

INVESTIGATION OF THE FACTORS THAT SHAPE MEDICAL TOURISM: THE CASE OF TURKEY

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Abstract

This study aims to investigate the factors that shape medical tourism and to evaluate these factors in the context of Turkey. Studies and reviews that examine the factors affecting the preferences of patients admitted within the scope of the medical tourism were taken into consideration. Kahramanmaraş Sütçü İmam University electronic library, Sagem, Pubmed and Google academics were used in the literature search conducted. It was observed that the studies mainly focused on up to 9 factors, including quality, price, waiting time, other tourism activities, intermediary institutions, legislation, communication, technology and socio-economic status of the country. From Turkey's perspective, it was observed that quality, price, waiting time, other tourism activities and technology are adequate in Turkey, whereas there were deficiencies in socio-economic status, intermediary institutions and legislation areas of the country.

Key Words: Medical Tourism, Factors Affecting Medical Tourists Preferences, Turkey

1. INTRODUCTION

The international travels made to benefit from some treatment methods performed by the physicians in general medicine are called medical tourism (Barca et al., 2013). In the study conducted by Mutalib et al. (2016), medical tourism has been divided into two: quality-sensitive and price-sensitive medical tourism. It has been emphasized that quality-sensitive tourism is frequently preferred by wealthy people, whereas price-sensitive medical tourism is preferred by individuals with lower income. The critical point regarding medical tourism is that it differs from other types of health tourism. Many studies have emphasized that medical tourism is for treatment and basically provides health services, while other types of health tourism exist to provide complementary health services (Mueller and Kaufmann, 2001; Gonzales, 2001; Carrera and Lunt, 2010; Kim et al., 2012). In this respect, ability to receive better quality services in another country, considerable saving from the costs, experiencing constant problems with health insurance companies in the country, treatment without a delay and the synergistic effects brought about by these conditions have led the emergence of this field, which has become popular today (Aydın, 2012).

The points that distinguish medical tourism from other types of health tourism (thermal, spa & wellness and elderly/disabled tourism) can be examined under three headings: intervention, facility and entrance. In the intervention part, it is seen that other health tourism types serve as complementary medicine, whereas medical tourism serves as biomedical; in the facilities part, other health tourism types are provided in non-medical institutions and medical tourism is provided in hospitals or clinics; and, in the entrance part, other health tourism types provide therapy through natural care products, whereas medical tourism provides treatment through medicines and medical instruments (Carrera and Lunt, 2010). Moreover, in the study conducted by Müller and Kaufmann (2001), it has been emphasized that other types of health tourism (especially wellness tourism) are disease prevention tourism and preferred by healthy people, whereas medical tourism is a healing period tourism and preferred by patients.

2. INVESTIGATION OF THE FACTORS THAT SHAPE MEDICAL TOURISM: THE CASE OF TURKEY

The scope of the research include studies and reviews conducted related to the subject. As a result of the literature review, it was observed that studies particularly focus on 9 main factors considered to be effective in the formation of medical tourism. These are the quality, price differences, waiting time, additional services (other tourism activities), intermediary organizations, legislation, communication tools, technology and economic/political status of the country.

2.1. Quality Factor

According to the National Health Service, quality in health care services is "applying the right things with the right people at the right time by doing it right at the first time." One of the main objectives of health institutions that want to provide patient satisfaction is to raise the level of quality of health services to the highest level (Arpat et al., 2014). This applies to health care institutions targeting patients who admitted within the scope of medical tourism. It has been emphasized in many studies on medical tourism that the quality factor is one of the factors that shape medical tourism (Han and Hyun, 2015; Chuang et al., 2014; Ricafort, 2011; İçöz, 2012; Moloğlu, 2015; Can et al., 2014; Barca et al., 2013). One of the factors that highlight countries such as India, Thailand and Singapore as medical tourism destinations is the quality factor (Herrick, 2007). Singapore's medical tourism strategy, for example, relies on its high quality medical care, reliability and hospitals accredited by JCI. In this context, high quality services are provided to both domestic patients and patients who come within the scope of medical tourism in Singapore, which has 21 health institutions accredited by JCI (Wong et al., 2014). The studies on the patients admitted within the scope of the medical tourism have revealed the importance of quality in the medical tourism. Studies conducted by Rad et al. (2010) on over 200 people in Malaysia showed that the quality of service has a positive effect on the satisfaction of incoming patients. The study conducted by Amiri and Safariolyaei (2017) on 138 patients in India showed that the participants give priority to the highest quality, low cost, low waiting time and ease of entry and exit to the country. When we look at Turkey, there are 47 health institutions accredited by JCI. When we examine some countries that have become destinations in medical tourism, it is seen that 14 health institutions in Malaysia, 22 in Sinagapur, 32 in India and 56 in Thailand are accredited by JCI (www.jointcommissioninternational.org, May 4, 2017). It is known that Turkey has made reforms in total quality management since 2003 and achieved improvements in this area (Vatansever, 2014). The Department of Quality and Accreditation in Health, which was established in 2012, examines the works related to total quality management in hospitals and the process is followed (Karaca, 2014).

2.2. Price Factor

One of the most important factors shaping medical tourism is the *price* differences between countries (Chuang et al., 2014; Topuz, 2012; İçöz, 2012; Moloğlu, 2015; Can et al., 2014; Rad et al., 2010). For example, a heart surgery is between \$3,000 and \$6,000 in India, whereas this figure is in the range of \$40,000 to \$60,000 in the United States (Musalib et al., 2016). In the study conducted by Frederick and Gan (2015) in the United States, the fact that 27% of patients was willing to go to other places for treatment is one of the most important examples showing how price differences affect patient preferences. In addition, the revenues of countries from medical tourism should not be ignored. While the revenue of traditional sea-sand-sun tourism is 600-700 dollars per person, this figure is about 20 thousand dollars in medical tourism (Can et al., 2014). In this regard, it should not be forgotten that medical tourism is the sub-sector with the highest added value in the tourism sector, which can make a great contribution to the economy of the country (Barca et al., 2013). Considering Turkey, it is known that prices are more affordable than many countries (Ministry of Health, 2010; Topuz, 2012; İçöz, 2009; Aktepe, 2013). For example, in the study conducted by Binler (2015), it was emphasized that the cost of dental treatment in Turkey is lower than in North and Western Europe. Similarly, in the study conducted by Yıldız and Khan (2016), the cost of in vitro fertilization in Turkey and in the US was compared in terms of cost and it was observed that the prices in

Turkey were more affordable. In addition, significant planning has been made in the field of medical tourism, which is thought to be a great contribution to Turkey's economy. For example, in the Tenth Development Plan prepared by Turkey, the revenue targeted from the medical tourism was 5.6 billion dollars between 2014-2018 years (Ministry of Health, 2013).

2.3. Other Tourism Services Factor

It has been emphasized that the *other services* offered in addition to medical tourism are one of the factors shaping medical tourism (Chuang et al., 2014; Wonkgkit and McKercher, 2013). For example, in India, which is seen as the center of medical tourism nowadays, spa & wellness therapies are also applied to medical tourists who have undergone surgical operation, their healing process is accelerated and this process is included in the medical tour as a short holiday (Topuz, 2012). In such activities it has been found to be more beneficial for the public and private sectors to cooperate. For example, the Malaysian Health Services Travel Council supports the private sector regarding the participation and promotion of fairs and emphasizes the package programs (Wong et al., 2014). Likewise, a qualitative study by Rezaee and Mohammadzadeh (2016) on 12 people in Iran emphasized that general tourist services have a dominant influence in medical tourism. Turkey is one of the countries which has higher tourism potential due to its geopolitical position, natural beauties, different climate features, historical and cultural structure and its geography that hosted many civilizations (Arslan, 2014; Akıncı and Yüzbaşıoğlu, 2015). In addition, looking at the last published data by Turkish Statistical Institute (2016) is examined, Turkey is ranked 6th among the most visited countries in the world in 2014 and 11th place among the countries having the highest tourism income.

2.4. Intermediary Organization Factor

Patients admitted within the scope of the medical tourism can benefit from the wealth of the country and participate in tours in addition to the treatment. For this reason, medical tourism is integrated with travel tours specially designed for patients in many countries. In addition, all services must be carried out simultaneously from the first minute to the last minute of the incoming patient, and transportation, flight tickets, visa and passport procedures should be carried out (Şahbaz et al., 2012). At this point, *intermediary organizations* are of quite importance. The reason is that an intermediary organization that is responsible for all these transactions reduces the burden of the patient and the patient's preference can change accordingly (Hanefeld et al., 2015; İçöz, 2012). For example, in a study by Prakash et al. (2011) with 503 medical tourists in India, it has been observed that participants attach a great importance to intermediary organizations and that their expectations are high from these organizations (such as information about the doctor, institution and time, and accreditation of the chosen institution). It is known that the intermediary organizations in Turkey have not yet rendered their services in this field adequately (İçöz, 2009; Aktepe, 2013). Therefore, we can say that the number of organizations that provide this service is low. The public sector and private sector make bilateral agreements for medical tourism in Turkey. Private sector organizations such as the Dünya Göz Hospital and the Acibadem Healthcare Group have agreements with major insurance companies in Europe (such as AGIS, Wiener Stadische Verschiebung, BUPA International). There are also 22 Bilateral Social Security Agreements which have been signed by Turkey as well. In this context, the foreigners can benefit from the public and private hospitals that have agreements with the Social Security Institution in the same way as the citizens of Turkey (Binler, 2015).

2.5. Communication (Promotion) Factor

The *means of communication* affect the hospital preferences of the patients who admit within the scope of medical tourism (Topuz, 2012; Moloğlu, 2015). Individuals need to be informed about issues such as treatment institutions, procedures, tourism opportunities and travel arrangements (Crooks et al., 2011). At this point, the importance of communication tools that will initiate the relationship between the patient and the organization is significant. The web sites of health institutions can be an example of these means of communication. Studies on patients have found that websites affect patient preferences (Frederick and Gan, 2015; Cormany and Baloğlu, 2011), and it was seen that the country supported the private sector in publicity promotion in countries such as Malaysia and Sinagua

(Wong et al., 2014). For example, in a study conducted by Gill and Singh (2011) on 193 medical tourists in the United States, 73% of participants was found to prefer research online. In addition, it should be noted that communication established between patients and service providers has a significant effect on health outcomes, satisfaction level and patient behavior (Yeah et al., 2013). For example, it is emphasized that one of the factors that make India and Singapore as a destination for medical tourism is that health workers speak English (Herrick, 2007). From Turkey's perspective, it was observed that one of the problems encountered in the services offered to the patients who come within the scope of medical tourism was the lack of publicity and that the promotions made on the institutional basis were inadequate (İçöz, 2009; Şahbaz et al., 2012; Özsarı and Karatana, 2013; Moloğlu, 2015), despite the promotion incentives by the Ministry of Economy (Barca et al., 2013; Dinçer et al., 2016). In the case of foreign language skills, which has an important place in communication, it was observed that there are different evaluations. Studies by Özsarı and Karatana (2013) and Dinçer et al. (2016) pointed out that the staff who speak a foreign language were inadequate. In a study by Binler (2015), supported by the Ministry of Development, conducted in 33 provinces, whether the employees in organizations providing medical tourism know foreign language was investigated. Only 58.2% of the physicians in the study and only 25% of the nurses stated that they speak at least one foreign language and it was also found that the hospitals did not offer any training in this regard. Contrary to these results, İçöz (2009), Edinsel and Adıgüzel (2014) and Moloğlu (2015) reported that the foreign language levels of health workers were good. In addition, the study by Aslanova (2013) emphasizes that the Ministry of National Education encourages foreign language education and training of qualified medical personnel.

2.6. Legislation Factor

Individuals pay attention to the convenience or hassle of legal regulations of the countries visited. In this regard, *legislation* emerges as a factor that significantly influences the preferences of patients traveling within the scope medical tourism (Crooks et al., 2011; Ricafort, 2011). For example, in Malaysia and Thailand, an important destination in medical tourism, visa facilitation is provided for 30-90 days for patients coming from abroad for treatment purposes (Wong et al., 2014). Likewise, in the study by Gill and Singh (2011) conducted with 194 medical tourists in the USA, participants were asked about the factors influencing their choices and the government policy and legislative factor were found to be ranked third following medical services and physicians' recommendation factors. In addition, the fact that some operations such as gender change, abortion and euthanasia are prohibited in tourist sending countries, is also an important factor in medical tourism. The fact that Switzerland has become a destination in the field of euthanasia in recent years is the major proof of this case (İçöz, 2012). The primary official health institution in Turkey is the Ministry of Health. The Health Tourism Coordination Agency, which is established within the General Directorate of Health Services affiliated to the Ministry of Health, constitutes the legal aspects of health tourism by establishing official legal regulations (Aslanova, 2013). For example, within the scope of Turkey's Tenth Development Plan (2014-2018), the Health Tourism Development Program has been established and it has been aimed to create a legislative infrastructure that allows price differentiation with this program (Ministry of Health, 2013). The Ministry of Health (2013) emphasized that the legislation was constantly changed as a result of state intervention in the recently published Turkey Medical Tourism Report, and that this change caused time loss and cost. In the SWOT analysis by Özsarı and Karatana (2013), it was seen that the knowledge of health personnel and hospital administrators about European health legislation and patient rights was inadequate.

2.7. Socio-Economic Factor

Stable *political, social and economic status* of the country is one of the important factors in patient preference in medical tourism (Aslanova, 2013; Ricafort, 2011; Can et al., 2014). Social and political stability is one of the reasons for preferring Asian countries such as Singapore and Malaysia (Aslanova, 2013). For example, after the September 11 attacks, medical tourism activities in the US had been affected negatively. Germany targeted the Gulf countries in this period and turned this into an opportunity. (Aydın, 2014). In the same way, we can state that the surrogate mother scandal in Thailand and the increased crime rate in India negatively affect these regions (Wong et al., 2014). From the perspective of Turkey, it has been emphasized that global and regional economic crises, international terrorist incidents affect the admitting patients negatively in terms of confidence (Dinçer et

al., 2016). The study conducted by the Ministry of Health (2013) and Barca et al. (2013) indicated that political instability in neighboring countries could negatively affect Turkey. However, the likelihood of transforming such crises into opportunities should not be ignored. For example, the study conducted by the Ministry of Health (2013) emphasized that Turkey's geographical and socio-political status may pose an opportunity. In this regard, a new and strong market for Turkey can be created by considering the problems experienced in this region.

2.8. Technology Factor

Rapid development of *technology* and ease of access to information in today's world were the factors that affect medical tourism (Topuz, 2012; Moloğlu, 2015; Can et al., 2014; Barca et al., 2013). Individuals want to be treated in countries that have advanced equipment and technology and are scientifically active worldwide (Barca et al., 2013). The United States, which attracts many tourists as well as sending medical tourists, can be shown as an example of this fact. The difference between the USA and other major countries that serve for medical tourism is to offer high cost, technology and quality services, targeting wealthy individuals. The fact that 35% of the tourists come from Middle Eastern countries is the primary proof of this case in this context (Acar et al., 2012). From the perspective of Turkey, many studies have emphasized that medical institutions providing medical tourism services have good level of technology (İçöz, 2009; Edinsel and Adıgüzel, 2014; Moloğlu, 2015; Dinçer et al., 2016). In a study by Binler (2015) conducted on hospitals, the technological infrastructure has been found to be not too much lacking. The report issued by the Ministry of Health (2013) emphasizes that some private hospitals have advanced technology. In addition, Şahbaz et al. (2012) determined that the administrators of the 120 private hospitals in Ankara and Istanbul have been satisfied with the technology in their institutions.

2.9. Wait Time Factor

One of the factors that shaped medical tourism was the longer *wait times* to be treated in hospitals and individuals' desire for quick treatment options (Han and Hyun, 2015; Ricafort, 2011; Aktepe, 2013; Can et al., 2014; Mutalib et al., 2016). The fact that one waits for 18 months for knee surgery in some advanced countries, whereas this operation is performed in India in maximum 10 days (İçöz, 2012), and that the surgical operations in Malaysia are being offered in short waiting periods (Dinçer et al., 2016); that people in countries like England and Canada wait long periods of time for aesthetic and eye operations (Şahbaz et al., 2012) can be demonstrated as an example of this situation. The study by Barca et al. (2013) emphasizes that one of the main reasons for American and European tourists was the long waiting lists of patients. The study by Özsari and Karatana (2013) states that there are long waiting times in countries such as England, Holland and Canada due to inadequate supply-demand balance. For example, prolonged adjuvant reproduction therapies in the western countries has led to the formation of a new group called "infertility tourists" in the tourism world (SATURK, 05.05.2017). As for Turkey, it has been emphasized that waiting time and treatment time are not long and that the patients are treated in a short time (Şahbaz et al., 2012; Binler, 2015; Kılınç, 2017). For example, in a developed western country, patients wait in line for up to 6 months for prostate cancer surgery and for 15 months for hip prosthesis. In Turkey, it takes up to 3 days including pre-operation examination and evaluation period (SATURK, 05.05.2017). Binler (2015) and Kılınç (2017) stated in their study that most of the participants preferred Turkey because of the long waiting lists in their own countries.

3. DISCUSSION

Individuals seeking better quality, inexpensive and straight away health care services have led to the emergence of medical tourism. People have had to visit overseas countries to receive these services. In this period, countries offering quality services at affordable prices such as India, Malaysia, Thailand and Singapore have become an important destination in the medical tourism market. Turkey is one of the countries that want to take its share from the medical tourism market and use its potential. In Turkey, the latest Tenth Development Plan (2014-2018) aims to treat 750,000 foreign patients and generate revenue of \$5.6 billion in this area (Ministry of Health, 2013). According to the latest data issued by the Ministry of Health (2013), 83.2% of the international patients who came to Turkey preferred private health institutions and the most patients came from Libya, Germany, Iraq and

Azerbaijan. And, in terms of the provincial basis, they chose Antalya, Istanbul and Ankara mostly, and the most preferred clinics were ophthalmology, orthopedics, traumatology and internal diseases.

This study has two objectives. The first is to determine the main factors affecting the preferences of the patients in medical tourism and the second is to examine the present status of these factors in Turkey. As a result of the literature review, 9 main factors found to be emphasized. These include quality, price, waiting time, other tourism activities, intermediary institutions, legislation, communication, technology and socio-economic status of the country. By considering these factors determined in accordance with the second objective, it was tried to determine the situation of Turkey in the field of medical tourism. Within the scope of medical tourism, studies conducted and found in Turkey were examined and it was determined that Turkey is in good condition in terms of quality, price, other tourism services, technology and waiting time factors. As stated, Turkey's advantageous points were the significant improvements in terms of quality, its position comparable to other destinations in medical tourism in terms of number of institutions accredited by JCI (Vatansever, 2014; Karaca, 2014), affordable treatment compared to the USA and Northern European countries (Yıldız and Khan, 2016; Binler, 2015), its potential for other tourism activities (Akıncı and Yüzbaşıoğlu, 2015), presence of advanced technology especially in the private hospitals (Şahbaz et al., 2012; Ministry of Health, 2013), and shorter waiting times than in other countries (Kılınç, 2017). In addition, similar results have also been found in studies conducted on patients who came to Turkey within the scope of medical tourism. For example, the most influential factors emphasized in studies were the waiting time by Binler (2015) and Kılınç (2017), price and technology by Canoğlu et al. (2016), quality of service by Öncü et al. (2016), other tourism activities and price factors by Zengingönül et al. (2012).

In the study, it was observed that Turkey lacks socio-economic, intermediary institution-wise and legislative factors. It has been pointed out that Turkey is disadvantageous in terms of the political instabilities experienced in surrounding countries and the emergence of regional economic crises (Ministry of Health, 2013; Barca et al., 2013; Dinçer et al., 2013), inadequacy of intermediary organizations, and preference of special agreements among institutions (İçöz, 2009; Aktepe, 2013; Binler, 2015), constant change of legislation and ignorance of health personnel about legislation (Ministry of Health, 2013; Özşarı and Karatana, 2013). In addition, it was observed that the studies are divided into two in the communication factor. Some of the studies emphasize that the foreign language levels of health workers are not good (Özşarı and Karatana, 2013; Binler, 2015; Dinçer et al., 2016), although some studies report good level of foreign language (İçöz, 2009; Edinsel and Adıgüzel, 2014; Moloğlu, 2015) and training supported by the government (Aslanova, 2013).

4. CONCLUSION AND RECOMMENDATIONS

In the study, it was observed that factors that affect medical tourism include quality, price, waiting time, other tourism activities, intermediary institutions, legislation, communication, technology and socio-economic status of the country. It was observed that Turkey is adequate in terms of quality, price, waiting time, other tourism activities and technology factors, despite being inadequate in socio-economic status, intermediary organization and legislation of the country. Some suggestions were made within the scope of the study:

- Taking into consideration the potential of other tourism activities in Turkey, package tours should be prepared for the patients who come within the scope of medical tourism,
- In order to establish a good communication with the patients who come within the scope of medical tourism, priority should be given to the improvement of foreign language skills of physicians. In this context, an importance should be given to foreign language both during the college education and in-service training.
- Participation in congresses and fairs should be ensured for an international promotion, free publicity tours should be arranged and care should be taken to use the language of the country of the fair.
- Intermediary organizations should be encouraged more and included in the medical tourism market,
- Health professionals should be kept informed about the changes made to the legislation used for medical tourism,
- Turkey needs to be able to turn the socio-economic crisis into an opportunity, and seek ways to become

an important destination for patients from the Middle East that tend to go to the USA and Europe.

As a result of the literature study, the most influential factors in medical tourism were stressed and these factors were explained together with their reasons. The assessments and the data presented in the studies examined were accepted as accurate. For this reason, it should be emphasized that "the most mentioned factor does not mean the most important factor". In addition, a brief evaluation was presented by considering the potential of Turkey in the study. In this regard, it is believed that this study will contribute to the literature.

REFERENCES

Acar, M., Demirbaş, D., Gedik, İ. ve İltter, H.K. (2012). Alternatif Turizm Girişimi: Termal Tesis Yatırım Analizi ve Fizibilite Raporu Projesi Sonuç Raporu, Rekabet Araştırmalar Merkezi, Ankara.

Akıncı, Z. ve Yüzbaşıoğlu, N. (2015). Türkiye, Dünya Turizm Sektörü İçerisinde Bir Belirleyici mi, Yoksa Bir Taşıyıcı mı?, Finans Politik & Ekonomik Yorumlar, 52, s. 45-61.

Aktepe, C. (2013). Sağlık Turizminde Yeni Fırsatlar ve Türkiye'de Yerleşik Sağlık İşletmelerinin Pazarlama Çabaları, İşletme Araştırmaları Dergisi, 5(1), s. 170-188.

Amiri, M. and Safariolyaei, N. (2017). Medical Tourism in India: Current Scenario, International Journal in Management and Social Science, 5(3), p. 106-111.

Arslan, F. (2014). Avrupa Birliği'nin Turizm Politikası ve Türkiye Turizm Stratejisi 2023 Üzerine Bir Değerlendirme, Uluslararası Sosyal Araştırmalar Dergisi, 7(31), s. 427-438.

Aslanova, K. (2013). Türkiye'de Sağlık Turizmi ve Sağlık Turizmi Hukuku, Avrasya Uluslararası Araştırmalar Dergisi, 2(3), s. 129-145.

Aslantekin, F., Göktaş, B., Uluşen, M. ve Erdem, R. (2007). Sağlık Hizmetlerinde Kalite Deneyimi: Dr. Ekrem Hayri Üstündağ Kadın Hastalıkları ve Doğum Hastanesi Örneği, Fırat Sağlık Hizmetleri Dergisi, 2(6), s. 55-71.

Arpat, B., Şaşmaz, N. ve Yürekli, E. (2014). Sağlık Hizmetlerinde Kalite Maliyetleri, SDÜ İİBF Dergisi, 19(3), s. 313-332.

Aydın, D., Şeker, S. ve Şahan, S. (2011). Kamu Hastanelerinde Sağlık Turizmi ve Turistin Sağlığı Uygulama Rehberi, Sağlık Bakanlığı, Ankara.

Aydın, O. (2012). Türkiye’de Alternatif Bir Turizm; Sağlık Turizmi, KMÜ Sosyal ve Ekonomik Araştırmalar Dergisi, 14(23), s. 91-96.

Aydın, D. (2014). Trabzon Sağlık Turizmi Fırsatları ve Analizi, Sağlık Bakanlığı Trabzon İl Sağlık Müdürlüğü, Trabzon.

Barca, M., Akdeve, E. ve Balay, İ.G. (2013). Türkiye Sağlık Turizm Sektörünün Analizi ve Strateji Önerileri, İşletme Araştırmaları Dergisi, 5(3), s. 64-92.

Binler, A. (2015). Türkiye’nin Medikal Turizm Açısından Değerlendirilmesi ve Politika Önerileri, Uzmanlık Tezi, Kalkınma Bakanlığı, Ankara.

Canoğlu, M., İnan, H. and Güler, E.Ö. (2016). The Motivational Behaviors and Perceptions of the Medical Tourists-The Case Turkey, International Journal of Health Management and Tourism, 1(3), pp. 45-67.

Carrera, P. and Lunt, N. (2010). A European Perspective on Medical Tourism: The Need For A Knowledge Base, International Journal of Health Services, 40(3), p. 469-484.

Çiçek, R. ve Avderen, S. (2013). Sağlık Turizmi Açısından İç Anadolu Bölgesi’ndeki Kaplıca ve Termal Tesislerin Mevcut Yapısının ve Potansiyelinin Belirlenmesine Yönelik Bir Araştırma, KMÜ Sosyal ve Ekonomik Araştırmalar Dergisi, 15(25), s. 25-35.

Connel, J. (2006). Medical Tourism: Sea, Sun, Sand and Surgery, Tourism Management, 27, s. 1093:1100.

Dinçer, M.Z., Çifçi, M.A. ve Karayılan, E. (2016). Gelişmekte Olan Ülkelerde Medikal Turizm: Türkiye’nin Tayland, Malezya ve Hindistan’a göre Potansiyelinin Değerlendirilmesi, İstanbul Üniversitesi Sosyal Bilimler Dergisi, 1, ss. 34-60.

Edinsel, S. ve Adıgüzel, O. (2014). Türkiye’nin Sağlık Turizmi Açısından Son Beş Yıldaki Dünya Ülkeleri İçindeki Konumu ve Gelişmeleri, 4(2), ss. 167-190.

Frederick, J.R. and gan, L.L. (2015). East-West Differences Among Medical Tourism Facilitators Websites, Journal of Destination Marketing&Management, 4, p. 98-109.

Gill, H. and Singh, N. (2011). Exploring the Factors that Affect the Choice of Destination for Medical Tourism, Journal of Service Science and Management, 4, p. 315-324.

Gonzales, A., Brenzel, L. and Sancho, J. (2001). Health Tourism and Related Services: Caribbean Development and International Trade, Final Report, <http://www10.iadb.org/intal/intalcdi/PE/2009/03451.pdf> (Erişim tarihi: 10.03.2017).

Herrick, D.M. (2007). Medical Tourism: Global Competition in Health Care, NCPA Policy Report No:304, USA.

Hofer, S., Honegger, F. ve Hubeli, J. (2012). Health Tourism: Definition Focused on The Swiss Market and Conceptualisation of Health(i)ness, Journal of Health Organization and Management, 26(1), p. 60-80.

İçöz, O. (2012). Sağlık Turizmi Kapsamında Medikal Turizm ve Türkiye'nin Olanaklar, Journal of Yaşar University, 4(14), s. 2257-2279.

Joint Commission International. (2017). JCI - Accredited Organizations, <http://www.jointcommissioninternational.org>, (Erişim Tarihi: 04.05.2017).

Karaca, Ş.B. (2014). Sağlık Hizmetlerinde Kalite Yönetimi ve Hasta Beklentileri Konusunda Bir Uygulama, Yüksek Lisans Tezi, Adnan Mend. Üniv. SBE, Aydın.

Kılınç, İ. (2017). Türkiye'de Medikal Turizm Sektöründe Hizmet Kalitesi ve Memnuniyet Üzerine Bir Alan Araştırması, Vizyoner Dergisi, 8(17), ss. 130-143.

Kim, Y.H., Boo, C., Demirer, İ. and Kim, M. (2012). A Case Study of Health Tourism in the Jeju Province, Hospitality Review, 29(1), p. 64-86.

Moloğlu, V. (2015). Yükselen Bir Değer Olan Medikal Turizmin; Türkiye Ekonomisine Katkısı, International Conference on Eurasian Economies, Rusya.

Mueller, H. and Kaufmann, E.L. (2001). Wellness Tourism: Market Analysis of a Special Health Tourism Segment and Implications for the Hotel Industry, Journal of Vacation Marketing, 7(1), p. 5-17.

Mutalib, N.S.A., Ming, L.C., Yee, S.M., Wong, P.L. and Soh, Y.C. (2016). Medical Tourism: Ethics, Risks and Benefits, Indian Journal of Pharmaceutical Education and Research, 50(2), p. 261-270.



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Öncü, M.A., Çatı, K. ve Yalman, F. (2016). Medikal Turizm Kapsamında Gelen Yabancı Hastalar ile Yerli Hastaların Memnuniyet ve Sadakatlerinin Karşılaştırılması, Bartın Üni. İİBF Dergisi, 7(14), ss. 45-72.

Özsarı, S.H. ve Karatana, Ö. (2013). Sağlık Turizmi Açısından Türkiye'nin Durumu, J. Kartal TR, 24(2), s. 136-144.

Piazolo, M. ve Zanca, N. A. (2011). Medikal Tourism - A Case Study for The USA and India, Germany and Hungary, Acta Polytechnica Hungarica, 8(1), p. 137-143.

Prakash, M., Tyagi, N. and Devrath, R. (2011). A Study of Problems and Challenges Faced by Medical Tourists Visiting India, Indian Institute of Tourism and Travel Management, India.

Rad, N.F., Som, A.P. and Zainuddin, Y. (2010). Service Quality and Patients' Satisfaction in Medical Tourism, Tourism & Hospitality, 10, p. 24-30.

Rezaee, R. and Mohammadzadeh, M. (2016). Effective Factors in Expansion of Medical Tourism in Iran, Medical Journal of the Islamic Republic of Iran, 30, p. 1-6.

Sağlık Bakanlığı. (2010). 2010 Faaliyet Raporu ve 2011 Çalışma Planı, Temel Sağlık Hizmetleri Genel Müdürlüğü, Ankara.

Sağlık Bakanlığı. (2013). Sağlık İstatistik Yıllığı 2013, Sağlık Araştırmaları Genel Müdürlüğü, Ankara.

Şahbaz, R., Akdu, U. ve Akdu, S. (2012). Türkiye'de Medikal Turizm Uygulamaları; İstanbul ve Ankara Örneği, Balıkesir Üniversitesi SBE Dergisi, 15(27), s. 267-296.

SATURK. (2017). Sağlık Turizmi Nedir?, <http://www.satürk.gov.tr/images/pdf/tyst/02.pdf> (Erişim Tarihi: 05.05.2017).

Topuz, N. (2012). Türkiye Sağlık Turizmi Stratejisi, Uzmanlık Tezi, Kültür ve Turizm Bakanlığı, Ankara.

Vatansever, M. (2014). Türkiye Sağlık Hizmetlerinin Finansmanı ve Sağlık Harcamalarının Analizi 2002 – 2013 Dönemi, Sağlık Bakanlığı, Yayın No: 983, Ankara.



ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

INTERNATIONAL JOURNAL OF HEALTH MANAGEMENT AND STRATEGIES RESEARCH

Cilt/Volume : 3 Sayı/Issue : 2 Yıl/Year : 2017 ISSN -2149-6161

Wong, K.M., Velasamy, P. and Arshad, T.N. (2014). Medical Tourism Destinations Swot Analysis: A Case Study of Malaysia, Thailand, Singapore and India, SHS Web Conferences, 12, p. 1-8.

Varol, B. (2012). Nevşehir Termal Turizm Raporu, Ahiler Kalkınma Ajansı, Nevşehir.

Yıldız, M.S. and Khan, M.M. (2016). Opportunities for Reproductive Tourism: Cost and Quality Advantages of Turkey in the Provision of in-vitro Fertilization Services, BMC Health Services Research, 16, p. 1-8.

Zengingönül, O., Emeç, H., İyilikçi, D.E. ve Bingöl, P. (2012). Sağlık Turizmi: İstanbul'a Yönelik Bir Değerlendirme, İstanbul Kalkınma Ajansı, İstanbul.