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DETERMINATION OF PROBLEMS ENCOUNTERED IN THERMAL TOURISM OPERATIONS IN TURKEY: A FIELD STUDY

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ABSTRACT

Turkey with its rich source of curative mineral water, is a paradise of thermal springs and welcomes the ones seeking for good health to its hang quality facilities. In this work, the significance of problems encountered in thermal tourism, which is regarded as an alternative branch of tourism, and the possible relationship between problems and geographical regions and ownership structures of operations have been analyzed.

Key Word: Tourism, Health Tourism, Thermal Tourism , Alternative Tourism

1. INTRODUCTION

Today the concept of tourism is beyond the classical definition of tourism. For this reason, the various requests of those who demand for touristic products will cause countries, which supply touristic services, to diversify their product. Health tourism takes place among the many activities aimed at the diversification of tourism. The attachment of adequate significance to health tourism within the framework of the diversification of tourism in Turkey will provide the prolongation of the tourism season and increase in the input of foreign exchange.

According to a research carried out by the Ministry of Health, the therapeutic use of water has become widespread in medicine, leading to the operations of hydrotherapy departments within universities (www.superonline.com; nethaber/ 19981208/articles/ bölgesel04.htlm).

Health tourism has gained great importance in countries in which healthy living and human health are regarded as main concerns.

Turkey owns a rich source of mineral waters and displays favorable climatic conditions for health tourism. However, it is true that these opportunities are not utilized effectively. The efficient use of thermal sources comprises the technological improvisation and management of present operations in accordance with emerging circumstances. Service quality largely depends on the quality and quantity of employed personnel. The investigation, determination and solution of problems encountered in the present tourism facilities will provide them with international competitive advantage.

This research was planned to determine the problems of thermal tourism facilities and propose appropriate solutions so as to provide benefit from the present potential with regard to both tourism and public health.

2. THE ROLE OF TOURISM IN THE ECONOMY OF TURKEY

Turkey comes in the 20th place in the word bank of tourist destinations, having received

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11.569.000 tourist in 2001 (The statistics of The Ministry of Tourism, 2001). According to 2001 statistics, the majority of the tourist (56.07%) came from Europe (53.2% from E.U) and (69.75%) traveled by plane.

When compared to the year 2000, the total number of foreign tourists who visited Turkey in the year 2001 (11.569.000) displayed an increase of 10.95%. The comparison of the same period in the year 2001 revealed a 3.5% increase in the number of tourists in the first five months of the year 2002 (statistics on incoming tourism can be found in Table 1). The total accommodation capacity of the 1905 hotels licensed by the Ministry of Tourism accounts for 351.819 beds (September 2001). Secondary accommodation facilities provide extra support. Besides the hotels restaurants and catering sector, there are 4.248 travel agencies rent-a-car agencies and yacht-broker.

TABLE.1. ARRIVALS OF FOREIGN TOURISTS BY YEAR IN TURKEY (1000 Person) (1996-2002)

YILLAR	Visitors	Variation (%)
1996	8.582	11,5
1997	9.689	12,4
1998	9.752	-0,6
1999	7464	-23,4
2000	10412	39,5
2001	11.569	10.95
2002 by Month (x1000) and Variation by previous month (%)		
January	309.781	-13,79
February	424.961	5,02
March	675.028	23,32
April	846.000	2,7
May	1.296.000	3,6
June	*	

Source:http://www.tursab.org.tr./1.htm

Last Update: 06/14/2002

* Data not available

When compared to other Mediterranean countries, it is seen that Turkey has a quite low market share in world tourism. For instance, the market shares of some European countries are as follows: France 10.82 %, Spain 6.91%, Italy 5.91%, Greece 1.79%; whereas, Turkey 1.38%. However, due to the recent development observed in Turkish tourism, it is hoped that the market share of Turkey will increase in the next few years. Thus, according to the estimates of the Word Tourism Organization, tourism in Turkey will display a 5,5 % increase between 1995 and 2020. The same estimates anticipate the number of tourist to visit Turkey to be 17.1 million in 2010 and 27 million in 2020. If the present rate of tourism income to the number of tourists does not change, the tourism income of Turkey is estimated to be 12.5 billion dollars in 2010 and 19.8 billion dollars in 2020. The tourism income per visitor was 654 American dollars in 2000, whereas this value fell to 562 dollars in 2001. The mean value of the first five months in 2002 raised

to 628 dollars (http://www.tursab.org.tr./12.htm).

The influence of tourism on the balance between employment, Per capita national income and payment are summarized below:

According to data obtained in 1997, the sum of direct and indirect employment is approximately 2.2 million. This value is anticipated to reach 2.5 million in the year 2000(http://www.tursab.org.tr./12htm)

The percentage of tourism income in per capita national income in the year 1970 was 0.5% whereas these values increased to 3.8% in 2000. The tourism income of the year 200 was calculated as 7.736 million USD. The share of tourism income in exports was 8.8% in 1970 and 27.8% in 2000 (http://www. tursab.org.tr./17.htm)

The contribution of tourism in the compensation of losses in foreign trade was 6.5% in 1980, whereas this value raised to 41% in 1998(http://www. tursab.org.tr./17.htm).

According to the result of a survey carried out to put forward the factors influential on tourists choosing Turkey as their holiday destination, the suitability of prices is 25% effective in their choice whereas the rates were estimated 20% for Turkish hospitality, 15% for cultural activities, 19% for curiosity, 15% for cheap shopping opportunities, 6% for employment, 3% for high quality products and 2% for delicious Turkish food (http://www. tursab.org.tr./4.htm)

3. HEALTH TOURISM AND THERMAL RESORTS

3.1. THE CONCEPT OF HEALTH TOURISM, HEALTH IN TOURISTIC ACTIVITIES AND HEALTH OF TOURISTS

Labor-force and productivity decrease significantly in unhealthy societies. Developed countries benefit from natural touristic sources such as clean air, sunlight, relaxing and curative thermal waters, climate and nature in order to protect human health and increase labor-force and production (Özbek,1991:15)

A widely used therapy method for the protection and development of human health is thermal therapy. Thermal therapy resorts are regarded to be imported accelerators of health tourism. However, since the concept of Health Tourism, Health in Touristic Activities and Tourist Health are close usually confusion arises. These concepts are explained bellow.

Health in Touristic Activities: The topic "Health in Touristic Activities" covers the influences of tourism on a region as a whole, especially on health, including the heath of tourists, environmental health, public health and personnel health (The Health Tourism and Health in Touristic Activities Project, 2000).

On the other hand, the topic "Health Tourism" covers attempts and activities to attract tourism resorts and services serving health including planned promotional activities (Weiler, Hall, 1992:151; Aslıhak, 1992:4).

Health tourism can also be defined as the events and relationships arising from the travels and accommodation of people requesting the protection and improvement of their health or treatment. Health tourism is a specific branch of tourism, which involves human medicine personnel. The scope of this definition also covers people who travel abroad and come from foreign countries and intend to recover by visiting health institutions such as hospitals other than thermal tourism.

Today tourism meets various demands in different fields in response to specific aims, demands and hobbies of people. Heavy stress arising from the struggle to live and the search for natural therapy methods underline the significance of health tourism and play a major role in the increase of the demand for thermal tourism, a branch of health tourism.

Health tourism is known to be the oldest activity of tourism. Generally, it includes treatment of patients and thermal spring health cures. Health tourism practices are classified as thermal spring tourism, health cure tourism, therapy tourism, spa tourism and plateau tourism (Bayer: 1992:25). Besides this classification, health tourism branches can also be grouped as thermalism, climates and uvalism (Aslıhak ,1998:4).

Thermalism: Springs, hot springs, spas, mud baths and caves used for health services are all named as thermal resorts and travel to these resorts for recovery is defined as thermalism.

4. THE INFLUENCE OF HEALT TOURISM ON TOURISTIC ACTIVITIES

Activities of health tourism are classified as travels made for diagnosis and treatment and thermal tourism.

4.1 Thermal Tourism Activities in Turkey

According to a survey carried out to determine the reasons of the visits of tourists to Turkey, 56.12 % came for holiday, while 0.35 % came for therapy at health institutions and thermal springs. According to the data obtained in 1998, the percentage of tourists visiting Turkey for holiday decreased to 54.9 % whereas the percentage of tourists visiting Turkey for therapy at health institutions and thermal springs raised to 0.46 % and reached 1 % in 2000 (News Bulletin of The State Statistics Institute DIE , 1999:1; DIE,2001 Survey Among Tourists Leaving Turkey).

TABLE. 2: THE REASONS OF THE VISITS OF TOURIST TO TURKEY(%)

(%)	2001	1998	1997	1996	1995
Holiday	52.3	49.79	56.12	50	60
Cultural	9.2	9.86	10.45	13	9
Meeting/Conference	2.4	2.17	1.49	1.5	1
Business	*	8.90	5.51	10	6
Shopping	8.3	5.73	5.94	4.4	11
Therapy and Thermal Springs	**1.0**	**0.55**	*	*	*
Reliciens	0.3	0.25	*	*	*
Sportive activity	1.3	1.03	*	*	*
Trade	5.0	6.10	6.7	4.8	3.5
Visiting of family or relatives	7.9	5.91	6.28	4.5	4
Education	*	1.06	*	*	*
Official	5.0	0.40	*	*	*
Transit	3.1	0.71	*	*	*
For Work	*	4.81	3.91	4.3	2
Others	4.3	2.74	*	*	*

Source : The State Statistics Institute, 2001 Survey on Tourists Departures (DİE Yabancı Ziyaretçiler Anketi;DİE 2001 Çıkış Yapan Ziyaretçiler Anketi)
http://www.tursab.org.tr/3.htm
*Not data

According to the results of a survey conducted by The State Statistics Institute, the distribution of age groups of tourists, who visited Turkey in 1998 for health services and thermal spring therapy, was as follows: the 35-39 age group was in the first, the 30-34 age group in the second , the 50-54 age group in third and the 45-49 age group in the fourth place (News Bulletin, DIE, 1999:1).

A survey carried out by The Turkish Travel Agencies Association (TÜRSAB) in 1998 revealed that 23 % of the tourists visiting Turkey were office employees. According to the results of the same survey, 13 % were laborers, 12 % independent business owners and 10% retired people. This branch of tourism, named as The Third Age Tourism by The Ministry of Tourism is trying to be improved by the Ministry by means of the contribution of thermal regions to tourism services (http://www.superonline.com/nethaber/1998 040/articles /toplum-4.html).

It is known that thermal springs support modern medicine by means of efficient complementary therapy in the treatment of mainly inflammatory diseases and degenerative joint diseases, bone diseases, diseases requiring dermatological, orthopedic, neurological intervention and rehabilitation, cardiovascular diseases and diseases of the respiratory and digestive systems and the eye.

The mentioned therapy method is included to health services in France, Spain, Germany, Portugal, Russia, Israel, and China, and is accepted by health insurance companies as a valid treatment method (The Ministry of Health : 2001:59).

Including tourists accomodating at simple tent resorts, the mean annual number of tourists beds is determined to be 3 million where is the number of tourists who excursinits is 6 million (Arasıl, 1991:45). According to unofficial data, over 10 million people suffer from rheumatism in Turkey (Özbek, 1991:29). When the number of patients hospitalized in 1991 in Turkey due to various diseases is examined, it is seen that 12-6 % (472.333) of the total number of patients suffered from mental and nutritional diseases, rheumatism and diseases of the digestive, respiratory and circulatory systems (The Ministry of Health, 2000). In case that the necessity of these patients and patients treated without being hospitalized for thermal therapy is taken into consideration, it can be said that the potential of inner customers is quite high.

In case that the demands of foreign customers are taken into account in addition to that of local customers, it can be interpreted that there is a high potential of income. However, present facilities are inadequate to meet these demands both qualitatively and quantitatively.

5. COUNTRIES THAT PLAY AN IMPORTANT ROLE IN GLOBAL THERMAL TOURISM

Many countries in the world attach special importance to health tourism due to major rule of thermalism in human health and the tourism sector. Examples are clearly seen mainly in European countries.

Germany is regarded to host a major sector in this field among European countries. According to reports, these are 263 licensed thermal resorts with a total accommodation

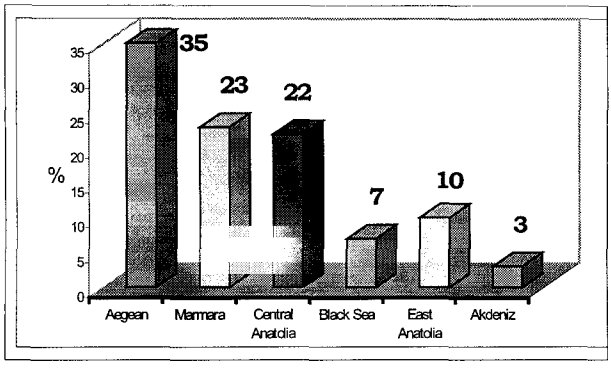
capacity of 750 thousand in Germany and 3 million tourists visit thermal resorts every year. There are 104 resorts in France and these facilities receive 650 thousand visitors every year. On the other hand, there are approximately 360 thermal resorts in Italy. It is reported that health and thermal tourism is rapidly developing in Hungary and over 10 million tourists visit this country every year. The present 128 facilities in Spain receive 400 thousand visitors each year where as over 13 million people visit the town of Beppu in Japan for thermal spring therapy annually. According the reports, 4500 health cure centers are established in Russia and this resort receives 8 million tourists each year. It is also known that there are thermal facilities with a total capacity of 55 thousand in Arkansas state in America and the thermal tourism season has been prolonged to 12 months in Hawaii via thermalism practices in newly established thermal resorts (Özbek, 2000: 246),

6. THERMAL TOURISM RESOURCES IN TURKEY

Turkey is located on an major geothermal resource and hosts approximately 1300 thermal (geothermal) resources with a temperature range of 20-110 'C and flow range of 2-500 it/second (http://www.turizm.gov.tr/aktivite/termal/termal.htm). Turkey comes in the seventh place in the world and the third place in Europe with regard to the richness of thermal resources (The Ministry of Health: 2001:59).

When compared to European countries, thermal waters in Turkey are superior with regard to temperature and flow ranges and physical and chemical properties (http://www.turizm.gov.tr/aktivite/termal/termal.htm).

Thermal resources are mainly found in the Aegean region with the Marmara region in the second and Central Anatolia in the third place in Turkey (Avcıkurt and Çeken,1998:32)



Source: AVCIKURT, and Çeken, 1998:32

Figure 1: Distribution Of Hot Springs In Turkey By Region

The majority of this thermal facilities are located in the Marmara and Aegean regions and due to their proximity to popular travel destinations such as Istanbul, Izmir, Pamukkale, Marmaris and Fethiye, transportation does not constitute a problem. The

ancient city of Hieropolis was built upon the rich mineral springs of Pamukkale where the waters flowed down the slopes of the mountain, carving out magnificent circular pools in the dazzling white layers of soft limestone. There is no doubt that the inhabitants of the ancient Lydian city of Kaunos bathed in the mud and mineral waters of the near by Lake Köyceğiz.

The thermal springs at İzmir - Balcıova are located at the Baths of Agamemnon, whose waters were known to be curative, back as far as the Roman times. The first capital city of the Ottoman Empire, Bursa, was founded opposite to Mouth Uludağ, or what the ancients called Mount Olympus. During the reign of Murat I (1359-1389), the natural thermal springs located in Çekirge inspired the Ottomans to construct a huge domed bath even larger than the Roman and Byzantine complex then already built on this site.

Çeşme, a town located on the Aegean coast, is famous for its curative natural thermal springs and seawater. On the southern coast of the Marmara Sea, situated in the middle of a luscious forest are the thermal springs of Yalova, whose rich mineral waters are believed to heal various ailments.

The 'Balıklı Kangal' thermal spring located in Central Anatolia is nothing less than extraordinary and is regarded to be one of the best in the world among similar types of springs. Situated 13 km from Sivas in the town of Kangal, the healing waters of this spring are 36 0C hot and contain bicarbonate, calcium and magnesium. The 2 to 10 cm long small fish, which flicker in these waters, play a vital role in the treatment of various diseases. Two other noteworthy thermal facilities situated in this province famous for their healing power are Sıcak Çermik and Soğuk Çermik.

Located near Kütahya in the town of Yoncalı, the thermal resort complex known as the 'TÜTAV Thermal Springs' has gained rightful reputation for its high standards which meet international regulations determined in this field.

The famous thermal facilities of Sandıklı (Afyon), Gönen (Balıkesir), Kestabol (Çanakkale), Ilgın (Konya), Kızılcahamam (Ankara), Haruniye (Adana), Ayder (Rize) Ladik (Samsun), Hasanapdal (Van) and Billoris (Siirt) are highly recommended to tourists. Even though they are not what one might call luxurious, they offer an indispensable benefit of recovery with their healing waters in a purely natural environment.

The number of facilities licensed by local authorities is 153 where as there are 34 resorts licensed by the Ministry of Tourism in Turkey. The number of thermal resort approved by the Ministry of Health is 34 (The Ministry of Finance, 2001).

7. AN EMPIRICAL STUDY ON THE EFFICIENT MANAGEMENT OF THERMAL FACILITIES AND THEIR CONTRIBUTION TO NATIONAL ECONOMY

7.1. THE OBJECTIVE of THE RESEARCH

The main objective of this research is to determine the service quality of private and state thermal facilities and to determine the problems encountered by these facilities so

as to suggest effective solutions.

The main problem, which arised during the research, was whether the problems encountered in thermal tourism differs according to the ownership structure of thermal facilities and capacity benefit.

7.2. MATERIAL and METHOD

7.2.1. POPULATION

219 thermal facilities (springs, spas, thermal hotels and motels) stated in the records of the Ministry of Tourism and studied in previous research constitute the universe of this research. A questionnaire was sent to the majority of the thermal facilities via mail. Reminding letters were sent to facilities, which completed an inadequate number of questionnaires. However, questionnaires were received from only 85 of these thermal facilities. 11 questionnaires were not evaluated due to insufficient data and return of mail from closed facilities. A total of 74 questionnaires were included to the research and statistically analyzed. The rate of the return of questionnaires sent via mail was 35 %.

7.2.2. THE COLLECTION and ANALYSIS of DATA

A questionnaire comprising 46 questions was presented to these thermal facilities. During the preparation of the questionnaire, similar literature and expert views were taken into consideration. Unclear questions were eliminated according to the results of preliminary questionnaires and following the publishing process the questionnaire was completed. In face-to-face interviews were carried out in near facilities, while to the far facilities, the questionnaires were sent via mail. Although reminding letters were sent to the managers of these facilities, only a limited number of completed questionnaires were received from them.

The replies given to the questions were statistically evaluated. The statistical analysis of data was performed by means of the Statistical Package for the Social Science (SPSS) for Windows program. The evaluations and percentages presented in the tables under the topic 'Findings' were analyzed by using the ANOVA, chi-square tests.

7.3. FINDINGS and DISCUSSION

The conclusions regarding the findings of the research have been presented under the topics and in the tables given below

The Socio- Demographic Characteristics of The Participants

The examination of the socio-demographic characteristics of the participants of the questionnaire (table 3) has revealed that 4.1 % of the managers were women and 95.9 % men. The majority of the participants (37.8 %) were determined to belong the 41 - 50

age group and 51.4 % of them were high school graduates. While 51.9 % had been working in the tourism sector for 1-10 years, 68,9 % were not educated in the field of tourism.

TABLO. 3: Socio-Demographics Characteristics of The Managers

	Group	F	(%)
Gender	Female	3	4.1
	Male	71	95.9
	Total	74	100
Age			
	30<	9	12.2
	31-40	26	35.1
	41-50	28	37.8
	51-60	5	6.7
	61-	6	8.2
	Total	74	100
Education Level			
	High School graduates	38	51.4
	College (2 years)	8	10.8
	UnderGraduates	23	31.0
	Master	5	6.8
	Total	74	100
Experiences in the tourism sector			
	1-5	17	23.0
	6-10	14	18.9
	11-15	20	27.0
	16-20	13	17.6
	21-25	5	6.8
	26+	5	6.8
	Total	74	100
Experiences in the Operations	1-5	29	39.2
	6-10	19	25.7
	11-15	14	18.9
	16-20	6	8.1
	21-25	2	2.7
	26+	4	5.4
	Total	74	100
Do you have any education of tourism ?			
	Yes	23	31.3
	No	51	68.9
	Total	74	100
Managers ' Education Level in Tourism			
	Bachelor Degree	3	4.1
	Maters and Ph.D.	2	2.7
	Education in Operations	10	13.5
	Certificate Programme	3	4.1
	Others	5	6.8
	Uneducated in Tourism	51	68.8
	Total	74	100

Fundamental Findings Belonging To The Facilities

The majority of the thermal facilities, which participated in the research, were small scale facilities.

Table. 4: Basic Characteristics of the Thermal Operations

Employs In Operations	Work scale	Number	(%)
	Full time	1817	67.85
	Part time	861	32.15
	Total	2678	100
Age of (Background of) Operations			
	1-10	22	29.7
	11-20	19	25.7
	21-30	7	9.5
	31-40	6	8.1
	41-50	6	8.1
	51+	14	18.9
	Total	74	100
Bed Number			
	Less than 50	28	37.8
	51-100	13	17.6
	101-150	9	12.2
	151-200	9	12.2
	More than 200	15	20.2
	Total	74	100
Type of Operations			
	Thermalspring	17	23.0
	Hot Spring	41	55.4
	Hotel-Resort	13	17.6
	Mineral Springs	3	4.1
	Total	74	100
Status			
	Public	32	43.2
	Private	37	50.0
	SemiPublic	5	6.8
	Total	74	100
Location			
	The Marmara	17	23.0
	TheAegean	14	18.9
	The Central Anatolia	28	37.8
	The Black Sea	8	10.8
	Eastern and Southeastern Anatolia	7	9.5
	Total	74	100
Type of license			
	The Ministry of Tourism	19	25.5
	The Ministry of Health	12	16.2
	Municipality	29	39.2
	Governorship	2	2.7
	No licence	15	20.3
	Total	74	100
Having star			
	Onestar	46	62.2
	Two star	10	13.5
	Three star	15	20.3
	Four star	2	2.7
	No	46	62.2
	Total	74	100

As seen in Table 4, 67.85 % of the personnel employed at these facilities worked full time where as 32.15 % worked part time. 55.4 % had an accommodation capacity below 100 beds. The majority of the facilities (55.4 %) were classified as thermal springs and 50 % belonged to private sector. The majority of the thermal facilities (78.9) were locat-

ed in the west (The Marmara and Aegean regions and Central Anatolia) and 39.2 % were licensed by the municipality of the region.

Because a very limited number of facilities in the Mediterranean region and Southeast Anatolia responded, the questionnaires received from the Mediterranean region and Central Anatolia likewise Southeast Anatolia and Eastern Anatolia were evaluated together.

As seen in Table 5, despite the increase in the occupancy rates of the thermal facilities according to years, these resorts continue to serve the thermal tourism sector below full capacity with a mean occupancy rate of 50 %. Also it was observed that in the majority of the facilities, the tourism season was not expanded throughout a year and approximately 50 % were closed in winter months (Table 6). Therefore, it is concluded that the rate of capacity usage decreased. Although the number of active thermal facilities increased in summer (93 %) it was observed that the mean occupancy rate reached a maximum value of 76 %.

Table. 5: OCCUPANCY RATE IN THERMAL OPERATİONS (1995-2000)

YEARS	OCCUPANCY RATE (%)
1995	44.23
1996	44.49
1997	45.40
1998	46.65
1999	46.65
2000	51.13

Table. 6: Occupancy Rate In Thermal Operations by Months (2000)

MONTHS	Running Operations (f)	Percent of Total Operations (%)	Average Occupancy Rate in 2000 (%)
January	39	52.7	36.93
February	39	52.7	36.63
March	42	56.8	38.84
April	43	58.1	40.19
May	54	73.0	46.23
June	67	90.5	58.64
July	69	93.2	71.81
August	69	93.2	76.51
September	65	87.8	64.55
October	50	67.6	52.04
November	40	54.1	41.32
December	39	47.3	33.76

Thermal facilities require support from concerned ministries and local authorities regarding both consultation and project planning in order to enable to increase in their capacity usage rates. However as seen from Table 7, the majority of the facilities (approximately 70 %) did not receive any support from the state or local authorities neither at the operations period nor for the realization of the increase of capacity.

Table. 7: Having Support From Concerned Ministries And Local Authorities

	Ministries supports		Local supports	
Type of Supports	F	%	f	%
Building Land	1	1.4	3	4.1
Project support	5	6.8	3	4.1
Credit	3	4.1	2	2.6
Easiness of the process	4	6.8	6	8.1
Others	7	9.5	9	12.2
No supports	53	71.6	51	68.9
Total	74	100	74	100

Table .8. Satisfaction of Managers about Governments efforts on the development of Health Tourism

	f	%
Suffecient	21	28.4
Insuffecient	53	71.6
Total	74	100.0

It was observed that the managers of the thermal facilities were not satisfied with the activities carried out by the concerned government aimed at the development of health tourism. While only 21 (28.4 %) of the managers of the facilities expressed their satisfaction with the activities carried out by the concerned ministries in order to develop health tourism, 53 of the managers, in other words, the majority (71.6 %) was dissatisfied.

The majority of the managers (93.2 %) stated that there was a lack of qualified personnel educated in health tourism and expressed their belief in the necessity of personnel training in higher education institutes and career schools established by The Ministry of Education. It would not be wrong to say that health personnel employment in thermal resorts and springs is inadequate. The results of this research revealed the fact that health personnel were employed in only 27 (36.5 %) of the thermal facilities and specialist doctors (Physical treatment and rehabilitation specialists and hydroclimatology specialists) were present in only 11 (14.9 %) .

As seen in Table 9, the majority of the thermal water resources (91.9 %) were found to be effective in the treatment of rheumatismal diseases. Other disorders, which can be treated by hydrotherapy, are bone diseases, kidney diseases and skin diseases.

Table 9:Treatment of diseases

Diseases or Disorders	F	%
1.Reumatismal	68	91.9
2.Bone diseases	61	82.4
3. Kidney diseases	59	79.7
4 Skin diseases	56	75.7
5.Gynaecology diseases	55	74.3
6.Muscle disorders	52	70.3
7. Digestive system	43	58.1
8.Nerve disorders	38	51.4
9.Post operational disorders	35	47.3
10.Heart diseases	30	40.5
11 Respiration disorders	26	35.1
12.Endocrin and hormones disorders	23	31.1
13 Feeding	20	27.0
14.Metabolism diseases	17	23.0
15.Constitution weakness	17	23.0
16.Hormonal disorders	16	21.6
17.Eye diseases	13	17.6

The customer profile of the thermal facilities, which participated in this research, indicates that approximately 83 % of their customers are local tourists whereas 17% are foreign tourists(table 10). The underlying reasons of this situation may be a lack of interest in health tourism from foreign countries, insufficient advertisement and orientation activities and facilities that do not meet the quality standards of international tourism. Upon the examination of the details of the customer profile, it was seen that the number of thermal facilities that do reserve full capacity for local tourists.

Table 10. Customer Profile of the Facilities

Type of Visitters	f	%
Local tourist	61	83
Foreign tourist	13	17
Total	74	100

When the thermal facilities were asked what kind of problems they encountered, the following replies were ranked in order of significance: insufficient advertisement (77%), financial problems (71.6 %), infrastructural inadequacy (70 %), lack of qualified personnel (68.9 %), incapacity transportation, environmental health and lack of personnel (Table 11). These findings support the results of similar research carried out previously (Kırdı, 1999; Özbek, 1991).

Table 11: Problems Of The Operations

Problems	F	%	Total
Advertisement	57	77.0	74(100)
Financial	53	71.6	74(100)
Infrastructural inadequacy	52	70.3	74(100)
Lack of qualified personnel	51	68.9	74(100)
Insufficient capacity	42	56.8	74(100)
Transportation	39	52.7	74(100)
Environmental Health	35	47.3	74 100)
Organizational	35	47.3	74 100)
Lack of personnel	32	43.2	74(100)
Others*	25	33.8	74(100)

*Others: insufficient law and landscape

Regarding the aforementioned first four problems, the difference between thermal facilities according to regions was analyzed by using the chi-square test. Analysis results revealed a statistically meaningful difference between regions regarding the advertisement problem (X2 :12.199, $p< 0.05$). It can be said that this difference arises from Eastern and Southeast Anatolia. The managers of thermal facilities located in these regions indicated that there was no such a problem as advertisement (Table 12)

Table 12:Relationship Between Regions and Problems

Regions		Type of problems											
		Advertisement			Finance			Infrastructure			Qualified Personnel		
		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Marmara	f %	6 (35.3)	11 (19.3)	17 (23.0)	6 (28.6)	11 (20.8)	17 (23.0)	5 (22.7)	12 (23.1)	17 (23.0)	6 (26.1)	11 (21.6)	17 (23.0)
Aegean	S %	7 (41.2)	7 (12.3)	14 (18.9)	6 (28.6)	8 (15.1)	14 (18.9)	5 (22.7)	9 (17.3)	14 (18.9)	8 (34.8)	6 (11.8)	14 (18.9)
Central Anatolia	S %	3 (17.6)	25 (43.9)	28 (37.8)	8 (38.1)	20 (37.7)	28 (37.8)	7 (31.9)	21 (40.4)	28 (37.8)	6 (26.1)	22 (43.1)	28 (37.8)
Black sea	S %	1 (5.9)	7 (12.3)	8 (10.8)	1 (4.8)	7 (13.2)	8 (10.8)	3 (13.6)	5 (9.6)	8 (10.8)	3 (13.0)	5 (9.8)	8 (10.8)
East and Sought East Anatolia	S %	-	7 (12.3)	7 (9.5)	-	7 (13.2)	7 (9.5)	2 (9.1)	5 (9.6)	7 (9.5)	-	7 (13.3)	7 (9.5)
Total	S %	17 (100)	57 (100)	74 (100)	21 (100)	53 (100)	74 (100)	22 (100)	52 (100)	74 (100)	23 (100)	51 (100)	74 (100)
		X^2:12.199		P:0.016	X^2:5.610		P:0.230	X^2:0.776		P:0.942	X^2:0.776		P:0.942

The difference regarding the problems encountered by facilities according to status was analyzed by using the chi square test. Analysis results revealed a statistically meaningful difference ($p< 0.05$) between facilities regarding financial problems and lack of personnel. It can be said that the difference regarding lack of personnel arises from public utilities. 62.5 % of the managers of public facilities indicated lack of personnel whereas this rate was 29.7 % in private sector and 20 % in KITs (Semi Public Institutions). It was also observed that financial problems were less encountered in KITs when compared to the other facilities.

Table.13: Relationship Between Operations Status and Problems

Problems		Public			Private			Semi public			Total				
		Yes	No	T	Yes	No	T	Yes	No	T	Yes	No	T	X^2	P
1.Advertisement	S	27	5	32	27	10	37	3	2	5	57	17	74	2.139	0..343
	%	84.4	15.6	100	73.0	27.0	100	60.0	40.0	100	77.0	23.0	100		
2.Infrastructure	S	21	11	32	27	10	37	4	1	5	52	22	74	0.698	0.709
	%	65.6	34.4	100	73.0	27.0	100	80.0	20.0	100	70.3	29.7	100		
3.Environment	S	15	17	32	19	18	37	1	4	5	35	39	74	1.741	0.419
	%	46.9	53.1	100	51.4	48.6	100	20.0	80.0	100	47.3	52.7	100		
4.Financial	S	27	5	32	24	13	37	2	3	5	53	21	74	5.852	0.054*
	%	84.4	15.6	100	64.9	35.1	100	40.0	60.0	100	71.6	28.4	100		
5.Lack of Qualified personnel	S	23	9	32	26	11	37	2	3	5	51	23	74	2.114	0..347
	%	71.9	28.1	100	70.3	29.7	100	40.0	60.0	100	68.9	31.1	100		
6.Management and Organizing	S	13	19	32	21	16	37	1	4	5	35	39	74	3.394	0.183
	%	40.6	59.4	100	56.8	43.2	100	20.0	80.0	100	47.3	52.7	100		
7.Capacity	S	21	11	32	19	18	37	2	3	5	42	32	74	2.038	0.361
	%	65.6	34.4	100	51.4	48.6	100	40.0	60.0	100	56.8	43.2	100		
8.Transportation	S	15	17	32	23	14	37	1	4	5	39	35	74	3.909	0.142
	%	46.9	53.1	100	62.2	37.8	100	20.0	80.0	100	52.7	47.3	100		
9.Lack of Personnel	S	20	12	32	11	26	37	1	4	5	32	42	74	8.688	0.013*
	%	62.5	37.5	100	29.7	70.3	100	20.0	80.0	100	43.2	56.8	100		
10.Others	S	12	20	32	10	27	37	3	2	5	25	49	74	2.489	0.288
	%	37.5	62.5	100	27.0	73.0	100	60.0	40.0	100	33.8	66.2	100		

Upon the question of what should be done for the development of thermal facilities, the responses given by the majority of the managers (51; 74.3 %) were the modernization of the facilities, financial support and sufficient advertisement.

The suggestions of managers concerning the improvement of service quality are presented in Table 14. 16.2 % of the managers offered financial support by the state whereas 13.5 % suggested advertisement for this purpose.

Table. 14: The Suggestions of Managers Concerning of Services Quality

	Number	%
Give financial support	12	16.2
Give External advertisements	10	13.5
Prolong Holiday seasons by the Ministry of Education	5	6.8
Grow special personnel for this field	5	6.8
Improve infrastructure	3	4.1
Build big hotels and thermal operations	3	4.1
Others	17	22.9
There is suggestion	19	25.7

*Others: Educating Health personnel, establishing health center and recreation.

4.5. RESULTS and SUGGESTIONS

In the past few years, significant developments have occurred in the tourism sector in Turkey, in which this sector has an important role because of having a major contribution to national economy. The share of tourism income in per capita national income was 0.6 % in 1980. This rate increased to 4 % in 2000. On the other hand, the share of tourism income in exports was 11.2 % in 1990 and this rate raised to 27.9 % in 2000.

The continuation of these developments can be maintained by means of diversification of tourism. Thus, the development of health tourism, especially, thermal tourism is a matter of concern. In spite of owning a large potential of thermal resources, unfortunately these resources are not used efficiently in Turkey. As mentioned before, the number of tourists visiting Turkey for health tourism constitutes a very low rate of 0.055 % with regard to the total number of tourists (According to data collected by the State Statistics Institute, a total of 40.786 tourists visited health facilities and springs in Turkey in 1998)

In 50 cities throughout Turkey approximately 205 springs, spas, thermal hotels and facilities are exist. Among these facilities the number of those, which have received an investment certificate, is 17 and the accommodation capacity of these resorts is 4850 beds. On the other hand, 26 facilities, which own a tourism business certificate, have an accommodation capacity of approximately 6500 beds. Thermal resorts approved by local authorities are 156 in number and have a capacity of 17.000 beds (Yurteri, 2001: 44). Among these facilities, 32 are licensed by The Ministry of Health. 50 % of thermal facilities in Turkey belong to private sector.

Health tourism is expected to undergo an accelerated development together with 'sea tourism' and 'adventure tourism' in the 2000s as a branch of the fastest growing sector in the world, namely tourism.

It is known that people who visit Turkey for health tourism generally are 50 years old and older. However according to survey carried out by The State Statistics Institute, tourists who visited Turkey for therapy and thermal treatment in 1998 mostly belonged to the 35 - 39 age group whereas the 50 -54 age group was in the second and the 45 -49 age group in the third place. The 65 + age group was determined to be in the sixth position. These results have revealed the importance of focusing on this age group.

In order to accomplish the development of thermal tourism in Turkey serious efforts are required. The integration of thermal tourism with other tourism branches will act as a tool of progress in underdeveloped regions and provide balanced development of tourism in all regions.

The diagnosis and solution of problems encountered will provide the promotion of growth of thermal tourism in Turkey. The main problems observed in this sector are listed below :

- There is no inventory on the definite number of thermal facilities in Turkey
- 20 % of these facilities have not been approved by any authority and the majority own only municipality certificates.

• 50.1 % of the thermal facilities have been constructed without a feasibility investigation being performed .

• 69 % of the managers of the facilities are not educated in tourism whereas 51 % are high school graduates.

• 79.7 % of the managers have expressed their opinion on the present capacity being inadequate.

• The examination of the customer profile has pointed out to the fact of 83 % the visitors being local tourists.

• 80 % of the managers have admitted that the customer demands are not completely satisfied.

• 41.9 % of the managers have indicated the insufficiency of physical treatment services whereas 40.5 % have pointed out to the inadequacy of accommodation services.

• 70 % of the resorts do not have sports or entertainment facilities.

• The mean fullness rates of the last five years are below 50 %. The occupancy rate of facilities is determined to reach a maximum of 95 % in the summer season and to fall below 50 % in winter.

• 'From the managers' point of view, the main problems encountered, in order of significance are as follows : advertisement and financial problems (84.4 %), lack of personnel (71.9 %), insufficiency of infrastructure (65.6 %), and inadequacy of capacity (65.5 %).

• 74.3 % of the managers regard modernization of facilities and financial support as a solution for the improvement of service quality whereas 66.2 % suggest better advertisement and 37.8 % professionalism in management.

• Although Turkey hosts a large potential for thermal tourism there are only a few facilities that meet European standards.

• It has been determined that health personnel are not employed in the majority of these facilities (63.5 %) and in these resorts, there is a lack of the service of scientific hydrotherapy.

• Thermal waters are found to be effective in the treatment of especially rheumatism and bone diseases.

• The managers of facilities located in Western and Central Anatolia have indicated advertisement and finance as their main problems whereas the managers of facilities located in Eastern and southeast Anatolia have stated that these matters do not constitute a problem for them.

• There are only 2 universities in Turkey, which give medical Ecology and Hydreclimatology courses. Therefore, there is a lack of educational institutes, which train specialists and personnel.

Solutions proposed for the aforementioned problems are listed below:

• The main objective in thermal tourism should be the prolongation of the tourism

season by means of expanding throughout the year and efficient use of potential resources in touristic regions

• Plans and projects aimed at the accomplishment of high fullness rates and full employment should be carefully evaluated and supported in thermal facilities.

• By means of the operations of cure centers, cure clinics, cure hotels and other recreation sites within thermal resorts, these facilities should attain a dynamic, prestigeful, appealing and modern operational system. Support of healing activities with social and cultural events, entertainment and sports will make thermal resorts more attractive for tourists.

• The adoption and preservation of Ottoman, Selçuk, and Raman characteristics in the restoration of historical thermal springs and the architectural design of newly constructed facilities may help the enlivenment of foreign tourism demands.

• Middle aged and elderly people constitute the largest customer group of thermal complexes with thermal hotels and cure centers. Therefore, the adoption of modern sales techniques appealing to this age group may be useful.

• Competition among facilities may promote the improvement of service quality. Cooperative work can be carried out with travel agencies, tour operators and transportation firms concerning foreign tourists. Local and foreign distribution routes should be brought together for cooperation.

• The execution of agreements with health insurance companies in foreign countries may further the advancement of demands for thermal tourism.

• Advertisement activities should be arranged according to the circumstances of foreign countries in order to quarantine attention of foreign tourists.

• The advertisement of thermal facilities is carried out by The Ministry of Tourism with limited funds in Turkey. Turkey can gain a market share in world thermal tourism only if thermal tourism is marketed successfully. Thus, the responsibility of promotion of thermal tourism should be also shared by civil organizations such as 'The Thermal Resorts and Springs Association' and other private and public organizations related to tourism.

• Thermal facilities should cooperate with The Ministry of Education Council for the training of health personnel and staff.

• Coordination should be established between ministries, local authorities, and concerned organizations regarding health tourism and required statistical data should be collected at one center.

REFERENSES

ASLIHAK Aysun: Türkiye'de Termal Turizm ve Ankara Haymana Kaplıcası İncelemesi, H.Ü. (Yüksek Lisans Tezi), Ankara,1998.

AVCIKURT, Cevdet ve ÇEKEN Hüseyin: Dünyada ve Türkiye de Sağlık Turizmi ve Geliştirilmesi, Azim Basımevi, TUGEV, No:47, Eylül, İstanbul, 1998.

BAYER M. Zekai: Turizme Giriş, İşletme Fakültesi Yayın No:253, İşletme İktisadı Enstitüsü Yayın No:146, İstanbul, 1992.

KIRDI Salim: "Türk Sağlık Turizm Sektöründe Mevcut Politikalar ve Bir Alan Uygulaması", G.Ü.,S.B.E., T.İ.E.B., Master Tezi, Ankara, 1999.

News Bulletin of the The State Statistics Institute, 1999;(1) (Devlet İstatistik Enstitüsü Haber bülteni, 1999).

ÖZBEK Toros: Dünyada ve Türkiye'de Termal Turizmin Önemi, ANATOLİA, Yıl:2, Sayı:17-18, Mayıs-Haziran, Ankara,1991.

ÖZBEK Toros: Jeotermal Akışkanların Entegre Olarak Sağlık ve Termal Turizmde Değerlendirilmesi. Yerel Yönetimlerde Jeotermal Enerji ve Jeoteknik Uygulamalar Sempozyumu, Bildiriler, 20-21 Kasım, İller Bankası Genel Müdürlüğü, Macunköy, Ankara,2000.

TÜRKER Necati: Türkiye de Turizm Sağlığı ve Sorunları, Turizmde Tanımlar, Turizm Sağlığı ve Hekimliği, Turizm Sağlığı Paneli ve Eğitim Programı Kitabı, Sağlık Bakanlığı, Temel Sağlık Hizmetleri Genel Müdürlüğü, 25-27 Mayıs, Ankara,2000.

INTERNET:

http:www. superonline.com./ nethaber/ 1998 040/ artıcıles/toplum_4.html.

http:www.tursab.org.tr./12.htm

http:www.tursab.org.tr./4.htm

http:www.tursab.org.tr./3.htm

http:www.tursab.org.tr./17.htm

http:/www.turizm.gov.trTaktivite/termal/termal.html

http:/www.superonline.com/nethaber/19981208/articles/bölgesel_04.html

http:www.tbb.gen.tr./turce/kultur/inanc/index.html

http:www.tbb.gen.tr. /turce/turizm/eko/index.html

SAĞLIK BAKANLIĞI: Kaplıcalar Yönetmeliği , 2001.

SAĞLIK BAKANLIĞI: Yataklı Tedavi Kurumları İstatistik Yıllığı 2000, S.B. Yayını No:643, Tedavi Hizmetleri Genel Müdürlüğü, Şen Matbaası,Ankara, 2001.

The Health Tourism and Health in Touristic Activities Project, 2000.(SAĞLIK BAKANLIĞI: Sağlık Turizmi ve Turizm Sağlığı Projesi,2000).

The State Statistics Institute, 2001 Survey Among Tourists Leaving Turkey (Devlet İstatistik Enstitüsü 2001 Çıkış Yapan Ziyaretçiler Anketi.

The Ministry of Finance, 2001.(Maliye Bakanlığı: 2001. Bütçe Uygulama Talimatı, Resmi Gazete Bilgi Merkezi-_files/20010322M1_files/20010322ml-52.gif).

The Mınıstry of Health Statistics 1999 (SAĞLIK BAKANLIĞI: Sağlık İstatistikleri, 1999, Araştırma, Planlama ve Koordinasyon Kurulu Başkanlığı, ISSN 1300-8684, Ekim, Ankara,1999).

The Ministry of Tourism, 2001 Year Statistics.

TURİZM BAKANLIĞI: Sağlık Turizmi ve Turizm Sağlığı, T.B. Yatırımlar Genel Müdürlüğü, Araştırma ve Değerlendirme Dairesi Başkanlığı, Yayın No:1993-8, Ankara,1993.

TURİZM BAKANLIĞI: TURİZM'98, Turizm Bakanlığı Yayını,1998.

TURSAB: Kongre Turizmi; İmkanlar ve Sorunlar, Sayı:102, Haziran, 1991.

ÜLKER İsmet: Sağlık Turizmi, Kaynaklar, Planlama,Tanıtım, T.B.,Ankara, 1994.

YURTASEVER Oğuzhan:

WEILER,B.,HALL, C.M. : Special Interest Tourism, Belhaven, 1992, London.