



## Health Tourism Awareness Levels of Healthcare Professionals: Example of a City Hospital

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### Abstract

**Aim:** In the developing world, the healthcare tourism sector is experiencing significant growth, and the role of healthcare workers in this field is becoming an increasingly important research topic. The aim of this study is to assess the knowledge and awareness levels of public healthcare personnel regarding healthcare tourism, identify existing gaps, and provide recommendations to address these gaps.

**Methods:** The research was conducted using a survey method and is descriptive and cross-sectional in nature. The sample of the study consists of 311 participants, and the data were analyzed using IBM-SPSS 25.

**Results:** According to the results of the study, it was found that participants aged 45 and above had significantly higher awareness of healthcare tourism compared to other age groups ( $p < 0,000$ ). Additionally,

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participants working as doctors and in administrative positions had greater awareness of the effects of healthcare tourism compared to nurses, midwives, and other healthcare professions ( $p < 0,01$ ). Healthcare workers in outpatient clinics were found to have higher awareness regarding institutional competency ( $p < 0,01$ ) and image ( $p < 0,01$ ) compared to those working in other units.

**Conclusion:** These findings indicate that in order for healthcare tourism to advance in the public sector, the knowledge and awareness of healthcare workers in this field must be increased.

**Keywords:** Health, Health Tourism, Health Worker, Medical Tourism, Tourism

## INTRODUCTION

Health tourism has emerged as a significant economic sector on a global scale and constitutes an important source of income for both developed and developing countries. In the literature, there are various definitions of health tourism; however, the most commonly accepted definition highlights international travel undertaken by individuals for treatment purposes. In this context, health tourism can be defined as travel undertaken by individuals from their own country to another country with the aim of receiving treatment, preventive care, rehabilitation, or health improvement services (Ross, 2001; Denizli, 2020). Health tourism has evolved into a broad sector encompassing not only medical treatment but also psychological support, aesthetic procedures, and services aimed at enhancing quality of life (Özkan, 2019). Factors such as increased travel opportunities, difficulties in accessing healthcare services, high treatment costs, and the provision of high-quality healthcare at affordable prices are among the main elements that support the growth of health tourism (Bektaş & Şimşek, 2016).

Health tourism is a broad sector that includes several subcategories such as thermal tourism, medical tourism, elderly (geriatric) tourism, and accessible (barrier-free) tourism (Dağlı, 2021). In order to advance in the field of health tourism, countries must identify the potential of destinations across all these subcategories. Accessibility, procedural options, treatment facilities, travel arrangements, safety assurances, and governmental policies continue to be influential factors in destination selection (Zhong et al., 2021). The type of health tourism plays a crucial role in destination selection. Each type of health tourism is a multidisciplinary domain requiring high-quality services and contributions from professional healthcare teams. In particular, medical tourism is directly associated with treatment services provided in hospitals and healthcare

institutions, and the knowledge, experience, and awareness levels of healthcare personnel working in this area are key determinants of success in the sector.

The awareness of healthcare professionals regarding health tourism not only contributes to the sector but also plays a critical role in the international image and prestige of the country. The effectiveness and quality of health tourism services are directly linked to the knowledge and skills of healthcare professionals in this field. Health tourism not only meets the medical treatment needs of individuals but also responds to their social, psychological, and aesthetic needs. This multifaceted structure makes the sector increasingly attractive and presents a significant alternative, particularly for individuals seeking to avoid the high cost of healthcare services in developed countries (Bektaş & Şimşek, 2016). Enhancing the awareness of healthcare professionals about health tourism is important not only for the development of the sector but also for increasing the global competitiveness of the country's healthcare services. In this regard, identifying healthcare workers' awareness of health tourism constitutes a valuable area of research in contributing to the sector's development. The literature reveals a limited number of studies focusing on the knowledge and awareness levels of healthcare professionals regarding health tourism (Çetinkaya, 2010; Acar & Turan, 2016; Şahin et al., 2023). This study aims to contribute to the sustainable development of health tourism by identifying the awareness levels of healthcare professionals in this domain.

The aim of this study is to measure the knowledge and awareness levels of public healthcare personnel regarding health tourism, which is a rapidly growing and strategically important sector, to identify existing deficiencies, and to propose solutions to address them. The research seeks to examine the knowledge and awareness levels of healthcare professionals on health tourism through a case study conducted at a city hospital.

## **1. METHODOLOGY**

### **1.1. Research Design**

The aim of this study is to assess the knowledge and awareness levels of healthcare personnel working in a city hospital, who are responsible for delivering healthcare services, within the scope of medical tourism, which has gained increasing importance in today's globalized world. Accordingly, the following research questions were formulated:

1. What is the general level of awareness regarding medical tourism among city hospital employees?
2. Does the level of knowledge and awareness about medical tourism differ depending on the departments (e.g., internal medicine, surgery, pediatrics, etc.) in which city hospital employees work?
3. Does the level of knowledge and awareness about medical tourism vary according to staff positions (e.g., physician, nurse, administrative personnel)?
4. Is there a statistically significant relationship between the different dimensions of the Medical Tourism Awareness Scale?

## 1.2. Population and Sample

This is a descriptive and cross-sectional study. The study was conducted in a city hospital located in Istanbul. According to data obtained from the hospital, the number of physicians and medical residents employed is 2,324, the number of nurses and midwives is 5,443, and the number of administrative personnel is 142. Based on this known population, the minimum required sample size was calculated using a sampling formula at a 95% confidence interval, 5% margin of error, and 0.50 probability of opinion, resulting in a sample size of 367.

Quota sampling was employed as the sampling method, which is appropriate when the population can be stratified into subgroups. Although probability sampling methods are preferable, quota sampling is widely used in exploratory and social research contexts where the sampling frame is not clearly defined (Taherdoost, 2016). Quota sampling is a non-probability sampling technique that enables researchers to include participants from different subgroups of the population in predetermined proportions, thereby improving the representativeness of the sample when probability-based sampling methods cannot be implemented (Etikan, Musa ve Alkassim, 2016).

In the present study, quotas were established based on key demographic characteristics of the participants in order to ensure diversity within the sample. This approach allowed the inclusion of individuals from different categories relevant to the research objectives.

Based on this method, 122 surveys were distributed to physicians, 123 to nurses, and 122 to administrative personnel. After eliminating incomplete, incorrect, or blank questionnaires, data from a total of 311 participants were included in the analysis.

Since the population size is known, the following formula was used to calculate the sample size:  $n = (N \times t^2 \times p \times q) / [d^2 \times (N - 1) + t^2 \times p \times q]$

### 1.3. Data Collection

The data for this study were collected through face-to-face questionnaires administered between September 2023 and November 2023.

### 1.4. Data Collection Tools

In the first part of the questionnaire, a demographic information form consisting of 15 questions (3 open-ended and 12 closed-ended) was developed by the researchers to identify the participants.

In the second part of the study, the “Medical Tourism Awareness Scale” (MTAS) developed by Dağlı (2021) was used. The scale consists of 22 items measured on a 5-point Likert scale, ranging from “Strongly Agree” (5 points) to “Strongly Disagree” (1 point). The total possible score ranges from 22 to 110, with a score of 66 indicating a neutral level of awareness.

Although the scale was previously validated, an exploratory factor analysis was conducted in this study to examine whether the factor structure of the scale was appropriate for the current sample. Prior to the factor analysis, the suitability of the data for factor analysis was assessed. The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was calculated as 0.850, indicating that the sample size was sufficient for factor analysis. In addition, Bartlett’s Test of Sphericity was statistically significant ( $\chi^2 = 2150.81$ ,  $df = 210$ ,  $p < 0.001$ ), demonstrating that the correlation matrix was appropriate for factor extraction.

Factor analysis was performed using the Principal Component Analysis method with Varimax rotation. During the analysis process, Item 15 was excluded from the scale due to cross-loading on multiple factors. As a result of the analysis, the total explained variance of the scale was determined to be 51.4%. The factors were categorized as “Medical Tourism Knowledge”, “Effects of Medical Tourism”, “Institutional Competence”, and “Image”.

The internal consistency reliability of the scale was evaluated using Cronbach’s alpha coefficient. The overall reliability coefficient of the scale was calculated as 0.870, indicating high internal consistency. The Cronbach’s alpha values for the sub-dimensions were found to be 0.841 for “Medical Tourism Knowledge”, 0.694 for “Effects of Medical Tourism”, 0.724 for “Institutional Competence”, and 0.491 for “Image”. While the first three dimensions demonstrate acceptable reliability levels, the relatively lower reliability value for the “Image” dimension may

be related to the limited number of items in this subscale. The mean score obtained from the scale was calculated as 3.1.

The factor loadings, reliabilities, and means obtained from the factor analysis are presented in Table 1.

**Table 1. Factor Analysis Results for the Health Tourism Scale**

Factor Name	Item No	Item Statement	Factor Loading	Factor Explanation (%)	Reliability	Mean
Health Tourism Knowledge	STF7	I have sufficient knowledge about international health tourism standards.	0.815			
	STF8	I have sufficient knowledge about the areas where our country is weak or lacking in health tourism.	0.734			
	STF6	I am aware of the initiatives taken to develop health tourism in our country (e.g., incentives to institutions, tax reductions, inclusion in the 10th Development Plan, prepared protocols, etc.).	0.724			
	STF5	I am knowledgeable about the functions of health tourism offices in hospitals.	0.692	18.32	0.841	2.85
	STF1	I have knowledge about health tourism and its types.	0.636			
	STF2	With the education I received, I have sufficient knowledge and equipment in this field.	0.613			
	STF4	I find my foreign language proficiency adequate for communicating with patients.	0.541			
Health Tourism Effects	STF21	The health tourism sector is suitable for long-term employment.	0.712			
	STF3	I am aware of the contribution of health tourism to the national economy.	0.605			
	STF22	I am considering working in the field of health tourism in the future.	0.575	12.51	0.694	3.42
	STF20	I know that health tourism is a driving force in raising quality standards in the health sector.	0.563			
	STF16	I am knowledgeable about the reasons why foreigners prefer our country for health tourism.	0.561			
Institutional Competency	STF11	I think our country is sufficient in terms of specialized personnel in health tourism.	0.708			
	STF18	I find our country's infrastructure and technological level adequate for the development of health tourism.	0.681			
	STF19	I think the hotels in our country have sufficient capacity and infrastructure for guests.	0.585	12.42	0.724	3.21
	STF10	I find the quality of health tourism services in our country satisfactory.	0.562			
	STF9	I find our country's promotional and marketing activities in health tourism sufficient.	0.486			
	STF17	I am knowledgeable about the countries that frequently prefer our country for health tourism.	0.431			
Image	STF13	I am aware of the practices that pose a threat to our country in the field of health tourism.	0.678			
	STF12	I think working in the health tourism sector is more exhausting/difficult compared to other sectors.	0.634	8.16	0.491	3.04
	STF14	I think there is a lack of inter-institutional coordination in increasing health tourism demand.	0.539			
			<b>Total</b>	51.40	0.870	3.1

### 1.5. Analysis of the Research Data

The data in this study were analyzed using the IBM SPSS version 24 statistical package. According to Danayiyen and Bekaroğlu (2020), “*skewness and kurtosis coefficients between -2 and +2 and close to 0 are considered evidence of normal distribution.*” When the sub-dimensions of the study are examined, it is observed that the dimensions of health tourism awareness (0.267, 0.094), perceived effects of health tourism (-0.734, 2.461), institutional competence (-0.594, 2.086), and image (-0.355, 1.385) do not demonstrate a normal distribution. Therefore, non-parametric tests were used in the analysis of the research data. Among the non-parametric tests, the Mann–Whitney U test and the Kruskal–Wallis test were deemed appropriate for the analysis.

### 1.6. Ethical Considerations and Permissions

In this study, ethical approval was obtained from the Ethics Committee of Istanbul Sabahattin Zaim University (Decision No: 2023/4, dated 05.03.2024). Subsequently, research permission was granted by the Istanbul Provincial Directorate of Health, Department of Health Services, Research, Printed Publication, and Announcement Content Evaluation Commission (Decision No: 2023/12, dated 15.08.2023).

## 2. RESULTS

This section presents the demographic characteristics of the healthcare workers participating in the study, as well as their awareness and experiences regarding health tourism. The distribution of the participants is shown in Table 2, based on data collected from 311 individuals.

**Table 2. Demographic Characteristics**

		<b>n</b>	<b>%</b>
Gender	Female	195	62.7
	Male	116	37.3
Age range	18-24	27	8.7
	25-34	203	65.3
	35-44	58	18.6
	45 and above	23	7.4
Occupation	Administrative Staff	122	39.2
	Physician	48	15.4
	Nurse-Midwife	131	42.1
Years of Professional Experience	0-5	181	58.2
	6-10	58	18.6
	11-15	28	9.0
	16 and above	44	14.1
Years of Service at Current Institution	0-2,99	117	37.6
	3-3,99	88	28.3
	4 and above	106	34.1
Work Unit	Emergency	33	10.6
	Intensive Care	63	20.3
	Inpatient Clinic / Ward	26	8.4
	Outpatient Clinic	45	14.5
	Administrative Unit	119	38.3
	Specialized Unit	25	8.6
Education	Associate Degree	28	9.0
	Bachelor's Degree	210	67.5
	Graduate Degree	73	23.5
Health Tourism is an Important Sector	Yes	280	90.0
	No	11	3.5
	No opinion	20	6.4
Received Education on Health Tourism	Yes, Formal Education (e.g., courses)	57	18.3
	Yes, Informal Education (e.g., certificate)	23	7.4
	No	231	74.3
Received Health Services in Another Country	Yes	22	7.1
	No	289	92.9
Do You Think Health Tourism Hinders Citizens' Access to Healthcare?	Yes	15	4.8
	No	242	77.8
	Unsure	54	17.4
Do You Have Private / Supplemental Health Insurance?	Yes	74	23.8
	No	237	76.2
Health Tourism Generates More Foreign Currency Income Than Traditional Tourism	Yes	175	56.3
	No	20	6.4
	Unsure	126	37.3
Health Tourism Entrepreneurship is Increasing in Turkey	Yes	238	76.5
	Unsure	73	23.5
Do You Work in a Unit Related to Health Tourism?	Yes	28	9.0
	No	283	91.0
<b>Total</b>		<b>311</b>	<b>100</b>

Regarding gender distribution, 62.7% of the participants were female, while 37.3% were male. In terms of age groups, the majority of participants (65.3%) were between 25 and 34 years old. This was followed by the 35–44 age group (18.6%), 18–24 age group (8.7%), and those aged 45 and above (7.4%). Concerning occupational groups, nurses and midwives comprised the largest proportion with 42.1%, followed by administrative staff at 39.2%, and doctors at 15.4%. In terms

of years of professional experience, 58.2% of participants had 0–5 years of experience, indicating that the sample largely consisted of relatively young healthcare professionals. When examining years of service in the current institution, 37.6% had worked between 0 and 2.99 years, 28.3% between 3 and 3.99 years, and 34.1% had more than 4 years of service. This suggests variability in institutional tenure among participants. Regarding the units where participants work, 38.3% were employed in administrative units, 20.3% in intensive care, 14.5% in outpatient clinics, 10.6% in emergency services, 8.6% in specialized units, and 8.4% in inpatient clinics or wards. The education level distribution showed that 67.5% of participants held a bachelor's degree, 23.5% had postgraduate education, and 9% had an associate degree. This indicates that most participants were university graduates. Awareness of health tourism as an important sector was high, with 90% of respondents acknowledging its significance. However, only 25.7% reported having received formal (e.g., courses) or informal (e.g., certificates) education related to health tourism, while 74.3% stated they had no such training. This finding points to a considerable need for educational programs in this field among healthcare workers. Regarding experiences of receiving healthcare services abroad, 92.9% reported they had not received such services, while only 7.1% indicated that they had. Most participants (77.8%) believed that health tourism does not hinder citizens' access to healthcare services. This suggests that healthcare workers generally do not perceive health tourism as negatively impacting public health services. Meanwhile, 17.4% were uncertain, and 4.8% believed health tourism could impede citizens' access to healthcare. Only 23.8% of participants had private or supplementary health insurance, while 76.2% did not. Furthermore, 56.3% of respondents believed that health tourism generates more foreign currency income for the country than traditional tourism; however, 37.3% remained uncertain about this issue. A majority of participants (76.5%) agreed that health tourism entrepreneurship is increasing in Turkey. Nevertheless, only 9% reported working in a unit related to health tourism, while 91% stated they had no such experience.

**Table 3. Kruskal-Wallis Test Results for Health Tourism Awareness Scale Scores According to the Variable 'Health Tourism is an Important Sector'**

Ölçek/Alt Boyutlar	Değişken	N	Rank	H	p
Health Tourism Knowledge	Yes	280	156.85	0.322	0.851
	No	11	154.14		
	Unsure	20	145.15		
Health Tourism Effects	Yes	280	162.19	13.827	0.001
	No	11	111.45		
	Unsure	20	93.78		
Institutional Competence	Yes	280	158.34	1.929	0.381
	No	11	136.27		
	Unsure	20	134.10		
Image	Yes	280	156.93	0.331	0.848
	No	11	144.73		
	Unsure	20	149.23		

According to the Kruskal-Wallis H test results presented in the table, there was no statistically significant difference in the Health Tourism Knowledge sub-dimension based on participants' knowledge of health tourism ( $H=0.322$ ,  $p=0.851$ ). Similarly, no significant differences were found in the Institutional Competence ( $H=1.929$ ,  $p=0.381$ ) and Image ( $H=0.331$ ,  $p=0.848$ ) sub-dimensions. However, a statistically significant difference was identified in the Health Tourism Effects sub-dimension ( $H=13.827$ ,  $p=0.001$ ). Post-hoc comparisons revealed that participants who indicated they had knowledge about health tourism had significantly higher ranks (Mean Rank=162.19) than those who reported no knowledge (Mean Rank=111.45) or were unsure (Mean Rank=93.78). These findings suggest that having knowledge about health tourism is significantly associated with heightened perceptions of its effects, while it does not significantly influence perceptions related to institutional competence, image, or general health tourism knowledge.

**Table 4. Kruskal-Wallis Test Results for Health Tourism Awareness Scale Scores by Department of Employment**

Scale/Subdimensions	Variable	N	Rank	H	p
Health Tourism Knowledge	Emergency Department	33	131.56	5.878	0.318
	Intensive Care Unit (ICU)	63	144.74		
	Inpatient Ward / Clinical Unit	26	179.38		
	Outpatient Clinic	45	159.68		
	Administrative Unit	119	162.32		
	Specialty Department	25	155.60		
Health Tourism Effects	Emergency Department	33	128.58	13.684	0.018
	Intensive Care Unit (ICU)	63	143.40		
	Inpatient Ward / Clinical Unit	26	139.71		
	Outpatient Clinic	45	151.74		
	Administrative Unit	119	165.54		
	Specialty Department	25	203.12		
Institutional Competence	Emergency Department	33	120.59	17.218	0.004
	Intensive Care Unit (ICU)	63	132.70		
	Inpatient Ward / Clinical Unit	26	137.17		
	Outpatient Clinic	45	170.93		
	Administrative Unit	119	174.13		
	Specialty Department	25	167.84		
Image	Emergency Department	33	121.08	20.397	0.001
	Intensive Care Unit (ICU)	63	186.34		
	Inpatient Ward / Clinical Unit	26	157.37		
	Outpatient Clinic	45	179.26		
	Administrative Unit	119	139.11		
	Specialty Department	25	16.74		

Table 4 presents the results of the Kruskal-Wallis H test conducted to examine the differences in the subdimensions of the Scale for the Tendency to Support Health Tourism (STFÖ) based on participants' working units. The analysis reveals that there are no statistically significant differences among working units in terms of the Health Tourism Knowledge subdimension (H=5.878, p=0.318). However, significant differences were observed in the subdimensions of Health Tourism Effects (H=13.684, p=0.018), Institutional Competence (H=17.218, p=0.004), and Image (H=20.397, p=0.001). These results suggest that participants' perceptions of the effects of health tourism, their evaluations of institutional competence, and their views regarding institutional image significantly vary depending on the unit in which they work.

**Table 5. Kruskal-Wallis Test Results for Health Tourism Awareness Scale Scores According to Profession Variable**

Ölçek/Alt Boyutlar	Değişken	n	Rank	H	p
Health Tourism Knowledge	Administrative Staff	122	164.49	11.545	0.009
	Physician	48	182.17		
	Nurse-Midwife	131	137.00		
	Others	10	175.80		
Health Tourism Effects	Administrative Staff	122	171.12	14.345	0.002
	Physician	48	176.68		
	Nurse-Midwife	131	138.03		
	Others	10	107.60		
Institutional Competence	Administrative Staff	122	169.12	9.471	0.024
	Physician	48	172.27		
	Nurse-Midwife	131	138.15		
	Others	10	151.65		
Image	Administrative Staff	122	138.86	7.876	0.049
	Physician	48	161.73		
	Nurse-Midwife	131	169.10		
	Others	10	166.00		

The Kruskal-Wallis test results revealed statistically significant differences in the subdimensions of the Health Tourism Awareness Scale (STFÖ) according to the profession variable in Table 5. In the Health Tourism Knowledge subdimension, physicians had the highest mean rank, followed by other professions, administrative staff, and nurses-midwives, with the differences being significant ( $H = 11.545$ ,  $p = 0.009$ ). Similarly, in the Health Tourism Effects subdimension, physicians again scored highest, followed by administrative staff, nurses-midwives, and others, showing a significant difference across groups ( $H = 14.345$ ,  $p = 0.002$ ). For Institutional Competence, physicians held the highest mean rank, with administrative staff, others, and nurses-midwives following, and the group differences were statistically significant ( $H = 9.471$ ,  $p = 0.024$ ). Lastly, in the Image subdimension, nurses-midwives scored highest, followed closely by others and physicians, with administrative staff scoring the lowest; this difference was also statistically significant ( $H = 7.876$ ,  $p = 0.049$ ). These findings suggest that professional roles influence health tourism awareness, with physicians generally demonstrating higher awareness in knowledge, effects, and institutional competence, while nurses-midwives and other groups reported a higher perception of the sector's image.

**Tablo 6. Correlation Table**

	Mean	SD	Experience	Seniority	Health Tourism Knowledge	Health Tourism Effects	Institutional Competence	Image
<b>Experience</b>	7.4	6.80	1.000					
<b>Seniority</b>	2.9	1.16	0.427**	1.000				
<b>Health Tourism Knowledge</b>	2.9	0.69	0.166**	0.093	1.000			
<b>Health Tourism Effects</b>	3.4	0.57	0.171**	0.102	0.448**	1.000		
<b>Institutional Competence</b>	3.2	0.54	0.148**	-0.003	0.423**	0.463**	1.000	
<b>Image</b>	3.0	0.57	-0.093	-0.036	0.213**	0.203**	0.186**	1.000

\*\* p<0.01

The correlation analysis revealed statistically significant relationships among several variables related to health tourism awareness. A moderate positive correlation was found between experience and seniority ( $r = 0.427$ ,  $p < 0.01$ ), suggesting that as employees gain more professional experience, their institutional seniority tends to increase. Health tourism knowledge showed significant but weak positive correlations with experience ( $r = 0.166$ ,  $p < 0.01$ ) and seniority ( $r = 0.093$ ), while being more strongly correlated with perceived effects of health tourism ( $r = 0.448$ ,  $p < 0.01$ ) and institutional competence ( $r = 0.423$ ,  $p < 0.01$ ). Similarly, the perception of health tourism effects was positively associated with institutional competence ( $r = 0.463$ ,  $p < 0.01$ ) and image ( $r = 0.203$ ,  $p < 0.01$ ). Moreover, institutional competence was moderately correlated with image ( $r = 0.186$ ,  $p < 0.01$ ). Notably, no significant relationships were found between experience or seniority and the image dimension. These findings indicate that while demographic factors such as experience and seniority have limited influence, cognitive and perceptual dimensions of health tourism awareness are interrelated and reinforce one another.

### 3. DISCUSSION

This study examined the level of health tourism awareness among healthcare professionals working in a city hospital. The results indicate that the overall awareness level is slightly above average (mean score: 3.1), suggesting that healthcare professionals possess a moderate level of knowledge and perception regarding health tourism. However, the findings also reveal that

awareness levels vary significantly depending on professional role, department, and prior knowledge about health tourism. These differences suggest that awareness is shaped not only by individual characteristics but also by institutional roles and exposure to health tourism-related activities within healthcare organizations.

A notable finding of the study is the variation in awareness levels among professional groups. Physicians and administrative staff demonstrated higher levels of health tourism awareness compared to nurses and midwives. This result may be associated with differences in professional responsibilities and involvement in organizational processes related to international patient services. Physicians and administrative staff are more likely to interact with administrative planning, institutional strategies, and patient management processes that involve international patients, which may contribute to their higher awareness levels. The findings of this study are consistent with the results reported by Acar and Turan (2016), who found that awareness levels increase with higher levels of education and professional responsibility. From this perspective, the higher awareness observed among physicians and administrative staff may reflect the influence of educational background and institutional roles within healthcare organizations. Previous studies have also reported moderate levels of health tourism awareness among healthcare professionals, indicating that awareness remains an area requiring further institutional support and training (Eriş & Kemer, 2020; Uçan & Albayrak Coşar, 2024). However, the results differ from those reported by Çabuk (2023), who did not identify significant differences in awareness levels across professional groups. These contrasting findings may be explained by differences in institutional structures, service capacities, and the level of engagement with health tourism activities in the institutions where the studies were conducted.

Departmental differences also emerged as an important factor affecting awareness levels. Healthcare professionals working in outpatient clinics reported higher awareness levels than those working in inpatient units and other clinical departments. Outpatient clinics often represent the first point of contact for international patients and therefore may provide greater exposure to health tourism practices. This finding is partially consistent with the study conducted by Şahin, Yılmaz, and Karamustafa (2023), which reported higher awareness levels among administrative unit employees. In the present study, administrative staff ranked second after outpatient clinic employees in terms of awareness levels. This difference may reflect the organizational

characteristics of city hospitals, where outpatient services play a central role in patient management and service delivery processes.

Another important finding of the study relates to the relationship between knowledge and perceptions of institutional competence. Participants who reported having prior knowledge about health tourism demonstrated higher awareness levels and stronger perceptions of the effects of health tourism. Furthermore, correlation analysis revealed a positive relationship between awareness of health tourism effects and perceptions of institutional adequacy. These results suggest that increased knowledge and experience may strengthen healthcare professionals' perceptions of institutional readiness for health tourism services. Institutional readiness and service quality have been identified as critical factors shaping healthcare professionals' perceptions of health tourism (Dağ et al., 2024). The findings highlight the importance of institutional awareness and organizational capacity in the development of health tourism services. As healthcare professionals gain greater knowledge about health tourism and its potential benefits, their perception of institutional competence and organizational readiness appears to increase. This relationship suggests that improving awareness within healthcare institutions may contribute not only to individual knowledge but also to strengthening institutional preparedness. The broader implications of these findings are also reflected in the study by Snyder et al. (2013), which emphasized that health tourism can contribute positively to human resources development and healthcare system capacity while also raising concerns about potential inequalities within public health systems. In this context, the development of health tourism services in large public healthcare institutions such as city hospitals requires careful strategic planning and effective management.

Increasing awareness among healthcare professionals is therefore essential for improving service quality and ensuring the sustainable development of health tourism services. Institutional training programs, awareness initiatives, and strategic communication mechanisms may play a critical role in enhancing healthcare professionals' understanding of health tourism and strengthening the organizational capacity of healthcare institutions. Several studies emphasize that insufficient training and limited exposure to health tourism practices may reduce healthcare professionals' awareness levels (Dökme, Yağar & Parlayan, 2018).

#### 4. CONCLUSION

This study provides empirical evidence regarding the level of health tourism awareness among healthcare professionals working in a public city hospital. The findings indicate that healthcare professionals have a moderate level of awareness regarding health tourism, while also revealing significant differences across professional groups and institutional units.

The results demonstrate that physicians and administrative staff tend to have higher awareness levels compared to nurses and midwives, and that healthcare professionals working in outpatient clinics show greater awareness than those working in inpatient units. These findings suggest that professional responsibilities and institutional roles play an important role in shaping awareness levels within healthcare organizations.

The study also highlights the positive relationship between awareness of the effects of health tourism and perceptions of institutional adequacy. This finding suggests that increasing awareness among healthcare professionals may contribute to strengthening institutional capacity and improving the quality of services provided to international patients.

Despite its contributions, the study has several limitations that should be considered when interpreting the findings. First, the research was conducted in a single city hospital, which may limit the generalizability of the results to other healthcare institutions. Second, the use of quota sampling restricts the representativeness of the sample. In addition, the targeted sample size could not be fully reached, which may have increased the margin of error.

Future research could expand the scope of analysis by including larger and more diverse samples from different types of healthcare institutions, such as public hospitals, private hospitals, and specialized medical centers. Comparative studies conducted across different institutional settings may provide a more comprehensive understanding of health tourism awareness among healthcare professionals. Additionally, longitudinal studies examining changes in awareness over time may offer valuable insights into the impact of institutional training programs and policy initiatives in this field.

From a policy and practice perspective, the findings emphasize the importance of strengthening awareness and knowledge about health tourism among healthcare professionals. Targeted in-service training programs may play a crucial role in increasing awareness levels, particularly among professional groups that demonstrated relatively lower levels of knowledge in this study.

Developing institutional strategies that integrate training, communication, and organizational planning related to health tourism may enhance the capacity of healthcare institutions to effectively manage international patient services. Improving service quality and strengthening institutional preparedness in this area will not only support the development of health tourism services but also contribute to Turkey's competitiveness in the global health tourism market.

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