survey was made between April-May 2018. The study included a total of 115 patients (both inpatient and outpatients). The satisfaction level for the services rendered was found out to be high both generally and sub-dimensionally. It was also found out that the satisfaction level was not statistically different at hospital and doctor sub-dimensions while it was statistically different at accessibility and nursing care sub-dimensions in accordance with the origin countries of the participant. It was stated out that the satisfaction of the participants whose medical expenses were covered by private insurances was higher than the others. It has been concluded from the study that increasing the awareness of health tourism in a sustainable way is only possible by determining the expectations of the patients correctly and providing satisfaction through the realization of these expectations.

Keywords: Health Issue, Patient Sadsifaction, Health Tourism, Private Hospital

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1. Introduction

Accessing to the health services is among the basic human rights of all the individuals. However, health services are not provided equally in all countries in terms of both technology and expertise. Nowadays, many people prefer medical tourism due to various reasons such as price advantage and long waiting periods. Thus, health tourism has become an important sector for many countries including Turkey. Each day, medical tourism has been gaining more share among the general tourism market; which makes the medical tourism more important.

Although it does not have much validity in medical literature, each patient is also a customer contributing to the economy of the country. In this respect, the reasons of the patients to prefer a country are analyzed, their satisfaction levels are evaluated in accordance with the standard customer satisfaction measure and promotional studies are implemented.

This study has been performed in order to determine the satisfaction levels of the patients coming for health tourism with regard to the received treatment service and the factors affecting their satisfaction. By measuring the satisfaction of the patients for the treatment services received, suggestions have been proposed to sustain the implementations with high satisfaction outcomes and to perform improvement studies for the areas with low satisfaction outcomes. Meeting the expectation and thus increasing preferability and satisfaction will support the positive growth of the health tourism.

2. General Information

2.1. Health Tourism:

Receiving a sufficient and qualified health service is among the biggest expectations of all the individuals regardless of their religion, language and races. People who cannot receive qualified health services in their own countries are leaning to medical tourism.

Health tourism is defined as travelling from the country of residence to another countries in order to preserve and improve health and for the treatment of diseases, staying at the country of destination at least for 24 hours and benefiting from the health and tourism facilities; and the person traveling in this respect is defined as health tourist (Türkiye Medikal Turizm Değerlendirme Raporu, 2013).

Health tourism is categorized under four main titles as medical tourism, thermal/SPA/wellness tourism, geriatric tourism and disabled tourism. The scope of this study is “medical tourism”.

The special medical treatments received by the patients travelling to other countries in order to receive medical treatment, specialized surgery or other complementary treatment forms are realized within the concept of medical tourism (Oltular, 2018)

Medical tourism includes the cure of the diseases, medical check-up, health screening, dental treatment, heart surgeries, prosthesis replacement, neurosurgery, organ transplant and other treatments that require specialized medical interventions (Aydın et al., 2012).

Medical tourism is a relatively new concept; however it seems to develop with a rapid acceleration. Medical tourism is in cooperation with many other sectors; especially with the tourism sector; which makes it achieve faster growth (Connell, 2013).

Medical tourism has grown rapidly with its increased availability in destination countries, which has resulted in intense competition to attract medical tourists. At the same time, the preferred destinations of medical tourists have shifted from developed to developing countries.(Özdemir et.al.2017)

There are several reasons why patients prefer other regions and countries for medical tourism. Prices and service quality form the basis of these reasons. Other reasons such as long waiting periods, legal factors preventing the required treatment, privacy need for some aesthetic interventions or the lack of treatment opportunities in the country of residence may lead the patients to medical tourism.

2.2. Patient Satisfaction:

Patient satisfaction is a concept that is influenced by many factors; it is based on whether the services given meet the patients' expectation or the patients acknowledge the services provided. Patient satisfaction forms an important part of the quality in health services. Today, patients' expectations and needs have gained importance for the patients; who are the customers of health services (Büber and Başer, 2012).

Patient satisfaction is defined as “the basic criterion that provides information about the level of the patients' values and expectations and shows the quality of the care of which the main authority is the patient”. Therefore, patients' satisfaction is related to the extent to which

patients' expectations are met. This situation provides a criterion for the quality of the health care provider. The perception of the patient to desire and choose one of the given care factors is defined as "desire" and the perception of the patient about the possibility to receive one of the care factors is defined as "expectation". The concept of expectation should be considered as "thinking or believing that something will happen". In other words, while the concept of desire determines what the individual will choose, expectation is the perception of the efficiency to be taken from the selected one (Yılmaz, 2001). Patient satisfaction is among the main criteria used in the development of the health care institutions and the evaluation & enhancement of the healthcare services. Ensuring patient satisfaction in health care institutions is extremely important for four reasons (Kısa, 2007).

2.2.1. Humanitarian Reasons

One of the fundamental rights of individuals is to benefit from health services in the best and quality way. The people applying to the health institutions are often painful, anxious and tense. The services provided to the patients should be sufficient both technically and scientifically and should be applied respectfully with regard to the personality, thoughts, values and attitudes of the patients (Karaca, 2004).

2.2.2. Economic Reasons

Travelling to other countries to get health service is not a new phenomenon. But the effects of globalization have led to the development of medical tourism as a new economy. Turkey, which offers price advantage, touristic beauty and well equipped health institutions; is one of the choice for medical tourists who seek medical treatment overseas (Canoğlu, 2016).

Patients make payments for the services they receive. Thus, each patient wants to get the worth of his/her money. Patients expect even more attention and quality when it comes to health. Therefore, they are more careful than the customers of other sectors with regards to the services given. They determine their preferences more clearly and demands the worth of the money they pay (Engiz, 1999).

2.2.3. Marketing Reasons

Today, it is a necessity for the health care institutions to give particular importance to the patient satisfaction in order to increase customer potential and market share, accordingly. Today, since

the positive or negative opinions of the patients about the health care institutions will play an important role on the development of the healthcare market share, patient satisfaction should be focused on to provide patient loyalty. “Patient loyalty” is defined as preferring the same healthcare institution in case of need or referring it to the potential patients (Engiz, 1999).

2.2.4. Efficiency Reasons

Efficiency, as a concept, has great importance for all the sectors. The effectiveness of health care institutions develops in parallel with patient satisfaction. When the level of the patient satisfaction increases, the patient will show quite positive behavior during the treatment process and it is also known that their tendency to maintain the relations with the health care team is higher than the patients with lower satisfaction level (Uçku et.al.,1995 10). Therefore, patient satisfaction is an indication that the treatment process is more effective. Satisfied patients will pay more attention to what their doctors and other health care professionals will say, follow their appointments and use their medications regularly (Türköz et. al., 1997).Creating customer satisfaction in a healthcare institution, conducting various researches on this subject, giving necessary information to the personnel and taking actions to raise awareness about customer satisfaction are the indicators that the organization adopts customer-oriented approach (Adnan, K. 2001).Another important aspect of ensuring patient satisfaction is that it is a determining factor in the measurement of health care quality. Since patient satisfaction is accepted as one of the main indicators in the context of health services, it facilitates the analysis and evaluation of the structure of the service process. As a result of analyzes conducted on patient satisfaction, the structure and functions of the health institution may be subject to a continuous improvement process (Güngör and Eser 2004). There are many factors affecting patient satisfaction. One of the main reasons for this is the complex structure of health care sector. In addition, human and environmental factors are among the factors determining satisfaction. The factors related to the patient satisfaction can be categorized under 3 main titles (Akgül, 2000;Karafakıoğlu 1998;Tatarlı, 2007).

- Personal Factors
- Personnel-Servicer or Institutional Factors
- Environmental-Other Factors

3. Material and Method

The research was conducted in a private hospital group providing service in multiple locations in Istanbul between March 2018 - April 2018. Research data were obtained by survey method. A total of 115 patients, both outpatient and inpatient, participated in the study. It was carefully ensured that participants were from different hospitals, selected from different treatment groups, and payment methods were not the same. The aim here is not to address a single group or not to be limited to a single option only. In addition, since different treatment options are available in these hospitals, it is also aimed to reach to the patients in more than one treatment group in order to be more objective. With the same point of view, as the type of payment can be a guiding factor in the selection of the hospital, patient groups belonging to different payment types have been examined.

3.1. Data Collection Method:

The questions used in the survey were prepared in accordance with the aim of the research and considering the target group. The survey consisted of two parts. The first part consisted of 9 questions to determine the demographic characteristics of the participants and their knowledge about before and after the service. In the second part, the statements regarding the satisfaction level of the individuals receiving services within the scope of health tourism were given. In the second part, explanatory factor analysis (EFA) was performed to determine the construct validity of the satisfaction scale. As a result of the explanatory factor analysis, the expressions with a factor load less than 0.45 as “The prices were reasonable considering the quality and standards” and “I was satisfied with the hospital services in general” were excluded from the scale. In addition, the expression “All parts of the hospital were clean and hygienic”, which disrupted the integrity of the meaning was excluded as a result of the factor analysis. After these expressions were excluded, the explanatory factor analysis was repeated. In the analysis conducted to determine the convenience of the scale to the factor analysis, KMO value was found out as 0.84 and Barlett test ($p < 0,01$) was found out to be significant. According to these results, it was found that the data set was suitable for factor analysis and there was a high level of relationship between the variables. The results of the explanatory factor analysis are shown in Table 1. As a result of the factor analysis, the expressions in the scale was categorized under 4 dimensions which consisted of 18 items with a total explained variance of 67,12%. These dimensions were referred as doctor (4 items), hospital (6 items), nursing care (4 items) and accessibility (4 items). According to these results, the construct validity of the scale was found out to be ensured. Cronbach's Alpha coefficients were calculated to determine the reliability level of the scale. Accordingly, Cronbach's Alpha coefficients were found to be 0.85 for doctor

dimension, 0.85 for hospital dimension, 0.83 for nursing care dimension, 0.79 for accessibility dimension, and 0.91 for overall scale. According to these results, the reliability of the scale was found to be high. The expressions is the scale were measured with 5-point Likert type scale as “1=strongly disagree”, “2=disagree”, “3=partially agree”, “4=agree” and “5=strongly agree”. A total of 115 patients, both outpatient and inpatient, participated in the study.

Table 1. Service Satisfaction Related Explanatory Factor Analysis

Expressions	Dimension Related Factor Loads			
	Doctor	Hospital	Nursing Care	Accessibility
My doctor answered all my questions in a timely and understandable manner.	0,82			
I am pleased with my doctor's attitude and approach.	0,81			
I am satisfied with the treatment applied / recommended.	0,72			
My doctor explained the details of my disease and related procedures to me in an understandable manner.	0,64			
Patients' religious / cultural rights were always respected.		0,73		
Patients' privacy rights were always respected.		0,71		
My financial liabilities / insurance details were explained to me clearly.		0,69		
The hospital had all the medical devices required for my treatment.		0,63		
I was able to get advice and help whenever I needed.		0,58		
The explanation of the processes was satisfactory.		0,53		
I was able to reach the nurses whenever I needed.			0,84	
I was pleased with the attitude and approach of the nurses.			0,75	
I was pleased with the care and treatment of the nurses.			0,75	
The nurses were polite and helpful.			0,68	
Registration was created quickly.				0,80
I was able to easily get treatment offer / appointment from the hospital.				0,80
The staff was polite and helpful.				0,71
I was able to get an appointment in the hospital in a reasonable time.				0,60

3.2. Data Analysis:

Statistical package program was used in the analysis of the obtained data. In the analysis of the data, descriptive statistics (such as frequency, percentage distributions, mean and standard deviation) were calculated. Since Kolmogorov-Smirnov test was not found to be normal distribution ($p < 0.05$), Mann Whitney-U test was used for comparison of two independent groups and Kruskal Wallis-H test was used for comparison of more than two independent groups. After the Kruskal Wallis-H test, Mann Whitney-U test was used as a complement to determine the differences. The findings were evaluated at 95% confidence interval and 5% significance level.

4. Findings and Discussion

Demographic characteristics (frequency and percentage distribution) of the participants were shown in Table 2.

Table2. Distribution of Demographic Characteristics

Variables		Frequency	Percentage (%)
Gender	Male	60	52,2
	Female	55	47,8
	Total	115	100,0
Age	18-24	10	8,7
	25-29	9	7,8
	30-34	37	32,2
	35 and above	59	51,3
	Total	115	100,0
Educational Status	Primary School	8	7,0
	High School	30	26,1
	Undergraduate	62	53,9
	Post graduate	15	13,0
	Total	115	100,0
Country of Origin	African and Gulf Countries	31	27,0
	Arabic Countries	33	28,7
	CIS*	23	20,0
	Balkan States	28	24,3
	Total	115	100,0

**Commonwealth of Independent States (Azerbaijan, Belarus, Armenia, Kazakhstan, Kyrgyzstan, Moldova, Uzbekistan, Russia and Tajikistan)*

Table 3. Information Related to Periods Before and After Service

Questions		Frequency	Percentage (%)
Is this your first time at the hospital?	Yes	70	60,9
	No	45	39,1
	Total	115	100,0
Who is covering your medical expenses?	Out of Pocket Payment	65	56,5
	Private Insurance	33	28,7
	Social Security	17	14,8
	Total	115	100,0
Why did you choose to go abroad for health tourism?	Country and Doctors	11	9,6
	Country-Doctors-Hospital	31	27,0
	Hospital-Doctors-Treatment Options	51	44,3
	Reasonable Prices-Doctors-Hospitals	22	19,1
	Total	115	100,0
Would you prefer to come to our hospital again?	Yes	105	91,3
	No	10	8,7
	Total	115	100,0
Would you recommend our hospital to your relatives?	Yes	104	90,4
	No	11	9,6
	Total	115	100,0

Among the participants, it was found that while 105 people (91,3%) would apply to the same hospital group again if needed, 10 people (8,7%) would not. Similarly, while 104 people (90,4%) would recommend the hospital group to their relatives, 11 people (9,6%) would not.

In the study conducted by Öncü et. al, (2016) in order to evaluate the attitudes of the participants towards patient loyalty; individuals were asked whether they would recommend the hospital where they received health care services to others and whether they would prefer the same hospital when they needed it again. 4.7% of the participants stated that they would not recommend the hospital where they received health services to others and 86.7% would

recommend it. 8.2% of the participants stated that they would not choose the same hospital again if needed and 85.9% would prefer it (Öncü et. al., 2016).

Table 4. Descriptive Statistics on Service Satisfaction

Dimensions	n	Mean.	Std. Deviation
Accessibility	115	4,69	0,46
Hospital	115	4,61	0,51
Doctor	115	4,66	0,52
Nursing Care	115	4,47	0,63
General Satisfaction	115	4,61	0,42

According to Table 4, the level of service satisfaction of the participants was found to be very high in terms of both general and sub-dimensions. The highest level of satisfaction with service was found to be accessibility (4.69 ± 0.46) and the lowest dimension was nursing care (4.47 ± 0.63).

As a result of the research conducted by Dyussebayeva on “The Impression and Satisfaction Levels of Patients from Russia and Central Asia for Health Tourism in Istanbul”, it was found that the impressions and perceptions of foreign patients were positive regarding the health care services they received. The majority of the participants (76,66%) stated that Turkey was a convenient country for health tourism. 75,83% of the patients indicated that they would prefer Turkey again if needed and 77,49% of them stated that they would prefer the same hospital, where they received treatment, again if needed. One of the questions within the survey as “How do you evaluate the pricing policy (service quality/price) of the Institution?” was answered by 42 people (35%) as “The prices do not match with the service quality” while it was answered by 78 people (65%) as “Prices match the service quality in general”. Some patients were satisfied with the treatment even though they faced difficulties such as scheduling appointments or long waiting periods for examinations and hospitalization (Assemgul, (2017)

In the study conducted by Öncü et. al.(2016): on the comparison of satisfaction level of domestic and international patients, a significant difference was found out on the “physical facilities and personnel behavior”.When the health services received were evaluated in terms of service quality and facilities provided; it was found out that while the average satisfaction level of foreign patients was 4.0, it was 3.1 for domestic patients. In other words, foreign patients were found to be more satisfied with the convenience provided by the quality of service

of health services provided than domestic patients (Öncü et. al., 2016). In the study conducted by Girgin et.al, it was stated that foreign patients were satisfied with the hygienic conditions of hygienic toilets, access to elevators, arrangement of rooms, direction

signs and respect for private life in hospitals. In addition, they expressed satisfaction with the access to children's playgrounds, cafeteria and easy access to the hospital (Girgin et.al. 2017).

Table 5. Comparison of Service Satisfaction in Terms of Gender

Dimensions	Gender	n	Mean	Std. Deviation	Mean Rank	U	p
Accessibility	Male	60	4,70	0,45	57,34	1.610,50	0,81
	Female	55	4,69	0,48	58,72		
Hospital	Male	60	4,64	0,52	62,28	1.393,50	0,13
	Female	55	4,57	0,49	53,34		
Doctor	Male	60	4,66	0,54	58,71	1.607,50	0,79
	Female	55	4,66	0,49	57,23		

Table 5 shows the comparison of the satisfaction level of the participants according to gender. According to the table, it was determined that the level of satisfaction with the service did not show a statistically significant difference according to gender ($p > 0.05$). In the study conducted by Yazan et al.,(2018) in order to determine the satisfaction levels of foreign tourists applying to Alaaddin Keykubat University Alanya Training and Research Hospital, there were no statistically significant differences between the gender groups in terms of outpatient clinic procedures, doctors and International Patient Unit; while it was found that there was a significant difference between the gender groups in terms of the physical order of the hospital (Yazan et.al., 2018)

Table 6. Comparison of Service Satisfaction Level in Terms of Age Groups

Dimensions	Age Groups	n	Mean	Std. Deviation	Mean Rank	X ²	p	Difference
Accessibility	18-24 (1)	10	4,60	0,47	52,05	8,90	0,03	2<3, 2<4
	25-29 (2)	9	4,47	0,32	30,44			
	30-34 (3)	37	4,75	0,44	61,99			
	35 and above (4)	59	4,71	0,49	60,71			
Hospital	18-24	10	4,62	0,47	58,60	2,94	0,40	
	25-29	9	4,67	0,34	57,83			
	30-34	37	4,70	0,48	64,92			
	35 and above	59	4,54	0,55	53,58			
Doctor	18-24	10	4,58	0,62	56,40	5,91	0,12	
	25-29	9	4,44	0,37	34,94			
	30-34	37	4,71	0,45	59,61			
	35 and above	59	4,67	0,55	60,78			

Nursing Care	18-24	10	4,73	0,42	70,75	1,90	0,59	
	25-29	9	4,44	0,53	55,50			
	30-34	37	4,47	0,64	58,35			
	35 and above	59	4,43	0,66	56,00			

Table 6 shows the comparison of service satisfaction levels of participants according to age groups. When the satisfaction level of the participants on the services in terms of age groups were considered, no statistical difference was found on hospital, doctor and nursing care dimensions ($p > 0,05$). In terms of accessibility, it was found that there was statistically significant difference ($p < 0,05$). When the differences were examined, it was found that the satisfaction level of the participants in the 25-29 age group was lower than the other age groups. When the findings obtained were examined in general, it was determined that the satisfaction level of the service participants was higher than the participants in the 30-34 age group. It was determined that the level of service satisfaction of the participants in the 25-29 age group was lower than the participants in the other age groups. In the study conducted by Yazan (2018), the following result was found. There was a statistically significant difference between the age groups in terms of outpatient procedures and physician factors. It was found that the mean value of the queues of patients in the 65 and older age group was the highest (Yazan, 2018).

Table 7. Comparison of Satisfaction from Service In Terms of Educational Status

Dimensions	Educational Status	n	Mean	Std. Deviation	Mean Rank	X²	p
Accessibility	Primary School	8	4,50	0,65	47,00	3,98	0,26
	High School	30	4,80	0,36	66,20		
	Undergraduate	62	4,69	0,44	57,02		
	Postgraduate	15	4,60	0,60	51,53		
Hospital	Primary School	8	4,52	0,55	54,44	3,31	0,35
	High School	30	4,60	0,57	59,93		
	Undergraduate	62	4,66	0,46	60,72		
	Postgraduate	15	4,46	0,53	44,80		
Doctor	Primary School	8	4,47	0,62	45,94	3,99	0,26
	High School	30	4,69	0,48	59,88		
	Undergraduate	62	4,70	0,53	61,23		
	Postgraduate	15	4,53	0,48	47,33		
Nursing Care	Primary School	8	4,38	0,73	53,81	2,51	0,47
	High School	30	4,58	0,63	65,85		
	Undergraduate	62	4,44	0,63	55,13		

	Postgraduate	15	4,45	0,59	56,40		
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Table 7 shows the comparison of the satisfaction levels of the participants in terms of their educational level. It was determined that the level of satisfaction with the services did not show a statistically significant difference in terms of educational status of the participants ($p > 0.05$). When the findings obtained were examined in general, it was determined that the satisfaction level of the service graduates of primary school graduates was lower than the participants having other education level.

In the study conducted by Yazan (2018), the following result was found. In terms of outpatient clinics, doctor, and international patient unit (IPU) factors, there was a significant statistical difference between the education groups for IPU factor. In the post-hoc analysis, the group that caused the difference in IPU factor; it was seen that the average rank of the answers of the foreign tourists in Alanya for the short or long term with the undergraduate education level was the highest (Yazan et.al 2017).

Table 8. Comparison of Satisfaction from Service In Terms of Country of Origin

Dimensions	Country of Origin	n	Mean	Std. Deviation	Mean Rank	X ²	p	Difference
Accessibility	African and gulf Countries (1)	31	4,85	0,32	70,02	10,58	0,01	1>2, 1>4
	Arabic Countries (2)	33	4,66	0,50	55,12			
	CIS Countries (3)	23	4,70	0,52	61,70			
	Balkan Countries (4)	28	4,55	0,47	45,05			
Hospital	African and gulf Countries	31	4,56	0,58	54,82	6,84	0,08	
	Arabic Countries	33	4,51	0,54	52,52			
	CIS Countries	23	4,77	0,49	73,20			
	Balkan Countries	28	4,65	0,36	55,50			
Doctor	African and gulf Countries	31	4,67	0,56	61,15	4,98	0,17	
	Arabic Countries	33	4,58	0,47	49,52			
	CIS Countries	23	4,79	0,45	66,89			
	Balkan Countries	28	4,63	0,57	57,21			
Nursing Care	African and gulf Countries (1)	31	4,63	0,58	67,11	16,11	0,00	

	Arabic Countries (2)	33	4,29	0,71	50,91			1>3, 4>2, 4>3
	CIS Countries (3)	23	4,25	0,52	40,13			
	Balkan Countries (4)	28	4,69	0,54	70,95			

Table 8. shows the comparison of service satisfaction levels of the participants in terms of their countries of origin. When the satisfaction level of the participants on the services in terms of countries of origin were considered, no statistical difference was found on hospital and doctor dimensions ($p > 0,05$). On the other hand, it was found that there was statistically significant difference in accessibility and nursing care dimension ($p < 0,05$). When the differences were examined, it was found that the satisfaction level of the participants from African and Gulf countries was higher than the participants from other countries. When the differences on the nursing care dimension were examined, it was found that the satisfaction level of the participants from Arabic and CIS countries was lower than those from other countries. Although there was no statistically significant difference in the overall findings, the participants with the highest level of satisfaction in hospital and physician dimensions were those from CIS countries.

Table9. Comparison of Satisfaction Level of the Services In Terms of the Coverage Type of the Medical Expenses

Dimensions	Who is covering the medical expenses?	n	Mean	Std. Deviation	Mean Rank	χ^2	p	Difference
Accessibility	Out of Pocket	65	4,69	0,47	57,28	0,09	0,95	
	Private Insurance	33	4,70	0,45	58,61			
	Social Security	17	4,69	0,51	59,56			
Hospital	Out of Pocket	65	4,56	0,51	55,25	1,75	0,42	
	Private Insurance	33	4,76	0,31	64,08			
	Social Security	17	4,49	0,71	56,74			
Doctor	Out of Pocket	65	4,60	0,55	53,05	4,26	0,12	
	Private Insurance	33	4,76	0,44	65,89			
	Social Security	17	4,69	0,52	61,59			
Nursing Care	Out of Pocket (1)	65	4,37	0,65	51,28	7,55	0,02	2>1
	Private Insurance (2)	33	4,67	0,51	69,74			

Table9. Demonstrates the comparison of the satisfaction level of the services in terms of the coverage type of the medical expenses. When the satisfaction level of the participants on the services in terms of coverage type of the medical expenses were considered, no statistical

difference was found on accessibility, hospital and doctor dimensions ($p>0,05$). On the nursing care dimension, on the other hand, statistical difference was found ($p<0,05$). When the differences were examined, it was found that the satisfaction level of the participants whose medical expenses were covered by private insurance was higher than the other participants on the nursing care dimension. When the findings obtained were examined in general, it was found that the satisfaction level of the participants whose medical expenses were covered by private insurance was higher than the other participants.

5. Conclusion and Recommendations

Health tourism basically means patients' travelling to abroad on different grounds for treatment and there has been a significant increase in the number of international patients especially in recent years. Patients travel to abroad for treatment when the treatment they need is not available in their own countries, high costs, long waiting periods and their need for more advanced technology and more qualified health services. Medical tourism enables patients to quickly and conveniently receive medical services through travel, at lower prices and, oftentimes, at better quality than they could in their native countries. The reasons patients travel for treatment vary. For example, In Canada, people are frustrated by long waiting lines. In Great Britain, patients cannot wait for treatment by the National Health Service; nor can they afford to see a physician in private practice. (Allemanet.al, 2011) Besides, in the study conducted by İçöz (2009), it is stated that there are several factors effecting the growth of healthcare tourism industry. Among the most important ones are costs, exchange rates, competition, privatization, marketing, costly operations uncovered by insurances (such as dental or plastic surgery), age distribution of the population, timing of appointments, prohibited operations (such as abortion or gender change), care insurance for the senior and the disabled, medical accreditations (İçöz, 2009). Besides, since the transportation and information Access is faster and quicker now, health tourism has gained significant growth. As defined by Cortez , (2008), development of transportation infrastructures and easier traveling made attaining health services with developed qualities and developing prices possible.(Cortez, 2008).

Economic and socio-cultural factors also play an important role in raising awareness about health tourism, as well. In addition to its effect on contributing to the country's economy through foreign exchange income, other tourism branches are also given opportunities through the introduction of the countries, new employment areas are opened, the qualification of the employment are increased and the prestige of the country is positively contributed.

Moreover, considering that health tourism is a multi-sector investment, it is inevitable that it will have a positive externality to other sectors. With the development of health tourism, the accompanying sectors are strengthening and the employment volume of the sectors is growing. In addition, with the development of health tourism, it is expected to increase the number of hospitals serving high standards and the number of qualified employees who speak foreign languages; because each demand will form its own supply.

In addition to the economic and cultural benefits of health tourism, it is expected to contribute to the quality of health services. With the development of this tourism, it is ensured that the local people as well as foreign patients have access to a better health service. In case a strong health tourism infrastructure is established and sustainability is targeted, public and private sectors support each other and the total health service quality of the country is increased, technology is monitored more closely and access to more medical devices and treatments is provided and thus the total health quality of the country is increased. In the study conducted by Lunt et al, it is stated that foreign patients purchase health care services, and hence provide an income that can be used within hospitals to cross-subsidise care for domestic patients, or could be used to help fund capital investment, such as MRI scanners, that are then used by all patients in the hospital. İçöz, O (2009). In the present study, the general condition of the health tourism in Turkey, patients' expectations from health tourism in Turkey and their satisfaction on the services they have received are evaluated and in accordance with the analysis, the following suggestion have been made to maintain the sustainability of the patients' satisfaction and medical tourism, accordingly.

- Continuation of the implementations in areas with high satisfaction and improvement studies should be carried out in areas with low satisfaction. Meeting expectations and hence increasing satisfaction will provide the number of patients who prefer our country for health tourism to increase in parallel, positive growth of health tourism in our country and contribute to the prestige of our country.
- In the present study, it is stated out that patients who come to Turkey for health tourism are mainly over 35 years of age. Therefore, in order to make health tourism more attractive for foreign individuals under the age of 35, it should be emphasized that the health institutions in our country have high technology especially in check-up and early diagnosis methods. At the same time, considering the fact that the age group under 35 is more active in the scope of holiday and travelling and that our country has a rich

geographical and health services opportunities, it would be beneficial to create campaigns involving both health tourism and travel tourism.

- In line with the results obtained, the fact that the number of people coming to our country for medical tourism for the first time is high shows the success in creating new resources, while the low number of second (and above) arrivals shows that the management of existing resources is relatively weak. Health tourism is a dynamic type of tourism that enables development and sustainability and special studies can be performed for patients who have visited our country for treatment purposes before. In this context, there is a weakness in the promotion of health tourists who prefer our country and this issue should be emphasized.
- Patient loyalty can be increased by means of cost-free implementations such as getting the contact information of the patients correctly, reminding them of the discharged patients' control periods by notifying them in advance, following the long-term treatments and sending congratulatory messages on special days such as birthdays; in this way the institution can be ensured to be the center of choice again. This will not only allow patient flow to continue, but also contribute to the patient's feeling of specialty and, therefore, satisfaction.
- The results of the study reveal that the patients who prefer health tourism mostly make out of pocket payment. This result should be analyzed with both negative and positive aspects. The fact that the patients themselves undertake all the costs shows that the prices are affordable and that the patients prefer the health services in our country even if they bear all the expenses (medical, transportation and accommodation). However, the fact that the number of patients whose costs are covered by private health insurances and government agencies is lower than the number of patients making out of pocket payment shows that more studies should be carried out in this context and more patients can lean to health tourism in our country.
- Increasing the agreements between private health insurances abroad and health institutions in our country and making the prices more reasonable than the equivalent hospitals in the target countries are the most important steps to be taken. Besides, with the continuation of the current agreements and possible new agreements that can be made between the states, a wider population can be addressed and the political interests of the country can be looked after. In this way, patients who do not have the ability to pay or who evaluate different options only because of the prices can also benefit from

the health services in our country; receiving services without incurring costs can be the first of the satisfaction steps. Moreover, the health services promoted by the private insurance or governmental agencies will increase the reliability of the health services.

- The analyses performed to determine the reasons to choose Turkey for health tourism and patients' expectations, it is found out that the expectations are mainly based on the doctors, hospitals and treatment opportunities. This study shows that the promotion and advertising activities of our country, which constitute the most important basis of health tourism, both in terms of physician and medical competence, have been carried out successfully at a level that would create expectations for patients. This result is important for the determination of the topics to be focused on in satisfaction studies.
- As a result of this study, the truth that the satisfaction levels that will affect the patients to apply to the hospital again if needed or to recommend the hospital to others is directly proportional to their satisfaction about the doctor, hospital and nursing care services and the truth that they will decide whether to apply to the hospital again in accordance with this criteria should alert the health care institutions accordingly. In addition to the medical competency of the doctors and the nurses, the health care institutions can organize trainings and conferences to increase the awareness about medical tourism.
- In the current system, the trainings which are only available for hospital management and administrative staff can be revised for the medical team, which is actually the most important source of satisfaction for patients. Both public and private institutions can provide free or low-paid foreign language training for medical workers. The analyses and cost studies to be performed in target countries to detected the lack of medical equipment may help to create expectations and demands; the hospitals may increase and improve their medical equipment, accordingly.
- According to the results of satisfaction analysis conducted by their nationalities, the satisfaction of patients coming from Arabic countries is lower than that of patients from other countries; which requires precautions, especially considering that the highest number of patients comes from Arabic countries. The expectations of the patients coming from Arabic countries are higher in parallel with their religious and cultural affinity.

As a result, health tourism is a significantly important tourism area for countries in terms of both financial and socio-cultural aspects where different areas are interrelated. Increasing awareness about health tourism and sustainability can only be ensured by correctly determining

the expectations and reasons of preference of the patients and transforming them into satisfaction by realizing the expectations.

The limitation of this study is that it does not have a high number of participants and there are not enough similar studies to make comparison. However, the study is important as it shows that it is only possible to increase the awareness of health tourism in a sustainable way by correctly identifying and fulfilling the expectations of the patients.

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