



**EXPECTATIONS OF PATIENTS FROM HEALTH SERVICES WITHIN
THE SCOPE OF HEALTH TOURISM: CASE OF BAKIRKÖY DISTRICT
IN ISTANBUL**

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Received: 18.08.2020

Accepted: 20.10.2020

Research Article

Abstract: In recent years, with the increasing demand in the world market, the health tourism sector has made a rapid development and has become a competitive international industry. Countries have made it a priority to be able to get enough shares from the market by following these developments closely, determining the needs and expectations of the industry, and meeting the demands by meeting international quality standards. Our country for medical tourism treatments in order from medical tourists in Turkey until they get through what channels to healthcare organizations, causing them to prefer Area, healthcare institutions provide their health care services rendered and foreign patients in addition to Turkey 'has been taken of the average satisfaction level of health services whether it differs according to demographic variables is to identify.

Questionnaire method was used to collect the research data. ANOVA and Pearson Correlation Analysis were used to analyze the data. As a result of the research, it was determined that the general adequacy perceptions of medical tourists for the treatment services they received within the scope of health tourism and the general satisfaction levels of the medical tourism services showed a significant difference according to the monthly total income, insurance status and nationality. As a result of the research, It has been identified that, there is no significant relationship between the general satisfaction level of medical tourists

from medical tourism services and regional competence, but there is a positive relationship between the general competency perception of treatment services, perception of accommodation facilities, perception of health services competence, perception of safety competence and perception of additional service competence.

Keywords: *Health Tourism, Medical Tourism, Medical Tourist Expectation And Satisfaction*

Introduction

Health tourism is a sector that includes the common basic features of the health and tourism sectors such as “service, quality, hygiene, environment, work environment and health (Jensen, 2003: 1), enabling people to travel between the continents for both health and tourism purposes (Aydm , 2012,91) as well as the most important alternative tourism branch and a special type of tourism. In another definition, the concept of health tourism is defined as an economic activity realized by connecting health and tourism activities consisting of two different sectors (Aktepe, 2012,170-188). The concept and classification of health tourism is to differ from country to country. According to the most common classification, Health tourism, 1. Thermal Tourism SPA-Wellness, 2. Advanced Age and Disabled Tourism 3. Medical Tourism,

Medical tourism due to many reasons such as the increase in alternative prices in treatment costs, rapid developments in information technology, ease of transportation, financial problems in private health insurances, increase in elderly population and chronic conditions (Altes, 2005: 262-266), competitive environment based on patient satisfaction; has increased rapidly worldwide. Increase in the number of medical tourists in Turkey compared to previous years, indicates that this country is a strong destination in medical tourism. (Tontuş, 2018.336)

The most important factor for the country to become a demanded region in the health tourism market in recent years is the services and practices performed by private health institutions and private enterprises compared to the free healthcare services. Examples of these are closely following the industry, R&D and investments made as a result of the work and analysis, including international patient services departments within the business, experienced physicians, trained personnel, building infrastructure-superstructure, facility machinery and device inventory to international quality and standards. , customer (patient) focused investment and service understanding and financial competition. In addition, measuring the expectation perception in order to meet the preferences and needs of the customer (patient) appears as the basic building block of satisfaction (Amzat, 2014: 21-23). In health tourism, satisfaction is important both before

and after travel. In this study, it is aimed to reveal the importance of medical tourism, which constitutes the most added value of the health tourism sector, for healthcare providers and to make some suggestions for its development. In addition, with this study, in order to support future research and all businesses within the sector, infrastructure, superstructure, building, technological equipment, machinery and equipment, personnel, physician, food and beverage services, etc. are provided. To support them to provide quality service in their fields of activity.

1. Health Tourism Concept And Its Varieties

We can define the concept of health tourism as travels for the purpose of treatment (Göçmen 2008: 42). The combination of health and tourism concepts causes different perspectives and increases the variety in definitions. When we examine the literature, it is seen that some of the definitions of health tourism are general and some are more specific and precise (Mossialos, Dixon, 2002: 22-24). If we define health tourism by thinking as foreign and domestic tourists (Jensen, 2003: 25), we can express it as follows. According to the foreign tourist; To take advantage of facilities that are not in the country within a period of at least 24 hours or overnight to another country in order to receive health services outside of its own country; While health and tourism express different meanings on their own, when they come together, they concern both of these two concepts closely; however, we can say that it is a whole of activities that are independent from them and have specific features and we can see that a wide range of health tourism ranges from time to time, to healthcare practices and rehabilitation services (Bektaş, Şimşek, 2016: 179-180). Medical intervention is inevitable. and tourism travel, which is predominantly for the purpose of protecting health, and a place where the treatment process continues, can be felt in a better environment where it can feel the health of the soul and body (Yıldırım, 1997: 79).

- Thermal and SPA Wellness Tourism: Comes with Water It means "goodness / health" (Özsari and Karatana, 2013: 139). The concept of thermal tourism is "physiotherapy and rehabilitation within the scope of the supervision of experienced physicians and a certain program, in order to benefit from protecting and improving human health together with the thermal waters naturally occurring in the form of minerals, together with the effect of environmental and climatic elements in the region where the source is located. for cure practices with

supportive activities such as exercise is the tourism movement” (Buldukoğlu, 2014,6).

- Elderly and Disabled Tourism; All applications made by certified personnel and nursing homes working in geriatric treatment centers to provide care and rehabilitation of elderly and disabled health tourists constitute advanced age and disability tourism (Tengilimoğlu, Özdemir, 2013: ss.136-137).
- Medical Tourism; According to Van Sliepen, medical tourism defines it as the process of being treated by traveling for the purpose of regaining health, provided that the remaining leisure time has been done after meeting all its needs, provided that it is out of the region where it is located (Harahsheh, 2002: 23-24).

2. Medical Tourism Concept

Medical tourism is not a name equivalent to health tourism (Karababa, 2017,67-68), however it is one of the sub-divisions of health tourism (Lund, Carrera, 2010: 470). If we separate the difference between them with a thin line, the most important factor that creates awareness of medical tourism is that it includes medical intervention (Frederick, 2013: 194). In addition, it is emphasized that medical tourism, which is generally used as a concept used in the medical treatment process, should make a clear distinction between health tourism and medical tourism. Medical tourism, which has achieved a rapid trend worldwide, has emerged with the rapid increase in overseas travel in order to improve the health of people with treatment or surgical intervention (Labonte, Runnels 2013).

Due to high treatment costs and financial problems that individuals face in their own countries, enduring long waiting times for treatment or operation and correlated similar obstacles have increased the demand for these travels’ day by day. In the medical treatment process, the physician is at the forefront and secondary and tertiary health institutions and organizations are mainly used for the operations to be performed. Generally, the services provided are radiotherapy, oncology, cardiovascular surgery, dialysis, eye, teeth, plastic and aesthetic surgery, orthopedic surgery, IVF, hair transplantation, etc. It includes surgical operations and medical treatments (Aydın, Şeker, 2011). The highest level of policy with the professional approach of fully equipped hospitals, related government institutions and intermediary institutions that have quality and accreditation

certificates, to respond to customer needs and expectations, It also makes it compulsory for them to produce (Şahin & Tuzlukaya, 2017). Before choosing about alternative places to be treated, medical tourists go to their own research or to refer to the references of people who have benefited from the same service or treatment. If we look at the issues that affect the destination preference most; price factor, cultural proximity of that region, distance medical specialization service, the international accreditation of the hospital or health tourism authorization certificate, the experience of the branch doctors, the element of tourism, privacy, etc. We can count the titles; (Khafizova, 2011, 2, Akdu, 2014: 11).

According to the researches, when the destinations preferred in the first place within the scope of medical tourism are examined; India, Thailand, Singapore, United States, Mexico, Brazil, Malaysia, Costa Rica, South Korea, Taiwan, the Philippines and Turkey stands out (Connel, 2006: 5; Bookman, 2007). Joint Commission International (JCI) stands out among the leading accredited reference organizations of medical tourism. Since 2000, seventy percent of health investments to be made by the private sector is a great advantage to Turkey (Woodman, 2009). For this reason, it is the country with the highest number of JCI accredited health facilities in the world after Thailand (SAİK, 2011). Combining the high-quality standards, cost, physician experiences, economic conditions, political climate and health policy advantages provided by the letter of credit. Medical tourists from Azerbaijan, Iraq, Germany, Georgia, Libya, Afghanistan, Turkmenistan, Uzbekistan, Russia and Syria come to our country intensely from our nearby geography (Ministry of Health, 2012, p.67).

3. Customer Expectation And Satisfaction In Medical Tourism

The main goal of the improvement processes carried out with the understanding of quality in the service sector is based on a management approach to meet customer needs and reasonable expectations. As a result of this understanding reflected in the processes, the quality of service and customer satisfaction are increased, however, it facilitates better service and sustainable competitive power among competitors (Pouring, Shining, Raining,2017: 305) private hospitals in the climate of Turkey, to ensure competitive market correctly interpret the patient and continuity have noticed the importance of accreditation in order to prove itself in the industry and has accelerated since 2005 to work on this issue (TÜSIAD, 2006) as a result of .B medical tourism in Turkey last In the years, more action was taken by private hospitals than public hospitals. Private

hospitals, which aim to keep the quality standards at very high levels, have established “International Patient Center” units within their bodies in order to follow the sector closely throughout the world, to carry out representative studies in appropriate destinations, to provide rapid return to patients and to increase the satisfaction rates, and to conduct research on the demands and expectations of female patients. .

4. Method

4.1 Purpose and Model of the Research

This research is designed as a descriptive and relational scanning model. In the study of health tourism it is planned in the framework of descriptive and relational model to assess the overall adequacy perceptions and overall satisfaction of determining whether, how and whether the significance of differentiation based on demographic information for treatment services they receive medical tourists coming to Turkey.

4.2 Sample and Limitations of the Study

The data of this research are limited to medical tourists who apply to treatment centers in Bakırköy district of Istanbul. Research is limited to medical tourists between the ages of 21-65 who participate from various countries including Libya, Iraq, Germany, Azerbaijan, Russia and the Netherlands. The concepts measured in the research are limited to the questionnaire applied in data collection.

The concepts measured in the research are limited to the questionnaire applied in data collection. The research was conducted with 500 people who applied to the private institution in Bakırköy district within the scope of health tourism, and it was applied to 447 people with international status who applied to the private health institution. Before the questionnaire application, the people were informed about the subject of the study; it has been announced that the data to be collected will be used for its intended purpose and will not be adversely affected. It is important and valuable in terms of the reliability of the study that the questionnaire is filled out by only one person. The workload of the institutions, the fact that some foreign nationals do not want to participate in the study, the random filling of the questionnaire, and the patients did not fully understanding the questions constitute the limitations of the study.

4.3 Research Hypotheses

H1: There is a significant relationship between the general competence perceptions and general satisfaction of medical tourists regarding the treatment services they receive within the scope of health tourism.

H2: There are differences according to demographic variables in the perceptions of general adequacy of medical tourists regarding the treatment services they receive within the scope of health tourism.

H3: There is a difference according to demographic variables in the perception of general satisfaction of medical tourists from the treatment services they receive within the scope of health tourism.

4.4 Data Collection and Collection Tools

The questionnaire used in the study was collected by applying face-to-face with medical tourists who applied to the treatment centers in Istanbul city center and its districts within the scope of health tourism in 2018-2019. The data in the study were obtained by using survey method. The survey form consists of two parts.

In the first section of the questionnaire, there are questions about determining the demographic characteristics of the participants, the reasons for choosing the region and multiple-choice questions regarding the channel of arrival to the center. In the second part, there are questions consisting of a total of 15 expressions, which are arranged according to the 5-point Likert scale (1-strongly disagree, 2-disagree, 3-indecisive, 4-agree, 5-strongly agree) to be used in the overall evaluation of the region where the service is received. In the preparation of survey questions, Parasuraman et al. (1988), Zeithaml et al (190), Bebeko (2000), Olorunniwo et al. (2008), Değermen (2006) and Odabaşı (2004), Zengingöl et al. (2012) and Kaşhvd. (2012) have been prepared to contribute to the sector and surveys of the studies have been used. It was determined that the total variance rate explained by the scale was 61.9%, that is, sufficient.

4.5 Data Analysis

Reliability analysis was carried out to determine whether the scales used in the data analysis phase showed sufficient internal consistency in the sample of this study. When the general internal

consistency coefficient of the scale is analyzed at $\alpha = .86$, it is seen that the scales are highly reliable ($\alpha > .80$). When the skewness and kurtosis statistics are examined, the values of all variables are between -1 and +1 (Demir et al, 2016: 133). Therefore, according to aforementioned data, It was determined that they show normal distribution. At this point, it was decided to use parametric analysis techniques to analyze the data. In the research, the data were analyzed by using ANOVA and Pearson Correlation Analysis. In the research, $p = .05$ was accepted for the level of significance.

5. Findings

In this section, the characteristics of the people forming the sample are determined as a result of statistical studies and frequency and percentages are included in the related tables.

Table 1. Findings Related to Demographic Information

Gender	n	%
Woman	110	24.6
Male	337	75.4
Age		
21-30	185	41.4
31-40	163	36.5
41-50	99	22.2
Education Status		
Primary education	63	14.1
High school	143	32.0
University	241	53.9
Total Monthly Income		
\$ 500 and below	68	15.2
\$ 501-999	42	9.4
\$ 1000-1499	162	36.2
\$ 1500-1999	66	14.8
\$ 2000 and Over	109	24.4
Insurance Status		
State Insurance	140	31.3
Special insurance	212	47.4
Other	95	21.3
Total	447	100.0

According to Table 1, 24.6% (110 people) of 447 medical tourists who make up the sample are women and 75.4% (337 people) are men. 41.4% (n = 185) of the participants are 21-30 years old, 36.5% (n = 163) 31-40 years old and 22.1% (n = 99) are 41-50 years old. 14.1% (n = 63) of the participants are primary school, 32.0% (n = 143) are high school and 53.9% (n = 241) are university graduates. 15.2% of the participants (n = 68) under \$ 500 and below 9.4% (n = 42) \$ 501-999, 36.2% (n = 162) 1000-1499 \$, 14.8% (n = 66) \$ 1500-1999 and

24.4% (n = 109) have a total monthly income of \$ 2000 and above. 31.3% (n = 140) of the people financed their treatment by making use of state insurance, 47.4% (n = 212) of private insurance and 21.3% (n = 95) of the other using facilities.

In this section, the problem of the research is “What are the general perceptions and general satisfaction of medical tourists regarding the treatment services they receive within the scope of health tourism? In order to answer the question, statistical information about the answers given to the scale items, which are prepared to get the opinions of medical tourists, is given.

Table 2. Averages of Response Given to the Scale of General Competency Perception for the Treatment Services and the General Satisfaction Question from the Medical Tourism Services

Cover	Mean
General Competence for Treatment Services	3.4
Adequacy of Accommodation Facilities	3.3
The quality of service in the accommodation facilities in this region is sufficient.	2.4
General cleaning of accommodation facilities in this region is sufficient.	4.0
In this region, food and beverage service in accommodation facilities or restaurants are suitable for our taste buds.	3.8
Food and beverage service variety is sufficient at the accommodation facilities and restaurants in the region.	3.1
Health Services Adequacy	3.7
The attitude and behavior of the staff in the accommodation facilities or health institutions are good in this region.	3.9
Education and experience levels of physicians or service providers are sufficient.	3.2
Infrastructures and equipment of the hospitals or facilities in the region are of high quality.	4.0
Safety Adequacy	3.0
There is an overall positive atmosphere in this region.	3.3
There is no security problem in the region.	2.7

Table 2. (Continue)

Regional Qualification	3.8
Shopping opportunities are sufficient in this region.	3.4
It is easy to reach the area by air / land / sea.	3.9
Health institutions or accommodation facilities in the region provide a price advantage.	4.0
Additional Service Capability	2.9
The number of well-educated foreign language staff is sufficient.	2.7
The local people's attitudes and behavior towards tourists are positive.	3.1
Health institutions and accommodation enterprises in the region and intermediary institutions between tourists provide adequate service offers.	2.9
General Satisfaction from Medical Tourism Services	2.9

According to the information in Table 2, when the averages of the answers given by the medical tourists to the relevant scale items are examined; "General cleaning of accommodation facilities in this region is sufficient." ($x = 4.0$), "The infrastructure and equipment of the hospitals or facilities in the region are of high quality." ($x = 4.0$) and "Health institutions or accommodation facilities in the region provide price advantage." to the highest average; "The quality of service in accommodation facilities in this region is sufficient." ($n = x = 2.4$) se has the lowest.

When the averages regarding the general and sub-dimensions of the Perception of General Sufficiency for Treatment Services Scale are evaluated, the general perceptions of the general proficiency of the medical tourists for the treatment services they receive within the scope of health tourism are medium ($x = 3.4$); accommodation facilities their perception of proficiency is moderate ($x = 3.3$); health services competence perceptions are at a level ($x = 3.7$); the perceptions of safety competence are moderate ($x = 3.0$); it is determined that regional competency perceptions are at a high level ($x = 3.8$) and additional service competency perceptions are at a medium level ($x = 2.9$).

When the averages for the General Satisfaction Question from the Medical Tourism Services are evaluated the medical tourists get it was determined that the general satisfaction level of the medical tourism services is at a medium level ($x=2.9$).

According to Table 2, 26.4% (n = 118) of the 400 medical tourists forming the sample were Libya, 23.5% (n = 105) Iraq, 18.6% (n = 83) Germany, 15.2% (n = 68) Azerbaijan is a citizen of 8.1% (n = 36) Russia and 8.3% (n = 37) is a Dutch citizen.

Table 3. Findings Related to Health Tourism Preferences

nationality	n	%
Libya	118	26.4
Iraq	105	23.5
Germany	83	18.6
Azerbaijan	68	15.2
Russia	36	8.1
Netherlands	37	3.8
Reason for Choosing the Region		
Relevant Ministry or Consulate health protocol	226	50.6
Geographical proximity	109	4.24
Treatment costs are cheaper	61	6.13
Trust in Turkish doctors and medical staff	51	11.4
Arrival Center to Treatment Center		
Private health agency	139	31.1
Related Ministry or Consulate	114	25.5
Internet	68	15.2
Close advice	49	11.0
Private insurance company	43	9.6
Newspaper, magazine, television ads	34	7.6
Total	447	100.0

50.6% of the people (n = 226) related ministry or consular health protocol, 24.4% (n = 109) geographic proximity, 13.6% (n = 61) cheaper treatment costs, 11.4% (n = 51) stated that they chose to be treated in Turkey because of confidence in the Turkish doctors and medical staff. 31.1% (n = 139) private health agency, 25.5% (n = 114) ministry or consulate, 15.2% (n = 68) internet, 11.0% (n = 49) close advice, 9.6% (n = 43) of the private insurance company, and 7.6% (n = 34) of the newspapers, magazines, television advertisements stated that he was aware of the treatment

center. In this section, firstly, statistical information about the findings applied to test the H1 hypothesis of the research is given. Table 3 lists the Pearson's Correlation Analysis results.

Table 4. Investigation of the Relationship between the Perception of General Sufficiency for Treatment Services and the Level of General Satisfaction from Medical Tourism Services

one.	2nd.	3.	4.	5.	6.	
1. General Competence for Treatment Services	one					
2. Adequacy of Accommodation Facilities	.87 **	one				
3. Health Services Adequacy	.79 **	.61 **	one			
4. Safety Adequacy	.80 **	.70 **	.70 **	one		
5. Regional Qualification	.62 **	.55 **	.44 **	.30 **	one	
6. Additional Service Adequacy	.74 **	.49**	.40 **	.45 **	.25 **	one
7. General Satisfaction from Medical Tourism Services	.65 **	.54 **	.42 **	.50 **	.03	.80 **

When the information in Table 4 is examined, there is no significant relationship between the general satisfaction level of medical tourists from medical tourism services and regional competence ($p > .05$), but the general perception of competence for treatment services ($r(445) = .65, p < .001$), perception of accommodation facilities adequacy ($r(445) = .54, p < .001$), perception of health services adequacy ($r(445) = .42, p < .001$), perception of safety adequacy ($r(445) = .50, p < .001$) and additional service competence perception ($r(445) = .65, p < .001$)

It has been determined that there is a positive significant relationship between.

In this section, statistical information about the findings applied for the second study to test the H2 hypothesis is given.

Table 5. Investigation of the Differentiation of the Perception of General Sufficiency for Treatment Services by Monthly Total Income

Total Monthly Income	n	Cover	ss	sd	F	p	Difference	
General for Treatment Services Qualifications \$ 999 and Under	110	3:31	3.73	.77	3443	15 461	.000	1> 2,3,4
\$ 1000-1499	162	3:31	.67					
\$ 1500-1999	66	3:12	.67					
\$ 2000 and Over	109	3:19	.68					

When the findings given in Table 5 are analyzed, it is determined that the perception of general adequacy ($F(3.443) = 15.461, p < .001$) for the treatment services of medical tourists shows a statistically significant difference compared to the monthly total income. According to the Post Hoc tests applied to determine which group the meaningful difference originated from, positive perceptions of medical proficiency of medical tourists with a total monthly income of \$ 999 and below, compared to medical tourists with a monthly total income of \$ 1000-1499, \$ 1500-1999 and \$ 2000 and above. It was determined to be higher in direction.

Table 6. Investigation of the Differentiation of General Competence Perception for Treatment Services According to Insurance Status

Insurance Status	n	Cover	ss	sd	F	p	Difference	
For Therapeutic Services General Qualification State Insurance	140	3:15	3.99	.62	2444	124 728	.000	1> 2> 3
Special insurance	212	3:15	.67					
Other	95	2:87	.25					

When the findings given in Table 6 are analyzed, it is determined that the perception of general adequacy ($F(2.444) = 124.728, p < .001$) for the treatment services of medical tourists shows a statistically significant difference according to the insurance status. According to the Post Hoc tests applied to determine which group the meaningful difference originated from, compared to medical tourists benefiting from private insurance and financing the treatment of medical tourists

with other means, compared to medical tourists benefiting from private insurance and financing the treatment with other means. It was determined to be higher in the direction.

Table 7. Examining the Differentiation of the Perception of General Competence for Treatment Services by Nationality

nationality	n	Cover	ss	sd	F	p	Difference	
For Therapeutic Services General Qualification	Libya	118	2.95	.27	5441	17.504	.000	2 > 3,4,5,6 > 1
Iraq	105	3.77	.65					
Germany	83	3:28	.87					
Azerbaijan	68	3:47	.76					
Russia	36	3:47	.83					
Netherlands	37	3:32	.81					

When the findings given in Table 7 are analyzed, it was determined that the perception of general adequacy ($F(5.441) = 17.504$, $p < .001$) for the treatment services of medical tourists showed a statistically significant difference compared to the nationality. According to Post Hoc tests to determine which group the meaningful difference originated from, the medical proficiency perceptions of medical tourists coming from Iraq for treatment services compared to medical tourists coming from Libya, Germany, Azerbaijan, Russia and the Netherlands, compared to medical tourists from Germany, Azerbaijan, Russia and the Netherlands. It has been determined that it is higher than medical tourists coming from Libya. In this section, statistical information about the findings applied to test the H3 hypothesis is given.

Table 8. Examination of the Differentiation of Medical Satisfaction Services from the Total Monthly Income

Total Monthly Income	n	Cover	ss	sd	F	p	Difference	
General From Medical Tourism Services Satisfaction	\$ 999 and Under	110	3.90	1:30	3443	19.039	.000	1 > 2,3,4
\$ 1000-1499	162	2.65	1.62					
\$ 1500-1999	66	2:35	1:54					
\$ 2000 and Over	109	2.78	1:59					

When the findings given in Table 8 are analyzed, it was determined that the level of general satisfaction ($F(3.443) = 19.039$, $p < .001$) of medical tourists from medical tourism services showed a statistically significant difference compared to the monthly total income. According to the Post Hoc tests applied to determine which group the meaningful difference originated from, the monthly total income of the general satisfaction levels from the medical tourism services received by medical tourists with a monthly total income of \$ 999 and \$ 1000-1499, \$ 1500-1999 and It has been determined to be positively higher than medical tourists with \$ 2000 or more.

Table 9. Investigation of Differentiation of Medical Tourism Services According to Insurance Status

Insurance Status	n	Cover	ss	sd	F	p	Difference	
From Medical Tourism Services General Satisfaction	State Insurance	140	4:24	.93	2444	92.980	.000	1 > 2 > 3
Special insurance	212	2:36	1:56					
Other	95	2:29	1:44					

When the findings given in Table 9 are examined, it was determined that the level of general satisfaction ($F(2.444) = 92.980$, $p < .001$) of medical tourists from medical tourism services showed a statistically significant difference according to the insurance status. According to Post Hoc tests applied to determine which group the meaningful difference originated from, medical tourists benefiting from private insurance and financing the treatment of medical tourists benefiting from private insurance with other opportunities compared to the medical tourists benefiting from private insurance and financing treatment with other means. It has been determined that it is higher than the medical tourists.

Table 10. Examination of the Differentiation of Medical Satisfaction Services from National Tourism by Nationality

nationality	N	Cover	ss	sd	F	p	Difference	
From Medical Tourism Services General Satisfaction	Libya	118	1:12	.40	5441	111.828	.000	2,3,4,5,6> 1
Iraq	105	4:09	.87					
Germany	83	4:13	.73					
Azerbaijan	68	2.88	1.65					
Russia	36	3:19	1:56					
Netherlands	37	2.62	1.72					

When the findings given in Table 10 are examined, it was determined that the level of general satisfaction ($F(5.441) = 111.828, p < .001$) of medical tourists from medical tourism services showed a statistically significant difference compared to the nationality.

According to the Post Hoc tests applied to determine which group the meaningful difference originated from, medical tourists from Iraq, Germany, Azerbaijan, Russia and the Netherlands received positive satisfaction from the medical tourism services they received within the scope of health tourism compared to medical tourists from Libya.

Discussion

Research has revealed that health tourism has reached a serious market size. At the same time, this study revealed that health tourism market has the potential to take share in Turkey. Turkey's biggest advantage at this point, the appropriateness of the price that is cost advantage. The infrastructure of hospitals (private institutions and university hospitals), language facilities of the staff and physician quality are sufficient in the triple of cost, quality and time. In this context, there is a statistically significant difference between transfer / accommodation / language problems and transportation option in the waiting area sub-dimension. There is a statistically significant difference between the “wage group” and “none” option in the overall Patient Satisfaction Scale.

In order to attract health tourists, a good health tourism target image should be created by offering standard and satisfactory services to medical tourism customers. The satisfaction of health tourists depends on the expectations and perceptions of the services offered by medical tourism providers. Medical tourism providers often offer service packages, including tourism services and healthcare services.

Organizations involved in the medical tourism process; healthcare providers, travel agencies, tour guides, hotels and holiday villages are important. Among the health services; it allows the relevant medical professional to be consulted prior to arrival, with the assistance of email, telephone and videoconferencing if required, flight arrangements and extension / visa. However, when necessary; Airport pick-up by ambulance, under normal conditions; includes hotel accommodation, medical appointments specialists, clinical tests, scheduling of all medical appointments, coordination of the admissions process, cost estimates for expected treatment. Finally, additional services such as special diet arrangements, local travel, foreign exchange, insurance services, financial services, travel advice for local conditions, ticketing, spa, shopping, yoga and beauty care are provided to patients.

Conclusion And Recommendations

As a result of the research, there is no significant relationship between the general satisfaction level of medical tourists from medical tourism services and regional competence; It has been determined that there is a positive meaningful relationship between general competence for healthcare services, health care competence, perception of safety competence and perception of additional service competence. When the correlation coefficients are analyzed, the quality expectations regarding the cafeteria services, cleaning services and the physical structure of the institution do not affect the satisfaction of the medical tourists for the treatment services they receive within the scope of health tourism, but respectively; It has been determined that the meeting of the quality expectations regarding the advisory service, the attitude of the business management in the second place, the trust in the personnel of the institution in the third place, the pricing policies of the enterprises in the fourth place and the floor services in the fifth place. In the study, the perceptions of general adequacy, accommodation facilities adequacy, safety adequacy and additional service adequacy for medical services received by medical tourists within the scope of health tourism were moderate; it has been determined that health services competence and regional competency

perceptions are at a good level. As a result of the research, in terms of H1, there is no significant relationship between the general satisfaction level of medical tourists from medical tourism services and regional competence, but there is a positive difference between the perceptions of general competence, accommodation facilities, health services competence, safety competence and additional service competence. turned out to be a relationship. When the correlation coefficients of H1 are analyzed, the perception towards regional competence does not affect the satisfaction of medical tourists for the treatment services they receive within the scope of health tourism, but the sufficiency of additional services respectively, the sufficiency of accommodation facilities in the second place, the safety competence in the third place and the health service competence in the fourth place. It seems that the share of meeting their expectations towards them has a share.

When the findings of H2 are examined, it is determined that the general adequacy perceptions of medical tourists with a total monthly income of \$ 999 and below are higher than the medical tourists with a total monthly income of \$ 1000-1499, \$ 1500-1999 and over 2000 and above. From this point of view, it has been determined that the expectations of medical tourists, who have low income, for the treatment services they receive within the scope of health tourism are higher than the medical tourists with higher income.

Another finding for H2 is the treatment of medical tourists who received from state insurance.

The perceptions of general competence for their services are higher than those of medical tourists who benefit from private insurance and finance their treatment with other means, compared to medical tourists financing their treatment with other opportunities, and that medical tourists benefit from state insurance within the scope of health tourism. their expectations for treatment services are higher than those of medical tourists benefiting from private insurance and financing their treatment with other opportunities.

It was determined that they perceive that they are met. In addition, compared to medical tourists coming from Libya, Germany, Azerbaijan, Russia and the Netherlands, medical tourists coming from Iraq, Azerbaijan, Russia and the Netherlands have positive positive perceptions of medical tourists from Iraq, compared to medical tourists from Libya. It was determined to be higher.

Considering the findings of H3, medical tourists who have a total monthly income of \$ 999 and below are in the positive direction compared to medical tourists with a monthly total income of \$ 1000-1499, \$ 1500-1999 and \$ 2000 and above, the level of general satisfaction of the medical tourism services received by the medical tourists benefiting from the state insurance, It was determined that medical tourists benefiting from private insurance benefited from insurance and financing their treatment with other opportunities were higher than medical tourists financing their treatment with other opportunities. In the other finding, it has been determined that the medical satisfaction of medical tourists from Iraq, Germany, Azerbaijan, Russia and the Netherlands, in terms of health tourism, is higher than the medical tourists from Libya.

When we look at the findings related to demographic features, 75.4% of the patients coming under the scope of medical tourism for treatment purposes consist of male patients; It is seen that there are 41.4% of the age range of 21-30 young people, the level of education is 53.9% university graduate or studying, middle income and 47.4% come under private insurance. In the findings related to the preferences, the country that sent the most medical tourists was Libya with 26.4% and 50.6% of the leading reasons for the preference of the patients were ministerial guidance or official.

it appears to be a protocol. The biggest share in the arrival channels to our country was determined as the work of agencies with 31.1%. When the average of response given by medical tourists to the relevant scale items is examined; answers with the highest average "General cleaning of accommodation facilities in this region is sufficient." ($x = 4.0$), "The infrastructure and equipment of the hospitals or facilities in the region are of high quality." ($x = 4.0$) and "Health institutions or accommodation facilities in the region provide price advantage". The item with the lowest rate is "Service quality in accommodation facilities in this region is sufficient." substance ($x = 2.4$) was observed. When the averages of the General Adequacy Perception Scale for Treatment Services and its sub-dimensions are evaluated, medical tourists receive treatment within the scope of health tourism.

general competency perceptions about services are moderate ($x = 3.4$); the perception of adequacy in accommodation facilities is moderate ($x = 3.3$); high perceptions of health care competence ($x = 3.7$); perceptions of safety competence are moderate ($x = 3.0$); it is determined that regional competency perceptions are at a high level ($x = 3.8$) and additional service competency perceptions

are at a medium level ($x = 2.9$). When the averages for the General Satisfaction Question from the Medical Tourism Services were evaluated, it was determined that the general satisfaction level of the medical tourism services received by the medical tourists within the scope of health tourism was medium level ($x = 2.9$).

In line with the information obtained as a result of the analysis of the data of this research limited by private hospitals, the current state of medical tourism has improved and improved, the scope of the researches to be carried out in this field will be expanded, and the sufficiency and satisfaction of patients who will come within the scope of medical tourists for private and public health providers. The items presented below can be recommended to enable them to analyze their expectations well in order to keep their perceptions high.

The increase in satisfaction with the treatment services is directly proportional to the increase in the adequacy ratio of the service received. Great attention should be paid to this measure in marketing studies. All private and public health providers should care about R&D studies to understand the expectations of patients and determine a strategy accordingly. This issue can be taken into consideration in the selection of the market due to the high level of competence perceptions and satisfaction of the medical tourists with middle income range. For example, Asian, African and Turkic Republics can be advantageous in this sense. Extra options such as visa and price eligibility can be offered to the people living here. Turkey has become an important destination of choice in the medical tourism market and sector basis in order to stand as a rival in the face of other countries, medical tourism service offering with all other stakeholders (food and beverages, transportation, accommodation, travel agencies, insurance companies, etc.) To raise the competence of quality and It is inevitable for them to act jointly within a certain standard. In addition, steps should be taken in this direction by producing a country policy of our own in medical tourism. In this policy, instead of marketing patients with individual agencies, protocol-based systemic processes should be established through the relevant ministry or another institution of foreign countries with the step taken by the government. In this way, solving financial problems and directing patient potential from a single center will make things easier.

The competent institutions of the state should try to keep the buildings, infrastructures, machinery and technological equipment of the private and public hospitals or facilities in the region in a certain standard and develop a control mechanism within it. It is necessary to encourage all

healthcare providers to have a Health Tourism Authorization Certificate, JCI or other quality accreditations that will make them preferable for the development of medical tourism."International Patient Center" units should be established within the businesses to provide communication with foreign patients and the number of linguistic staff. The safety of the region visited for treatment is important. For this purpose, promotion and advertisement activities should be supported by the state, and the safe image of the region should always be prioritized in order to avoid a negative impact. It is necessary to accelerate the opening of representatives of other private and public health providers in other countries by expanding the scope of the current "foreign unit support" incentive package (support amount increase). Keeping the statistical data of public or private enterprises that continue their work in the field of medical tourism regularly and in detail, be shared for use. Medical tourism industry is among the economies that show a rapid growth on a global scale. There is a shortage of qualified and up-to-date working. Therefore, it contains different opinions about the clarity and consistency of the information obtained.

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