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DO INDIVIDUALS RATIONALLY UTILIZE HEALTHCARE SERVİCES? EVIDENCE FROM THE GLOBAL COVID-19 PANDEMIC*

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Abstract

Up to the date of the study, approximately 6.4 million people worldwide died due to Covid-19. In this process, individuals changed their daily life routines due to reasons such as the high contagiousness of the disease, the high number of deaths and the increasing rate of the disease, and ignorance about the disease. Even in periods when there were no restrictions or prohibitions, individuals did not continue their behavior under normal conditions. One of these changes has emerged in the health service demands of individuals. After the onset of the disease, hospital admission rates decreased significantly. In this context, the study aims to analyze the change in people's health care demands during the Covid-19 Pandemic period. Archival data of the number of patient admissions from the secondary and tertiary health institutions in the center of Sivas between 01.09.2019 - 11.03.2021 was used and the changes in the health demand according to gender, age, health insurance/payment, and the departments were analyzed periodically. In the period September 2020 - March 2021, total hospital admissions (excluding suspected Covid-19 and departments requiring mandatory treatment such as oncology, etc…) were approximately 46% lower than the total number of hospital admissions between September 2019 - March 2020. When the "child emergency" applications are evaluated for the same periods, a decrease of 66% can be seen. Such a significant decrease causes us to question the rational behavior of individuals in health care demands under normal conditions. If it is thought that it is not rational behavior, important steps should be taken about the use of healthcare services by individuals. The education of individuals on this issue plays a key role.

Keywords: Healthcare sector, Patient behavior, Healthcare demand, Healthcare utilization, Health economics, Covid-19.

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BİREYLER SAĞLIK HİZMETLERİNİ RASYONEL KULLANIYORLAR MI? KÜRESEL COVİD-19 SALGININDAN KANITLAR

Özet

Çalışmanın yapıldığı tarih itibariyle dünya genelinde Covid-19 kaynaklı yaklaşık 6,4 milyon ölüm meydana gelmiştir. Hastalığın hızla yayılması, ölüm oranlarının yüksek olması, hastalık hakkında net bilgiye sahip olunamama gibi nedenler bireylerin günlük yaşam rutinlerini değiştirmelerine neden olmuştur. Kısıtlamaların ya da yasakların olmadığı dönemlerde bile bireyler normal şartlarda sergiledikleri davranışlarına devam etmemişlerdir. Bu değişikliklerden biri de bireylerin sağlık hizmeti taleplerinde ortaya çıkmıştır. Covid-19'un hayatımıza girmesiyle birlikte bireylerin hastaneye gitme oranları önemli ölçüde azaldı. Bu bağlamda bu çalışma, Covid-19 Pandemisi döneminde insanların sağlık hizmeti taleplerindeki değişimi ortaya koymayı amaçlamaktadır. Araştırma için 01.09.2019 - 11.03.2021 tarihleri arasında Sivas merkezinde bulunan ikinci ve üçüncü basamak sağlık kuruluşlarından alınan hasta kabul sayılarının arşiv verileri kullanılmış ve cinsiyet, yaş, sağlık sigortası, ve sağlık hizmeti alınan departmanlara göre aynı döneme tekabül eden sağlık talebindeki değişimler dönemsel olarak değerlendirilmiştir. 2020 Eylül- 2021 Mart döneminde toplam hastane başvuruları (Covid-19 şüphesi ve onkoloji poliklinikleri gibi zorunlu tedavi gerektiren bölümler hariç tutulmuştur) 2019 Eylül - 2020 Mart dönemindeki toplam hastaneye başvuru sayısından yaklaşık olarak %46 daha düşük gerçekleşmiştir. Yine aynı dönemler için "çocuk acil" başvuruları değerlendirildiğinde %66'lık bir düşüş görülebilmektedir. Böylesine önemli bir düşüşlerin, bireylerin normal şartlar altında sağlık hizmeti taleplerindeki rasyonel davranışlarını sorgulamamıza neden olmaktadır. Eğer rasyonal bir davranış olmadığı düşünülüyorsa bireylerin sağlık hizmetleri kullanımı konusunda önemli adımlar atılmalıdır. Bireylerin bu konuda eğitilmeleri kilit rol oynamaktadır.

Anahtar Kelimeler: Sağlık sektörü, Hasta davranışı, Sağlık hizmetleri talebi, Sağlık hizmetleri kullanımı, Sağlık ekonomisi, Covid-19.

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Introduction

With the Covid-19 pandemic, people have experienced a sudden change in activities performed outside the home. People who prefer to stay at home even during periods when there are no mandatory closures; have started to do their shopping, training, and meeting with relatives and friends online. In general, a daily routine did not take place, as in the pre-pandemic period. Hospital admissions, which is the subject of this study, are one of these changes, and when the pre- and post-pandemic conditions are taken into account, there has been a significant decrease in hospital admissions. Applying to any health institution as a result of a person's illness is realized with very different perspectives. Many developing countries encourage the use of health services so that individuals can access health services more easily and therefore focus on fulfilling international obligations as a policy (Tossou, 2021, p. 2). In this context, many policies regarding health services and the use of these services in Turkey have been put into effect over the years since 2003 (Altındağ & Yıldız, 2020; Atasever, 2018; Çelikay & Gümüş, 2010), and as a result of these policies, individuals' access to health services has been facilitated.

Many research has been studied on the impact of Covid-19 (Chudasama et all, 2020; Mahoney et all, 2021; Seidu et all, 2021), patients satisfaction (Geng-Ramos et all, 2022; Gündoğdu et all, 2022), patients and healthcare personnel relationship (Luzet et all, 2021), healthcare utilization (Dopfer et all, 2020; Moynihan et all, 2021; Tossou, 2021; Wenger et all, 2022), safety and policy on healthcare (Durgun, 2021), the quality of healthcare services (Domingo et all, 2022; Liu et all, 2022). However, as far as I know, there is no long-term study in Turkey and the world, in which all outpatient clinics in hospitals are discussed and analyzed. In this context, the main question is "Do individuals in Turkey use healthcare services rationally?".

A. LITERATURE

As the pandemic has caused curfews and dramatic changes in people's lives, it can be expected that people will spend most of their time online at home (Leblebicioğlu & Türkyılmaz, 2022, p.109). Due to social isolation, shopping began to be made via the internet (Ghita et. al, 2022), face-to-face training was switched to online training (Wang et al, 2022), and even face-to-face business meetings continued as online meetings and exams were started to be conducted online. (Chen et al, 2022, p.2; Linden &, Gonzales, 2021, p.1323). This process has emerged as the adoption and maintenance of health behaviors such as limiting social contacts, which are crucial to slowing the spread of communicable diseases, play a key role (Wollast et al, 2021, p.10).

Covid 19 has affected the healthcare behaviors of individuals as well as their social behaviors. The COVID-19 pandemic has had a major impact on non-COVID-19 related health care use, largely due to social restraint measures and changes in people's healthcare-seeking behavior. There are many studies on the impact of the Covid-19 pandemic on health care utilization. It can be seen by the studies that the demands for healthcare services, that is, admissions to emergency departments, treatments and the number of hospitalizations decreased very significantly in various regions of the World (Dopfer, C. et al, 2020; Liguora, I. et al, 2021; Markham, J. et al, 2021; Moynihan, R. et al. 2021; Ramgopal, S. et al. 2021; Wenger, N. S. et al, 2021).

Despite the rapid decrease in healthcare utilization during the pandemic period, there was generally stable or increasing healthcare utilization in the world before Covid-19. In particular, Turkey is one of the countries with the largest increases. Considering the data of the last 20 years, there has been a rapid increase in the values of the health sector in Turkey. Some values of the Turkish Health System over the years are shown in Table 1 (General Directorate of Health Information Systems, 2019; TÜİK, 2021);

Table 1. Some Indicators about Health and Economics in Turkey (2002-2019)

	2002	**2015**	**2016**	**2017**	**2018**	**2019**	**Compared to 2002 (%)**
Total Number of Visits to a Physician	208.966.049	660.099.447	685.709.179	718.924.809	782.515.204	812.903.622	+289
Total Number of per Capita Visits to a Physician in Health Care Facilities	3,1	8,4	8,6	8,9	9,5	9,8	+216

Total Number of per Capita Visits to a Physician in Secondary and Tertiary Health Care Facilities	2,0	5,6	5,8	5,9	6,3	6,3	+215
Number of Total Physicians per 100.000 Population	138	179	181	186	187	193	+39
GDP (Milion TRY)	362.110	2.350.941	2.626.560	3.133.704	3.758.316	4.320.191	+1 093
Total Health Expenditure (Million TRY)	18.774	104.568	119.756	140.647	165.234	201.031	+970
Health expenditure per capita (TRY)	284	1.337	1.511	1.751	2.030	2.434	+757

Source: TÜİK, Health Expenditure Statistics; General Directorate of Health Information Systems, Health Statistics Yearbook 2019.

It can be seen that there was a great increase in both the economy and health system indicators between 2002 and 2019 (Table 2). The total number of visits to physicians, the total number of per capita visits to a physician, and secondary and tertiary hospital admissions have increased by more than 210%. While health expenditure per capita increased by 757%, total health expenditures increased by 970%. The increase in the number of physicians is 39%. GDP has increased with a very high value of 1093%.

When we compare Turkey with OECD countries, the values between 2002 and 2019 are as in Table 2.

Table 2. Healthcare Utilisation Per Capita in Some OECD Countries

	2002	**2015**	**2016**	**2017**	**2018**	**2019**	**Compared to 2002 (%)**
Australia	6,3	6,8	7	7,1	7,3	7,3	15,87
Canada	6,9	6,8	6,8	6,7	6,6	6,6	-4,35
Chile	2,7	3,5	3,6	3,8	2,8	2,9	7,41
Costa Rica	2,2	2,3	2,2	2,2	2,2	2,3	4,55
Denmark	4,3	4,2	4,2	4,2	4,1	4	-6,98
Estonia	6	6,4	6,3	5,9	5,6	5,5	-8,33
Finland	4,2	4,3	4,3	4,4	4,4	4,4	4,76
France	7,3	6,2	6,1	5,9	5,9	5,9	-19,18
Germany	8	10	10	9,9	9,9	9,8	22,50
Hungary	11	11,1	11,1	10,9	10,7	10,7	-2,73
Japan	14,1	12,8	12,6	12,6	12,5	12,5	-11,35
Latvia	4,6	5,9	5,9	6,1	6	6,1	32,61
Lithuania	6,5	8,8	9,2	9,5	9,9	9,5	46,15
Mexico	2,6	2,7	2,6	2,5	2,4	2,3	-11,54
Netherlands	5,6	8,2	8,8	8,3	9	8,8	57,14
Poland	5,6	7,4	7,5	7,6	7,6	7,7	37,50
Turkey	3,1	8,4	8,6	8,9	9,5	9,8	216,13

Source: OECD, Health Statistics (2021).

As seen in Table 2, when the 2002 and 2019 years are compared, it can be seen that the highest increase in per capita use of health services is in Turkey, and this increased rate is even 4 times the

increase in the Netherlands. For example, there were increases in Lithuania (46.15%), Poland (37.5%) and Latvia (32.6%), while France (-19%), Mexico (-11.5%) and Japan (- 11.3%) decreased.

Price is one of the most important factors affecting the tendency to purchase goods and services. As the price level decreases, the tendency of buyers to buy increases. This generally applies to all sectors. For this reason, price appears as a factor affecting demand in the health sector as well. Health care price levels in OECD countries can be seen in Figure 1;

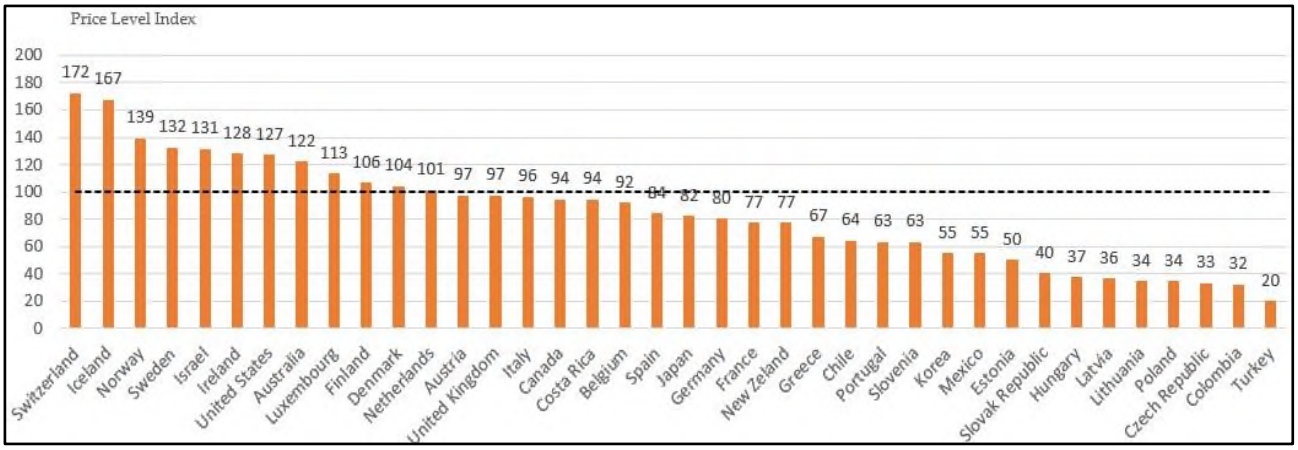

Figure 1. Price Levels in the Health Care Sector (2017)
Source: OECD, Health Statistics (2021).
*OECD average = 100
** It's been used as a representative basket of health care goods and services for each OECD country.

As Figure 1 shows, the highest healthcare prices are in Iceland and Switzerland. While the prices of the same health products and services in Estonia are half of the OECD average, these prices in Turkey are one-fifth of the average and are at the lowest level compared to other countries.

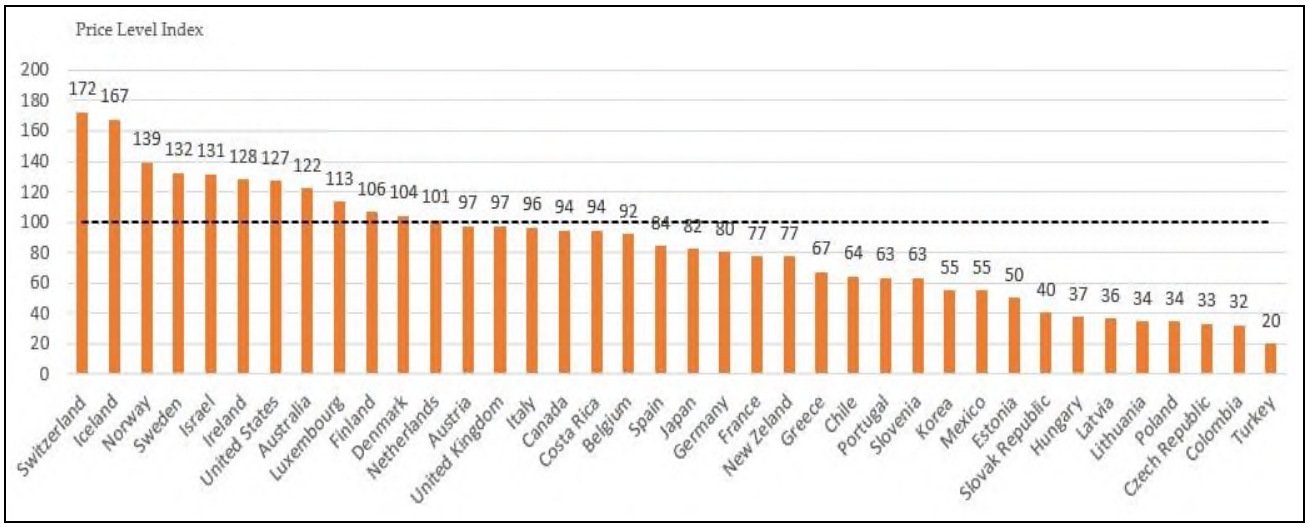

Figure 1. Hospital Price Levels (2017)
Source: OECD, Health Statistics (2021).

**OECD average = 100

Switzerland has the highest average hospital prices among OECD countries (more than twice the OECD average). Although Belgium is the country closest to the average, Turkey has the lowest price level (one-eight of the OECD average) (Figure 2).

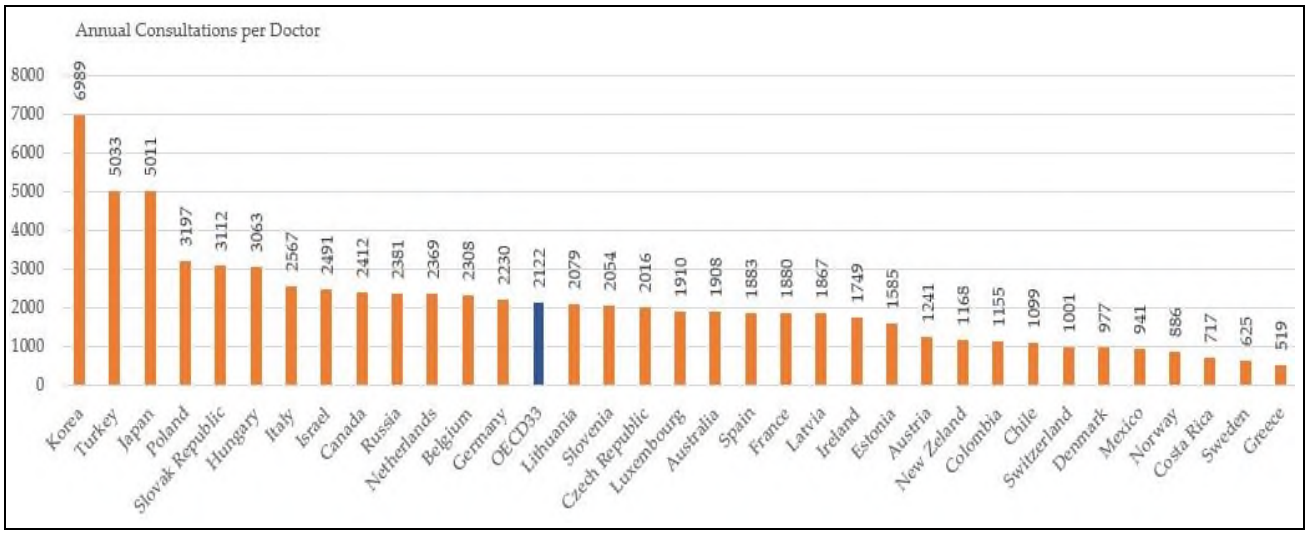

Figure 2. Estimated Number of in-person Consultations per Doctor (2019)
Source: OECD, Health Statistics 2021.

As seen in Figure 3, Turkey ranks second among OECD countries with 5033 patients per doctor. The OECD average is 2122 patients per doctor. Turkey has a value of more than twice the OECD average. Korea ranks first with an average of 6989 patients per doctor in 2019. The country with the lowest this average value is Greece with 519 patients.

Table 3 shows some values for the Sivas healthcare sector for 2019. The value of patient applications made to secondary and tertiary healthcare facilities in 2019 is 4216110. Despite this, the population of the city that year was 638956. There are 20 hospitals, 567 specialist doctors, 451 general practitioners, 199 medical residents, and 1868 nurses. 4 secondary and tertiary healthcare facilities in the city center.

Table 3. Some Health Indicators About Sivas in 2019

Sivas	**2019**
Total Population	638.956
0-14 Age Population Ratio (%)	20,6
65 and over Aged Population Ratio (%)	12,7
15 to 64 Aged Population Ratio (%)	66,7
Number of Hospital	20
Second and Tertiary Healthcare Visits	4.216.110
Number of Second and Tertiary Healthcare Facilities in Sivas City Center	4
Per Capita Physician Visits	9,8
Specialist Physician	567
General Practitioner	451
Medical Resident	199
Nurse	1868
Other Health Personnel	1764

Source: General Directorate of Health Information Systems, Health Statistics Yearbook 2019

B. METHODOLOGY.

The study was carried out by combining, categorizing, and analyzing the number of patient applications made to the secondary and tertiary health institutions in Sivas. The period for the study is September 2019 and March 2021 (558 days). The data were obtained from the electronic data records of 4 hospitals (all of the secondary and tertiary healthcare facilities in the city) in Sivas. The data were combined and categorized by crosstabulation with SPSS Statistics 23. The admissions analyzed were not included in outpatient clinics such as obstetrics emergency, oncology, anesthesia, intensive care, and admissions for suspected covid-19. At the same time, department admissions that require secondary entry such as radiology, and lab entrances were also excluded from the data set. The study aims to analyze the hospital utilization behaviors of individuals when they do not require compulsory treatment, so these services were not included in the study. The number of patients who applied to 53 different departments such as ophthalmology, ENT, pediatrics, pediatric emergency, cardiology, neurology, and endocrinology were used as data. The study was carried out retrospectively using the number of patient applications received from the statistics department of the hospitals. Personal data of patients are not used. Informed consent was not obtained from the patients as there was no clinical study that used any personal data. Since there was no animal study, the NIH guidelines were not needed.

C. FINDINGS AND DISCUSSIONS

In Table 4, all secondary and tertiary hospital admissions in Sivas between September 2019 and March 2021 are seen in a classified way.

Table 4. Admissions by Groups (2019-2021 / 558 days)

	Total N	2019 Sept-2020 March	2020 Sept-2021 March	Decrease %
Total Admissions	3309303	1705410	922942	45,8815182
Female	1802386	939351	502593	46,4957189
Male	1506917	766059	420349	45,1283778
State Insurance	3251715	1680147	904977	46,1370344
Private Insurance	25344	12825	6947	45,8323587
Self Payment	32244	12438	11018	11,4166265
Pediatric Emergency Department	176193	109500	36679	66,5031963
Emergency Department	620904	300233	168649	43,8272941
Policlinics	2512206	1295677	717614	44,6147458
0-10	414585	242585	95459	60,649257
11-18	248357	139769	65658	53,023918
19-25	459046	238096	128122	46,1889322
26-35	495155	235978	149175	36,7843613
36-45	439823	216139	129548	40,0626449
46-55	421661	210962	122746	41,8160617
56-65	386572	195531	110281	43,5992247
66+	444104	226350	121953	46,1219351

During the period included in the study, 3309303 patients applied to the hospitals in Sivas (Table 4). Considering the periodical, there has been a significant decrease in patient admissions. Total admissions to hospitals between September 2020 and March 2021 decreased by 45% compared to

admissions between September 2019 and March 2020. The department with the highest decrease in the number of admissions is the pediatric ER department. Patients between the ages of 0-10, where there is a 60% decrease, are the biggest factor in the decrease in pediatric ERs. Male patients are fewer in number than female patients. Almost all (98%) of patients receiving healthcare are covered by state-supported health insurance.

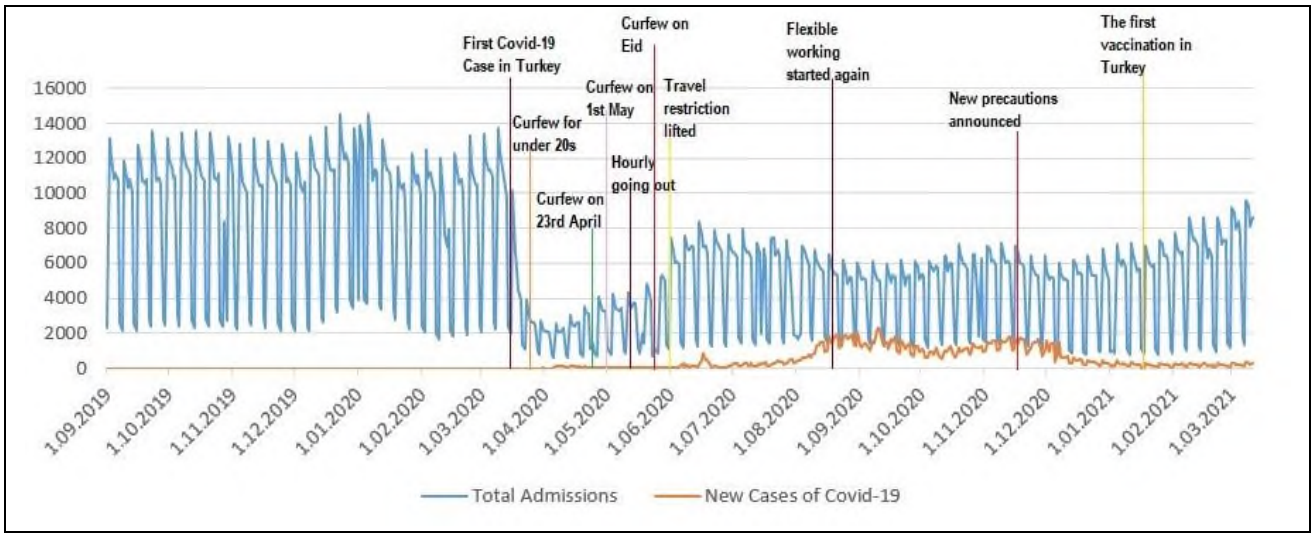

Figure 3. Total Hospital Admissions

In Fıgure 4, admissions to hospitals in Sivas decreased rapidly with the first Covid-19 case in Turkey (11th March 2020). Covid-19 cases were not included in the study. However, when Covid-19 cases are added to the admissions numbers, the pre-pandemic patient admissions numbers cannot be reached. The number of patients admitted to the hospital after the pandemic remains very low compared to the pre-pandemic period. The number of applications made to the hospital in the autumn months is high. The highest daily application was 14 515 on 13 January 2020. The population of Sivas central district in 2020 is 382520, and in 2021 it is 388079 (Special Provincial Administration of Sivas, 2022) . On January 13, 2020, 3.8% of the district population went to the hospital. The cold winter months and the fact that diseases such as flu are common in these months may be the reason for this high number at that date. On April 12, 2020, the lowest number of hospital admissions was seen in the province (609). On September 10, 2020, the highest number of patients who applied with the suspicion of covid was reached in Sivas, and the number of non-covid applications on the same day was 5048. In the summer months, an increase can be seen in patient admissions. The increase in the number of people coming from outside the city may be the reason for these values. At the same time, the implementation of the vaccine and the decrease in the contagiousness of the disease compared to previous periods may have caused relief in individuals. In such a case, admissions to the hospital may have occurred without paying attention to social isolation. During the pandemic period, hospital admissions were minimal, as a curfew was declared on Eid-al-Fitr and national holidays such as 23rd April and 1st of May.

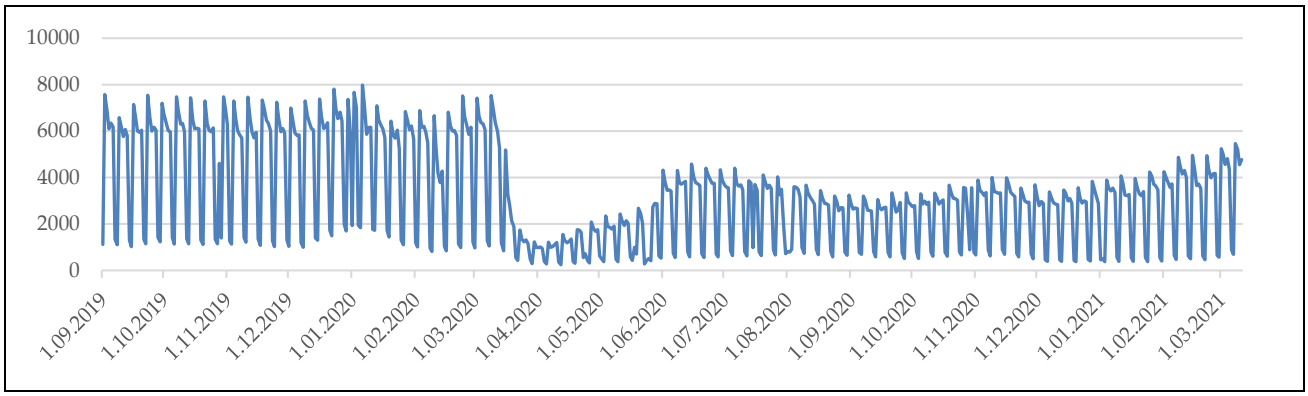

Figure 5. Female Patients

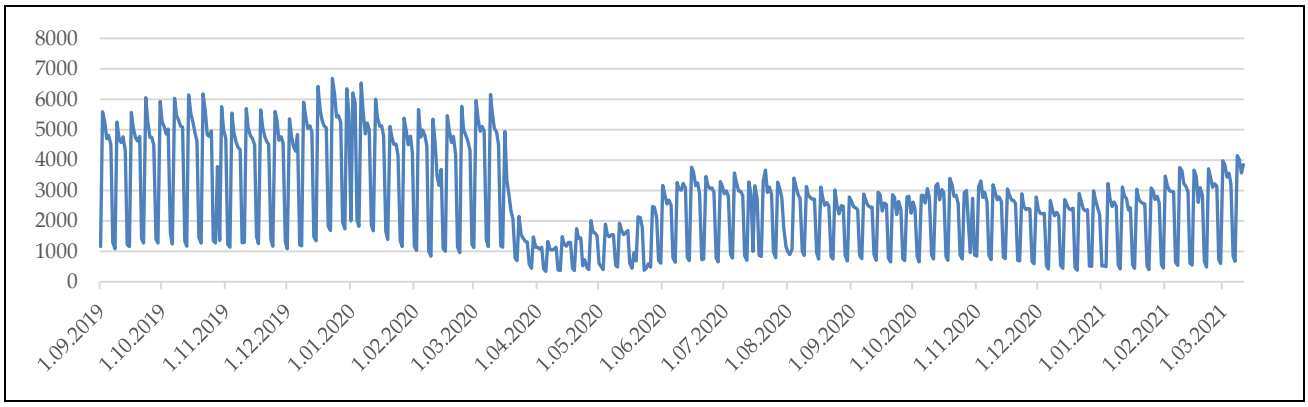

Figure 6. Male Patients

Figure 5 shows the number of female patients and Figure 6 shows the number of applications made by male patients to hospitals. Female patients went to hospitals more than males. However, hospital admissions trends of both groups were similar. In both groups, there seems to be a sharp decline with the pandemic. While the highest number of admissions (7982) among female patients occurred on 6 January 2020, the lowest number of admissions (244) occurred on 12 April 2020. The highest value (6682) in men was seen on 23 December 2019 and the lowest value (342) on 05 April 2020. It can be seen before and after the pandemic, when female patients prefer the hospital more than male patients.

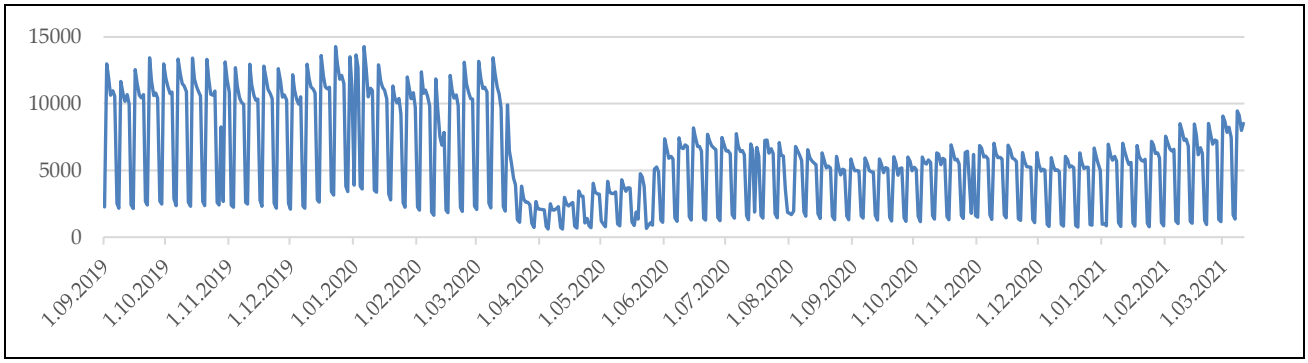

Figure 7. State-Insured Patients

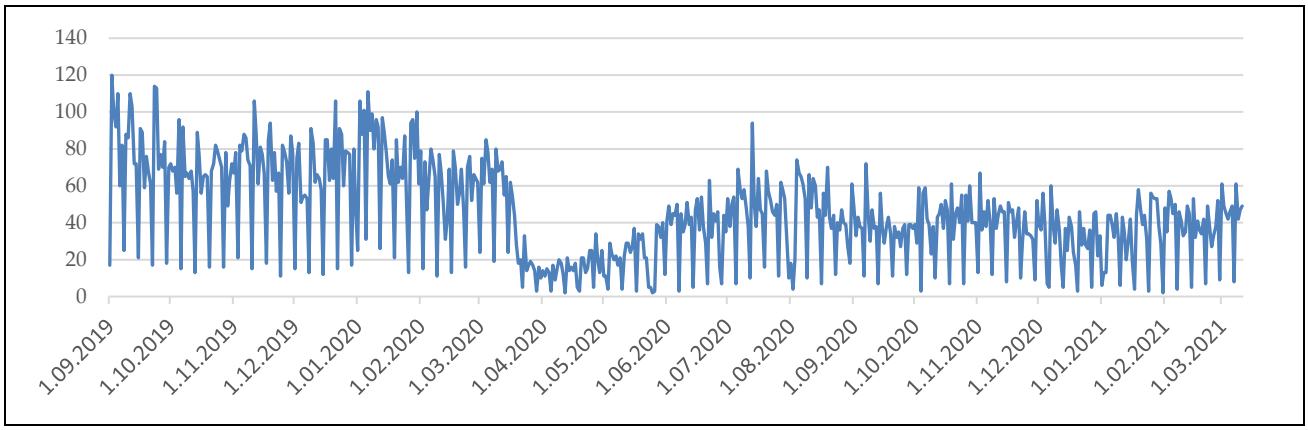

Figure 4. Private Insured Patients

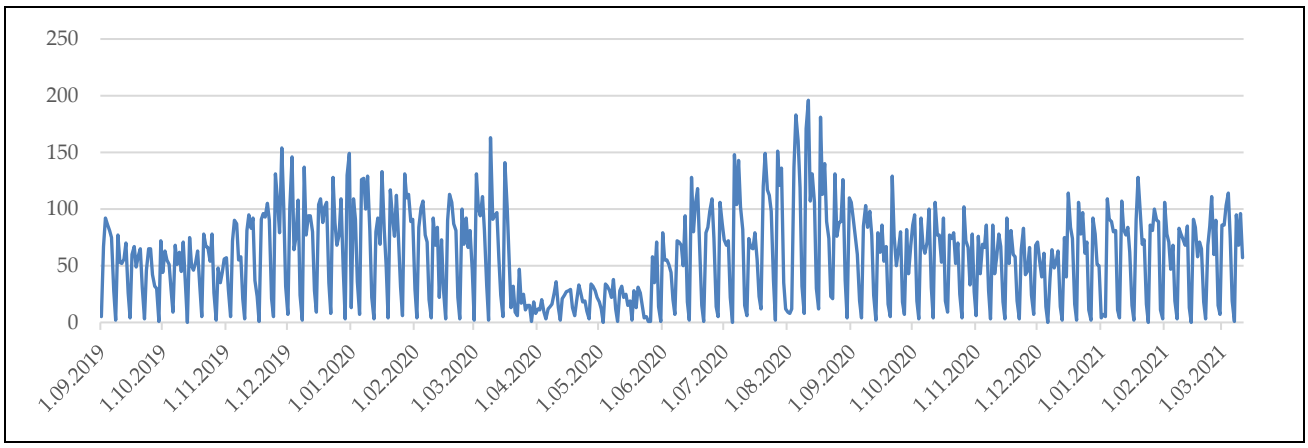

Figure 5. Out-of-Pocket Patients

98% of patients admitted to hospitals are insured with state support (Figure 7). The care and treatment costs of these patients are covered by the state. Considering the OECD countries, the fact that individuals have state-sponsored insurance in Turkey, which already has the lowest price levels, causes them to act more easily in demanding healthcare services. The high number of hospital admissions may be due to this economic burden, which the state has borne and therefore individuals do not have to pay themselves.

The rate of patients with private insurance is 0.77% (Figure 8) and the rate of patients who pay for their own care and treatment is 0.97%. It can be seen in Figure 9 that the number of patients making their own payments is slightly higher than the number of privately insured patients. Contrary to the tendency of admission in other groups, admissions are fluctuating in patients who pay their own expenses. Especially in August and September 2020, it can be seen that the number of these admissions is much higher than the numbers before the pandemic. It can be said that such a fluctuation was due to the patients who came to Sivas from abroad for that period. This group, whose admissions decreased at the beginning of the pandemic, returned to pre-pandemic values after the summer of 2020.

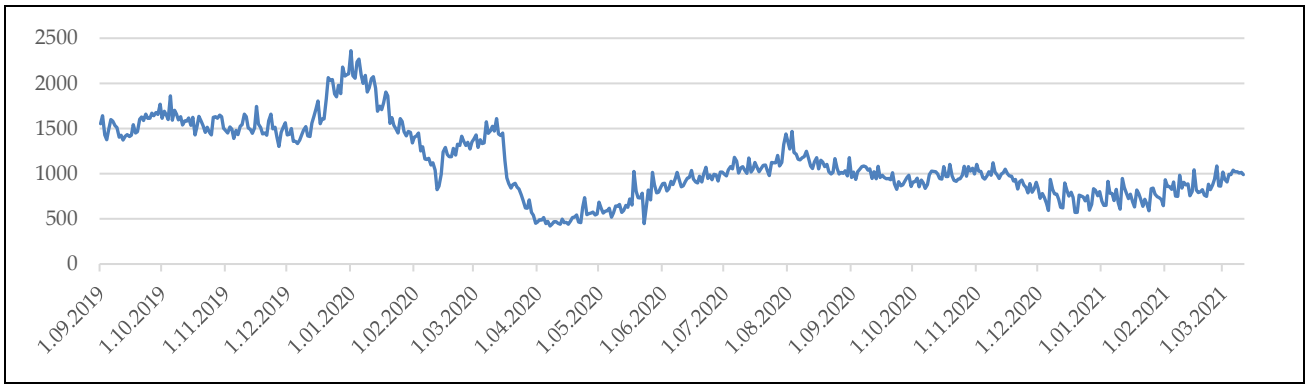

Figure 6. Total Admissions of Emergency Departments

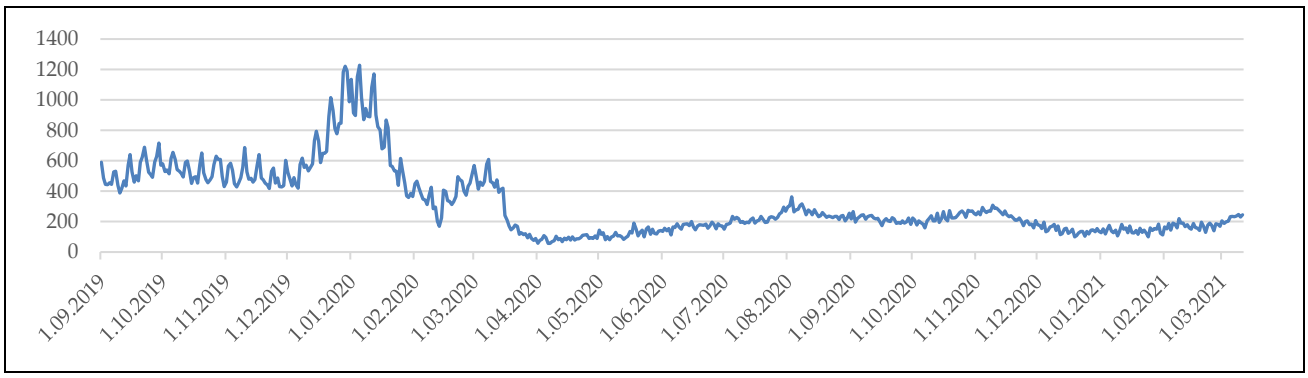

Figure 7. Total Admissions of Pediatric Emergency Departments

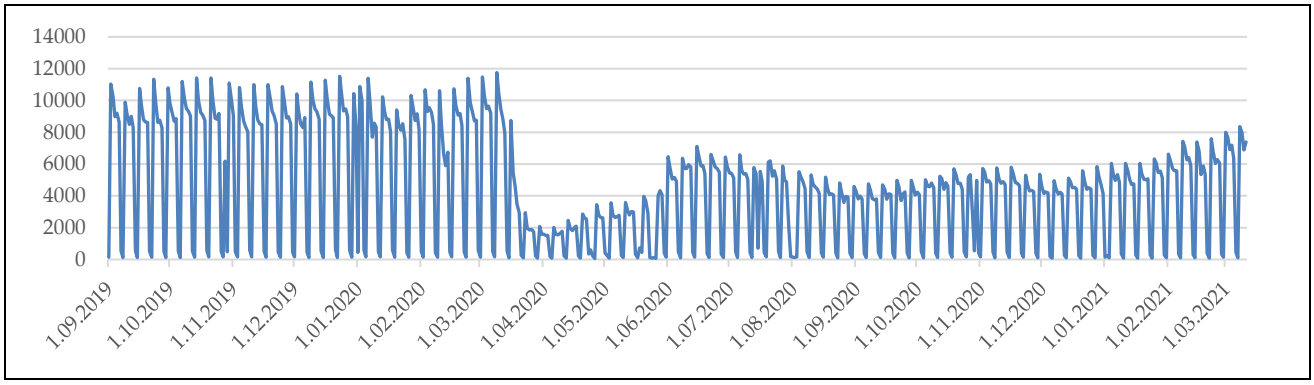

Figure 8. Total Policlinics Admissions

As can be seen in Figure 11, the most significant decrease among the groups was in the number of applications to the pediatric emergency departments. On January 5, 2020, the highest number of children applied to this department (1228). On 6 and 7 April 2020, the lowest number of applications (57) was made. The reason for such a change may be that the parents or guardians were afraid of the risks of going to hospitals. Under normal circumstances, pediatric ER patients usually present with cough, flu, diarrhea, etc. they make complaints. In Figure 10 and Figure 11, increases in the number of admissions can be seen in the pre-pandemic winter months. This increase in emergency departments is thought to be due to the

increase in complaints such as flu, fever, and cough during cold periods. Individuals may have also preferred to go to the emergency departments rather than polyclinics in cases such as flu.

Figure 10 shows emergency department admissions. Patients over the age of 18 and patients of all ages who come with a case such as fractures or burns are treated in ER departments. In this group, there has been a very significant decrease with the pandemic. Again for this group, the increase in the pre-pandemic winter months can be interpreted as in the pediatric emergency group. The highest number of patient applications were made on January 1, 2020 (2362). On April 7, 2020, the lowest number of applications (421) was made. Outpatient clinic applications are also seen in Figure 12. With the start of vaccination against the disease on 13.01.2021 (İlk koronavirüs aşısı, 2021), an increasing trend in hospital admissions started.

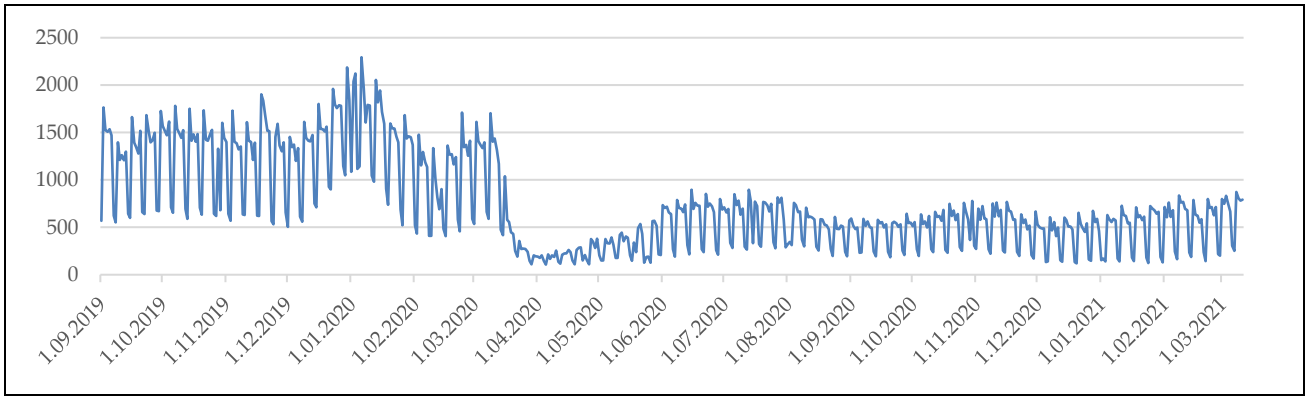

Figure 9. 0 to 10 Years Old Patients

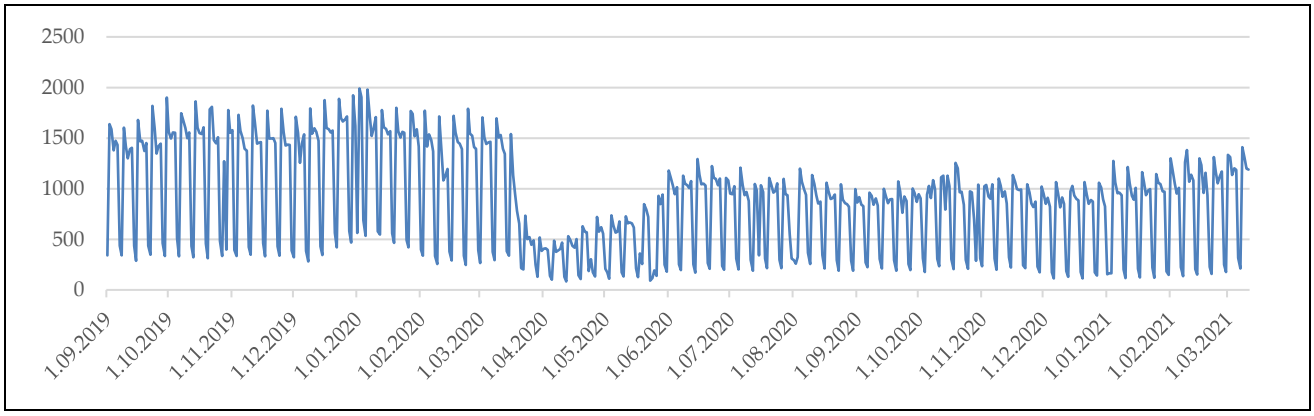

Figure 10. 26 to 35 Years Old Patients

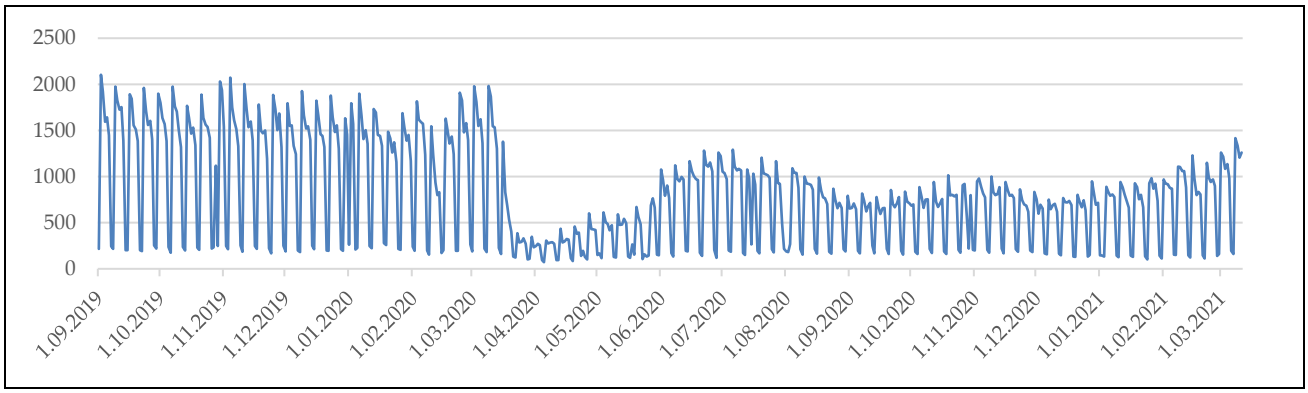

Figure 11. Patients Over the Age of 66

The decrease in the number of hospital admissions, especially in children between the ages of 0-10, directly affected the applications to the pediatric emergency department. In terms of years, the highest decrease in the September-March periods belongs to this age range. With the curfew for individuals under the age of 20, taking children in this age range to the hospital may cause a possible covid-19 case, so it may be protective. Another assumption is that contact with microbes is minimal, as social distancing and cleaning rules are followed. The group with higher use of health services compared to other age groups is individuals between the ages of 19-25. However, the periodic decrease in this age range is around 37%. The age group that went to the hospital the most in the pre-pandemic period is individuals over the age of 66. The fact that this age range is long (the oldest person receiving healthcare in Sivas is 120 years old) may explain the density of admissions. However, the decrease for this age group is 46%.

Conclusions and Recommendations

Covid-19 has affected many issues that have been discussed or accepted in the literature before and caused the questioning of what is known and changed what we know. The disease provided a natural opportunity to find answers to some questions. In the study, secondary and tertiary health institutions admissions in Sivas before and after the Covid-19 pandemic are seen. Admissions to hospitals followed the same trend in the pre-pandemic period basis but dropped dramatically with the advent of the pandemic. There is a significant decrease in outpatient clinic admissions (%44,6 – Table 4). Considering the departments, the change in the applications to the emergency services should be carefully examined and analyzed. When the applications made to the pediatric emergency departments are examined, another scenario is encountered. In this timeline (Figure 11), some questions arise that need to be asked. Answering these questions may bring about developments that will contribute to the health sector. If children did not need to go to the hospital during the pandemic period, why did they have to go to the hospital at such a high rate for diseases other than Covid-19 in the pre-pandemic period? Is it a correct approach to think that these children, who were thought to have had many diseases before the pandemic, did not get those diseases during the pandemic period (or is it correct to think that they are at least caught much less often)? If it is not the right approach; If these children can recover without going to the pediatric emergency department, we can question the healthcare demand of this age group. Are the children or their guardians acting rationally in this healthcare demand? These questions also apply to emergency department patients. There was a significant decrease in emergency department

admissions after the pandemic (43.8%, Table 4, Figure 10). Almost all of the patients (98.25%) are covered by state-supported health insurance. The care and treatment fees of the patients covered by this insurance are paid by the state. This informs us about the burden on the Turkish health economy and healthcare management. Only in Sivas, 3 309 303 new applications were made to the 2nd and 3rd step hospitals in 558 days. The population of Sivas in 2021 is 388 079. Considering this population, there is a hospital admission that is 8.5 times the total population. There are approximately 9 visits to the hospital per capita in the period. These values emerge when the period of a 40% decrease is included. These high numbers show us that the use of hospital services by patients should be carefully examined. It is assumed that patient admissions that are not considered to be of vital importance are included in the study, so case-based studies will be useful, supportive, and supplementary for future studies. The total number of per capita visits to a physician (all healthcare facilities) was 9.8 (compared to 2002, there was an increase of 216%), and the total number of per capita visits to secondary and tertiary facilities was 6.3 (compared to 2002, there was an increase of 215%) in 2019 (Table 1). 9 visits per person in Sivas is well above the Turkey average. It can be seen in the graphs that there is an increasing trend in hospital admissions with vaccination against Covid-19. This shows that individuals exhibit the behavior of going to the hospital again with increases in vaccination rates and decreases in new cases. The thought that the risk of contracting the disease is reduced may have been an important factor. The fact that Turkey has the lowest price level compared to OECD countries has a stimulating feature for health tourism (Figure 1, Figure 2). While this advantageous situation, which affects health tourism, makes a great contribution to the economy, the fact that many citizens of the country go to the hospital and put the economic burden on the state can have a negative effect. Considering the high number of patients per doctor, not only the burden on the economy but also the burden on health management emerges (Figure 3). As a result, individuals should be informed and even trained on the rational utilization of healthcare services. Individuals can be informed about the rational use of health services in schools and educational seminars. The government can include this issue in the planning program. Limitations and regulatory practices can be introduced on a case-by-case basis. Thus, the increasing conflict between doctor-patient-patient relatives can be prevented. The process of transition to a psychologically healthier society can be started. Easy access to healthcare services is an incontestable right of individuals, and the best practices should be implemented without neglecting this situation. The study will contribute to multidisciplinary studies such as the health sector and its management, health economics, marketing, sociology, health behavior, and insurance in the next period.

Ethics Committee Permission

Ethics committee approval for this study was obtained with the decision of Sivas Cumhuriyet University Scientific Research and Publication Ethics Social and Human Sciences Committee, dated 28/09/2020 and numbered 5.

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