



Travel Motivations and Behavioral Intentions of Tourists Visiting Istanbul within the Scope of Health Tourism: Mediating Role of Perceived Value

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Abstract: This study aims to evaluate the travel motivations of health tourists visiting Istanbul, the perceived value they attribute to their visit, and the effect of this perception on their behavioral intentions. Furthermore, the mediating role of perceived value is analyzed. Structural equation modelling (SEM) and path analysis were employed in the study, and data were analyzed using IBM SPSS 23 and AMOS software. The reliability and validity of the scales were assessed using Cronbach's α coefficient, exploratory factor analysis (EFA), and confirmatory factor analysis (CFA). Subsequently, the mediating effect was tested using the PROCESS macro software. The findings reveal that attractiveness, natural environment, and socialization motivations have a significant partial mediating effect on behavioral intention through perceived value. However, it was determined that escape and consumption motivations do not have a significant partial mediating effect on behavioral intention through perceived value. In light of these findings, it is imperative that health tourism managers prioritize the development of behavioral intentions by creating strategies that increase tourists' perceived value.

Keywords: Health Tourism, Travel Motivations, Perceived Value, Behavioral Intention, Istanbul

1. Introduction

Health tourism refers to traveling to a country other than the one in which one is resident in order to protect and improve health or treat illnesses and benefit from health and tourism offers. People traveling for this purpose are called 'health tourists' (Kantar & Işık, 2014). Health tourism is an economic activity that involves the exchange of services and creates a link between the healthcare and tourism sectors (Bookman & Bookman, 2007). Since the service provided is health services, it is in the direct interest of the health sector. Those who come to a country from abroad for treatment can also have the opportunity to have a holiday in that country. Since there are no seasonal fluctuations in health tourism, it is a more advantageous tourism area (Ağaoğlu et al., 2019). Factors such as long waiting times and high treatment costs in developed countries are effective in making health tourism so popular (Bookman & Bookman, 2007; Lunt & Carrera, 2010). For these and similar reasons, health tourists, especially from high-income countries, travel to lower-income destinations with adequate health service standards (Turner, 2007). This trend is supported not only by economic reasons but also by the high-quality health services, specialized care facilities, and modern medical infrastructure offered by some destinations (Connell, 2013). In addition, destinations that offer holiday opportunities as well as health services make health tourism attractive by allowing tourists to receive treatment and have touristic experiences (Heung & Kucukusta, 2013).

Recently, it has become more important to investigate which type of tourist prefers which type of tourism rather than researching why tourists travel. For example, Caber and Albayrak (2016) investigated the motivational sources of tourists who climb mountains, Xu and Chan (2016) investigated motivational sources in nature-based tourism, Kim and colleagues (2003) examined the motivational factors of visitors to Korea National Park; Crompton (1979) examined the motivational factors of pleasure holidaymakers; Jang and Wu (2006) examined the motivational factors of third-age tourists; and Correia and colleagues (2007) studied the travel motivations of Portuguese tourists, and Gan and

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colleagues (2023) studied the travel motivations of those travelling for health and wellness tourism. These are some of the studies conducted in the field to determine travel motivations. Studies aimed at determining why tourists prefer different types of tourism are among the important topics of recent research. In this context, health tourism is seen as an important and rapidly developing type of tourism in recent times (Ekiyor & Karademir, 2024). Health tourism is a tourism activity whose importance is increasing, both as a new growth market and as a means for countries to create, maintain, and support a positive image. As this situation has also attracted the attention of scientists, there are very few studies in the literature aimed at determining the motivational sources of health-seeking travellers (Çapar, 2019; Gönül & İçöz, 2020; Gan et al., 2023). Studies have shown that tourists who are satisfied with their destination as a result of various motivational factors are more likely to revisit that place and recommend it to their friends, relatives, and acquaintances (Oliver, 1999; Yoon & Uysal, 2005).

The aim of this study is to examine the travel motivations of tourists visiting Istanbul within the scope of health tourism and the effects of these motivations on perceived value and behavioral intention. The study aims to evaluate the roles of factors such as escape, consumption, attractiveness, natural environment, and socialization motivations in health tourism decision-making processes and to investigate the mediating effect of perceived value in these relationships. Thus, it aims to develop strategic recommendations for the health tourism market and contribute to increasing the competitive advantages of destinations.

2. Conceptual Framework

2.1. Travel motivation

Motivation is seen as a very important variable that contributes to understanding tourist behavior. This is because motivation is the driving force behind people's behavior (Fodness, 1994). Tourism researchers have been trying to find the answer to why people travel for years. Goldner and Ritchie (2009) argue that the answer to why tourists travel is simple and that what researchers studying travel motivation should really be trying to uncover is why tourists are drawn to specific travel experiences.

According to Hacıoğlu (2005), travel motivation, like all motivations, arises from a need. Travel motivation is defined as a psychological state that prepares individuals to travel and directs them in that direction. Pizam and colleagues (1979) describe travel motivation as the needs that direct individuals towards a specific tourism activity. Park and Yoon (2009) define motivation in terms of travelling as the need for people to engage in tourism activities. Travel motivation is defined as the psychological factors that drive individuals to travel and create the need to travel. According to Crompton (1979), although motivational factors are seen as only one of the factors explaining individuals' behavior, they are actually considered the most important factor because they are the compelling, coercive, and driving force behind all behavior. Harman (2014) defines travel motivation as the reasons that lead people to seek a particular travel experience. Individuals' travel motivations are expressed as the sum of the drives that lead the individual to travel and determine the destination of their trip, and the attractive features of the destination in question are influential in destination selection (Crompton, 1979). Swarbrooke and Horner (2007) state that individuals' travel motivations can be grouped into two categories: motivations that drive individuals to travel and motivations that lead individuals to prefer a specific destination at a specific time.

According to Godfrey (1998), people's thoughts and desires to travel are driven by their own internal forces. These internal forces constitute push factors. They are drawn by external forces that constitute the qualities of the attraction, and these external forces constitute pull factors. Push factors are internal and psychological.

Pull factors, on the other hand, are related to the characteristics and qualities of the destination (Teye & Paris, 2011). According to Goossens (2000), pull factors define destination preferences, while push factors define the need to travel. Push factors are defined as internal motivations that direct individuals towards tourist travel and activities in order to satisfy their desires and needs, while pull factors are defined as the level of awareness that tourists have of a destination. According to Kim and colleagues (2003), push factors are also expressed as the internal force that motivates people to travel or makes them feel the need to travel. Similarly, Mill and Morrison (1998) state that push factors are effective in determining whether to travel, while pull factors are effective in determining where to go, and therefore push factors, rather than pull factors, should motivate a person to travel.

2.2. Perceived value

In recent times, intense competition has led businesses to target their competitors' customers within a mutually beneficial relationship, aiming to offer them greater value than their rivals. While all businesses recognize the necessity of this approach, it significantly increases the importance of customer satisfaction and retention. Customers now gravitate towards whichever business offers them higher value (Yükselen, 2008).

Although perceived value is a difficult concept to define and measure, it is generally defined in the literature as 'the customer's overall assessment of the benefits of a product or service based on the perception of what is received and what is given' (Zeithaml, 1988). According to Zeithaml, perceived value is the consumer's evaluation of the price they pay for goods or services after making a purchase and comparing the service's benefits with their costs (Zeithaml, 1988). In other definitions, perceived value is expressed as the difference between the consumer's perceived benefit and cost, the ratio of perceived benefit to perceived cost, or the ratio of perceived price to perceived quality (Cronin et al., 2000). Therefore, perceived value can be explained as the customer's holistic evaluation of a product's benefits. In this context, providing value to the customer is not related to what the company gives, but to what the customer receives; in other words, their perceptions.

2.3. Behavioural intention

People typically base their purchasing decisions on their past experiences with services. These attitudes reveal whether they will purchase the same product or service again in the future (Yang et al., 2011). In the literature, this is interpreted as behavioral intention. Behavioral intention is the end result of a consumer's satisfaction or dissatisfaction after purchasing a product or service (Anderson et al., 1994). Yücenur and colleagues (2011) also define behavioral intention as a customer's thoughts about the purchased product/service and the actions based on them. Dolnicar and colleagues (2015) define behavioral intention as the probability of a particular behavior (e.g., repurchasing a product or service). In this context, behavioral intention is considered an indicator of customer loyalty in marketing literature (Widianti et al., 2015).

Considering the tourism sector, behavioral intentions are defined as the anticipation of a potential tourist's future travel to a destination (Dalkılıç, 2012). In the literature, behavioral intention is frequently studied in terms of satisfaction, quality, or emotions (Çetinkaya, 2016). It is stated that quality and satisfaction, in particular, have a significant impact on behavioral intentions (Baker & Crompton, 2000). Tourist guides also have a significant impact on the level of satisfaction.

Behavioral intention has various sub-dimensions depending on the area under examination. When considered from the perspective of tourists, the first dimension of behavioral intention is 'intention to revisit.' Intention to revisit is seen as an important measure in understanding the tourist's loyalty to the destination (Chen & Gürsoy, 2001).

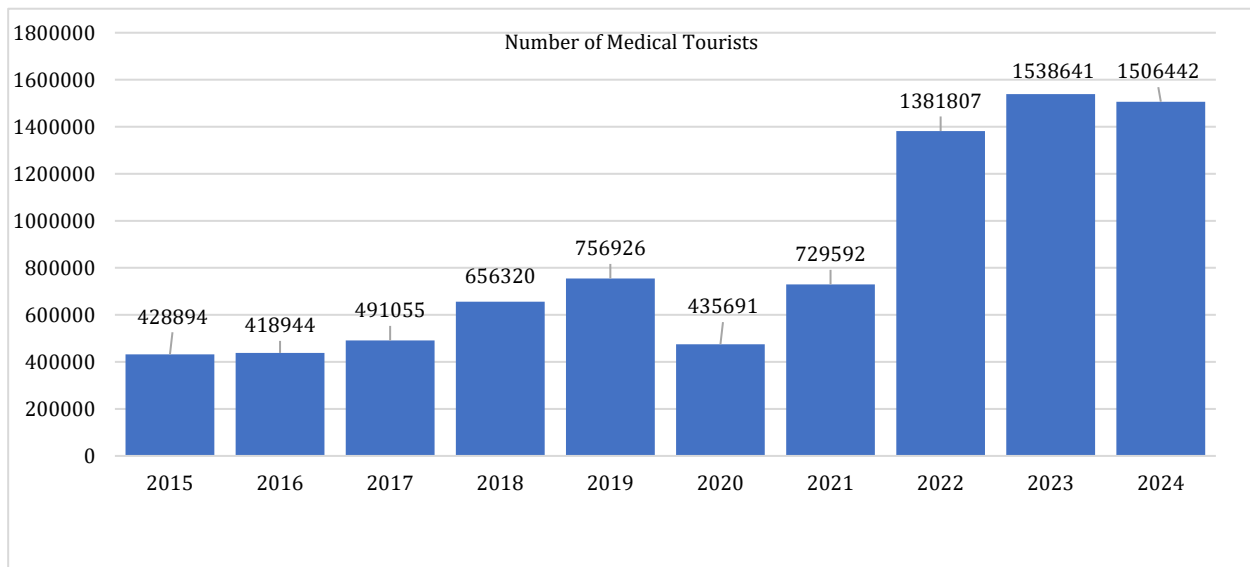
Another dimension used to measure tourists' behavioral intentions is 'intention to recommend.' Recommendation intention is parallel to satisfaction. That is, when satisfaction is high, recommendations to close friends and family are also strong (Bigne et al., 2001). Recommendations from other people are the most trusted and sought-after source of information for people with travel intentions. The next dimension is 'positive reviews.' Tourists' positive reviews to people around them about their experiences are an indication of their high loyalty to the destination (Liu et al., 2012).

2.4. Health tourism in Türkiye

Health tourism is a rapidly growing global sector that serves as an economic driver with a multiplier effect on national economies (Drinkert & Singh, 2017; Reisman, 2010). Key factors driving its growth include rising economic incomes, improved transport, an aging population, and advances in e-tourism. The sector's share of the global economy has been increasing. Türkiye provided healthcare services to 756,926 patients, generating USD 1,459,132 thousand in tourism revenues from foreign visitors and expatriates seeking medical care in 2019. However, due to the global pandemic in 2020, there was a significant decrease in the number of patients coming to the country due to health tourism. From 2022, a significant acceleration in health tourism activities was achieved, and 1,381,807 health tourists preferred Türkiye. In this period, the revenue generated from this sector was recorded as USD 2,206,750 thousand. The year 2023 was one of the years when the health tourism sector reached the highest number of patients, and a total of 1,538,643 people received health services in Türkiye. During this period, the revenue generated by health tourism reached USD 3,006,092 thousand. In 2024, the high number of patients in the health tourism sector was maintained, and 1,506,442 people benefited from health services. The revenue generated by the sector increased slightly compared to the previous year and was recorded at USD 3,022,957 thousand (USHAŞ- International Health Services Inc, 2024). Figure 1 illustrates the growth in the number of tourists visiting Türkiye for health tourism over the years.

Figure 1

Number of People Arriving in Türkiye for Health Tourism, 2015-2024 (Second quarter data)



Source: USHAŞ (2014)

Figure 2 illustrates the health expenditures of tourists traveling to Türkiye. The income generated from health tourism increased between 2015 and 2023. Although there are some fluctuations over the years, the overall trend shows a consistent increase, which aligns with the pattern observed in Figure 1.

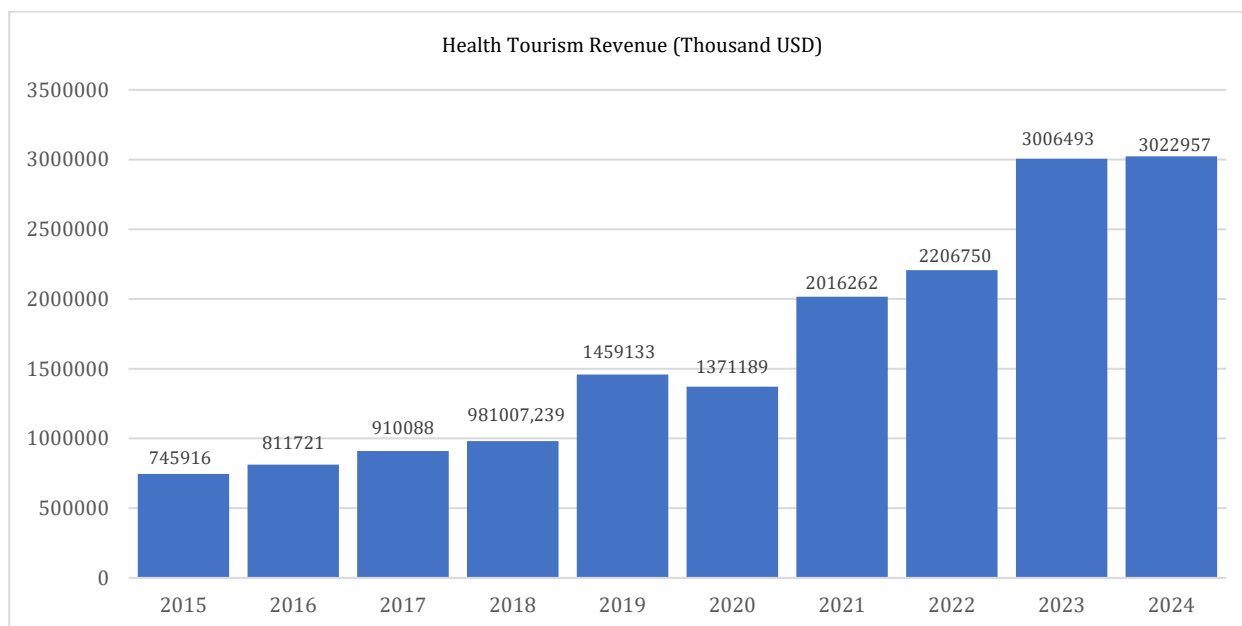
Figure 2*Health Tourism Revenue in Türkiye, 2015–2024 (Second quarter data)***Source:** TÜİK-Turkish Statistical Institute (2024)

Figure 2 shows the change in the health tourism revenues between 2015 and 2024 in Türkiye. Since 2002, there has been a steady upward trend in health tourism revenues, with a significant increase, especially between 2013 and 2019. However, there was a temporary decline in the sector in 2020 due to the impact of the COVID-19 pandemic. Despite this decline, the health tourism sector started to recover rapidly as of 2021 and displayed strong growth in the following years. Especially in 2022 and 2023, revenues increased sharply and exceeded USD 3 billion, reaching a peak of USD 3.023 billion in 2024. This trend reflects competitiveness of Türkiye in the field of health tourism and increasing international demand.

Istanbul is an important city in terms of health tourism with its advanced health infrastructure, modern hospitals, and high-tech medical facilities (TÜRSAB, 2024). Especially in areas such as aesthetic surgery, hair transplantation, IVF (In Vitro Fertilization), dental treatments, and organ transplantation, Istanbul is highly preferred by international patients (TÜRSAB, 2024). Both private hospitals and state-supported health institutions offer services at a level that can compete worldwide (USHAŞ, 2024). With the cost advantage it offers in healthcare services, Türkiye is a more economical alternative compared to Europe and America. The procedures performed within the scope of health tourism are 50–70% less costly compared to similar services in Western countries. As of 2024, 1.506.442 foreign patients were treated in Türkiye within the scope of health tourism, and the revenue generated from this field was recorded as USD 3.02 billion (USHAŞ, 2024). Istanbul makes a significant contribution to the country's health tourism income by hosting a large number of these patients (TÜRSAB, 2024).

3. Methodology

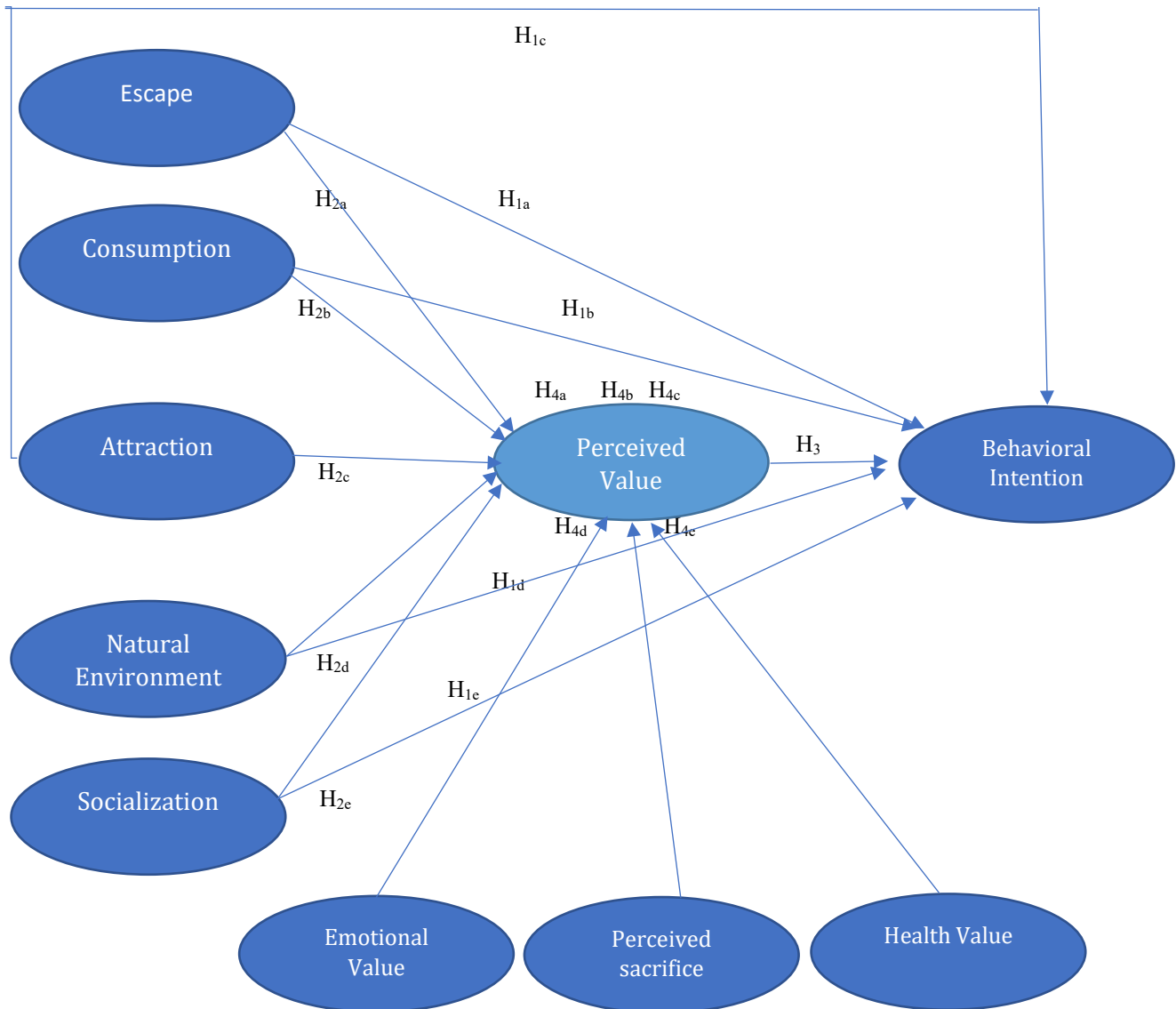
3.1. Purpose and hypotheses of the research

This research examines the effect of motivation factors on the behavioral intentions of tourists travelling within the scope of health tourism and the mediating role of perceived value in this relationship. The main hypothesis of the study is stated as follows: 'Perceived value acts as a mediating variable in the effect of health tourists' travel motivations on their behavioural intentions.'

The conceptual framework of the study focuses on analyzing the relationships between the key variables: motivational factors, perceived value, and behavioral intentions. Accordingly, the relationship between these variables is presented in Figure 3.

Figure 3

Research Model



3.2. Relationships Between Variables and Development of Hypotheses

In recent years, studies tend to focus not on broad, general frameworks of tourist travel motivations but rather on travel motivation research conducted in relation to alternative types of tourism and various tourist typologies. Examples of such alternative types of tourism include winter tourism, mountain tourism, yacht tourism, river tourism, gastronomic tourism, and health tourism (Caber & Albayrak, 2016; Dai et al., 2019; Kim et al., 2017; Gan et al., 2023).

According to Pizam et al. (1979), travel motivation is expressed as a series of desires and needs that drive individuals to travel before they actually do so. Although there are multiple models and theories regarding travel motivation, the most widely used theory is the push-pull motivation theory. A review of the relevant literature on this subject reveals that many studies have been conducted examining the effect of individuals' travel motivations on their intention to revisit. Other studies have examined the impact of both push and pull factors on revisit intention.

Some of these studies have concluded that travel motivation has an impact on revisit intention (Lee et al., 2017), while others have concluded that it has no impact (Baloğlu, 2000; Yoon & Uysal, 2005; Prebensen, 2010). Li and Cai (2012) conducted a study to explore the impact of individuals' cultural values on travel motivation and behavioral intention. Using survey data from Chinese tourists traveling abroad, the study's results indicate that "intrinsic value," a sub-dimension of cultural values, significantly influences behavioral intention. Furthermore, "novelty seeking," a sub-dimension of travel motivation, was found to be a significant factor influencing behavioral intention. However, Baniya and colleagues (2017) concluded in their study of 200 foreign tourists in Nepal that push travel motivation factors had no effect on the intention to revisit. In this context, a contradiction has arisen in the literature review on travel motivation and the intention to revisit regarding whether travel motivation affects the intention to revisit. Davras (2020) found that the travel motivations of domestic tourists in Türkiye positively influenced their behavioral intentions. Song and colleagues (2016) concluded in their studies that the travel motivations of Chinese tourists positively increased their intention to revisit. Based on the above literature review, the following hypothesis has been formulated.

H_{1a}: Tourists' escape motivation positively affects their behavioral intentions.

H_{1b}: Tourists' consumption motivation positively affects their behavioral intentions.

H_{1c}: Tourists' attraction motivation positively affects their behavioral intentions.

H_{1d}: Tourists' natural environment motivation positively affects their behavioral intentions.

H_{1e}: Tourists' socialization motivation positively affects their behavioral intentions.

Gallarza and Saura (2006) conducted a study to determine the extent to which perceived value, satisfaction, and loyalty affect the travel behavior of university students. Data was collected using a questionnaire from a total of 274 students attending two private universities in the cities of Valencia and Madrid, Spain. The research results confirmed the chain of relationships between quality, value, satisfaction, and loyalty. Chang and colleagues (2014) sought to reveal tourists' travel motivations, experiences, perceived value, and propensity to revisit in order to create new tourism destinations in Taiwan. Data was obtained from 417 tourists using a survey technique. The results of the study revealed that tourists' travel motivations and perceived value had a statistically insignificant effect on their tendency to revisit the destination. Based on the above literature review, the following hypothesis has been formulated.

H_{2a}: Tourists' escape motivation positively affects their perceived value.

H_{2b}: Tourists' consumption motivation positively affects their perceived value.

H_{2c}: Tourists' attraction motivation positively affects their perceived value.

H_{2d}: Tourists' natural environment motivation positively affects their perceived value.

H_{2e}: Tourists' socialization motivation positively affects their perceived value.

Within the wider context of tourism, perceived value plays a positive role in affecting and influencing the intended future behavior of customers (Ponte et al., 2015). Furthermore, Wu and colleagues (2014); and Chen and Chen (2010) have discovered a positive link between purchase intention and perceived value, while the literature also reaffirms this belief: the perceived value of a product influences the purchase intention (Dodds et al., 1991).

Aytekin (2013) determined that perceived value affects the intention to revisit in her study to determine the relationship between the perceived value of the guests staying in five-star thermal hotel establishments and their intention to revisit.

Therefore, considering previous discussions about the topic, the following hypothesis is put forward:

H₃: Perceived value has a positive impact on travel intention.

Perceived value is frequently identified as a mediating construct in research. According to Oviedo-García and colleagues (2017), perceived value mediates the relationship between clients' understanding of ecotourism and the satisfaction of those tourists who take part in it. This bears similarities to business markets research conducted by Arslanagić and colleagues (2013), who demonstrate that perceived value mediates the relationship between word of mouth and corporate reputation. Meanwhile, an investigation by Wang and colleagues (2017) into the relationship between destination image and tourist loyalty indicates the mediating impacts of perceived value, which Halimatussakdiah and colleagues (2018) have found was a connection between perceived orientation and trust. Based on the above literature review, the following hypothesis has been formulated.:

H_{4a}: Perceived value mediates the relationship between escape motivation and behavioral intentions.

H_{4b}: Perceived value mediates the relationship between consumption motivation and behavioral intentions.

H_{4c}: Perceived value mediates the relationship between attraction motivation and behavioral intentions.

H_{4d}: Perceived value mediates the relationship between natural environment motivation and behavioral intentions.

H_{4e}: Perceived value mediates the relationship between socialization motivation and behavioral intentions.

3.2. Study population and sample

The population of the study consists of international patients receiving services from healthcare facilities authorized to provide health tourism services in Istanbul. The sample group includes foreign health tourists who have received at least one service from these authorized institutions operating in Istanbul. In this context, the questionnaires prepared for the research were applied between February and March 2025. For participation in the surveys, individuals who have experienced health tourism in Istanbul were provided through various channels. Social media accounts of health institutions such as Twitter and Instagram were used to reach the participants, and online surveys were distributed to tourists with the support of travel agency employees. The purpose of the questionnaire was clearly explained to all participants, and they were informed that their participation was entirely voluntary. As part of the study, 230 questionnaires were distributed in person, and 200 of them were successfully collected, resulting in a response rate of 86.96%. Additionally, 263 questionnaires were collected through an online survey. After the data cleaning process, a total of 410 valid questionnaires were deemed suitable for analysis.

3.3. The process of data collection and analytical procedure

The data for this study were collected through both online and face-to-face surveys using a questionnaire developed in English. The form was constructed by adapting validated scales from the existing literature and finalized after expert consultation with academicians specialized in health tourism.

It consisted of four parts: demographic information, 17 items measuring travel motivations (Kim et al., 2017; Gan et al., 2023), 6 items assessing behavioral intentions (Gan et al., 2023), and 12 items evaluating perceived value, based on the structure proposed by Gan and colleagues (2023) and Lee and Li (2019), covering emotional value, perceived sacrifice, and health value dimensions.

Data analysis was carried out using IBM SPSS 23 and AMOS 23. The hypothesized mediation model was tested with the PROCESS macro developed by Hayes (2018).

3.4. Ethical aspect of research

This research was approved by the Human Research Ethics Committee of Zonguldak Bülent Ecevit University on January 2, 2025 with protocol number 971. Participation in the study is completely voluntary.

4. Findings

4.3. Reliability of research data

In this section, reliability analyses of the scales used in the study and evaluations based on the findings are discussed.

Table 1

Measurement Items and Their Statistical and Validity Indicators

Variable	Measurement Statement	Mean	Std. Dev.	Factor Loading	AVE	CR
Escape Motivation (EM)	I'm here to feel the calm and slow pace of life.	3.91	0.974	0,820	0,640	0.802
	I'm here to blow off steam	4.02	0.884	0.780		
	I've been trying to get away from the worries of real life for a while.	3.96	0,959	0.800		
Consumption Motivation (CM)	It's effortless for me to move around here	4.33	0.748	0.760	0.598	0.797
	The cost of transport is reasonable	4.22	0.953	0.790		
	Prices of local products and services are affordable.	4.34	0.785	0.770		
Attraction Motivation (AM)	I get recommendations from friends and family about this place.	4.28	0.885	0.740	0.543	0.781
	I am interested in the promotions and advertisements of online travel platforms.	4.28	0.923	0.720		
	I am attracted by other people's posts about this place.	4.27	0.853	0.750		
Natural Environment Motivation (NEM)	The climate is good and the temperature is favourable for me.	4.19	0.928	0.810	0.672	0.820
	The air is clean here.	4.12	0.976	0.830		
	This place has a mentally and physically relaxing effect.	4.32	0.906	0.820		
Socialization Motivation (SM)	I'm here to spend time with my family.	3.79	0.952	0.800	0.647	0.841
	I'm here to visit my family and friends in the neighbourhood.	3.68	0.940	0.790		
	I'm here to build better relationships with my friends.	4.19	0.904	0.810		
	I want to be accepted in my social circle by sharing my travelling experiences.	4.19	0.971	0.820		
	I am here to make new friends and expand my social circle.	4.18	0.878	0.800		

Table 1 (Continued)					
Emotional Value (EV)	I feel well rested here.	4.22	0.940	0.780	0.636
	I reached a relaxed and peaceful state of mind.	4.25	0.927	0.820	
	I temporarily forgot the troubles of real life.	4.22	0.886	0.790	0.835
	I experienced positive and pleasant emotions here.	4.22	0.931	0.800	
Perceived Sacrifice (PS)	The journey time was acceptable for me.	4.26	0.869	0.760	0.578
	General expenditures here were reasonable.	4.29	0.866	0.750	0.804
	Accommodation, food and beverage and shopping facilities were affordable and comfortable.	4.30	0.790	0.770	
Health Value (HV)	I have been physically active during my travelling.	4.32	0.847	0.820	0.656
	My physical health has been positively affected.	4.21	0.928	0.800	0.855
	I have a better understanding of a healthy lifestyle.	4.30	0.952	0.790	
	I realised the importance of healthy eating habits.	4.22	0.935	0.830	
	I feel better in general.	4.11	0.947	0.810	
Behavioral Intention (BI)	I intend to continue participating in health tourism.	4.34	0.830	0.800	0.627
	My priority in my future travels will be health.	4.15	0.905	0.790	
	I prefer health tourism even if it costs more.	4.24	0.869	0.810	0.860
	I will recommend health tourism to my family, friends and colleagues.	4.12	0.928	0.780	
	I will continue to recommend health tourism to people around me.	4.16	0.908	0.770	
	If someone asks me for travel advice, I recommend health tourism.	4.22	0.860	0.800	

According to the values presented in Table 1. The mean values ranged between 3.68 and 4.34, suggesting that the participants had a positive attitude towards health tourism. The standard deviation values ranged between 0.748 and 0.976, showing that the responses had a homogeneous distribution. In addition, as a result of the exploratory factor analysis (EFA), it was determined that the variables SM1 and SM2 should not be included in the analysis because they did not load highly on a single factor and showed significant loadings on more than one factor. The high loading of such variables on multiple factors might have negatively affected the interpretability and decomposability of the factors (Hair et al., 2014).

Accordingly, SM1 and SM2 variables are excluded from the analysis in order to obtain a clear distinction between factors and to strengthen the factor structure of the scale. The distribution of the removed variables to other factors indicates that these variables are associated with both motivation and other motivation dimensions. As a result, not including SM1 and SM2 variables in the analysis provided a stronger and more decomposable structure in the factor analysis and allowed each variable to carry significant loadings in only one factor.

5. Results

5.1. Descriptive statistics

The majority of the respondents are women (53.2%), while men make up 46.8%. Single individuals (52.2%) are slightly overrepresented compared to married individuals. The majority of the respondents are graduates of secondary and higher education. Primary school graduates represent 19.3%, high school graduates 18.3%, associate degree graduates 17.8%, bachelor's degree graduates 14.9%, and postgraduate graduates 13.7%. The majority of the participants in health tourism (62.7%) are between the ages of 18 and 44. Participants aged 55 years and over have a lower representation rate of 15.4%. Individuals with an income of 30 thousand dollars or less have an important place with a rate of 29.7%. Individuals in the middle-income group (46.83%, 30.001-50.000 \$) show more participation in health tourism. The rate of individuals with an income of over \$90,000 is quite low, with 3.41%. The largest occupational groups of the respondents are unemployed (21.2%), workers (36.8%), pensioners (20.7%), and civil servants (20.2%). The proportion of self-employed and students is not given, but it can be expected to be less compared to other occupational groups. The most common type of treatment within the scope of health tourism is hair transplantation (32.93%), followed by plastic surgery (24.88%) and ophthalmological treatments (24.39%). The rate of those traveling for internal medicine treatment is at the lowest level with 2.20%. Almost half of the respondents (47.56%) have visited Istanbul only once. The rate of those who came twice is 37.56%, and the rate of those who came three or more times is 14.08%. The Middle East (42.68%) and Europe (36.10%) stand out among the regions where health tourists mostly come from. The rate of those coming from the USA is 12.68%, while the rate of those coming from other regions is 8.54%. 12.68%, while the rate of those coming from other regions is 8.54%.

5.2. Exploratory factor analysis

Reliability analyses indicated that Cronbach's α coefficients were 0.800 and above for all variables, confirming good reliability (travel motivation: 0.825, behavioral intention: 0.870, perceived value: 0.835). Data analysis is performed using SPSS 23.0. KMO values are 0.887 for travel motivation, 0.798 for behavioral intention, and 0.863 for perceived value, indicating sampling adequacy. Additionally, Bartlett's Test of Sphericity is statistically significant ($p < 0.001$), confirming that the data are suitable for factor analysis. The approximate chi-square values for travel motivation, behavioral intention, and perceived value are 7865.222 ($df = 190, p < 0.000$), 6384.0 ($df = 188, p < 0.000$), and 4570.483 ($df = 66, p < 0.000$), respectively. EFA using Principal Component Analysis was conducted.

The behavioral intention variable loaded onto a single factor with an eigenvalue of 3.640, accounting for 64.219% of the total variance. The travel motivation scale revealed five factors: escape motivation (20.219%), consumption motivation (18.403%), attraction motivation (14.268%), natural environment motivation (12.856%), and socialization motivation (9.366%), collectively explaining 75.112% of the variance. The perceived value scale consisted of three factors: emotional value (27.671%), perceived sacrifice (23.812%), and health value (18.720%), with a total variance explained of 70.203%. These results confirm the high validity and reliability of the scales used in the study.

5.3. Confirmatory factor analysis

The most important feature of structural equation models is the ability to evaluate how well the model to be tested is compatible with the collected data (Hoyle, 1995). In modeling studies, models created from the structural relationships between factors are analyzed, fit tests are performed, and different models are compared with each other. Various fit statistics are used to determine how well a model fits the collected data. These statistics provide important criteria for assessing how well the model works and how well it fits the data. Explanations about these fit indices are given below.

Table 2*Model Fit Indicators and Statistical Assessment Results*

Criteria	χ^2/df	RMR	RMSEA	GFI	AGFI	CFI	NFI
Threshold (Good Fit)	≤ 3	≤ 0.05	≤ 0.05	≥ 0.90	≥ 0.85	≥ 0.90	≥ 0.95
Acceptable Range	4–5	0.06–0.08	0.06–0.08	0.89–0.85	0.84–0.80	–	0.94–0.90
Model Value	2.930	0.065	0.069	0.923	0.894	0.950	0.927
Fit Status	<i>Good Fit</i>	<i>Acceptable</i>	<i>Acceptable</i>	<i>Good Fit</i>	<i>Good Fit</i>	<i>Good Fit</i>	<i>Acceptable</i>

According to the goodness of fit values shown in Table 2, it is seen that the data have a good fit as a result of CFA applied to the scales. After the model provides good fit values, divergent and convergent validity should be examined. For this reason, CR, AVE, correlation coefficients, and Alpha values were analyzed. There should be a CR (composite reliability) value above 0.70 and an AVE (average variance explained) value higher than 0.50. In addition, the CR value should be higher than the AVE value (Hair et al., 2014). In terms of the divergent validity of the factor analysis results, the correlation coefficients of the variables forming the factor correlation matrix should not be higher than 0.85 (Kline, 2005). At the same time, the method proposed by Fornell and Larcker (1981) was utilized to determine the discriminant validity of the model. Accordingly, the square root of the average explained variance value (AVE) of a factor is greater than the correlation values of this factor with other factors, which is sufficient for divergent validity. It is observed that the CR values of all dimensions in the scale are above 0.70, AVE values are above 0.50, and AVE values are lower than CR values. The values considered for discriminant validity are shown in Table 3.

Table 3*Discriminant Validity of the Measurement Models.*

Variables	BI	EM	CM	AM	NEM	SM	EV	PS	HV
1.BI	(0.792)								
2.EM	0.364 ***	(0.800)							
3.CM	0.402 ***	0.375 ***	(0.773)						
4.AM	0.426 ***	0.550 ***	0.289 ***	(0.737)					
5.NEM	0.465 ***	0.405 ***	0.380 ***	0.415 ***	(0.820)				
6.SM	0.590 ***	0.415 ***	0.515 ***	0.460 ***	0.550 ***	(0.804)			
7.EV	0.570 ***	0.425 ***	0.480 ***	0.465 ***	0.510 ***	0.595 ***	(0.798)		
Table 3(Continued)									
8.PS	0.530 ***	0.390 ***	0.455 ***	0.430 ***	0.500 ***	0.575 ***	0.585 ***	(0.761)	
9. HV	0.550 ***	0.410 ***	0.470 ***	0.445 ***	0.510 ***	0.590 ***	0.605 ***	0.620 ***	(0.810)

Notes: *** $p < 0.01$; Values in parentheses indicate the square root of AVE of the related variable.

Path analysis shows the effects of independent variables on dependent variables. In the model, the effects of escape, consumption, attraction, natural environment, and socialization motivations on behavioral intention and perceived value were analyzed. Path analysis was performed to test the hypotheses, and the hypothesis 'H1a, H1b, H1c, H1d, H1e, H2a, H2b, H2c, H2d, H2e' was tested. According to the path analysis results, the model shows acceptable fit (c^2/df : 2.930; $p < 0.005$; RMSEA: 0.069; NFI: 0.927; CFI: 0.95; AGFI: 0.894; GFI: 0.923). Table 4 below shows the effect of travel motivation sub-dimensions on behavioral intention.

Table 4*Effects on Behavioral Intention*

Independent Variable-> Behavioral Intention	Standardised β	S.E.	t	p (Sig.)	VIF
Escape -> Behavioral Intention	0.097	0.036	1.229	0.126	1.156
Consumption -> Behavioral Intention	0.061	0.037	1.549	0.122	1.791
Attraction -> Behavioral Intention	0.187	0.042	3.982	<0.001	2.516
Natural Environment -> Behavioral Intention	0.225	0.045	4.286	<0.001	3.133
Socialization -> Behavioral Intention	0.364	0.037	8.220	<0.001	2.232

When the effects of independent variables on behavioral intention are examined, socialization, natural environment, and attraction motivations show significant and strong positive effects. Socialization motivation ($\beta = 0.364$, $p < 0.001$) is the most influential factor, indicating that tourists' desire to spend time with family and friends and to expand their social circle significantly increases their intention towards health tourism. Similarly, natural environment motivation ($\beta = 0.225$, $p < 0.001$) reveals that factors such as fresh air and ecological elements play a crucial role in health tourism choices. Attraction motivation ($\beta = 0.187$, $p < 0.001$) shows that tourists are strongly influenced by the attractiveness and promotional activities of the destination. On the other hand, escape motivation ($\beta = 0.097$, $p = 0.126$) and consumption motivation ($\beta = 0.061$, $p = 0.122$) do not have a statistically significant direct effect on behavioral intention. This finding indicates that individuals' health tourism decisions are not primarily driven by the need to escape daily stress or by economic consumption factors alone, but are more closely aligned with social experiences, natural elements, and destination attractiveness. As a result, while socialization, natural environment, and attraction motivations stand out as the primary determining factors, the direct impact of escape and consumption motivations remains limited. Accordingly, hypotheses H1c, H1d, and H1e are accepted, while hypotheses H1a and H1b are rejected.

Table 5*Effects on Perceived Value*

Independent Variable -> Perceived Value	Standardised β	S.E.	t	p (Sig.)	VIF
Escape -> Perceived Value	0.119	0.029	3.498	0.031	2.056
Consumption -> Perceived Value	0.063	0.030	2.047	0.041	1.791
Attraction -> Perceived Value	0.148	0.034	4.026	0.000	2.516
Natural Environment -> Perceived Value	0.291	0.037	7.092	0.000	3.133
Socialization -> Perceived Value	0.404	0.030	11.690	0.000	2.232

When the effects of independent variables on perceived value are examined, socialization, natural environment, attraction, escape, and consumption motivations show significant and positive effects. Socialization motivation ($\beta = 0.404$, $p < 0.001$) stands out as the most influential factor, indicating that tourists perceive the opportunity to strengthen social ties and sharing during travel as a primary value element in health tourism.

Similarly, natural environment motivation ($\beta = 0.291$, $p < 0.001$) reveals that natural beauties and ecological factors positively affect tourists' perceived values. Attraction motivation ($\beta = 0.148$, $p < 0.001$) shows that destination attractiveness is seen as an important value component. Furthermore, escape motivation ($\beta = 0.119$, $p = 0.031$) and consumption motivation ($\beta = 0.063$, $p = 0.041$), although significant, have a relatively weaker effect on perceived value compared to the other variables.

This result shows that while getting away from daily stress and economic factors contribute to the process of creating perceived value, destination attractiveness, natural factors, and social experiences are more decisive in shaping value perception. As a result, while socialization, natural environment, and attraction motivations stand out as the primary factors affecting tourists' perceived value, the impact of escape and consumption motivations is relatively limited. Accordingly, hypotheses H2a, H2b, H2c, H2d, and H2e are all accepted.

Table 6

The Effect of Perceived Value on Behavioral Intention

Independent Variable -> Dependent Variable	Standardised β	S.E.	p
Perceived Value -> Behavioral Intention	0.612	0.072	<0.001

When the effect of perceived value on behavioral intention is analyzed, it is seen that it has a very strong effect ($\beta = 0.612$, $p < 0.001$). This result shows that when tourists perceive health tourism destinations as more valuable, their intention to use these services increases. In this direction, the perceived value of tourists should be increased in order to provide a competitive advantage in the health tourism sector.

In general, most of the independent variables positively and significantly affect both perceived value and behavioral intention. While consumption motivation does not have a significant effect on perceived value, it has a significant but weak effect on behavioral intention. Perceived value is a strong determinant of behavioral intention ($\beta = 0.612$, $p < 0.001$), emphasizing the importance of understanding tourists' motivations and developing perceived value strategies in health tourism management. The fit indices of the model are at an acceptable level, and the results obtained are statistically reliable.

According to Table 7, the indirect effect of the escape motivation \rightarrow perceived value \rightarrow behavioral intention path is not significant ($\beta = 0.110$, S.E. = 0.010, 95% CI: [-0.032, 0.188]). Similarly, the indirect effect on the path consumption motivation \rightarrow perceived value \rightarrow behavioral intention was not significant ($\beta = 0.140$, S.E. = 0.013, 95% CI: [-0.056, 0.222]). This suggests that even if escape and consumption motivations increase perceived value, they do not indirectly affect behavioral intention.

On the contrary, attraction motivation ($\beta = 0.310$, S.E. = 0.055, 95% CI: [0.202, 0.418]), natural environment motivation ($\beta = 0.100$, S.E. = 0.038, 95% CI: [0.028, 0.172]), and socialization motivation ($\beta = 0.090$, S.E. = 0.036, 95% CI: [0.020, 0.160]) have significant mediating effects. In line with these findings, hypotheses H4a and H4b are rejected, while hypotheses H4c, H4d, and H4e are supported.

Table 7*Mediation Analysis*

Predictor Variable	Direct Effect [95% CI]	Indirect Effect [95% CI]	Total Effect [95% CI]
Escape -> Perceived Value-> Behavioral Intention	0.250 [0.136, 0.364]	0.110 [-0.032, 0.188]	0.360 [0.246, 0.474]
Consumption -> Perceived Value-> Behavioral Intention	0.180 [0.092, 0.268]	0.140 [-0.056, 0.222]	0.320 [0.232, 0.408]
Attraction -> Perceived Value-> Behavioral Intention	0.120 [0.040, 0.200]	0.310 [0.202, 0.418]	0.430 [0.322, 0.538]
Natural Environment -> Perceived Value-> Behavioral Intention	0.280 [0.178, 0.382]	0.100 [0.028, 0.172]	0.380 [0.278, 0.428]
Socialization -> Perceived Value-> Behavioral Intention	0.130 [0.050, 0.210]	0.090 [0.020, 0.160]	0.220 [0.142, 0.298]

6. Conclusion and Recommendations

The primary aim of this study was to investigate the direct and indirect effects of health tourists' travel motivations on their behavioral intentions, with perceived value acting as a potential mediating variable.

The data analysis was conducted using Structural Equation Modeling (SEM), and the findings from this analysis provide significant insights into how various motivational factors influence behavioral intention both directly and indirectly. These results indicate that while perceived value serves as a mediating factor for certain types of motivation, this mediation is not valid for all motivational dimensions (Gan et al., 2023; Kim et al., 2017).

The finding show that attraction motivation has a strong and statistically significant effect on behavioral intention. This finding indicates that the visual appeal, promotional efforts, and unique features of a health tourism destination play an essential role in shaping tourists' decisions (Jolliffe & Cave, 2012). Similarly, attraction motivation positively influences tourists' behavioral intentions by highlighting the unique features and promotional appeal of a destination (Jolliffe & Cave, 2012). Natural environment motivation demonstrates that destinations with natural beauty and clean surroundings are perceived as more valuable by tourists (Elbaz et al., 2023).

Likewise, socialization motivation emphasizes that opportunities for social interaction during travel play a significant role in shaping tourist decisions (Kim et al., 2017). On the other hand, escape motivation and consumption motivation did not show a statistically significant direct effect on behavioral intention. This result suggests that the desire to escape from stress or economic motivations such as cost savings are not primary factors influencing the behavioral intentions of health tourists. Rather, decisions are shaped more by the attractiveness, natural characteristics, and opportunities for social engagement offered by the destination.

In terms of perceived value, attraction, natural environment, and socialization motivations were found to be the most influential factors. These motivations significantly enhance tourists' perception of value toward the health tourism destination.

In contrast, although escape and consumption motivations also had a statistically significant effect on perceived value, their impact was relatively weaker. This suggests that while these motivations contribute to the perceived value to some extent, they are not the dominant factors shaping tourists' evaluations of the destination.

Perceived value, in turn, demonstrated a strong and significant effect on behavioral intention. Tourists who perceived a destination as highly valuable were more likely to engage in health tourism.

Mediation analysis indicates that the indirect effects of avoidance and consumption motives on behavioral intentions through perceived value are not statistically significant. Furthermore, empirical research on the mediating role of perceived value in the relationship between tourists' behavioral intentions and consumption motives remains limited. This may be attributed to the fact that tourists' economic expenditures are not always directly related to their perceived value of wellness tourism experiences (Liu et al., 2022; Li & Huang, 2023). Especially for affluent tourists, health-related expenditures are often not seen as an economic burden but rather as an investment in a valuable service. Therefore, wellness tourism service providers should develop products and services targeting both the mass and high-end markets to meet the needs of different income groups. In this way, the influence of the tourism experience on perceived value, in addition to individual consumption propensities, can be strengthened, making the formation of behavioral intentions more sustainable (Gan et al., 2023). Conversely, research has found that attractiveness, natural environment, and socialization motives have a significant indirect impact on behavioral intentions through perceived value. This highlights the mediating role of perceived value among these three motivational factors.

These results indicate that while perceived value can mediate certain types of motivation, this mediating effect is not applicable to all motivational dimensions (Kim et al., 2017; Habibi, 2018; Gan et al., 2023).

Overall, the findings support the acceptance of hypotheses related to attraction, natural environment, and socialization motivations in both direct and mediated effects. Hypotheses related to escape and consumption motivations are partially supported.

These factors influence perceived value but do not significantly affect behavioral intention either directly or indirectly. Based on these findings, several implications can be offered for different stakeholders. For hospital managers, focusing on improving service quality, strengthening modern medical facilities, and enhancing patient experience may increase perceived value. For policymakers, developing regulations that support service standardization and reduce perceived sacrifice could contribute to a more competitive health tourism environment. For researchers, these results suggest opportunities to design new models that integrate the identified motivational dimensions with other behavioral variables to better understand tourists' decision-making processes.

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