



THE MOTIVATIONAL BEHAVIORS AND PERCEPTIONS OF THE MEDICAL TOURISTS – THE CASE TURKEY

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Abstract

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. Under the purpose of examining the motivational behaviors and perceptions of the medical tourists in Turkey, data were collected through survey method and the field study was conducted on 172 medical tourists overall the Turkey. According to the results; experienced doctors, ease of medical treatment arrangements, reasonable fees and the technological superiority of health facilities are some of the variables that mostly influence the decisions of medical tourists. Also the results of the study showed that the most effective promotional tool in the decision making process of medical tourists, is the traditional word of mouth communication. Another finding is that the medical tourists evaluation of service quality is highly positive. Besides these, there is a significant relationship among each of the promotional strategies, perceptions of values, perceptions of service quality and; overall satisfaction and future intention.

Keywords: Medical Tourism, Promotional Strategies, Motivational Factors, Service Quality.

Introduction

Globalization and the changes in the living conditions have diversified the objectives of travelling to other places and also have increased the frequency of visits (Yüksel, 2004). Being one of the types of health tourism, medical tourism is among the fastest growing sectors compared to the traditional tourism or the other forms of tourism (Herrick, 2007). Technological developments facilitate the access to the medical services and their implementation; moreover medical tourists seek such countries in which the most advanced technology and a variety of economic opportunities are presented (Horowitz and Rosensweig, 2007). Medical tourism history of a country and how much it progresses in medical tourism are significant factors through the selection process of the medical tourists. Countries could find a place in the international medical tourism market through developing itself and offering better quality services (Awadzi and Panda, 2006). Besides, strong marketing skills are also vital for emerging economies in the medical tourism market.

According to the definition of World Health Organization; health is a state of complete physical, mental and social well-being and not solely the absence of disease (WHO, 2016). Ross (2001) stated that health tourism is a type of tourism created by people who travel from the places where they live to another place for health purposes while Theobald (1998) described health tourists as those who get service for 24 hours or more far away from their homes. Based upon this definition, one who stays far away from his/her home for less than 24 hours is not to be regarded as health tourist but “visitor”. Moreover, people travelling abroad for health purposes due to comply with the length and the 24-hour requirement are considered as health tourists. Ringer's (2008) underlined that various definitions of health and wellness tourism are available in the literature referring to the fact that these two tourism types are often mistook for the other ones; in addition, the researcher defined medical tourism as travel for the treatment of a disease or illness emphasizing that it is particularly for special health care needs.

The Culture and Tourism Ministry refers to health tourism as the travel of people to another country with the aim of obtaining short medical treatment. In a broader sense, health tourism is defined as a sector that allows the growth of health care organizations by using the international patient potential with those who need physical therapy and rehabilitation (The Culture and Tourism Ministry, 2016). Medical Tourism Association describes health tourism as the travelling from the place where they live to another place (domestic or foreign) for healthcare purposes (Turkey Health Foundation and Health Association, 2010).

Health tourism is based on ancient times. And during the Renaissance period from the 14th to the 17th century, it has made significant developments in Europe and in the United Kingdom (Zengingönül et al., 2012). As noted by Goodrich (1994); people have utilized thermal and mineral water to relieve digestive disorders like rheumatism, skin infections since ancient times. Baths emerged with starting to live in villages, towns and cities after Turks fulfilled taking “bath” and “cleaning” along the rivers traditional cultures that they carried from Central Asia to Anatolia. Turkish Baths were used efficiently and "marble basin washing" and therapeutic spa pool technology spread across Europe. Turkish Baths in the USA are the signifiers of this culture today (Çetin, 2011).

In developing countries, environmental problems lead to the distortion of human health, malnutrition, the increase in neural fatigue as well as reduction in labor productivity. With a view to eliminating these negative effects occurring as a result of urbanization and industrialization and protecting public health and labor productivity, various applications such as water and climate cycles are fundamental to health tourism through integrating with domestic and foreign tourism (Tunç and Saç, 1998). With regard to these developments, it will be fair to emphasize that the developments of health tourism are becoming a growing trend around the world nowadays. Since the 90s, the real reason underlying the remarkable development of the health tourism is the increased quality of medical treatment as well as affordable prices medical services in different countries. The pie size of health tourism was revealed to be \$ 100 billion in 2010 (Keckley and Arnold, 2010). In the report "Medical Tourism Facts and Figures 2010", Youngman (2010) indicated that more than 130 countries offer medical tourism service or they are willing to offer such a service and global healthcare indicates that the dynamics of constant change. Compared to the other types of tourism, a significant advantage of health tourism is that the average added value is 25 times more than the other types of tourism for the country. This striking figure is the forerunner of the competition in this field (Aydın et al., 2011).

The reasons that patients travel to international destinations vary across geographic regions. High cost of health activities in developed countries, the length of the waiting period to receive non-emergency health care, elevation of health care standards in less developed countries, convenience and affordability of international travel as well as the development of the Internet can be considered among various factors effective in the popularity of medical tourism. The overall demand in medical tourism requires the usual determinants of demand. These are listed as personal income, appreciation, openness to the outside world, the future prices of health and medical care and availability expectations. The factors that determine country-specific demand are mostly cultural proximity, the distance to their native country, medical profession and health services reputation (Saiprasert, 2011). As stated by Yu et al (2011), medical tourism can be classified depending on the relative amount of time spent on medical services and tourism trip. Accordingly, medical tourism has been categorized as "rest seekers" and only "essential service seekers". These services also include medical services such as organ transplants that are not just found in the country where one is located. In addition, those are available who are called as "the economic health seekers", who seek health care services overseas due to high cost in their own country. Likewise, one group which called "high quality health care seekers" are looking for safer and ensure medical services in hospitals with international reputation (recognition) and certification in overseas countries as their countries behind the times in terms of quality health services. Finally, "premium healthcare seekers" who are willing to take advantage of the luxury health are included.

Medical tourism industry is becoming an upward and new trend around the world. Globally, this industry has generated revenue of over \$ 40 billion, have reached over 780 million tourists and spread across more than 96 countries (Yeoh et al., 2013). Medical tourism has various contributions to the world economies. In his study, Huang (2012) declared that health tourism has major contributions to the economies of the Asian countries such as India, Thailand and Singapore; furthermore the research emphasized that rising treatment costs in Western countries

has canalized people to the health tourism, thus leading to the expansion and increase in the importance of health tourism in the international tourism sector.

Ramirez de Arellano (2007) has argued that invest in the medical tourism industry is one of the most effective tools regarding the increase in revenues by creating a more favorable balance of trade, the provision of foreign income as well as the improvement of services. In the study conducted in 2011, Boyd et al interpreted the advantages and disadvantages that arise from medical travel for developing countries as in Table 1.

Table 1. *The Advantages and Disadvantages of Medical Travel for Developing Countries*

Advantages	Disadvantages
Generates incremental revenue with the influx of foreign capital.	Directs resources to the care of medical travelers away from facilities that treat local population
Stimulates the development of local hospitals and the infrastructure of foreign health care delivery system.	Raises ethical questions related to practices such as purchasing organs for transplantation.
Promotes the retention (stay) of international medical graduates in their countries.	Persuades local health professionals to leave public facilities to work in private health facilities that cater to wealthy medical travelers
Encourages biotechnology and industry development internationally	Result in exposure to new and unfamiliar disease.

Source: Jennifer B. Boyd, Mary H. McGrath, John Maa, 2011, s.110

Medical Tourism in Turkey

Medical tourism deemed to have a great potential in the world and Turkey is one of the leading countries in this sector. In recent years, with the introduction of private hospitals to deal with medical tourism market, medical tourism market has mobilized in Turkey as well. Countless hospitals especially 1st Class private hospitals have begun to participate in medical tourism fairs worldwide and founded "Foreign Patients Departments" in their structure in order to give a better service to patients. The establishment of these departments is the important opportunity for patients since medical tourism is a concept that requires special attention and trust basis (Genç, 2007). The number of international patients coming to Turkey is increasing each year. Approximately a half million people visited Turkey in 2014, including those who came for health tourism and those who are in the context of tourist health. And almost half of these have been evaluated within the scope of health tourism (Tontuş, 2016). International patients are mostly from Germany, Libyan and Russia, whereas medical tourists are coming from Libyan, Germany and Iraq. Istanbul, Antalya and Ankara are in the first place among the cities preferred the most by the patients coming for treatment. Besides, Eye Clinic, Orthopedics and Traumatology and Internal Diseases clinics are generally in the foreground in medical tourism (Kaya et. al.,2013). Given the Health Statistic Yearly 2015 data, the number of available hospitals is a total of 1533 including 562 private hospitals, 865 public hospitals and 70 university hospitals in Turkey (The Ministry of Health, 2016). The first of the cities which international patients prefer the most appears to be Antalya, which is also among the most preferred cities in tourism (Tontuş, 2016). The other most preferred cities are respectively

Istanbul, Ankara, Kocaeli, Izmir, Muğla, Aydın, Karaman, Adana and Sakarya. Upon analyzing the distribution of patients coming under medical tourism by clinics, Eye Disease is in the first place. It is widely known that some private eye hospitals in Turkey have high technology, ensure high quality service, are accredited and perform internationally significant activities concerning medical tourism. Nevertheless, an assessment for sub-units has not been made; taking into account the sub-units, it is clear that Oncology, Cardiovascular and Esthetic Surgery are substantially in the foreground (Kaya et. al.,2013).

Promotion Strategies

Marketing-way communication of enterprises and organizations is expressed as "promotion". Promotion is a word of Latin origin that means "to put forward, to argue, to improve, and to upgrade". In Turkish sources, sales drive, the sales promotion, sales efforts, sales promotion, sales facilitating communication process, raise, marketing communication, or just "promotion" rather than "promotion" are used (Ayhan, 1992, Özbucak and Öksüz, 2013). Promotion may be considered as part of the communication consisting of the company's messages that are written so as to raise awareness, arouse interest and promote the sale of various products and services the company. Companies disseminate messages designed to attract attention and interest by means of using promotional tools such as advertising, sales promotions, sales representatives and public relations (Kotler, 2003). Traditional promotion is consisted of four promotional strategies. These are advertising, public relations, sales promotion and personal selling. As Tengilimoğlu et al. (2008) discussed in their study public relations activities for all organizations can have an important effect on consumer decision-making when buying goods or services and it is also valid for hospitals. Throughout the study conducted in 2008, Kotler and Keller developed the modern promotion and included events and experience as the fifth strategy as well as the direct marketing as the sixth promotional strategies in their promotional strategy (Yimsiri, 2011).

Being competitive, informing the target market, training consumers and emphasizing social responsibility are among the objectives of promotion activity that is an important marketing tool announcing the existence of Goods and services-producing businesses along with providing the survival and growth of the company (Güler, 2009).

Motivation

The concept of "motivation" is derived from Latin word "movere" that means to act, to encourage, motive. In short, motivation refers to an impulse that leads a person to act for a specific purpose (Kaplan, 2007). Motivation is an internal process by which a person acts in a positive and negative way, achieves specific individual requirements and thus being satisfied (Bentley, 1999). Previous researches on tourist motivation factors divided the factors influencing the travel decisions into two groups, one of which is "push factors" while the other is "pull factors" (Saiprasert, 2011). "Motivating factors" explain how people are pushed by a variety of factors when making vacation decisions, how they are pulled by destinations. Thus, the factors that motivate people to take decision for holiday may be examined depending on the push and pull factors (Demir and Kazak, 2011). Dann expressed the push and pull factors that explain travel motivation factors in 1977. On the one hand, desire to escape, novelty seeking,

adventure seeking, realizing dream, rest and relaxation, health and sports, prestige and socialization are remarked as the push factors. On the other hand, pull factors are those that provide people with being aware of the need for a specific trip. Natural and historical beauty, food, local people, recreational facilities and destination image are the examples of pull factors. Even if people are motivated by push factors, other factors such as social pressures, financial issues and time flexibility etc. are considered as to determine the actual behavior (Musa et al., 2012). Pull factors are those affecting destination characteristics that affect when, how and where people travel. On the contrary, push factors are the general desire for tourists to travel; moreover, they result in the direction of the behavior and attitudes (Prayag and Hosany, 2014). Crompton (1979) classifies push factors in nine factors, seven of which are socio-psychological while two of them are cultural factors. Socio-psychological factors are noted as to get away from the ordinary perceived environment, self-discovery and self-assessment, relief, prestige, regression, strengthen family relationships and social interaction, whereas cultural factors are innovation and education.

Gan and Frederick (2011) divide push factors into two regarding medical tourism movement: consumer-specific and country-specific. While consumer-specific push motivation factors include saving, less waiting, individual services, availability of treatment and access as well as privacy, country-specific factors consist of political issues, social and cultural compatibility, the absence of disasters, bioethics laws, accreditation, reputation, service quality, advanced technology etc. Pull factors concerning medical tourism movement has been investigated in the same study in two categories. Factors related to globalization and corporate pull factors are the attractive factors in medical tourism decisions. Studies in the literature show that motivation factors (push and pull) have a significant impact upon the decision to travel and the perceived image of tourism destinations (Saiprasert, 2011).

Destination Image

'Image' is the French word when analyzing etymologically and incorporates multiple and contradictory meanings. The word 'image' is derived from 'icon' which is a technical term related to the Greek poetics and which means to create anything hidden in the mind's eye and almost visible. Stern et al (2001) described image as the act to convert physical stimulus into a mental Picture. Destination literally means "visited the place" and villages, towns, counties, cities, regions and even countries can market themselves as a destination (Atay, 2003). The image of a destination is the conviction related to customers' destination identity. People may often have a clear image about the things that they have never seen or gone. Even, their image design may not rely on facts and specific data. In this regard, education, the media, other people's behavior and thoughts and their own experiences, prejudices as well as their beliefs can be much more effective (Tekeli, 2001).

Quality

The word "quality" (Uz, 1995) that derives from Latin "qualis" and means "state" is expressed as "degree of fit for purpose" in a general sense (Kobu, 1999). According to the definition made by the European standardization committee in 1994, quality is the totality of all characteristics of an entity based on its ability to meet the stated and implied needs (Helminen, 2000). Quality

service business is an uncertain and complex area in terms of understanding, implementation and supervision. Quality dimensions of physical products can be controlled before it accesses the customers. As services refer mostly to performance rather than concrete entities, it is quite difficult to implement certain lines which provide the same quality. Furthermore, that production and consumption of services are simultaneous makes the audit of quality hard (Çabuk et al., 2007). Being abstract, "perceived service quality" is used instead of service quality. The relationship between customers' expectations before receiving services and the actual service performance gives information about "perceived service quality" and its direction (Bulgan, 2002). Since 1980, profitability increase has been linked to the quality of service. What is more, service quality that leads to the repurchase behavior, positive word of mouth communication and customer loyalty has been recognized as an important competitive advantage (Abdullah, 2006). In the study conducted by Parasuraman et al. in 1985, the determinants of service quality were presented as following: Reliability, Responsiveness, Competence, Access, Courtesy, Communication, Credibility/reputation, Security, Understanding and knowing the customer, Tangibles.

Considered to be the first application within the context of health, statistical studies were conducted in 1914 by Surgeon Ernest Codman with a view to determine hospital standards. Codman's studies were performed in 1915 in order to prompt The American College of Surgeons, ACS to improve Hospital Standardization Program. In 1952, with the collaboration of AHA (American Hospital Association) and AMA (American Medical Association), Joint Commission on Accreditation of Hospitals (JCAH) was established (Yaşa, 2012).

The most important barrier regarding medical tourism is the problem to persuade potential visitors for the reality that medical interventions in developing countries are at the same level and quality in their country (İçöz, 2009). Therefore, in developing the medical tourism industry, the compliance of these standards with international standards is vital in terms of providing international proof. The increased importance of the quality in health services raises many benefits for institutions that provide patients and health care (Clemes et al., 2001). If the health services provided are qualified or satisfy the patients' needs and wishes, and the patients continue to receive high-quality service, then they will prefer this institution once more (Gülmez, 2005).

Value

Value can be defined as a comparison between received and given by the consumers, in other words, it is the comparison between the benefits you get and what you give for this cause (Zeithmal, 1988). Sinha and Wayne (1998) explains the perceived value as a complex structure in which notions like price, quality, benefits, all concepts of spending are embedded. Expressing that perceived value represents a customer's assessment on the benefits of a product as a whole, Bolton and Drew (1991) noted that the quality of service is the precursor of perceived service value. While perceived quality is characterized as "gain" by customers, the perceived sacrifice is specified as "loss". Moreover, the perceived value is assessed as the difference between perceived benefits and perceived cost (McDougall and Levesque, 2000). It is essential to increase the values perceived by customers and to develop close and reliable relationship in service companies in which customers are directly involved. The values that customers gain

through services offered in exchange money are regarded as the basis for long-term success and survival of these companies. (Dimitriades, 2006).

Satisfaction

Satisfaction is a more complex concept associated with many factors including lifestyle, past experience, future expectations, personal and social values (Zaim and Tarım, 2010). Satisfaction or dissatisfaction are also defined as reassurance or disappointing feelings that arouse when one compares a product's perceived performance or its effects with his/her expectations (Kotler, 2000). Customer satisfaction ensures customer loyalty; however, customer dissatisfaction leads to huge losses of companies. Hereby, companies that want to keep their customers in the long run and develop good relations with them are supposed to develop a customer-oriented service system based on their needs, interests and expectations (Gronroos, 1996). Many companies assume that there is a strong correlation between consumers' behavior and customer satisfaction. To this respect, high customer satisfaction is believed to increase purchase intent and word of mouth communication (Park et al., 2006). In their previous studies, Suh and Yi (2006) who defined customer satisfaction as a total judgment in the customer's mind during using the product or service or thereafter stated that customer satisfaction affects loyalty. Likewise, İnan and Doğan (2006) argued that customer satisfaction has several benefits in many ways through an increase in good relations with the customers. Thus, customer satisfaction turns to brand loyalty. Also, when customers are satisfied with the company's services and products, they are more likely to recommend these experiences to others, which provide companies with gaining new customers. The existence of service quality for customer satisfaction in service companies is one of the basic requirements. Various studies reveal the strong relationship between service quality and customer satisfaction (Avcı and Sayılır, 2006).

Today, in many countries, patients have the freedom to be treated in which hospital they want. In this case, the intense competition among institutions providing health care emerges. Therefore, success in health is not only associated with good technical skills but it is also measured by means of choosing the same hospital when needed (Thiele and Bennett, 2010). The rapid increase of private hospitals and competition have increased importance that should be attributed to customer satisfaction, health institutions have realized the importance of customer satisfaction measurement and they have taken major steps forward in terms of customer-oriented approach and the concept of customer satisfaction (Bakır, 2006).

Methodology

The aim of this research is to examine and evaluate motivational behaviors and perceptions (Saiprasert, 2011) of medical tourists in Turkey. In order to increase Turkey's tourism revenue in the rapidly developing medical tourism industry. The obtained results will provide company manager for integrating the promotional strategies and understanding the motivation factors of medical tourists.

Considering the importance of the issue, countless studies related to health tourism and medical tourism have been conducted so far. Some studies on this issue are carried out by Bishop and Litch (2000), Ross (2001), Connell (2006), Bies and Zacharia (2007). Several studies are based

upon health of tourists while others that are highly significant are mostly related to medical tourism which means therapeutic health tourism. In their study, Cabellero-Danell and Mugomb (2007) examined the opportunities of medical tourism industry for new entrepreneurs. Besides, Doshi (2008) investigated consumer behaviors, motivation and satisfaction of medical tourists coming to private hospitals in Malaysia. Froelich (2012) analyzed motivational factors to create a competitive advantage in terms of Sweden while Kazemi (2008) put forward efficient factors in order to attract medical tourists in Iran. Reddy (2013) examined medical tourists' motivating factors in his study. In addition, in the study conducted by Sridhar in 2010, the reason why India is mostly preferred place among the leading medical tourism centers of the world. Rad et al (2010) studied service quality and patient satisfaction in medical tourism. In our country, various studies have been carried out on health tourism by Gümüş and Büyük (2008), İçöz (2009), Yılmaz (2010), Yıldırım and Altınkaya (2006), Akdu (2009), Gülmez (2012), Aydın and et al (2011).

The research aims to evaluate effective motivational components, destination image components, promotional strategies, value perception, service quality perceptions, satisfaction and future intention of medical tourists visiting Turkey for medical tourism and to reveal whether there is a statistically significant difference between these factors. Figure 1 depicts a research model regarding motivational behaviors and perceptions of medical tourists.

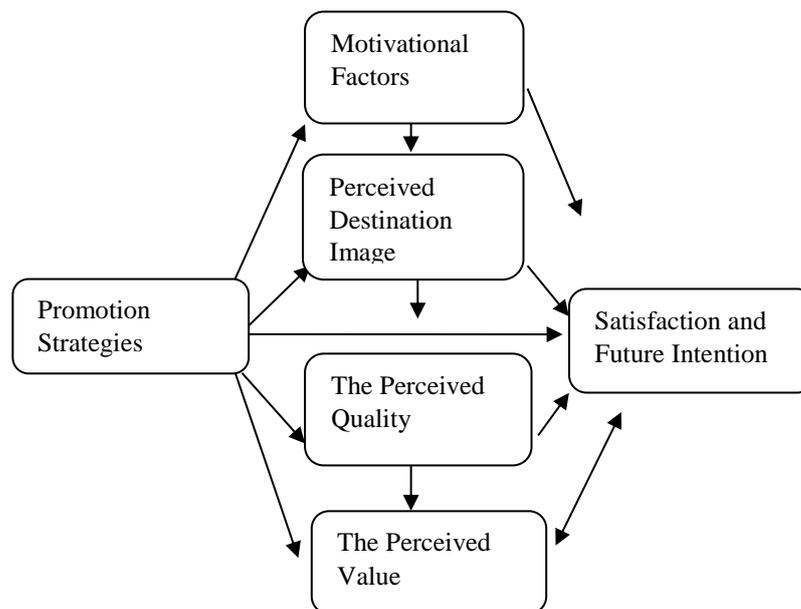


Figure 1. A research model for motivational behavior and perceptions

Source: Saiprasert, An Examination of The Medical Tourists Motivational Behavior And Perception: A Structural Model, 2011, p.102 (Model developed based on Saiprasert's 2011 study)

Saiprasert's (2011) study is the basis for the purpose of the study and assessments were made by examining other studies in the literature (Babakus and Mangold -1992, Devedakan and Aksaraylı- 2003, Prayag and Hosany – 2014, Kim et al -2003, Lövgren et al - 2011). In the

study, a total of 11 provinces where patients come from abroad are taken into account; however, interviews were conducted with a total of 172 medical tourists chosen through easy sampling method from 11 provinces including Adana and its around that is relatively easy to contact international patients. Following question has been sought: Do promotion strategies affect motivational components, destination image components, value and service quality perceptions as well as satisfaction and future intention?

Answers for the following questions have been sought:

- Do motivational factors that have an influence on medical tourism decision affect the destination image perception?
- Does medical tourists' quality of medical treatment perception affect value perception in medical treatment?
- Does medical tourists' quality perception have an impact on their overall satisfaction and future intention in medical treatment?
- Do medical tourists' overall satisfaction and future intention vary across value perceptions in medical treatment?

Findings and Discussions

Table 2 displays the demographic characteristics of medical tourists within the study.

Table 2. *The Demographic Characteristics of Medical Tourists*

Demographic Characteristic	Frequency (n)	Percentage (%)	Demographic Characteristic	Frequency (n)	Percentage (%)
Gender			Marital Status		
Female	91	52,9	Single	58	33,7
Male	81	47,1	Married	35	20,3
			Married with children	67	39,0
			Missing Data	12	7,0
Age			Education degree		
35 and below	54	31,4	Associate degree and below	98	57,0
36–45	37	21,5	Undergraduate and graduate	74	43,0
46 – 55	40	23,3			
56 and over	41	23,8			
Home country			Nationality		

England	28	16,3	England	20	11,6
Germany	24	14	Germany	19	11,0
Iraq	16	9,3	Iraq	16	9,3
Holland	13	7,5	Holland	15	8,7
Iran	12	7,0	Iran	12	7,0
Russia	9	5,2	Russia	11	6,4
Lebanon	8	4,7	Saudi Arabia	9	5,2
Belgium	7	4,1	Switzerland	8	4,7
Austria	6	3,5	Lebanon	8	4,7
Saudi Arabia	6	3,5	Syria	7	4,1
Sweden	5	2,9	Turkmenistan	6	3,5
Syria	5	2,9	Belgium	5	2,9
Others	33	19,1	Austria	4	2,3
			Ireland	4	2,3
			Others	28	16,3
Occupation			Frequency (n)	Percentage (%)	
Producer/Self-employed			38	22,1	
Retired / Unemployed			29	16,9	
Technical Professional Group (engineers, architects, technicians etc.).			27	15,7	
Civil Servant / Office Worker			20	11,6	
Administrator			16	9,3	
Teacher 7 Lectureretc.			15	8,7	
Arts			8	4,7	
Retired / Unemployed			19	11,0	

Table 3 depicts the features of medical tourism movement.

Table 3. *The Features of Medical Travel*

The Features of Medical Travel	Frequency (n)	Percentage (%)	The Features of Medical Travel	Frequency (n)	Percentage (%)
Travel Frequency			The primary aim of the Travel to Turkey		
First-time	72	41,9	Pleasure/Holiday	10	5,8
Twice	56	32,6	Work	1	0,6
Three times or more	44	25,5	Medical Treatment	150	87,2
			Visit friends and acquaint ants	10	5,8
			Others	1	0,6
Type of Medical Treatment			Frequency (n)	Percentage (%)	
Dental Surgery / Treatment			51	29,7	
Cosmetic / Plastic / Reconstructive Surgery			44	25,6	
Comprehensive Medical Checkup			27	15,7	
Eye Treatment / Laser			20	11,6	
Heart Surgery			6	3,5	
Oncological Treatment			6	3,5	
Brain Surgery			4	2,3	
Others (Rheumatism / Fertility / Hair transplantation / Orthopedics / Stomach Surgery)			14	8,1	
Health Insurance	Frequency (n)	Percentage (%)	Thinking For the Medical Travel in Another Country	Frequency (n)	Percentage (%)

In their country;			Yes	52	30,2
Yes	103	59,9	No	120	69,8
No	69	40,1	Countries that are considered: India, Thailand, Switzerland, Jordanetc.		
In Turkey;					
Yes	19	11,0			
No	153	89,0			
Visiting Turkey for other purposes (except for medical treatment)	Frequency (n)	Percentage (%)	Health Institution that provides Medical Service	Frequency (n)	Percentage (%)
Yes	109	63,4	Private Health Institution	165	95,9
Aim; Holiday, Cultural, Visiting relatives				7	4,1
Where; Antalya, İstanbul, Cappadocia			State Health Institute		
No	63	36,6			
Why; Time constraint, Work					
Travel Companion				Frequency (n)	Percentage (%)
Individual				56	32,6
Partner / family / acquaintants/ friends etc.				116	67,4
Information Sources (Top three)				Frequency (n)	Percentage (%)
Friend / Relative's Recommendation				70	40,7
Doctor's Recommendation in their country				40	24,4
Hospital's Web Site in Turkey				34	19,8
Others				28	15,1
Medical Treatment Organization				Frequency (n)	Percentage (%)
Direct contact with the hospital				84	48,8
Through Health tourism Brokers' Web sites				45	26,2
Others				43	25,0

The results of the correlation analysis conducted to examine the relationship between the variables are presented in Table 4. As a result of correlation analysis conducted to examine the relationship between the variables, it was found a significant moderate correlation between the variables of destination image and promotion strategies that influence the reasons for choosing Turkey in terms of medical treatment. Besides, the relationship between destination image and satisfaction as well as future intention was observed to be moderate while the relationship between motivational factors and the overall satisfaction was also found to be moderate. However, there is a low level relationship between destination image and value perception. Upon examining destination image and motivational factors, there was found a moderate link between destination image scale and motivational factors scale.

Table 4. The Results of Correlation Analysis

	Motivational Factors	Destination Image	Service Quality	Satisfaction and Future Intention	Promotion Strategies	Value
Motivational Factors	1	,623**	,349**	,596**	,296**	,349**
Destination Image		1	,474**	,575**	,558**	,388**
Service Quality			1	,591**	,417**	,247**
Satisfaction and Future Intention				1	,455**	,336**
Promotion Strategies					1	,356**
Value						1

On the other hand, the relationship between destination image scale and service quality was determined to be low. Likewise, the relationship between motivational factors and service quality was low as in the relationship between motivational factors and promotion strategies with value perception. The relationship between service quality and satisfaction and future intention was also found moderate and positive.

The researcher used regression analysis for some of the research questions within the study. Table 5 displays the findings obtained from the analysis results.

Table 5. Regression Analysis Review

Dependent Variable	Independent Variable	F	R
Motivational Factors	Promotion Strategies	16,379*	0,296
Destination Image	Promotion Strategies	76,853*	0,558
	Motivational Factors	108,010*	0,623
Value	Promotion Strategies	24,709*	0,356
Service Quality	Promotion Strategies	35,776*	0,417
	Destination Image	49,351*	0,474
Satisfaction and Future Intention	Promotion Strategies	44,326*	0,455
	Motivational Factors	93,757*	0,596
	Destination Image	83,892*	0,575
	Service Quality	91,314*	0,591

*: There is a significant positive correlation

While investigating the impact of service quality scale on value perception, service quality scale has been considered as an independent variable while value perception has been determined as a dependent variable. As dependent variable is categorical, multinomial logistic regression analysis was used instead of classical regression analysis. Table 6 presents the obtained from the analysis results.

Table 6. The Effect of Service Quality on Value Perception

		b	Std. Error	Wald	P	Exp(b)
I agree	Constant	-1,738	1,920	0,820	0,365	
	Service Quality	0,044	0,030	2,206	0,138	1,045
I strongly agree	Constant	-4,624	2,036	5,160	0,023	
	Service Quality	0,093	0,031	8,908	0,003	1,097

Dependent Variable: **The perception of value**

Pseudo R-Square; Cox and Snell: 0,057, Nagelkerke: 0,067, McFadden:0,031

 Chi-Square for Model:10,167, p=0,006

The model was found to be significant (Chi-Square: 10.167; $p = 0.006$). As the degree of participation in service quality factor increases, it is likely that the transition of the answers for value perception like “agree or neutral” to “strongly agree” ($p < 0.05$) has increased 1,097 times. The effect of quality perception of medical tourists on their value perception as a result of the treatment is positive. ANOVA was utilized with a view to determining whether satisfaction and future intention vary across the perceived value, whether the mean of more than two independent groups is different from one another (Durmuş et al., 2011) and the findings are summarized in Table 7.

Table 7. An Analysis of Difference between *Satisfaction and Future Intention and the Perceived Value (ANOVA)*

Variables	Value	n	Mean	Std. deviation	Levene Statistics (p value)	F
Satisfaction and Future Intention	Agree	20	38,5500	6,50081	6,712* (0,002)	12,073* (0,000)
	Neutral					
	Agree	61	42,6066	4,36379		
	Strongly agree	91	44,1538	4,39425		
	Total	172	42,9535	4,96162		

* $p < 0,05$

The research used Tamhane T2 test, one of the multiple comparison tests, in order to identify the differences in these variables as "p" value is $p < 0,05$ for satisfaction and future intention scale. The results are presented in Table 8.

Table 8. Tamhane T2 Multiple Comparisons for the Satisfaction and Perceived Value with Future Intention

	I	J	Mean difference (I-J)	St. Error	p value
Satisfaction and Future Intention	Agree- Neutral	Agree	-4,05656*	1,55731	,045
		Strongly agree	-5,60385*	1,52487	,004
	Agree	Disagree- Neutral	4,05656*	1,55731	,045
		Strongly agree	-1,54729	,72413	,100
	Strongly agree	Disagree- Neutral	5,60385*	1,52487	,004
		Agree	1,54729	,72413	,100

* $p < 0,05$

According to Tamhane test results, there are significant differences between those who “agree (mean 42, 6066) or neutral (mean 38, 5500)” in terms of the degree of participation in the satisfaction and future intention. Accordingly, satisfaction degree and future intention of those who strongly agree with “this medical treatment offers a good value” is much more compared to those who disagree or neutral. ANOVA analysis results suggest that value varies across satisfaction and future intention.

Results and Recommendations

With the aim of evaluating motivational behaviors and perceptions that are effective in the decisions of medical tourists to choose Turkey for medical tourism services and promotional strategies with service quality and satisfaction with future intention, interviews were conducted with a total of 172 medical tourists within 27 private health institutions in 11 provinces. Within the scope of the study, the gender distribution of medical tourists consists of 52.9% men and 47.1% women. 33.7% of foreign patients who choose Turkey for medical treatment are single. While 31.4% of them are included in 35 and under age group, 47.1% of them are at the age of 46 or over. It was also found that 43% of those who come to Turkey for medical treatment are undergraduates.

Considering home country and nationality of people who visit Turkey for medical tourism, the first five countries are the UK, Germany, Iraq, the Netherlands and Iran. Apart from them, some people from Russia, Saudi Arabia, Lebanon, Belgium, Sweden, Austria, and Turkmenistan and so on prefer Turkey for medical treatment. 22.1% of participants are industrialist, manufacturer or self-employed while 15.7% of them are included in the technical occupational group. When the features of medical tourism movement are analyzed, 41.9% of people come to Turkey first for medical treatment whereas 25.6% of them visit Turkey for this purpose three or more times. The primary purpose of 87,2 % participants for visiting Turkey is medical treatment. Upon investigating the treatment types in the country, dental surgery and treatment is the first with the rate of 29.7%. In addition, the rate of those who visit Turkey for the purpose of cosmetics, plastic surgery and reconstructive surgery is 15.7%. Eye treatment and laser therapy are among the most referenced medical treatments with 11.6%. People also visit Turkey due to several reasons such as infertility treatment, hair transplantation, orthopedics, oncology, heart and brain surgery. In the study, 59.9% of medical tourists have full or partial comprehensive insurance in their countries while the rate of patients with full or partial comprehensive insurance is 11%.

The first three sources of information before making a decision on treatment abroad are as such; friends or relatives with 40.7%, doctor's recommendation with 24.4% and web pages with 19.8%. Based upon these results, promotion activities through word of mouth communication in medical tourism decisions are explained to be quite effective. The rate of those who make treatment organization via direct contact to the hospital is 48.8% and the rate of people using health tourism intermediaries for this process is 26.2%. The rate of people who think of other countries rather than Turkey for treatment is 30.2%. The first two countries that are mostly preferred in medical tourism are India and Thailand.

Some of the variables that mostly influence the decisions of medical tourists can be summarized as follows. Experienced doctors (4.42), ease of medical treatment arrangements (4.42), reasonable fees for the services (4.39), the technological superiority of health facilities (4.39), cultural and natural beauty except for health care (4,39), reasonable prices and a significant amount of money (4.36) and ease of travel arrangements (4.36). Among the other variables, the type of medical treatment that is not allowed in the native country (2.17) and medical treatment that is not covered by health insurance (3.19) are thought to have the least impact on the decisions.

In the current study, promotional strategies that are effective in the decision of medical tourists have also been evaluated. Considering the findings, the most effective promotion strategy is the

traditional word of mouth communication with 4.42. Events and experiences come second in terms of the most effective promotion strategy with the rate of 4.20 while publicity comes third with 4.14.

The research employed SERVQUAL model in which the difference between medical tourists' expectations and their perceptions of the service has been evaluated and the information on expectations, perceptions and the perceived total service quality related to health care has been obtained. The results obtained show that medical tourists have quite high expectations for five service quality dimensions; however, the differences between expectations and perceptions are positive. Thus, quality service evaluation of medical tourists who prefer Turkey for treatment is positive. Medical tourists also place the highest level of expectation in "correct health care billing procedures" reliability variable.

The study revealed that promotional strategies have a positive and significant effect on motivational factors and destination image factors that are effective in the decisions of the medical tourists. Besides, promotional strategies have been found to have a positive impact on the perceived value, perceived quality with satisfaction and future intention. This result depicts that promotion strategies which are used by health institutions providing medical tourism services in Turkey affect medical tourists' decisions along with their overall satisfaction and future intention. In this regard, medical tourism service providers should be aware that they have an influence on the perceived quality components, overall satisfaction and future intention through promotion strategies. Moreover, being the most effective promotion strategy, word of mouth communication should be correctly used and different strategies should be functionalized.

The effects of motivational factors that are identified within the study on destination image perceptions were evaluated via regression analysis. Accordingly, change in motivational factors increases destination image perception which is effective in medical tourism decision. Similarly, 22.5% of the change in the perceived service quality shows that destination image affects the quality perception. It was also observed that destination image scale has a positive effect upon service quality. Another relationship examined in the study is the effect of perceived service quality dimensions on value. Multinomial logistic regression analysis illustrated that the total perceived service quality perception has a positive and significant impact on the perceived value. The study utilized regression analysis in order to evaluate whether service quality perception has an impact on satisfaction and future intention. It was determined that there is a positive relationship between the quality of service and satisfaction with future intention.

Throughout the study, the difference between satisfaction with future intention and "value" perception which is defined as a comparison with the bought and paid. It was also suggested that satisfaction degree and future intention of those who strongly agree with "this medical treatment offers a good value" is 5.6 times more compared to those who disagree or neutral.

Health is one of the most significant sectors in economic terms for Turkey. Investments and promotional activities lead to an increase in the number of medical tourists with each passing year. Over recent years, increasingly aging of the world population including the most

developed countries, increased treatment costs lead people to elect to travel across less developed countries for treatment. Technological advances with the rapid development of communication technologies provide people for direct access to information. So that Turkey can have more share of medical tourism industry. Health institutions in Turkey aiming to offer medical tourism services are required to adopt and implement promotion strategies, marketing effectiveness and service.

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