TURKISH MEDICAL SERVICES FOR INTERNATIONAL MEDICAL TOURISTS: A MODEL PROPOSAL

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ABSTRACT

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Anadolu University Institute of Social Sciences, May 2023

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This thesis aims to develop a model proposal for Turkish medical services (TMS) from a patient perspective for international medical tourists and to develop a vision and understanding of the factors affecting the choice of medical destination in medical tourism. Furthermore, the study aims to provide a critical evaluation to those interested in Türkiye as an ideal destination for medical tourism. The research starts by reviewing various medical tourism definitions. It presents the contrasts between Health and medical tourism, the medical tourism history, the global medical tourism industry, and interviews with its players. He also discusses expanding Turkish medical services, access, quality, and attainability. A quantitative approach uses a model proposal method to identify scale dimensions and items. Based on a survey, it is performed to obtain a new sample for confirmatory factor analysis. This proposal represents many layers of TMS understanding and will be examined from distinct recommendation series viewpoints.

Keywords: Health tourism, Turkish medical services, Medical tourist, Türkiye, Model proposal

ÖZET

TÜRKİYE SAĞLIK HİZMETLERİNDE ULUSLARARASI MEDİKAL TURİSTLERE YÖNELİK BİR MODEL ÖNERİSİ

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Bu tez, uluslararası medikal turistler için hasta perspektifinden Türk medikal hizmetleri (TMS) için bir model önerisi geliştirmeyi ve medikal turizmde medikal destinasyon seçimini etkileyen faktörlere ilişkin bir vizyon ve anlayış geliştirmeyi amaçlamaktadır. Ayrıca çalışma, medikal turizm için ideal bir destinasyon olan Türkiye ile ilgilenenlere eleştirel bir değerlendirme sunmayı amaçlamaktadır. Araştırma, çeşitli medikal turizm tanımlarının gözden geçirilmesiyle başlamaktadır. Sağlık ve medikal turizm, medikal turizm tarihi, küresel medikal turizm endüstrisi arasındaki zıtlıkları ve oyuncularıyla röportajları sunuyor. Ayrıca, genişleyen Türk tıbbi hizmetleri, erişim, kalite ve ulaşılabilirlik konularını da ele alıyor. Nicel bir yaklaşım, ölçek boyutlarını ve öğelerini belirlemek için bir model önerme yöntemi kullanır. Bir ankete dayalı olarak, doğrulayıcı faktör analizi için yeni bir örneklem elde etmek için yapılır. Bu öneri, TMS anlayışının birçok katmanını temsil eder ve farklı öneri serisi bakış açılarından incelenecektir.

Anahtar Kelimeler: Sağlık turizmi, Türk hastane hizmetleri, Hastane turisti, Türkiye, Model önerisi

..../..../2023

STATEMENT OF COMPLIANCE WITH ETHICAL PRINCIPLES AND RULES

I hereby truthfully declare that this thesis is an original work prepared by me; that I have behaved following the scientific and ethical principles and rules throughout the stages of preparation, data collection, analysis, and presentation of my work; that I have cited the sources of all the data and information that could be obtained within the scope of this study, and included these sources in the references section; and that this study has been scanned for plagiarism with "scientific plagiarism detection program" used by Anadolu University, and that "it does not have any plagiarism" whatsoever. I also declare that if a case contrary to my declaration is detected in my work at any time, I hereby express my consent to all the ethical and legal consequences involved.

Katiana ANTOINE

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1. INTRODUCTION

People traveling for their Health and accessing the best or most affordable treatment are familiar. It carries the name of health tourism and has turned into a significant sector. According to Reisman (2010), "health tourism is old," and people have traveled to "heal" in every period of history. Today, these forms of travel are significantly standardized, unlike in traditional periods, and have become a part of countries' health and tourism policies. Health tourism is a patient's movement without a residence to another location to get health service; the traveler is a health tourist (Toprak et al., 2014). Health tourism permits "patients to make choices, access treatment alternatives not found in their local community, encourage world competition and put the burden on institutions and health care costs to decrease prices" (Turner, 2007). According to Smith and Puczko (2009), the services for tourists can vary, so focusing on the subdivision of health tourism is essential.

Health tourism sets out to heal and estimate all essential areas of human life. The first objective of wellness tourism is to engage in preventive, proactive, and lifestyle-enhancing activities like fitness, healthy eating, relaxation, healing, and curative treatments. Medical tourism is a type of tourism that involving of evidence-based medical healing resources and services (both invasive and non-invasive). Medical tourism can include diagnostics, treatment, and recovery. (UNWTO, 2018); this classification shows that health tourism covers surgical operations and expresses a broader health service. Health tourism can combine many elements, such as vacation, rest, rehabilitation, and healing. Indeed, health tourism is a "multifaceted industry," including "medical tourism and health tourism" (UNWTO, 2018).

This study focuses more on medical tourism, a trip to destinations for medical services like surgery or other special procedures (Smith & Puczko, 2009). The medical tourism sector is not just Health; development requires providing many other complementary support services that are part of the value chain. These services include medical tourism visas and airports with special equipment and facilities. In addition, the development task contains much marketing and always remembering activities, human resources, and training strategies (Helmy, 2011).

The body of the work is into five chapters. The first chapter is introductory. It deals with the problem, research objectives, questions, relevance, and limits of the study; it deals with the limitations of this research and its significance. The following chapter presents an exhaustive literature review of the elements that allow a better understanding of worldwide and Turkish medical tourism. The third chapter presents the methodology used in the research. The next chapter explains the results of this study, and this thesis ends with a chapter that offers recommendations.

1.1.Problem

Medical tourism is among the most lucrative businesses worldwide, and Türkiye is one of the destinations in this competitive race. With advanced healthcare services and numerous treatment options, people worldwide get better treatment at more affordable prices in Türkiye. Although the country has embraced the possibility of a medical tourism destination, customers in this sector need to look for more. There needs to be a complete comprehension of the medical tourist adventure and provide what tourists seek on a trip. Therefore, an inclusive approach should be added to examine the medical tourism experience of Turkish health services. It is only today that a complete model deals with the knowledge of Turkish medical services. The features, requirements, wishes, waiting, and consumer behaviors of these medical tourism consumers and medical services must be addressed and resolved academically.

1.2. Objectives

The present study aims to develop a model proposal for Turkish health services for international medical tourists based on precedent research and theories. Theoretically, this research combines several studies to create a more including and intense basis for approaching the subject. From a destination management point of view, the research aims to achieve results for elevating and developing possible destinations in first-class medical tourism destinations. The geographical location for the research implementation is Istanbul, Türkiye's economic capital. Located at a crossroads between Europe, Africa,

and Asia in terms of tourism opportunities, Türkiye has the potential to be a nearby destination for many populations.

The most crucial advantage of Türkiye is that it is an important tourist destination country. Türkiye, where necessary stages must be taken to construct eases and services for health tourism, is turning into an essential place in the spa, elderly, and medical tourism. Türkiye, which attracts tourists from multiple regions annually, is also beneficial for health tourism. As stated in Türkiye 's Importance in Health Tourism report (The Republic of Türkiye & Ministry of Health, 2012), Türkiye is an ideal country with its climate, sea, beaches, hot springs, forests, flat, and straightforward transport. Considering this statement, promoting Türkiye's current advantages and attracting more healthy tourists is very important.

Given the above, the main research question of this thesis is to grasp the motivations of medical tourists for a medical tourism destination and their impact on their perceptions of Turkish medical services. Moreover, most studies dealing with the causes of medical tourists still need them to include feedback, maybe from a different study sample. Thus, the research sought an understanding and holistic response to all relationships called into question.

1.3. Relevancy of the study

This study will unearth the required information to help providers involved in medical tourism and the domestic health sector predict medical tourists' behavior and requirements. From a business development point of view, the companies involved, including medical centers, travel agencies, and accommodation operators, can identify correctly the main dimensions that affect the motivations of medical tourists and direct their resources toward developing areas to increase the experience and satisfaction of medical tourists.

The tourism and healthcare sectors are susceptible and depend heavily on personal services. Hence, this study is vital for human resource managers as it uncovers expectations of medical tourists towards elements working in Health and tourism. From a marketing perspective, the research results can develop effective marketing strategies

adopted by several vendors in medical tourism, especially medical centers, travel agencies, and hotels.

1.4. Assumptions

We made five assumptions:

H1: Booming of Turkish medical services directly affects access to Turkish medical services.

H2: Booming of Turkish medical services directly affects the quality of Turkish medical services.

H3: Access to Turkish medical services directly affects the quality of Turkish medical services.

H4: Access to Turkish medical services directly affects the attainability of Turkish medical services.

H5: The quality of Turkish medical services directly affects the attainability of Turkish medical services.

1.5. The limits of this research

Since this analysis is a thesis, research possibilities are limited regarding the time allocated to produce it and the research volume. In addition, the population chosen is limited to medical to Istanbul, in the majority of Africans with whom the researcher had collaborated for months, which facilitated access to the sample, given the time allocated.

2. LITERATURE REVIEW

In this section, medical tourism and Turkish medical services will be explained, the health tourism and medical tourism and their characteristics, and Turkish medical service dimensions, respectively, as a result of an exhaustive literature review.

2.1. The Health Tourism Concept

When evaluating health tourism, it is primarily necessary to discuss the meaning and scope of Health. Hippocrates, in his description of the Health of the four fluids of the human body, said that sputum, blood, and yellow and black bile are a product of balance, and unhealthy lifestyles upset this balance (Yurtsever A, 2015). In his definition of Health, Pindar, a philosopher and scientist who lived in the 5th century B.C., accentuated that the Health physical dimension is the operating of the body with a feeling of comfort without feeling pain or suffering; at the same time, the organs function harmoniously ((Yurtsever A, 2015)).

The definition in the law on the socialization of health services promulgated in 1961 is: "These are the medical activities carried out to destroy the factors that harm human health and to protect society from the effects of these factors, to care for the sick and to accustom those with reduced physical and spiritual abilities and faculties to work. According to Andrija Stampar in 1948, Health is physical, mental, and social well-being, not only the absence of illness or infirmity (Svalastog et al., 2017). With this definition, the concept of Health; for the first time in the world, beyond physical and mental well-being, social happiness, and peace is an integral part of Health and social environment; working and living conditions are closely related to Health (Svalastog et al., 2017).

Another definition of Health is (Yurtsever A, 2015);

Biologically, Health is the intercellular harmony in which the body and each of its cells function at the highest level. According to behavioral sciences, "It is a person's harmony with the environment and defensive potential in the face of the unexpected." According to medical anthropology, Health is "having control over resources essential to sustaining and advancing life at a high level of satisfaction." Health status is a matter that

must be taken very seriously, both for the individual and for society. The WHO definition of Health is "the state of well-being of the individual." With this definition, since state of Health of everyone is different, it can be mentioned that the demand for health services also differs (Çoban, 2009). The demand for health services evolves mainly according to the need resulting from the loss of Health.

Experts who want to define the concept have proposed different definitions from different angles. Guyer-Freuler first described tourism in 1905; "The ever-increasing need for air exchange and rest, the desire to recognize the glamorous beauties nurtured by nature and art. It is a modern-day event, founded on the belief that nature brings people happiness and nations and communities together through the development of trade and industry and the improvement of means of transport." (Kozak, 2013). Although tourism was a mere transport activity, it has been accepted in commercial and professional activities. If travel takes first place based on the concept of tourism, accommodation is also part of the concept of tourism.

Not all journeys can be evaluated within the framework of the tourist phenomenon. Depending on the purpose trip, a decision can be made regarding which trips can be counted in the tourism concept ((Kahraman & Türkay, 2014)). Tourism has been expressed with many different definitions during the historical process. One of the most useful definitions today is; Tourism is the set of partnerships resulting from the trip and accommodation of foreigners in a place, provided that it is not for profit and permanent establishment or a temporary accommodation event carried out by a consumer outside the permanent site. As with many concepts in the social sciences, there still needs to be a consensus on the definition of Health (Connell, 2013; Lunt et al., 2011). Each author has a description of what Health tourism is. In addition, in the literature, medical tourism also takes other names: "[...] medical travel, health travel, health tourism, health care tourism, out-of-country care market, medically motivated travel [...] (Tremblay, 2012). This concept has evolved considerably over the years. Initially, it was a generic term used to talk about the industry as a whole (Behrmann & Smith, 2010). However, its meaning eventually broadened to include subfields such as reproductive and transplant tourism (Behrmann & Smith, 2010). The lack of definition, common to all, indicates that the figures attached to medical tourism (income, growth rate) are rather often global

estimates. (Connell, 2013). As mentioned above, the literature has various definitions of health tourism. Connell (2013) asserts that some researchers have a simplest, unachieved, and fade meaning of what represents Health Tourism, like the definition of Bookman and Bookman (Connell, 2013), Cormany and Baloglu (2011) and the Public Health Agency of Canada that medical tourism "means traveling to other countries to receive medical care" (Tremblay, 2012)

Other authors have included the concept of "intention" in the meaning of medical tourism. Thus, for Johnston et al. (2010), this phenomenon refers to "[…] patients who quit their country outside of established cross-border care arrangements to gain access to medical care, usually surgery, abroad". (Lunt et al. 2011) go in the same direction as their definition: "When consumers choose to cross foreign borders to receive some form of medical care." Some authors insist on the importance of the travel or leisure dimension in health tourism. For example, (Jolicoeur-Landry, 2011) confirms that a phenomenon needs three essential elements to qualify as medical tourism:

1. Get health care while far from home,
2. The principal purpose for the travel is to get healthcare and
3. This medical service develops in pleasure, even entertainment.

Gupta (Jolicoeur-Landry, 2011) agrees that Health tourism permits people to harmonize their vacation with specific medical treatments. More seldom, some writers state that health tourism consists of clinical professionals traveling from wealthy countries to developing countries for a short period to work there (humanitarian travel) (Bezruchk–S, 2000). However, health tourism has two principal elements: Health and tourism. Medical services are geared toward health issues or related to human well-being. The World Health Organization defines Health as total physical, mental, and social well-being, not merely the absence of disease or infirmity. Here are some key factors physical, mental, and social. The first two factors are more connected to the person. External influences can cause changes in these factors. On the other side is social welfare. Variances between societies are also variances in social welfare in those societies. People who need help to reach these three factors should travel and seek services in other circles. In cases where health travel is health tourism, such as leisure, beauty, and spa, travel differentiation will be used for medical and Health reasons ((Peris-Ortiz & Alvarez-

Garcia, 2015). On the other hand, health tourism is travel due to maladies, including medical procedures and studies.

According to (Smith, Puczkó: 2014), health tourism can be divided as follows:

- Spa tourism
- Health tourism
- Spiritual tourism
- Holistic alternative and new-age tourism
- Wellness tourism

Spa tourism focuses on relaxation, healing, or making the body beautiful in spas using preventive Health and curative medicine techniques. Spiritual tourism, secular tourism is a spiritual health space that uses body-mind-spirit activities, retreats, ashram visits, and connections to nature and landscapes (Smith, Puczko: 2014:19)."New Age" or esoteric therapies at retreats or festivals (Smith, Puczkó, 2009). Health tourism travels aim at a health situation where the principal areas are aligned (e.g., physical, mental, psychological, social). They use some medical and lifestyle rather than cure - comprehensive modeling, and "New Age" tourism focuses on balancing mind and spirit through alternative complements (Smith, Puczko, 2014:25). However, as they accommodate the medical and Health tourism segments by type of health care, the accommodations indicated are illness, wellness, and reproduction (See Figure 1).

Illness

The majority of what is frequently referred to as "medical tourism" is focused on sickness treatment; this includes surgical, ophthalmological, and dental procedures, as well as possible overnight stays in hospitals or other facilities with nursing care. Tourism related to pregnancy or fertility may also be included in this category. Before receiving therapy, a family doctor's cooperation is frequently necessary.

Wellness

A growing quantity of travel is being made with the present trend toward healthy living or the prevention of sickness. These include massages, drug rehab, spa, thermal, aquatic treatments, and getaways. Social tourism components could exist, and inclusive accommodations might or might not exist. This sector is primarily an optional one.

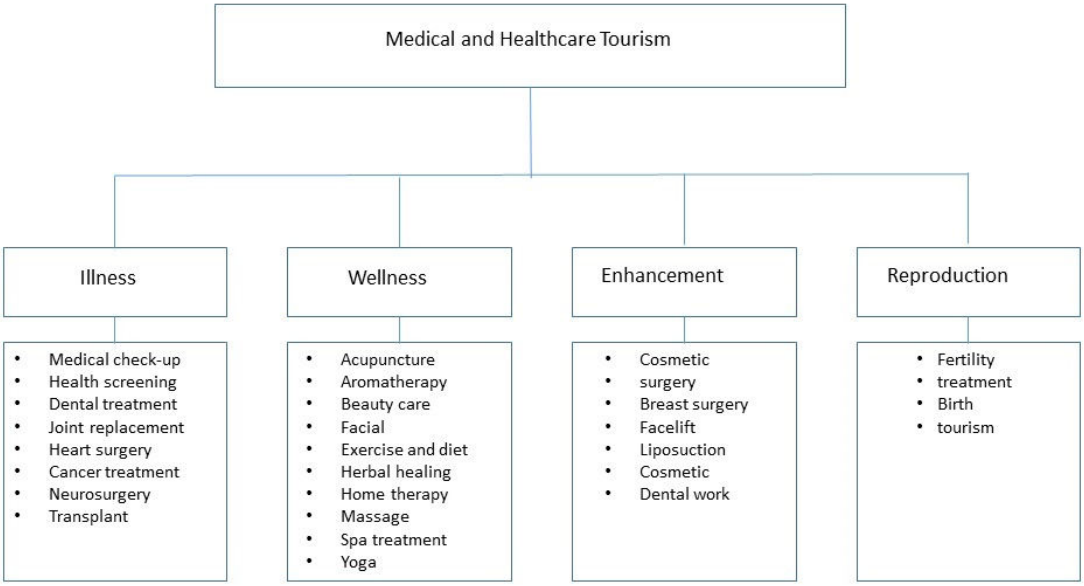
Enhancement

People are increasingly turning to medical procedures to improve their looks. This might involve plastic surgery or aesthetic surgical procedures. Although accommodation may not be necessary, recovery times can be lengthy and may necessitate some degree of covert recuperating. This is a voluntary sector.

Reproduction

Travel for reproductive purposes, such as fertility treatment or childbirth (Tourism Research & Marketing, 2006).

Figure 1. *Medical and Healthcare Tourism Sections*



Source: Tourism Research and Marketing (2006), P. 14.

2.2. Medical tourism

It is challenging to identify medical tourism as part of tourism. On the one hand, it is difficult to determine which segment of the population engages in this type of tourism. Another challenge is knowing who provides this service and what it applies to. For (Smith & Puczkó, 2014), medical tourism is a travel where a person leaves the residence for reactive medical treatment, interventions, or therapies. We usually use the usual transport and other tourism means during this trip. However, the challenge here is the name: as a tourist or as a patient.

On the other hand, who uses it is more important than the name of this collective. Here (Smith & Puszko, 2014), a person traveling for aesthetic purposes is excluded. However, patients traveling for cosmetic reasons are included in the picture as they visit and spend time and money in hospitals. The main thing for them was the concept of human tourism. Medical tourism is also determined as traveling abroad to seek cures from the locality where people live. Medical tourism organizes travels to places where people can get health services (such as medical procedures, surgery, SPA, health care, and thermal and herbal treatments) to enhance their mental and physical well-being (Carrera & Bridges, 2006). Travelers for medical tourism are Health or medical tourists (Gyu Ko, 2011). According to the purpose, these medical tourists are:

(1) Dedicated – has a predetermined treatment plan and often travels for treatment.
(2) Hesitant - decide on treatment options after arrival at medical tourism destination, but travel for treatment first.
(3) Vacation - there is a pre-determined treatment plan, but travels primarily for pleasure; and
(4) Opportunistic – deciding procedure after arrival and traveling primarily for pleasure (Wongkit & McKercher, 2013)

2.2.1. Medical Tourism History

For many, medical tourism seems like a vague term with no real meaning, a dubious neologism. Regarding intercontinental history trips, medical tourism can be considered when given overseas travel from developing countries and the long travel history to spas and other historic health and wellness destinations in Europe and Asia (Yu & Ko, 2012). However, medical tourism is a phenomenon inseparable from the history of civilizations with many points in common. Historically, earlier forms of medical tourism were introduced into tourist services in the 18th century by feeling better and improving Health at spas (Salus per aqua). Later, therapy, recreation, yoga, and meditation were given overseas travel from developing countries and a long travel history to spas and other historic health and wellness destinations in Europe and Asia (Connell, 2006). As early as the Neolithic, the first humans traveled long distances to seek treatment (Menvielle, 2012). Egyptians understood early on the healing properties of sea bathing to release pain or medical problems. First, this hydrotherapy tradition developed under the patronage of the Greeks and Romans, using the springs for medicinal purposes and hot water as a miracle cure. In ancient Greece (2000 BC), people from everywhere traveled to the temples of Asklepios, the medicine god, hoping to find a cure for their health problems (Jolicoeur-Landry, 2011). For Smith and Kelly (2006), that form of wellness tourism (going somewhere to take advantage of the properties of the waters or the properties of thermal mud) is among the ancient tourism type. There are data to identify. This search for well-being, and the possibility of curing illnesses, mostly seen as “incurable” at the time, led specific populations to migrate to the Roman Empire to benefit from this type of care. Essences of more "ordinary" forms, such as hydrotherapy, thalassotherapy, and natural or thermal springs, were widely used until the Middle Ages. Obscenity contributed to the decline in the use of hydrops and hydrops in the waters. In the 18th century, the properties of water were rediscovered, and medical tourism was revived.

Health tourism also has a reputation history in Asia. Five thousand years ago, the substitute healing of Yoga and Ayurveda gained notoriety in India, consistently attracting health seekers. Hot spring visiting rituals called "onsen" in Japan have a long history dating back thousands of years. For instance, Dogo Onsen in Matsuyama, Shikoku

Province, has a history of 3,000 years. Visiting the onsen became famous when Buddhism came to Japan in AD 552, and bathing in the hot springs here turned into a purification ritual in Buddhism (Noaman, 2018, p. 30).

During the 16th and 17th centuries, spa towns became famous in Europe, and St. Moritz and Bath (UK Essays, 2013) were more frequently visited by European elites for healing purposes. In the 18th century, spa resorts were a common characteristic of medical tourism (Al-Lamki, 2011). Then, in the 19th century, Europe in the individual bourgeois "spa towns" had not yet become middle class because, according to them, it had developed. In Europe, the city of Bath in the United Kingdom perfectly illustrates this allocation of hydrotherapy (Boyer, 1996). The English and European aristocracies had made it a place of application to show themselves and benefit from the treatments deemed sufficient for this period. In France, using thermal baths is arousing new enthusiasm among the public III. It happened at the instigation of Napoleon. At the beginning of the 20th century, the Côte d'Azur attracted the crowned rulers of this world, which could be described as the beginning of medical tourism, then of the aristocracy more broadly (Proulx, 2005; Smith & Kelly, 2006)). Boyer (1996) even mentions a natural phenomenon of modern medical tourism; this region of southeastern France is known to be conducive to meeting and dealing with people of this world because of its climate.

Health tourism comes in the form of medical tourism in the late 20th and early 21st centuries, unlike other kinds of medical tourism once upon a time; Today, it has a more diverse shape than before. The most significant changes occurred after the Second World War when social, political, economic, and logistical momentum shifted into increased tourist activity, recreation, and entertainment (Gartner & Lime, 2000). This technological development, this social progress, and this economic expansion will make it possible to democratize tourism and leisure. The rise and growth of means of transport (rail, road, and air) have contributed to this democratization of travel. The world has no more borders, no more borders; this is just an elite wireless connection to remote destinations.

However, an entire middle class, which some doubt and others still seek, was soon blessed in a society that some saw as an entertainment society (Gilbert, 1954). In most

modern times, the business has come at the expense of the entertainment community. Performance and competitiveness have become the hallmarks of the birth of modern tourism, which sometimes responds to these scourges under the weight of fatigue or the resulting health problems.

The history of ancient health tourism, even at the beginning of the 20th century, refers to patients moving from developing to developed countries. Initially, individuals from advanced countries traveled to advanced countries for better health services (Lunt et al., 2011), whereas today, it appears to be the reverse. However, the phenomenon of medical tourism started developing in the 1980s and 1990s due to the globalization and standardization of clinical processes, which permitted several countries to acquire the technology (for example, the Internet for communication) and the necessary medical supplies, Resources awareness for good living conditions (Jolicoeur-Landry, 2011). However, its development progressed steadily in the 2000s (Menvielle, 2012). Despite the traditional structure of medical tourism, the latest tendencies show that medical tourism is shifting from advanced to advanced countries due to price issues. Also, the first international conference on medical tourism did not take place until 2007 (Bovier, 2008).

2.2.2. The global medical tourism market

As medical tourism becomes more attractive to several countries, international awards and competition increase. International competition in medical tourism has forced companies to offer more than quality services. Medical tourists seek quality care or a pleasant vacation at a lower cost. Once competing based on lower prices, India focuses on improving infrastructure, technology, branding, and medical tourism experience. According to Jonathan Edelheit (Medical Tourism Index, 2016), these measures are driven by increased global competition.

Increasing competition has led us to adopt a holistic approach to procurement. To compete internationally, the medical supplier must get international standards. The Joint International Commission (JCI) is a standard and reliable medical tourism accreditation. Accreditation demonstrates that medical service adroitness is operating at a globally

recognized level and is a cause of confidence for future services to medical tourists. That is why emphasizing broad experience to fulfill customers' needs is crucial to staying in business. Thus, all elements of travel should be perceived positively. Such a method would apply to various levels of consumers from other countries with different health systems. Medical centers must invest in cutting-edge technology to attract international patients and compete globally. Fetscherin and Stephano (2015) reported that "up-to-date medical apparatus" is among the things that constitute the scale of the Tourism Index.

Medical tourism enablers include associations with crucial industry actors such as recognized and accredited medical providers, insurance companies, and employers (Gan & Frederick, 2011). Growing competition has encouraged companies to extend their networks and form tactical alliances; they can be local, international, and cross-sectoral. Tactical partnerships are formed with other medical tourism brokers and travel agencies in the medical tourism destination. Alliances will procure tourists with a better experience, especially in the touristic and cultural part of the travel.

Medical tourists today are increasingly aware of what to look for when searching the web, and checking consumer reviews is common. Hence, suppliers, today are developing exciting and interactive websites that provide the necessary information to future consumers before he goes to another source. Accurate customer reviews should also be updated and monitored (Youngman, 2010). Because medical tourists have many options and facets, mass marketing is not an efficient instrument anymore that caters to different segments' needs and expectations. For this reason, mass marketing focused on price or quality can be used in today's market (Youngman, 2010). By comparison, segmenting and identifying target segments is critical to addressing that segment's specific needs and wants. Focusing on the market segment precedes competition in today's expanding market. It also stipulated hiring multilingual staff trained in intense competition, cultural differences, and attitudes. Defining the market segment will help determine the linguistic and cultural needs of the team.

They have defined a differentiation strategy to position themselves in the chosen target or sector. The manner distinguishes the services offered to future consumers, often with medical tourism brokers who focus on and support their strengths. Some brokers focused their transactions in just one country; others specialized in specific medical

services, and others proposed several counties and medical providers (Gan & Frederick, 2011). Medical tourism generally benefits people who cannot pay their medical expenses at home because of the absence of health insurance and the high costs of medical treatment (Burkett, 2007). For instance, the Congressional Budget Office reported that nearly thirty million people under 65 were uninsured in 2019, and for those seeking affordable treatment, medical tourism may be an option (Chaulagain et al., 2021). Medical tourism also benefits people who receive long-term medical care or cannot access specific medical services in their country (Barua & Moir, 2019; Chaulagain et al., 2020). Today, many countries and an increase of countries are promoting medical tourism; as reported by Gahlinger (2008), the accumulation of nearly 50 countries, mainly developing countries in Latin America and Asia, generate significant income from medical tourism, which is the region that today captivates the most consumers in medical tourism in Asia. Millions of people travel to Asia every year to countries like Singapore, South Korea, Thailand, India, and Malaysia, which have recently seen a considerable increase in the number of people coming for medical purposes. The movement of medical tourism to these countries began with trans operations in Thailand in the early 1970s. It showed a trend toward plastic surgeries (The Republic of Türkiye & Ministry of Health, 2012). Patient Beyond Borders reported that the top global medical tourism destinations are Costa Rica, India, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Türkiye, and the US. For this ranking, they take into account several factors, including staff (Patients Beyond Borders, 2023):

• State and private industry investment in health infrastructure

• Demonstrable commitment to international accreditation, quality assurance, and transparency of outcomes

• International patient flow

• Possible cost savings in medical procedures

• Political transparency and social stability

• Excellent touristic infrastructure

• Consistent reputation for clinical excellence

• The history of improvements and success in healthcare

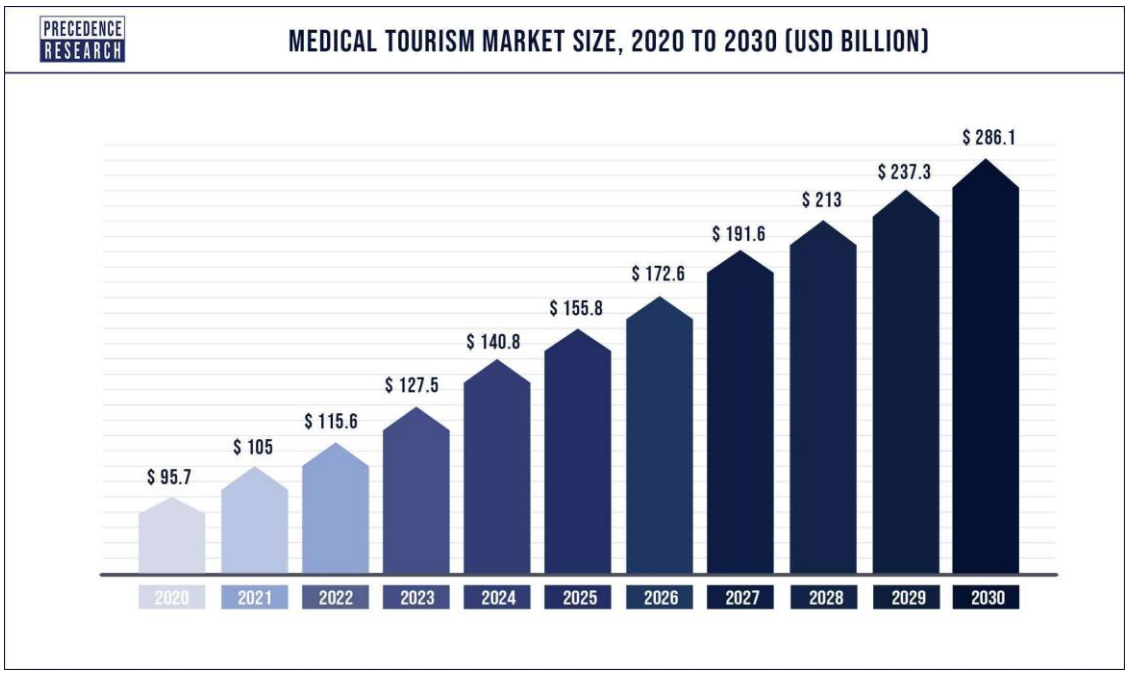
• Successful adoption of best practices and latest medical technologies,

• Availability of experienced medical personnel with international training.

Today's tech-driven, digitally developed consumers expect customized adventures at every touchpoint. An extensive variety of countries have made the major of the business potentials offered by medical tourism; this is evident in Southeast Asia, particularly in Thailand, Singapore, and Malaysia (Pocock et al., 2011) and somewhere else, such as Germany and the Middle East (Martinez et al., 2008). In recent years, Asia has been the most prominent medical tourism region; for example, medical tourism is booming in Malaysia despite its economic downturn (Musa et al., 2012). Research by Singh and Gill (2011) reports that there are now more travelers in the United States than ever leaving their country to receive quality medical treatment on a budget, with most of them going to Asian countries where McKinsey, a well-known consulting firm, is located ve Company was questioned in 2008 concerning medical tourism. That study was conducted across internal and external healthcare industry settings, including patients, medical tourism affiliates, and service suppliers spanning more than 20 countries. Following this research, many North American researchers abroad chose Asian countries (45%) and Latin America (26%); this mathematically means that seven out of ten North American patients who travel abroad (7/10) choose Asian or Latino countries. In addition, 39% of European patients seeking healthcare abroad traveled to Asia, 13% to the Middle East, and 5% to Latin America; Almost six (6/10) out of ten European patients seeking treatment abroad have gone to a developed country (Ehrbeck et al., 2008).

The international medical tourism market is estimated to be US$ 115.6 billion in 2022 and is expected to reach US$ 207.9 billion in 2027 (Grand View Research Inc, 2020). It is expected to attain approximately US$286.1 billion by 2030 and grow at a compound annual growth rate (CAGR) of 10.8% from 2022 to 2030 (Precedence Research, 2023).

Figure 2. *Medical tourism market size, 2020 to 2030*



Source: *Precedence Research, 2023*

According to the Medical Tourism Association, over 14 million individuals travel yearly to other nations for medical treatment. Thus, the increased number of tourists and travelers for regular check-ups is driving the increase of the medical tourism market. Some of the regions have low costs for the treatment of various kinds of diseases. Such nations are Dubai, Singapore, and Thailand. Singapore gets 500,000 medical tourists yearly, with Indonesians for half of them. As a result, growth in the number of medical tourists and the need for cosmetic and medical treatments are expected shortly. Another factor propelling the increase of the international medical tourism market is the low cost of operations and surgeries (Precedence Research, 2023). This factor is boosting the development of the global medical tourism market.

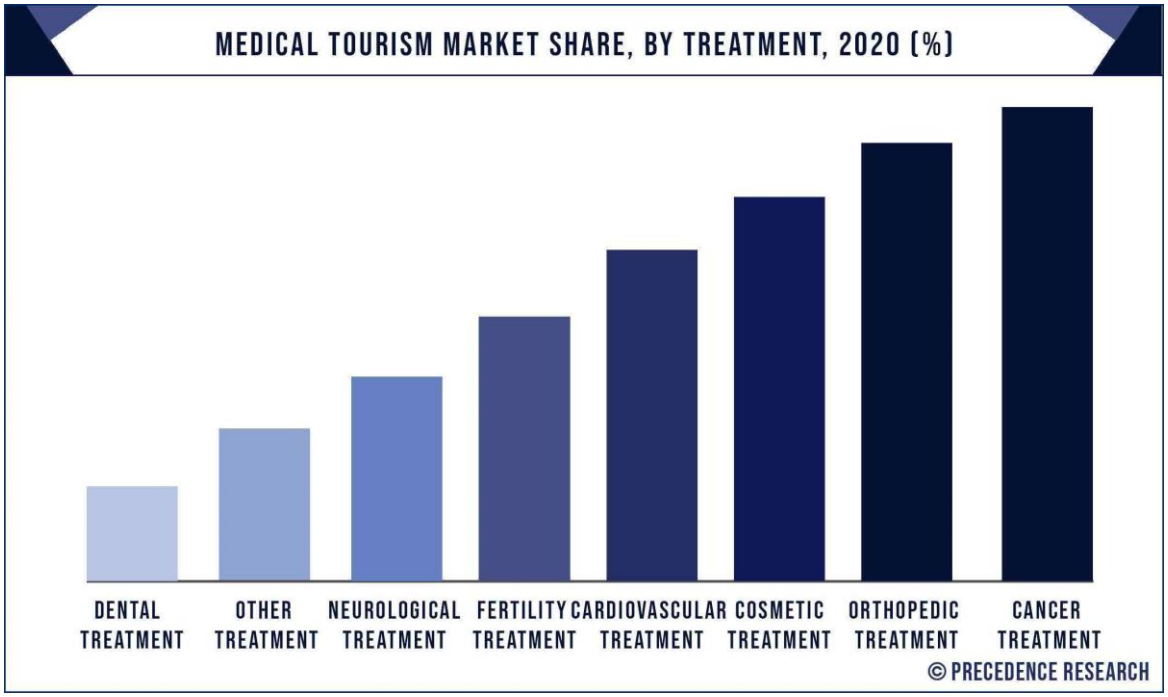
Additionally, the growing technological advancements in several nations are led to the expansion of the global medical tourism market. Medical care in Asian nations is relatively low than in private institutions in the U.S., according to the Medical and Health Tourism Congress. In Thailand, heart surgery costs $13,000 compared to $113,000 in the U.S. A hip replacement procedure costs roughly $7,800 when it costs $50,000 in the

United States, as per Apollo Hospitals. Moreover, the increasing trend of cosmetic surgeries is also driving the expansion of the global medical tourism market—for example, *Cosmetic surgery* costs in the U.S. range from $4,500 to $12,500 on average. As a result, many people desiring cosmetic surgery travel overseas to receive the same care level at 50% less cheap. Thus, these factors result in the growth and development of the global medical tourism market.

2.2.3. Treatment Type Insights

The cancer therapy segment, calculated for the largest revenue share by type of treatment in 2022 and planned to dominate over the forecast period, can be attributed to the growing cancer incidence in the world population. According to the International Agency for Research on Cancer, about 19.3 million new cases of cancer and about 10 million cancer-related deaths were reported in the world in 2020. New cases of cancer in 2020, 11.4% of lung cancers and 10.0% of colorectal cancers. Cancer treatment is expensive; therefore, people are increasingly adopting medical tourism to seek treatment in other countries to reduce treatment costs; this segment is expected to continue to increase more than the forecast period (Precedence Research, 2023). The rapid development of various effective cancer treatments, such as targeted therapies, chemotherapy, and radiation therapy, drives global medical tourism market growth.

Figure 3. *Medical tourism market share by Treatment, 2020*



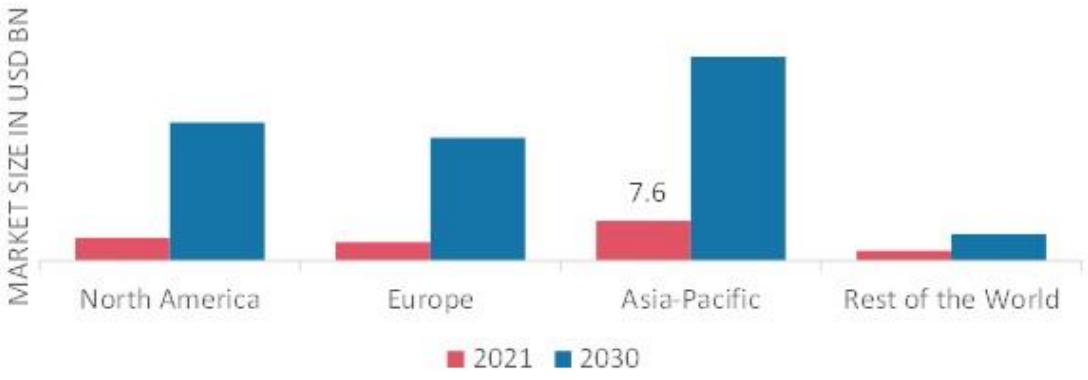
Source: *Precedence Research, 2023*

2.2.4. Medical Tourism Regional Insights

The study by region provides market information for North America, Europe, Asia-Pacific, and the Rest of the World. The Asia-Pacific medical tourism market was valued at US$0.88 billion in 2021, and significant YBBO distribution is expected during the study period. Due to government programs, the medical care cost in this region is low; medical tourism is preferred in developing countries in this region. India provides healthcare services to Western and Middle Eastern countries at very affordable prices. The IJIRA estimates that in December 2021, the cost of medical care and treatment in India will be about 50% lower than in Europe (Market Research Future MRFR, 2023).
These numbers show how much Asia-Pacific countries dominate international medical travel. Plus, healthcare costs here are 65% to 90% lower than those in America. Additionally, medical tourism in China held the largest market share, while the Indian medical tourism market grew fastest in the Asia-Pacific region. The major countries

examined in the market report are the US, Canada, Germany, France, the UK, Italy, Spain, China, Japan, India, Australia, South Korea, and Brazil (MRFR, 2023).

Figure 4. *Medical tourism market share by region 2021 (%)*



Source: MRFR, 2023

2.2.5. The medical tourist

Now that medical tourism is defined, it is necessary to determine who the individuals who use it are. As Connell (2013) reported, most of the literature on time that medical tourists are relatively well-off individuals from developed countries. (thus from the North and the Gulf) who seek treatment in "poor countries." Nevertheless, Connell (2013) argues that most medical tourists cross neighboring borders to get healthcare in a better situation than their home country. (Crush and Chikanda, 2014) agree that medical tourist flows are mainly intra-regional. For example, 85% of medical tourists in India are from neighboring countries (Crush & Chikanda, 2014). Most medical tourists travel to countries that speak the same language and have similar cultural backgrounds (e.g., the same religion) (Connell, 2013). Additionally, many medical trips are for short distances (e.g., Mexicans residing in the US coming back to Mexico for treatment) (Connell, 2013). According to (Jolicoeur-Landry, 2011), the majority who resort to medical tourism belongs to one or other of the following three categories:

1. People who do not get medical coverage in their country of residence,

2. People who have medical coverage that covers their healthcare partially,

3. Medical coverage cannot cover people due to poor Health.

Connell (2013) offers a typology of medical tourism that includes five different categories of medical tourists. Medical tourists of this type mainly come from Europe (UK), the Middle East, Japan, the US, and Canada (Bovier, 2008), corresponding to North-South medical tourism. Crush and Chikanda (2014) specify that this category constitutes one of the 2categories of South-South tourism. Primary, they are rich people who travel to regions ranging from the Gulf to London, via Berlin and even New York, to obtain exclusive and expensive medical treatments. For Bovier (2008), the typical patient is in his fifties, belongs to the middle class, and can pay for his trip and the medical intervention.

On the other hand, it might be middle-class people traveling internationally to get aesthetic treatments or access needed and cheaper healthcare when their medical coverage is inefficient. Then, medical tourists can also be diaspora patients who return to their home countries to access medical care for all sorts of reasons, political and economic, cultural, and Health (e.g., Mexicans and Koreans). Then, it can also be so-called "cross-border" patients looking for cheaper and faster medical care. Finally, some medical tourists are the person who is desperately looking for healthcare unavailable in their country of residence (Crush & Chikanda, 2014). Smith and Puczkó (2014) listed diverse reasons for medical tourists to travel:

• Absence of insurance

• Reduction of the cost

• Better quality services

• Intervention unavailable at home

• Shorter waiting times

On the other hand, the challenges facing:

• Concerned about the quality of service.

• Logistic issues (visa, transport)

• Absence of follow-up

Smith and Puczkó (2014) also listed medical tourist types:

● Temporary visitors abroad

These tourist groups are "regular tourists" who accidentally or suddenly decided during the visit to seek treatment.

● Long-term residents

Foreign residents who, under their profession (workers, students), have decided to seek treatment in their country of residence.

● Tourists who have decided to undergo medical treatment

They were medical tourists who had planned to undergo medical services and were the principal cause of the trip.

● Cross-border patient

This case concerns patients who can seek treatment in the neighboring country.

● Diaspora patients

Diaspora patients have decided to return to their residence countries for treatment for multiples causes

● Outsourced patients

This group of persons is accompanied by an agreement between countries or medical establishments; this means that, based on a contract, one country or healthcare facility will reactivate people from another country or healthcare facility.

● Affluent population

People with a wealthy financial situation travel abroad for treatment for many reasons, such as long waiting lists in their country.

● Persons without medical insurance in their countries

Persons not obligated to guarantee the disease give an allowance to a stranger as one of the main reasons for seeking medical help.

2.2.6. Medical tourism stakeholders

There are many players in medical tourism. Initially, the leading players in this sector are undoubtedly healthcare providers (caregivers, hospitals), whether in the private or public sector (Jolicoeur-Landry, 2011). Subsequently, there are insurance companies (Lunt et al., 2011; Constantin, 2015) that developed three main market products: health insurance (the medical intervention or treatment is covered) and travel insurance (international patients are covered), and postoperative insurance (additional coverage for complications, medical follow-up costs, or even a second medical intervention) (Jolicoeur-Landry, 2011; Whittaker et al., 2010). There is also this:

- Facilitators (expert travel agents accompanying patients during their medical treatment abroad, from purchasing round-trip transport to obtaining visas and accommodation),
- Accreditation bodies (independent third parties working with health ministries, hospitals, and health organizations to assess process consistency, safety, and quality of medical services)
- Hotels (commercial partners of hospitals where patients have access to a privileged environment and post-operative facilities) (Whittaker et al., 2010).
- Governments, medical information regulators (those managing electronic medical records), and
- Regional and international organizations (e.g., WHO, OECD, and UNTO aim to share information in consultation with stakeholders by collecting data on medical tourism and publishing reports and recommendations) and
- Associations (e.g., Medical Tourism Association) are the players in this sector.
- Finally, we should include the media, speakers, and websites of providers and other organizations as they convey information about health services offered in other regions (Lunt et al., 2011).

Medical institutions include admission and function procedures. Some points must be corrected between the concierge, hotel-style room needs, various restaurants, registration, style hotel check-out, transportation arrangements, and staff interpreting services. Some centers have integrated the hotel concept with installations to avoid hotel and complex-type halls and rooms. As an example, the Barbados Fertility Center is an installation that avoids using patient rooms (Cormany, 2008).

Synergy examples between hotels and healthcare include hotels and various parts of tourism. Suggesting traditional and alternative spa hotels, the name of spa hotels is similar to lifestyle. Some stations, like Golden Horses Palace, Kula Lumpur, pour it somewhere by completing medical installations. Emirates Airlines has a diagnostic prerequisite on certain planes to expedite medical processes at the destination and refer patients to hospitals. Additionally, Renaissance Cruises offers free flight options for certain cruises (Cormany, 2008). The medical hotel is an example of the synchronization between the tourism sector and the health department. The medical community has benefited from "hospital hospitals" since 2000 (Leibrock, 2000). The advantages of medical hotels include great comfort physics, the proximity of medical assistance, best quality water, constant patient ratio, patient/patient plus high level, a private person, anonymity, etc. Confidentiality and communication through a staff member. In addition, family/friend companions provide better standard hotel services (valet, room service, concierge, hoteliers) without sick-passenger (Docrates, 2012; Han & Hyun, 2014; Hume & Demicco, 2008).

Medical leasing generally allows tourists to profit from a hospital vacation or tourist lot destination. The best vacation benefit in a medical hotel is the same as in clinics and regular medical centers. The medical rooms in the hotel have special equipment for gas medical care, deoxygenation, and quadruple medical doctors, plus the availability of nursing support during this monitoring phase (Cormany, 2008). With the complications that arise, your chances of surviving alone are restricted, and you can take responsibility for the medical tourist. During the stay in a medical hotel, this monitoring can be ensured by a continued asylum (Hume & Demicco, 2008). Medical Tourism Packages are an option to attract medical tourists' names. Unlike the medical tourism VIP and health and

beauty packages (Lee, 2012), South Korea covers all luxury and premium restoration services.

From a tourist's point of view, the attractiveness of the destination in terms of culture, climate, tourist activities, and attractions contributes to the satisfaction of the medical tourist. The advantages of the disappeared visitors of the tourists who managed to increase the names of international medical doctors visiting the tourist destinations were manufacturing promotes profit and destination choice for traveling doctors/losing the medical/cosmetic service quartet in the medical/cosmetic field. Facilities of accessibility, like airport access, transportation, and local friendliness, can create a pleasant appeal for the destination and contribute to its attractiveness and accessibility as a medical destination.

2.3. The Booming of Türkiye's Medical Tourism Industry

Türkiye has unique advantages and advanced technology in the medical industry, which is better than in Central Europe, the Balkans, and Scandinavia. This technology is used in state-of-the-art hospitals in Germany and the United States. Türkiye has emerged with its advanced infrastructure and affordable healthcare facilities in recent years. It has become a favorite destination for international healthcare tourists. Independent watchdogs monitor Türkiye 's health standards. An independent Turkish Medical Association creates quality and consciousness in the medical community; The Health Ministry creates regimentations with which all segments of the health sector must comply. (Alili, 2015).

Medical tourism is increasingly well known as it is rapidly booming as part of the tourism sector (Dabaghi et al., 2022). In the Middle East, medical tourism is rising in countries such as Jordan, Türkiye, and the United Arab Emirates (UAE) (Beladi et al., 2015). Anyone walking through the hallways of any major private hospital in a major Turkish city can hear the diversity of languages that patients speak on the phone or with people accompanying them, friends, relatives, or care coordinators. The mixture of Turkish, Arabic, Persian, Russian, English, French, German, and Italian words has transformed the hospital into a microcosm of the United Nations. The development of

medical tourism accelerated considerably in Türkiye during the 2000s. It originated in the privatization of medicine, initiated in the 1980s, which led to the "proliferation" of private hospitals from 1990. Between 2000 and 2005, the number of private institutions doubled, with 40% now in Istanbul. In 2013, more than 600 private hospitals accommodated around 20% of the Turkish population (Terzioğlu, 2014). This numerical increase is the source of fierce competition. A new tourism policy since the 1980s has increased the number of visitors from 5 million at the beginning of the 1990s to 31 million in 2011.

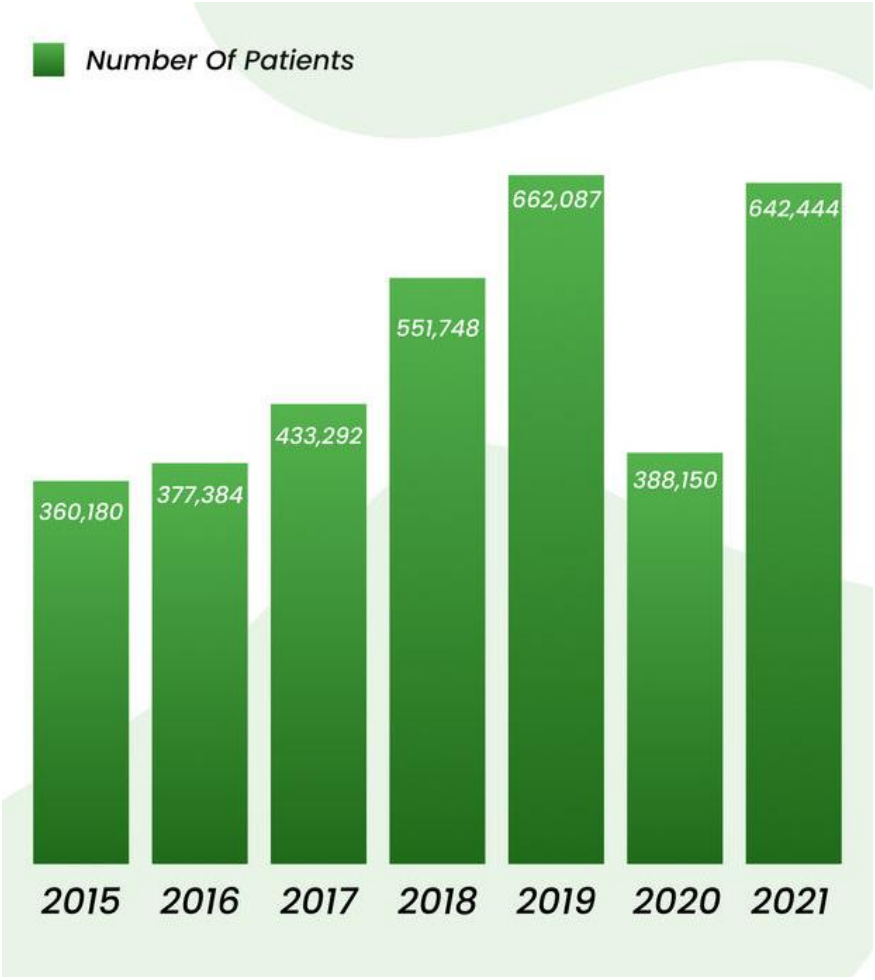
According to statistics, 500,000 medical tourists visited Türkiye in 2011 and spent five times more on average than a single tourist (Terzioğlu, 2014). The 2000s saw an influx of patients from Iraq, Iran, Syria, and Arab countries in the Persian Gulf, such as Libya, Qatar, and Kuwait. End of the 2000s, people began to arrive from the US and Europe, attracted by cheap service offers, surgeons' competence, and private hospitals' luxury offers. To attract more international people, private hospitals have equipped themselves with the latest technologies in diagnosis and care, including robotic surgery and laser surgery, and regularly send their doctors and nurses to train in the countries. They have also established partnerships with famous medical companies, like Johns Hopkins University, or are accredited by them. To promote their institution abroad, some institutions have established coordination offices in the countries where most of their patients originate, while others regularly send coordinators there. The Turkish government has also taken an interest in the issue by facilitating the arrival of medical tourists.

A manager responsible for guiding them has been appointed to the health directorate (İl Sağlık Müdürlüğü) of every region. The national airline, Turkish Airlines, offers 10% reductions to foreign people who travel to Türkiye for healthcare. Transport has been an essential support for Turkish medical tourism. Turkish Airlines provides flight services to 199 places worldwide. (turkishairlines.com, 2015) It has signed accords and protocols with health establishments that offer stimulations and reductions to medical tourists traveling to Türkiye. The visa waiver with several countries has dramatically increased the tourist's numbers coming to Türkiye, including health tourists. That stage has enabled medical tourists to Türkiye as a destination for medical treatment (Noaman, 2018). Airlines and flights are mentioned in the Černikovaitė and Mameniškis study

(2015) within the SWOT analysis of medical tourism in Lithuania. Klaus (2005) discussed surgery-vacation packages that American patients, particularly the uninsured, can purchase and their role in the medical tourism rise.

In 2010, the Turkish Health Ministry planned to attain 1 million international patients annually by 2020. This project targeted several cities. Ankara, Istanbul, and Izmir are the country's three biggest cities; Muğla and Antalya are the main tourist destinations; Bursa and Manisa, two popular spa towns; and Gaziantep, the wealthiest city in south-eastern Türkiye.

Figure 5. Booming of medical tourism in the past few years



Source: Bhartiya S. Medical Tourism in Türkiye Statistics 2023, 2023

Global medical tourism is a $55 billion sector in Türkiye, which is growing at an annual rate of 22.6% (Sağ & Zengül, 2019). More than one million people visited Türkiye for medical tourism in 2017, bringing around 10 billion dollars of international currency to the economy (Cavmak & Cavmak, 2020). On average, medical tourists visiting Türkiye undergo more than one procedure. Because of the growing demand for medical tourism, the Health Ministry of Türkiye emphasizes the spread of medical tourism in its tactical plan. It implements activities to develop the sector (Yıldız & Khan, 2019). These activities include increasing the quality of Turkish hospitals and obtaining Joint Commission International (JCI) accreditation, an internationally recognized healthcare quality index (Cavmak & Cavmak, 2020). Most patients visit Istanbul and Türkiye for Dental Treatment, Plastic Surgery, Plastic Surgery, Optical Treatment, Laser Eye Surgery, Liposuction, Nose Surgery, Hair Transplant, Plastic Surgery, bariatric surgery, organ transplant, and oncology and orthopedic services. Many come for rehab at famous health resorts. Among all these, hair transplants and aesthetics in Türkiye have recently become one of the best options in the world. Quality of service at very affordable prices, world-class clinics with advanced technology, and affordable healthcare are the main reasons for this (Istanbeautiful.com, 2022). The health tourism sector in Türkiye is part of the "Vision 2023" plan, a set of goals that the Turkish government wants to achieve by 2023. According to the number of visitors and income, Türkiye ranks fourth in medical tourism. Turkish economy is not satisfied with this impressive ranking. They want to be number one by 2023, with a transaction volume of 20 billion dollars annually. As far as the future is concerned, one of the targeted markets is that of the 54 countries of the African continent.

2.3.1. Turkish medical services

Medical Tourism, which has created approximately 60 billion USD for the world economy, has also begun to play an essential role in the advanced countries' economies (Heung et al., 2010). India, Thailand, Taiwan, and some developing countries have made significant progress in the medical tourism industry with the collaborative support of the public and private sectors (Hazarika, 2010). The health sector, which was predominantly

provided by the public until the 1990s, started to change its shell with the rapid increase in private investments. It resulted from the privatization of medicine initiated in the 1980s; After 1990, private sector investments in the health sector exploded, and significant progress has been made (TÜSİAD, 2009). Trained and qualified physicians and other health personnel accept this transition process. It is strengthened by international standardization bodies' accreditation of health institutions. The transition period created high-quality, more accessible medical services for domestic and international patients. Türkiye has become a medical tourism country, hosting 40,000 medical tourists worldwide annually (Istanbul Health Tour Service). Türkiye is a booming market for medical technologies and healthcare services; this is due, in part, to a population of over 84 million. Following the Health Expenditure Turkish Statistical Institute, the MoH is responsible for the planning and implementation of health policy and is Türkiye 's largest health service supplier. Medical tourism development raised considerably in Türkiye during the 2000s. Between 2000 and 2005, the number of private establishments doubled. In 2013, there were more than 600 private hospitals; Report 2020, Türkiye's health expenditure increased by 24.3%. The public sector was responsible for 79% of Türkiye 's health expenditure. The public and private sectors spent $2.4 billion on health infrastructure investments (Mediworld, 2022). According to Minister Koca, as of January 1, 2020, the total number of doctors in Türkiye is 164,594, while the total number of nurses is 198,465 (Doğanışık, 2020). Thus, while the number of people per doctor is 498,2 in Türkiye, this number is 341,3 on average in OECD countries.

Moreover, while the population per nurse is 431,2 in Türkiye, this population is 102 on average in OECD countries. The Minister of Health on March 19, 2020, announced that there is a total intensive care capacity of 25 466 adults, including 13 211 at the advanced level, in collaboration with the public and private sectors (Doğanışık, 2020). Turkish institutions dealing with medical tourism serve qualified elements and the newest technologies. Around 35% of the practicians in these departments were formed in Western regions (Guide, 2018). Several medical centers in Türkiye cooperate with famous foreign hospitals like Johns Hopkins, Mayo Clinic, and Harvard Medical International. This partnership aims to furnish management for personal development, improved treatment, and updated information sharing (Kilavuz, 2018). Türkiye has tried to be one of the critical centers for physiotherapy and recovery and organ transplantation

worldwide. Policies that facilitate tourists have made progress in developing the medical tourism industry. Türkiye has also invested in facilities and transport to revive this industry (Anadolu Agency, 2017). While medical tourism contributes to limiting school economies and health infrastructures and increasing employment, it can also adversely affect the land. For example, medical tourism influences the selection of medical personnel in good locations associated with their ships. Promising more income and incentives to health institutions created by the private sector triggers the private sector's replacement of public health personnel (the Republic of Türkiye and Ministry of Health, 2012).

2.3.2. Access to Turkish medical services

The number of foreign people associating tourism with medical treatment has increased significantly. Long waiting times for rendezvous or unique therapies are a crucial problem for sick people, and this has proven to lead to the outsourcing of healthcare and the booming of medical tourism in some countries. For instance, patients in Canada must wait a long for healthcare (Oxford Analytica, 2006). Horowitz and Rosensweig (2007) stated that England also needed help with long waiting times. People prefer to travel to find alternative countries for treatment or surgery in a short delay instead of waiting in their home country.

Similarly, some regions have withdrawn from their medical sector, creating a new business model. The medical industry has passed from public to private hands in the United States, thus generating high patient costs (Connell, 2006), especially for those without social security (Levasseur, 2008). We have seen the emergence of a two-tier system more favorable to citizens who can afford surgeries far from the US, where the costs are much less. The 2000s saw an influx of patients from Iraq, Iran, Syria, and Arab countries in the Persian Gulf, such as Libya, Qatar, and Kuwait. At the end of the 2000s, patients began to arrive from the US and Europe, attracted by the offers of care at reduced costs, the competence of the surgeons, and the request of luxury private hospitals (La Turquie, 2022).

Access to procedures has been developed in multiple precedent studies on medical tourism. An (2014) stated that the research to differentiate the attitudes and perceptions of medical tourists towards medical tourism in Korea is a subfactor of the medical services factor. It was also adopted by Crooks et al. (2010) as a procedural motivation for patients engaged in medical tourism. Brokers have access to hospital networks and provide the link between hospitals and foreign patients (Connell, 2006). As a result, partnerships between travel agencies and hospitals offer them a space for new global marketing methods (Smith & Forgione, 2007). The Big Browser has created a platform for medical tourism brokers and agents (Cortez, 2008; Horowitz & Rosensweig, 2007)

The Turkish Health Ministry estimates that around 500,000 foreigners were treated in Turkish hospitals in 2010, representing a 70% increase since 2007 (Vela, 2011). The total number of foreign patients who sought health services in 2020 was around 338,000. While this number increased to 624,444 in 2021, 586,754 visitors came from abroad to receive health services alone last year. Centrally located in Europe and the Middle East, only 2-3 hours from major cities. Another advantage is that Türkiye can enter around 70 countries without a visa, and citizens of approximately 110 countries can enter without a permit (Anatoly Agency, 2017). As part of Türkiye 's 2023 targets, the number of health tourists has grown to two million. It is believed that duty-free health zones that provide tariff advantages to foreign patients should be designed for foreign patients (Hürriyet Daily News, 2017). Thus, Türkiye, which has a comparative advantage in the above variables, aims to be the leading health tourism country.

The number of health tourists coming to Türkiye continues to rapidly increase. Medical tourists from places around the world, especially from nearby countries, prefer Türkiye. These countries are Iraq, Kazakhstan, Azerbaijan, the Middle East, and Arab countries, as well as many European countries (Russia, Greece, Ukraine, England, Netherlands, Romania, and Bulgaria) (Hürriyet Daily News, 2017).). It is also necessary to consider the technical or technological variables that play a primary role in medical tourism. Air transport has democratized travel for many tourists, what is more by allowing access to ever more distant destinations. The number of foreigners visiting Türkiye increased 44.6 percent year-on-year to 2.6 million in November 2022, with arrivals growing mainly from Saudi Arabia (up 6911 percent), Singapore (up 1042 percent),

Malaysia (up 593 percent), South Africa Republic (up 441 percent), Georgia (up 400 percent), Thailand (up 358 percent), Japan (up 261 percent) and South Korea (up 257 percent). The number of arrivals by sea rose by 362 percent, while land and by air went up by 65 percent and 33 percent, respectively. Considering the year's first eleven months, tourist arrivals rose 84.77 percent to 42.2 million. Affordability and safety are the main forces driving these numbers and allowing Türkiye to become a leader in global markets in health tourism services (Yurtsever A, 2022)

2.3.3. Quality of Turkish medical services

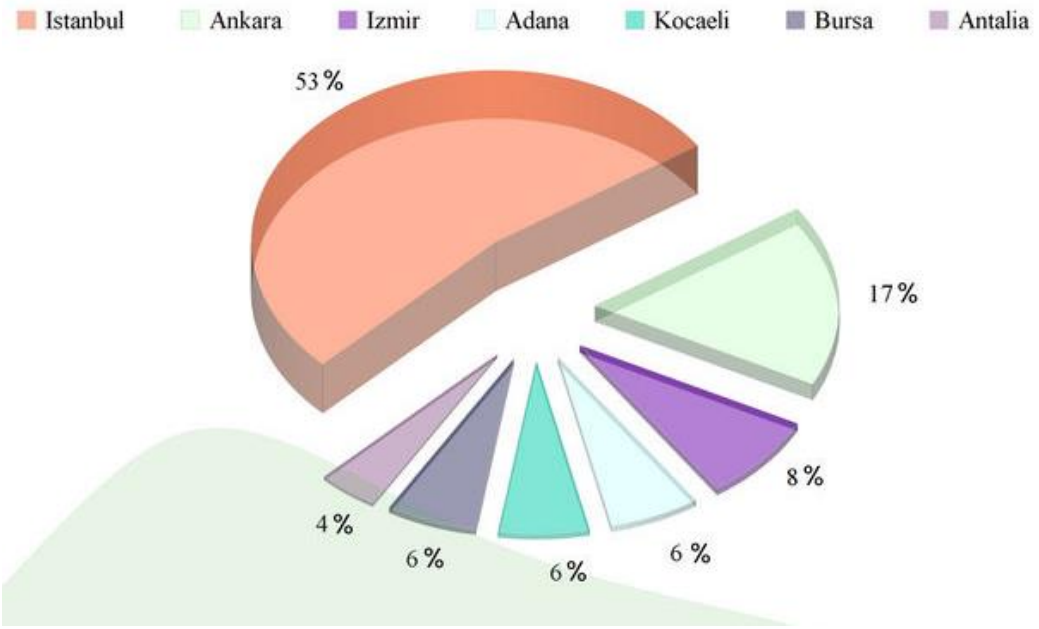
The quality of medical services has dominated a critical debate in the medical tourism literature. Almost all of the precedents of medical tourism studies have addressed the quality of medical assistance in the destination. Some thought it was the primary determinant of seeking healthcare abroad. Medical quality as a motivator has been evaluated in previous research in multiple subcategories, dimensions, and variables. In the model proposed by Smith and Forgione (2007), one of the four factors affecting the selection of a foreign medical institution is the quality of care. Horowitz and Rosensweig (2007) emphasize the quality and modernity of medical service facilities. The Health Tourism Index, developed by Fetscherin & Stephano (2015), includes four dimensions: the quality of medical facilities and services. Another study on destination brand selection of medical tourists in Thailand by Chomvilailuk and Srisomyong (2015) found that “the quality of supply and demand of medical/health facilities in the country/hospital " is one of the three selection factors for a country and a hospital, by medical tourists.

With the rise of medical tourism, service quality has become increasingly important and an essential factor in international competitiveness (Ho & Tai, 2014). The quality of medical facilities and services is often marketed based on the training and reputation of doctors, international accreditation of hospitals, medical innovations, cooperation with world-renowned medical centers, number of patients in other countries, and positive word of mouth (Fetscherin & Stephano). , 2016; Mohan et al., 2016). Medical tourism is defined as a profitable sector because the medical care cost is the main reason. Nevertheless, in addition to lower costs, people may travel for health reasons, such as

reducing long waiting times (Carabello, 2008; Crooks et al., 2011; Mirrer-Singer, 2007) high-quality health care and treatment not covered by the insurance system. Some people also prefer medical tourism because medical interventions are not provided or restricted in their home country (Crooks et al., 2011; Horowitz & Rosensweig, 2007). Technical progress has also made it possible to improve the quality of medical equipment and post-operative care, offering patients a wider choice of destinations, among which they can find the one of choice.

The training of doctors and surgeons also comes into play. To attract more medical tourists, private hospitals have equipped themselves with the latest technologies in diagnosis and medical services, including robotic surgery and laser surgery, while regularly sending their doctors and nurses to be trained in the countries, Westerners. They have also developed collaborations with famous medical companies; the number of large-scale private health institutions with solid infrastructure and able to offer second and third-level healthcare services with a holistic approach continues to increase rapidly (Erdoğan et al., 2012). With the increased supply of qualified services in the health sector, private health insurance companies have also developed more comprehensive policies. In this process, successful medical results have started to be obtained with qualified physicians, advanced technology used in diagnosis and treatment, and medical standards have been brought to the highest level. Capable private hospitals, which have become competitive with teaching hospitals, have become an address for citizens of countries that have not been able to establish this standard abroad in recent years, with the contribution of competitive prices. Private health centers are accredited by the JCI, which certifies international quality in Health, to keep their standards at a high level and maintain quality service in Health in the long term, and to ensure their quality at the international level. As a result, with increased health institutions that can provide high service standards, Türkiye's potential to be a vital service provider in global medical tourism has also strengthened. It continues to improve (TÜSİAD, 2009). İndeed, tourists do not just visit Türkiye for the sun and the sights.

Figure 6. Percentage of the JCİ accredited hospitals by cities in Türkiye



Source: Medical Tourism in Türkiye Statistics, (Bhartiya, 2023)

Many international patients travel annually to get treatment in private hospitals in Istanbul and other Turkish cities. Türkiye has become the European medical tourism leader in just ten years. Indeed, the government has implemented a policy promoting the development of specialized clinics in the health field to launch its economy. Türkiye generated more than $4 billion in revenue from medical tourism in 2020 (La Turquie, 2022). More human resources are needed in medical tourism destinations. However, there are many medical colleges and professional schools in the health field in Türkiye. They have a world-class education, and students from many foreign countries (Foreign Economic Relations Board) attract attention. Besides doctors trained in Türkiye, many doctors trained at international universities also succeed in medicine. Price competition, health and hygiene, tourist service areas, and air transport (where Türkiye scores high) are critical for medical tourism. Many institutions provide medical services with health personnel certified by the Turkish Medical Association in Türkiye; they are also members

of associations according to their groups. The JCI is the global healthcare standards and accreditation body. Its mission includes nursing care and constraints for the international community. Therefore, its accreditation is a critical quality mark for medical clothing. JCI has accredited more than 40 health recommendations in Türkiye, the highest accreditation any region has ever had. Turkish institutions dealing with medical tourism serve qualified professionals and the latest technologies.

Türkiye is home to some of the most advanced eye hospitals in the world and one of the largest global networks of vision clinics headquartered in Istanbul (Kilavuz, 2018). The Turkish specialist is world-class with advanced hair transplant height, including Direct Hair Transplantation (DHI), Follicular Unit Extraction, and broad and Gold and Ice Transplantation through advanced high-quality operations to obtain imagery. The country also has specialists in rhinoplasty (nose filler), abdominoplasty (tummy tuck), and skin tightening, especially around the eyes. In Europe, a hair transplant can cost up to 10,000 euros ($10,971), estimated at over $30,000 in the United States (Anadolu Agency, 2017).

2.3.4. The Medical tourism benefits

The medical tourism benefits are divided into two: intangible and tangible. The intangible and tangible benefits of health tourism are listed as follows (Yalçın, 2006)

a. Tangible Benefits of Medical Tourism

- Income from tourists contributes to the country's economy.
- The competitiveness of developing and developed countries regarding price helps provide a cost advantage.
- It increases interaction and sharing between countries.
- It can lay the groundwork for strategic partnerships.
- İt Contributes to the transfer of technology and knowledge between countries.
- It carries out global marketing and medical trade.

*b. **Intangible Benefits of Medical Tourism***

- It contributes to the development of international relations.
- It creates a competitive advantage.
- It increases patient satisfaction.
- It contributes to the international development of the country's image.
- It provides social and cultural experience sharing.
- Contribute to the cooperation of the public and private sectors, and the establishment of partnerships is available.

Contrary to what we might think, medical tourism can affect the countries of residence of medical tourists. These effects may include alleviating long waiting lists, the birth of medical travel consulting services agencies, or the increase in competitiveness between healthcare providers and lower prices to maintain the local clientele for private health systems (Tremblay, 2012). Subsequently, medical tourism can financially impact public and private health systems. As far as the public system is concerned, it can be care that must be given urgently, curative care (Lunt et al., 2011, or even medical follow-up following the tourist's return to his country of origin. The departure of certain persons to other regions for healthcare can generate significant savings for the public health system (Lunt et al., 2011). At the level of the private system, the financial impacts consist of a considerable loss of income when clients decide to seek treatment abroad (especially in plastic surgery) (Lunt et al., 2011). Finally, medical tourism can exacerbate the two-tier system since it could encourage individuals in the country of residence to turn more to the private health system (Lunt et al., 2011) while reinforcing health inequalities. Only those who can afford it have access to care (Tremblay, 2012), which puts competitive pressure on local providers (Lunt et al., 2011).

The medical tourism effects on destination countries are generally more numerous (and critical) than for the government of medical tourists residences (Lunt et al., 2011). Nevertheless, they are not uniform for everyone and change depending on the situation from one system to another (Alsharif et al., 2010). Tremblay (2012) thinks medical tourism would promote economic development (Menvielle, 2012). It would finance part of the health system due to medical tourists' money injected into the country (but this is criticized by several authors like Alsharif, Labonté, and Lu (2010)) and would help

improve infrastructures and obtain equipment. Alsharif et al. (2010), for their part, assert that the booming of medical tourism could grow the cost of care, which would not improve access to care for the poorest in this country (e.g., the case of India). NaRanong and NaRanong (2011), for their part, mention that medical tourism increases the income of medical services and the tourism sector and all related businesses. Finally, Lunt et al. (2011) discuss many impacts on destination countries. Indeed, they affirm that one of the first motivations for the countries of destination to have chosen to develop the medical tourism sector is the improvement of the position of their balance of payments and the fact of being able to get foreign currency. However, they also speak of the increase in income from tourism and the financial costs necessary to support the entry of medical tourists into the country (e.g., improvement of infrastructures) to the detriment of investments for local populations and the worsening of a two-tier system where medical tourists have treated in sophisticated private hospitals with highly qualified personnel and state-of-the-art and costly medical equipment. In contrast, local populations only have access to primary care.

2.3.5. Attainability of Turkish medical services

Medical tourism also has additional benefits. For example, doctor-patient ratios and nursing care are higher than in patients' countries of origin, and comfortable and luxurious rooms and accommodations are also available to medical tourists (Mohan, 2008; Oxford Analytica, 2006). Some researchers point out that medical tourism mainly concerns elective treatments (Turner, 2011). On the other hand, it includes many therapies such as heart surgeries, dental treatments, oncology, organ transplantation, bone marrow transplantation, hip replacement, and elective treatments. Saniotis (2007) also offered advice and guidance on how discounted international travel packages can help medical tourists plan their medical trips. Lee (2012) and Yoon (2012) launched VIP health tourism packages in Korea to encourage medical tourists to choose a medical service provider for medical or cosmetic purposes.

Han and Hyun's (2014) research focused on understanding medical tourists in Korea. They discussed the benefits of designing attractive packages to increase the

number of foreign medical tourists visiting the destination. Heung et al. (2010), “medical travel agents” and “hospital representatives.” Medical tourism was introduced under the supply and demand model. The availability of facilitators and brokers is also listed in A as part of the factor analysis. Al tourism in India has discussed the classification of medical travel visas and the role of the M visa as a new visa category to attract medical tourists and their companions to India (Chinai & Goswami, 2007; Lunt et al., 2011; Reddy & Qadeer, 2010).

Europe because of its global location. Türkiye is the shining star of the world with its highly qualified human resources, especially medical personnel, geographical location, seasonal advantages, quality of health services, and affordable price advantage of up to 60% compared to Türkiye, Class technological and medical facilities are some of the most crucial spa resources in terms of traditional Turkish hospitality and the rapidly increasing elderly and young population in the world. For this reason, every obstacle prevents Türkiye,e from being one of the tourist centers. Medical tourism in Türkiye has three key advantages: affordability, immediate access to quality care, and first-class treatment. The essential advantage that Türkiye offers is savings. Many procedures are 50-70% cheaper than the same treatment in the EU. (Health in Türkiye, 2022). The International Patient Support Unit (UHDB) provides translation services in German, Arabic, English, Russian, Persian, and French. The call center offers a 24/7 service to facilitate access to health services, tourism, and tourist health. For safety reasons, Türkiye has taken various measures to ensure that health tourism services are appropriately regulated under strict control by the authorities; this ultimately allows patients to trust the health tourism service providers they do business with (Yurtsever, 2022). The primary purposes for going to Türkiye for medical services are listed below.

a) High-tech equipment and quality infrastructure,

b) Advantageous competitive prices compared to other countries,

c) The services and standards are in line with the standards of Western countries where the doctors are highly qualified,

d) Natural and historical places with a pleasant climate,

e) Tourist facilities have high standards with highly qualified multilingual staff,

f) Combine medical and health tourism with general tourism by providing multiple tour programs.

g) Regarding thermal resources, Türkiye ranks first in Europe and only seventh globally. Applying various natural treatment methods in thermal springs, caves, seas, and medicinal plants is also possible. Under the aegis of health tourism

h) Many hospitals in Türkiye have national and international certificates. Their departments are affiliated with JCI, JACHO (Joint Commission on Accreditation of Healthcare Organizations), ISO (International Organization for Standardization), and Western medicine teams. The first JCI-accredited facility in Türkiye is Istanbul Memorial Hospital in Istanbul, primarily accredited on March 29, 2002 (Vequist & Gursoy, 2009).

Today, Türkiye is emerging as one of the world's highest and most promising medical tourism markets, with many JCI-accredited hospitals; Türkiye is the leader of the European medical tourism sector in this segment. Additionally, accredited hospitals get the highest quality American medical support; for example, Harvard Medical School and Johns Hopkins Medicine are the highest-quality support organizations in the United States. (Istanbul Medical Tourism Fair, 2014).

2.4. Principal Dimensions of the medical tourism industry

As established literature highlights, inspectors introduce a region to medical tourism executives. Cost and quality are among the most critical values in the medical tourism sector (Aziz et al., 2015; Bagga et al., 2020; Cortez, 2008). Purchase and quality of accommodation and tourism needs have also been shown as critical characteristics for a medical tourism destination (Chuang et al., 2014). Various departments, such as Ghosh and Mandal (2019) and Fetscherin and Stephano (2016), have demonstrated the importance of hospital beds, medical facilities, leadership competence, service assurance, and business standards on the supplier side. (Kamassi et al., 2020). High-tech development and innovation in refinement are other critical factors related to the success of this industry (Cortez, 2008; Velasco et al., 2013). The literature also highlights the importance of trust, credibility, perception and certification, international standards, and

accreditation (Debata et al., 2015; Hall, 2011; Seow et al., 2017). Beladi et al. (2019) and Ebrahim and Ganguli (2019) borrow from human resource development and administrative costs. Accommodation, transport, and communication facilities and facilities are other recognized critical dimensions for medical tourism (Heung & Kucusta, 2013; Kamassi et al., 2020).

Crouch and Ritchie (2005) drew paradise from the significance of the socio-cultural and political atmosphere of the destination region, which still needs country-specific elements and attributes like country knowledge, culture, language, accessibility, safety, and security were also explained (Bagga et al., 2020; Cham et al., 2021; Olya et al. Nia, 2021). When examining the attractiveness of a medical tourism destination, immigrants such as the destination country's weather, attractions, culture, and exoticism are also included (Fetscherin & Stephano, 2016; Lovelock et al ., 201).

Marketing, branding, and image of medical tourism destinations were also necessary to develop medical tourism in any region (Hoz-Correa & Munoz-Leiva, 2019). Researchers have also analyzed public and private partnerships of medical tourism actors to increase the growth of the medical tourism industry. Government support and a practical policy configuration have been recognized as essential elements for this industry (Wang, 2012). Snyder et al. (2015) and Omay and Cengiz (2013) divide the needs for a policy intervention configuration and content that lead to these outcomes, encompassing coordination, uniformity, and standardization for the promotion of the medical tourism industry (Momeni et al., 2018).).

2.5. Preferences of medical tourism consumers, according to some authors

When examining the literature, some authors have already addressed these preferences of medical tourism consumer's topic. (Mechinda et al. 2010) explores the background of tourists' attitudes and loyalty to medical tourism in Pattaya, Thailand. Various regression analyses showed that attitude commitment to medical tourism is primarily driven by satisfaction, trust, perceived value, destination familiarity, and destination image. By exploring this track record among hospitals and clinics, the results

demonstrated that the crucial driver for hospital tourists. On the other hand, satisfaction becomes the most critical driver for clinical tourists.

Ji YunYu Tae and Gyou (2012) observe elements of the perceptions and eventual participation of Chinese, Japanese, and Korean visitors in medical tourism on Jeju Island in Korea. This research shows valuable differences in the way Chinese, Japanese, and Korean guests perceive choice, discomfort, and preferred product factors. The objective is to determine their cross-cultural and how they will influence future medical tourism research.

Kristine Mae F. Ricafort (2012) identifies the influential elements that conduct international health tourists to select Thailand as a medical tourism destination. A survey and analysis of the motivational aspects of patients when selecting an institution for medical therapy were determined using questionnaires. A hypothesis was formulated and examined utilizing SPSS. This research study aimed to obtain filled surveys from foreign medical consumers at Bumrungrad International Hospital, Samitivej Sukhumvit Hospital, and Bangkok Hospital Medical Centre. These health centers are worth the privacy of their consumers. Michael Guiry and David G. Vequist (2015) adopted Aaker's brand personality scale and sought to identify the personality of medical tourism destinations in South Korea. Based on a questionnaire of US medical tourists, the results show that South Korea's medical tourism destination personality includes three dimensions: friendship, competence, and resilience. In addition, severe service and skill positively influenced consumers' will to go to South Korea for health purposes. Abdulrahman Alili (2015) examines the quantitative research questionnaire to assess the motivating element for Arab medical tourists to get medical services in Türkiye. Respondents were 102, the survey was conducted in privy hospitals in Istanbul, and the respondents come from Arabic regions. The study results provide insight into those who look for healthcare services overseas from the patient's perspective. An advanced version of medical tourism includes supplement insights into a modern approach to reach a caring attitude.

Samar Billi Noaman (2015) studies the characteristics that attract medical tourists to the destination and improve their experiences and satisfaction in medical tourism. The author examines the motivations of medical tourists targeting medical tourism and the impact of these motivations on their perceptions of quality, enjoyment, and the project to come

back. It also aims to examine the different medical tourist elements that make other rankings. Interviews were led with medical tourism providers in the research countries to gain a thorough knowledge of the subject and further validate the ability development. The survey received two hundred and twelve responses to demonstrate the quantitative model using the structural equation model. The results confirm some hypothetical relationships. Attraction motivations associated with medical attributes influence the perceived medical quality, and attraction motivations related to the destination, medical details, and convenience influence perceived tourism quality. While the perceived quality of medicine and tourism affects satisfaction, satisfaction affects the intention to visit. The results also expand the fundamental theories and applications to explain consumer behavior in medical tourism. Central ideas include a five-step decision-making process and a service quality conflict theory.

Simon Hudson and Robert Li (2018) expand the literature by analyzing local medical tourism in the US. The writers present a new model, a research program, to examine attitudes towards this type of tourism and the potential impact of local medical tourism on regional economies in the US (Alili, 2015). More studies should be conducted on consumer attitudes and beliefs toward medical tourism, especially local medical tourism. İlhan Sağ and Ferhat Devrim Zengul (2019) examined the relationship between health tourism and health tourists' perceptions of decision-making elements (i.e., experience, technological infrastructure, distance flight, legal and moral restrictions, tourist attractions, religious similarity, waiting time, and health). Data from these empirical patients were collected from 288 health tourists in Türkiye. Descriptive statistics and Kruskal-Wallis difference tests were used in the analysis. Important differences were demonstrated between medical tourists according to their geographical country of residence. These results show that the differences between medical tourists according to their geographical regions contribute to the behaviors of health tourists and the segmentation of the medical tourism market in Türkiye. Limitations of the study include loads of large-scale development initiatives in the medical tourism literature and time and funding constraints associated with regulations and biases related to first data collection.

Guru et al. (2022) aim to facilitate medical tourists' visits to developing countries for various aids by listing possible destinations for medical treatment. The study enables developing economies, hospitals, and patients to recognize the multiple determinants for seeking healthcare outside their residences. A Fuzzy Analytical Hierarchical Process (FAHP) with a mixed method approach was developed to examine data collected from medical tourists and validate with medical tour operators in India to obtain a management mindset into patients' decision-making patterns. They found that India is a favorite emerging market due to its low cost and high quality of medical personnel. While India offers good worth for money, Singapore and Thailand are the preferred destinations for quality and High-tech.

Sevim and Turan Kurtaran (2023) evaluate the performance of health tourism in Türkiye using Ratio Analysis-Based Multi-Objective Optimization (MOOR) and present the current situation in a way that will contribute to the development. Six various indicators are used as performance criteria in the study of health tourism. The data covers the years 2009-2019. The MOORA-Ratio method and the MOORA-Reference Point approach are used together. It was determined that the performance of health tourism is rising. Following the ratio method, the best performance was obtained in 2017, and from the benchmarking approach, it was completed in 2014. Recommendations were made to grow medical tourism and get the targets in the tactical plan. All this research carried out in the 21st century has in common that it has breathed new life into the literature concerning medical tourism. They as well get in common that they have all focused on the medical tourist's preferences with admittedly some variances. Our study stands out by creating a model proposal of Turkish Medical Services for foreign medical tourists from the patient's point of view and developing perception and knowledge of the influential factors in choosing a medical destination in the medical tourism field. It has the particularity of counting among its samples many African medical tourists, a first in the studies that very often concern medical tourists from Arab countries, as seen in Alili’s study (Alili, 2015).

3. METHODOLOGY

This section presents the methods used to obtain the study's aim. The content gives an in-depth discussion of the study structure adopted and data analysis methods used to identify the research design, population and research samples, and factor analysis to better understand the phenomenon of medical tourism.

3.1. Method research

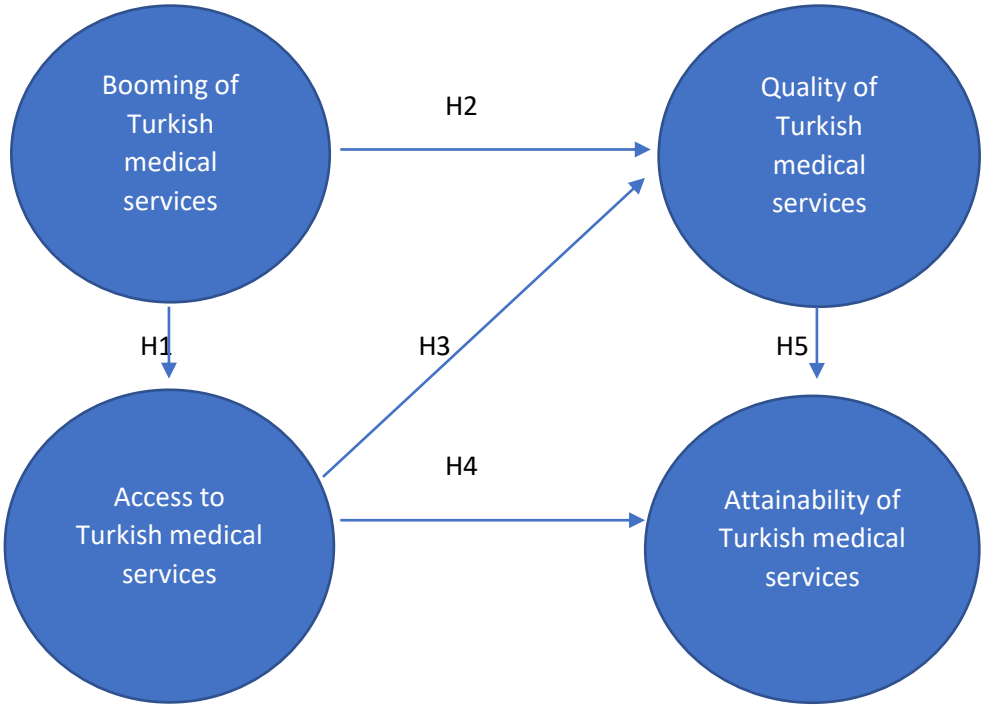
This research method is quantitative, which tends to expand the universe's scope to reach a more generalized view through specific and narrow questions (Farrelly, 2013). Quantitative research methods have a rich history in the natural sciences. The quantitative approach usually aims to find the distribution of variables or a universally accepted law through a logical structure with premises and consequences.

The quantitative method applied in this thesis is the questionnaire. The chosen variables regarding relationship and reciprocity are tested based on the information obtained from the sample population.

3.2. Model of the Research

The research was to develop a model proposal for Turkish medical services (TMS) for foreign medical tourists. Although it is difficult to measure the choice, many measurement models have been developed on this subject. In this study, we propose the following model:

Figure 7. The model proposed for TMS



3.3. Population and Sample of Research

The quantitative method used in this thesis is a questionnaire. Variants were tested for association and intercorrelations based on information from a population. The questionnaire was designed to allow the subsequent application of statistical tests to determine whether hypothetical relationships exist. The survey consists of two main parts. The first part is general information, and the second part measures the preferences of medical tourism consumers in Türkiye. Seven-point Likert-type scales ranging from "least agree" (1) to "most agree" (7) measured variables in the second part. Data were collected from medical tourists in Istanbul from the medical tourism company Remed Health, which has had offices in Türkiye since 1993, offering exceptional medical and health travel packages and personalized treatment options worldwide. The primary target market of the Istanbul branch is African countries. When it comes to medical and health

tourism in Turkey, Istanbul ranks #1, especially for visitors from Europe, Asia, and the Middle East.

Printed copies were distributed to three hotels, Mia Berre Hotel, Park Inn Radisson Kavacık, Green Park Hotel Pendik, and two hospitals, LIV Hospital and Medical Park Pendik. LIV Hospital Group comprises next-generation smart hospitals equipped with all the medical technologies in the world: da Vinci robot-assisted system for surgeries, MAKO plasty for knee replacement, YAG laser for vascular surgery, and virtual angiography for cardiac diagnosis. Founded in 2013, LIV Hospital is JCI ISO 9001 accredited by TÜV Nord Cert. The hospital ranks fourth among approved centers for robotic surgery after centers in the United States and receives patients from more than 85 countries. Founded in 1993, MLP Care Health Group's flagship Medical Park Hospitals is Türkiye’s largest private hospital group with 25 hospitals. Bringing together experts, a patient-centered service approach, and multidisciplinary work under one roof, Medical Park Hospitals offers quality diagnostic and treatment services in all of its hospitals, three of which are JCI accredited. MP Pendik provides healthcare services with over 100 physicians in 57 departments, from cardiology and neurosurgery to gynecology, obstetrics, and stroke centers. Three hundred and twenty-seven (327) endless questionnaires were received, and ten were rejected due to incomplete responses. Data were collected from June 6, 2022, to November 10, 2022. Three hundred twenty-seven questionnaires were obtained, and 317 questionnaires were evaluated. Participants were approached towards the end of their trip to get insightful and thoughtful input.

3.4. Data gathering tool

In this section, the research process of the study is mentioned. The scale dimensions were tested by performing Exploratory Factor Analysis (EFA) on the data collected after the pre-application. The reliability of these dimensions was calculated—EFA, variable reduction, and naming of the resulting factors. Since some tourists preferred to complete the questionnaire in French, which was translated into French, the author's official language. Besides a portrayal of the study and its aims, first, the questionnaire, which consists of two parts, has 33 questions; five were asked to measure

demographic characteristics. In the primary part of the survey, to determine the demographic descriptions of the medical tourist's consumers, the gender, age, educational status, and Country of residence were asked. In the second part, 28 items measuring TMS were listed. Participants were required to mark Seven-Point Likert-type scales from “least agree” (1) to “most agree” (7), as mentioned before. Following the purpose of the research, they were asked which medical procedure they were pursuing.

The scale was developed by reviewing the relevant literature. İtems 2, 3, and 7 of the scale were developed by Qolipour et al. (2018); the research aimed to determine the difference in medical tourism service quality in public and private hospitals in Ahvaz, Iran. The 5, 8, and 18 items of the scale were developed by Abd Manaf et al. (2015). They investigated the dimensions of medical tourism in a target country with actual patient data and medical tourists' perception of overall satisfaction, perceived value, and intention to repeat treatments and services in the future. They also explored predictors of overall satisfaction, future meaning, and relationships. Items 1, 19, and 28 of the scale were developed by Yıldız and Khan (2019); This study identified aspects considered relatively more critical by medical tourists from the Arab world, as well as the ability of Turkish healthcare providers to perform these duties and functions well. Patients from the Arab world were asked about their reasons for seeking treatment abroad and the factors affecting their choice of destination (Türkiye). Noaman (2018) cited the source for the rest of the scale items. It examined medical tourists' motivations for medical tourism destinations and the impact of these motivations on their quality perceptions, satisfaction, and revisit intentions. Therefore, the research aims to examine medical tourists' different characteristics, which helps to divide them into various sections.

3.4.1. Factor analysis

The data obtained from 317 participants, including medical tourism consumers, through questionnaires ,were analyzed with SPSS 22 package programs. EFA, confirmatory factor analysis (CFA,) and structural equation model (SEM) was used to evaluate the data obtained in the research. Factor analysis (FA) is a complex statistic that aims to discover a few new, irrelevant, and conceptually essential variables. (Factors,

dimensions) by bringing together more than one related variable. Factor analysis is divided into two main categories: EFA and CFA (Williams, Brown, et al., 2010). In factor analysis, it is possible to create general variables (factors) called factors by bringing together a set of highly correlated variables. Purpose of this:

- Reducing the number of variables,
- It is to reveal the relationship structure between the variables, in other words, to classify them (Kalaycı, 2010).

Before starting the factor analysis, whether the data set suits it is checked. First, the correlation coefficients between the items are examined. What is desired here is that the correlation between the variables is high. The results of the KMO (Kaiser-Meyer-Olkin) and Barlett tests are discussed in the second stage of the analysis. KMO (Kaiser-Meyer-Olkin) is a sampling adequacy measurement technique. The calculated KMO is expected to be greater than 0.60. The Bartlett test of sphericity was used to verify the schematic relationship within a factor in the study. The test only gives a factor score related to its element (Yong & Pearce, 2013). Therefore, Bartlett's sphericity test determines the matrix's linearity by calculating the determinants of the matrix - from which the intercorrelation matrix is derived - which is converted to a chi-square statistic and then tested for significance. Thus, a significantly less than 0.05 confirms the assumption that the correlation matrix is a unit matrix and that all variables are related to the same factor.

In this study, EFA was performed. Descriptive factor analysis, beyond variable reduction and naming the resulting factors, reveals whether the factors that emerge from factor analysis are like the structures of the theory that helps to understand the behavior (Çokluk et al., 2012). Secondly, CFA was performed. On the other hand, confirmatory factor analysis is based on testing or examining whether the model or structure previously determined by explanatory factor analysis during scale development and adaptation has been verified. It checks the reliability and validity of the measurements and compares the population covariance matrix with the observed covariance matrix. The objective is to reduce the differences between the two matrices (Schreiber et al., 2006). The goodness of fit is central to the assumption when testing CFA. EFA and CFA are used together in the scale development and adaptation processes. (Secer, 2013)

3.4.2. Structural Equation Modeling (SEM)

Structural equation modeling (SEM) is the general name of several analytical methods rather than a single statistical technique (Shaaban et al., 2020). Structural equation models combine confirmatory factor analysis and trajectory analysis with a structure that includes observed and latent variables (Meydan & Şeşen, 2011).

SEM is a comprehensive analytical approach used to test models that combine causal (indicated by a one-way arrow) and correlational (indicated by a two-way arrow) relationships between overt (observed, measured) and latent (unobserved) relationships (Hoyle, 1995). Unlike the classical statistical methods in SEM, exogenous and endogenous variable definitions are used instead of dependent and independent variables. The structural equation model consists mainly of confirmatory techniques rather than explanatory techniques. In this context, structural equation model researchers ask, "Is this model valid?" rather than finding a "fit model." They seek answers (Meydan & ve Şeşen, 2011; Çokluk et al., 2012).Since the primary objective is to demonstrate the analysis of data from experiments with SEM, the general procedure for analyzing SEM data is beyond the scope of this thesis.

In the first step, model identification, the researcher determines the first model created for the calculation. A model is built based on theory and previous research in a field. The definition phase determines whether finding the original values for the model parameters described is possible. The characteristics of the variables analyzed are decisive in the choice of the calculation method. Once the calculations are done and the fit statistics are estimated, the researcher can test whether the model fits the data set. In this case, the process can be stopped at the fourth step. Typically, model fit is often improved by redefining. The description can be repeated from the second to the fifth step (Çokluk et al., 2012). The basic concepts and terms used in structural equation models are:

An observable and unobservable (latent) variable

An unobservable variable is related to another observable variable and can be measured. Latent variables cannot be measured because they cannot be observed directly. Therefore, the researcher should conceptualize and describe the measurable behavior or actions representing the latent variable he wants to examine (Meydan & ve Şeşen, 2011; Çokluk et al., 2012).

Factor loadings describe the relationship between latent variables and observed variables. These factor loads give information about the ability of the observed variables to measure latent variables and serve as a validity coefficient (the sum of the square of the factor loads and the square of the measurement error is equal to 1, as in factor analysis) (Aslan, 2010, p. 95).

Measurement model

The relationships between the latent variables and the observed variables of these latent variables are called the "measurement model." They are included in the structure—the creation model with the help of CFA. It is integral to the general model (Aydın, 2010, p. 26).

Structural model

The structural model is a general model that is not an indicator of latent variables and reports the relationships between latent and observed variables (Cokluk et al., 2012, p. 262). This model is the model that the researcher wants to test (Yıldız, 2012, p. 61).

3.4.2.1. Structural Equation Modeling Fit Indices

Evaluation of compliance may vary according to the statistical package program used. Structural equation model tests provide some fit indices for evaluating the model's fit. The appropriate index used in the study is as follows:

Chi-square (x2) goodness of fit test:

The chi-square (x2) tests the hypothesis of whether the developed model and the model emerging in the covariance structure of the observed variables are different. The result of the chi-square test is the test of the fit between the data and the model. As long as the calculated chi-square statistical value is small, it is decided that the agreement is reasonable. In some cases where the degrees of freedom (SD) are large, the chi-square value can be significant (Meydan & Şeşen, 2011; Yilmaz & Çömez, 2016).

Tucker Lewis index (TLI)

The Tucker-Lewis index (Tucker & Lewis, 1973), the unstandardized fit index (NNFI; Bentler, 1990), is one of several appropriate indices commonly used in modeling the linear mean and the covariance structure. The Tucker-Lewis index is preferred for small samples. It should be > 0.90 (Byrne, 1994) or > 0.95 (Schumacker & Lomax, 2004) popular tools in prevention research, especially in exploratory factor analysis.

Comparative Fit Index (CFI):

Compare the H0 hypothesis fit model with the appropriate model, which ignores the correlation and covariance between latent variables. That CFI value is between 0 and 1. The closer the value is suitable, the good fit, excellent highlights, and the better fit of the model with a higher CFI. For CFI to be accepted, it must have a value greater than 0.90 (Cengiz & Kırkbir, 2007).

The Goodness of Fit Index (GFI):

It was developed to evaluate the model's fit regardless of the sample size. GFI explains what extent of the covariance matrix model measures in a sample and is considered the sample variance analyzed by the model (Çokluk et al., 2012, p. 9).

Root Mean Square Error of Approximation, RMSEA:

These index values must be between 0 and 1. An RMSEA of 0 indicates an ideal fit and suggests no difference between population and sample covariance (Çokluk et al., 2012, p. 269).

Root Mean Square Residual (SRMR):

The SRMR (normalized) residual represents the square root of the difference between the sample covariance matrix residuals and the assumed model; It is best to use the SRMR as it can sometimes be challenging to interpret the RMR. It should be < 0.08.

Another fundamental component of SEM is internal and external variables, similar to dependent and independent variables. Therefore, internal variables are affected by external variables and other internal variables. The relationship between the model's components can be described as causal or direct, representing the effect of an exogenous variable on an endogenous variable or another. A single-headed arrow indicates this relationship. The other link is non-causal or unexplained, indicated by marked headed curved arrow between two exogenous or endogenous variables. This arrow represents a correlation between two variables. Thus, SEM permits testing the theoretical hypothesis about the relationships between the variables and the directionality of the meaningful correlations (Schreiber et al., 2006).

3.5. Research Hypotheses and research questions

The primary aim of the research is to extend a model of Turkish medical services for foreign medical houses. Turkish health services should emphasize service quality, accessibility, and affordability. The criterion of service rendered in service companies determines perceptions. Companies that focus on the results their customers get with the service they provide include the end group that produces quality service.

With changing global conditions and technology, the types of services expected from users have also diversified. Companies that delight consumers and acquire loyal

businesses thrive on this diversity. Companies now need to know what quality of service they are producing. You have to measure the quality of service. In this case, intangible benefits and quality are embodied and measured.
Five hypotheses were put forward in the study. These are:

H1: Booming of Turkish medical services directly affects access to Turkish medical services.

H2: Booming of Turkish medical services directly affects the quality of Turkish medical services.

H3: Access to Turkish medical services directly affects the quality of Turkish medical services.

H4: Access to Turkish medical services directly affects the attainability of Turkish medical services.

H5: The quality of Turkish medical services directly affects the attainability of Turkish medical services.

4. RESULTS AND INTERPRETATION

In this research part, the results related to data analysis obtained through the questionnaire applied to test the model proposed for Turkish Medical Services for international medical tourists. This chapter is dedicated to examining and analyzing the confirmatory results of the survey data. Additionally, the reliability of the study variables was tested with Cronbach's Alpha test. Cronbach's alpha tests determine the reliability of multiple-question Likert scale surveys. This section then explores the EFA results carried out on each study factor. Detailed and comprehensive CFA and SEM application and analysis followed these steps.

4.1. Reliability and Validity

Cronbach's alpha tests determine the reliability of multiple-question Likert scale surveys. This test investigates the correlative relationship within the questions designed to measure a factor and reveals questions that create distrust for each element (Saruhan & Özdemir, 2011, p, 140). The reliability of the dimensions that emerged from the study's EFA was tested to determine whether the statements forming the scale were consistent. For this, Cronbach's Alpha coefficients were calculated.

4.2. Findings on Demographic Characteristics of Consumers

The distribution of demographic factors of medical tourists participating in the questionnaire is shown in Table 1. Percentage and frequency analysis was used to explain the demographic factors of medical tourists who participated in the survey. 47% of the consumers participating in the research are male consumers, and 53% are female consumers. There is no significant difference between males and females since females outnumber males by 3%. The majority of medical tourists are between 38 and 57 years old. Indeed, 16.4 % of the participants are in the 58 and over age range, 35.6% are in the 48-57 age range, 33.1 % are in the 38-47 age range, 11.7% are in the 28-37 age range, and 3.2% are in the18-27 age range; this is related to the fact that adults prefer Turkish medical services more. According to their educational status, 41.3% of the administrators

are graduates, 19.9% are undergraduates, 6.3% are high school graduates, 30% are vocational, and 2.5% are primary school graduates. The high rate of graduate graduates indicates a situation related to the educational opportunities of their countries. 19.9 % of the participants came for a check-up, 18.3% for cancer treatment, 13.6 % for ophthalmology, 10.1% for dental care, 8.5% for orthopedic, 7.6% for cardiology, 7.3% for plastic surgery, and 14.7 % for others medical procedures. These results show that the Turkish medical service offers services for various and varied pathologies, efficient enough for medical tourists to come and follow their treatment in Türkiye. Concerning the country of residence, 62.5% of participants live in Gabon, 4.4% in France, 4.1% in the Democratic Republic of Congo, 3.8% in Kazakhstan, 3.5 % in Mali, Burkina Faso, and Senegal, 14.7% in other countries; this shows that the number of medical tourists from Africa, particularly Gabon, is very high.

Table 1. Frequency and Percentage Distribution of Consumers Participating in the Research

N=317	**n**	**(%)**
Age		
18-27	10	3.2
28-37	37	11.7
38-47	105	33.1
48-57	**113**	**35.6**
58 <	52	16.4
Gender		
Male	149	47.0
Female	168	53.0
Education		
Primary	8	2.5
High	20	6.3
Vocational	95	30.0
Graduate	**131**	**41.3**
Postgraduate	63	19.9
Medical Procedures		
Check-up	**63**	**19.9**
Cancer treatment	58	18.3
Ophthalmology	43	13.6
Dental care	32	10.1
Orthopedic	27	8.5
Cardiology	24	7.6
Plastic surgery	23	7.3
Others	47	14.7
Country of health tourists		
Gabon	**198**	**62.5**
France	14	4.4
DR of Congo	13	4.1
Kazakhstan	12	3.8
Mali	11	3.5
Burkina Faso	11	3.5
Senegal	11	3.5
Others	47	14.7

Descriptive statistics of the dataset are shown in Table 2. As seen in the table, the assumption of normality (.>0.05) in observations with both Box's M and Levene's test met normality in comments. Therefore, skewness and kurtosis values are not necessarily considered, and the dataset is assumed to be normally distributed. The Kolmogorov-

Smirnov normality test applies to large samples (>300), and Shapiro-Wilk applies to small pieces (Wuensch, 2016).

Table 2. *Descriptive statistics of the data*

N:317	***F1***	***F2***	***F3***	***F4***
Test of Normality (Kolmogorov-Smirnov)	$\rho < 0.001$	$\rho < 0.001$	$\rho < 0.001$	$\rho < 0.001$
Box's test of equality of covariance matrices	Box's M = 14,913 F = 1,471 ρ = 0.143			
Levene's test	*F* = ,051 ρ = 0.821	*F* = ,563 ρ = 0.453	*F* = ,999 ρ = 0.318	*F* = ,809 ρ = 0.369
Skewness-Kurtosis	Skew.= -2,480 St.Er = .137 Kurt. = 8,051 St.Er = .273	Skew.= -,794 St.Er = .137 Kurt. = ,592 St.Er =.273	Skew.= -2,310 St.Er = .137 Kurt. = ,7617 St.Er = .273	Skew.= ,610 St.Er = .137 Kurt. = -,647 St.Er = .273

4.3. EFA results for TMS.

For performing the exploratory factor analysis on Turkish medical services, KMO results were analyzed to test the adequacy of the sample size. The KMO value shows a value between 0 and 1, and if this value is between 0.7 and 0.8, it is stated that the sample size is good. If the sample size is between 0.8 and 0.9, it is stated that the sample size is very good, and if the sample size is more significant than 0.9, it indicates a perfect sample size. (Seçer, 2013). In this analysis, the KMO value was found to be .81; this enabled the sample size to be evaluated as very good. Cronbach's Alpha value greater than 0.8 is "good"; more significant than 0.7 "acceptable"; greater than 0.6 "moderately reliable"; less than 0.6 "poor" is called (Saruhan & Özdemirci, 2011). Accordingly, the values obtained because of the reliability test Boming of TMS are "good"; access to TMS and

quality of TMS are “Acceptable”; attainability of TMS is “moderately reliable.” When the factor loading values of the items are analyzed, it is shown that it varies between 0.60 and 0.81. It is possible to characterize the importance of these factors from “good” to “excellent” (Cokluk et al., 2012). Factor loading values obtained from EFA are presented in Table 3; at this stage, among the 28 starting items, there remain 19. The Final version of the TMS scale after CFA is shown in Table 4.

Table 3. *EFA of the Turkish medical services (TMS) for health tourists*

N1=500	Eigenvalue	Variance explained	Cronbach’s alpha	Factor loadings	Communalities
F1 Booming of TMS	4.82	16.39	0.81		
BTMS 1				0.81	0.72
BTMS 2				0.80	0.67
BTMS 3				0.74	0.58
BTMS 4				0.73	0.58
BTMS 5				0.65	0.52
F2 Access to TMS	2.63	14.78	0.71		
AcTMS 1				0.77	0.63
AcTMS 2				0.70	0.54
AcTMS 3				0.64	0.48
AcTMS 4				0.60	0.43
AcTMS 5				0.60	0.40
AcTMS 6				0.54	0.41
F3 Quality of TMS	1.60	13.05	0.72		
QTMS 1				0.78	0.65
QTMS 2				0.76	0.62
QTMS 3				0.71	0.54
QTMS 4				0.68	0.59
F4 Attainability of TMS	1.41	10.87	0.61		
AtTMS 1				0.70	0.52
AtTMS 2				0.69	0.60
AtTMS 3				0.65	0.46
AtTMS 4				0.60	0.45
Kaiser-Meyer Olkin: .811		***Total Variance: .55.10***			

Table 4. The final version of the TMS scale after CFA

F1 Booming of TMS
Türkiye provides my desired medical treatments.
Türkiye provides suitable medical treatments.
Turkish medical centers are new and modern.
Türkiye has hospitals specializing in my desired treatments.
The total cost was affordable in Türkiye.
F2 Access to TMS
The quality of after-care is good.
Medical care information is accessible.
My friends recommended Türkiye.
I can come to Türkiye easily.
Travel agencies have medical packages available.
F3 Quality of TMS
There are board-certified doctors and surgeons.
The quality of service is excellent.
The medical staff is competent and friendly.
F4 Attainability of TMS
Türkiye is in convenient proximity to my home country.
Healthcare professionals are fluent in my native language.
My health assurance covers treatments in Türkiye.

4.4. CFA results for TMS

CFA is a validity determination method used mainly in adapting measurement tools developed in other cultures and models (Seçer, 2013). CFA was applied to determine whether the factor structure of the original form of the service quality scale was confirmed

in the Turkish sample. CFA results on AMOS are demonstrated in Appendix 1; at this stage, are 16 items left. The goodness of fit values obtained from CFA is shown in Table 5.

Table 5. Suggested acceptable ranges of model fit indices and TMS scale results.

Indices	***Good***	***Acceptable***	***TMS Scale***
X^2/df	≤ 3	≤ 4-5	2,162
RMSEA	≤ 0,05	0,06-0,08	0,06
CFI	> 0,95	0,94-0,90	0,92
TLI	≥ 0,95	0,94-0,90	0,90
GFI	≥ 0,90	0,89-0,85	0,92
SRMR	< 0,05	< 0,08	0,05

In CFA, our model's goodness of fit indices was examined, and the appropriate index values were found to be in the acceptable fit range with RMSEA=0.06, CFI=0.92, NFI=0.90, GFI=0.92, and a good fit with $\chi 2/df$= 2.162 and SMSR =0.05.

4.5. Measurement model path analysis

Before the path analysis to the measurement model of the study, confirmatory factor analysis was performed on all the study variables, and the model was tested. Path coefficients and hypothesis information for the primary structural model are given in Table 6.

Table 6. *Structural Modeling for TMS Success*

		Std. Sol.	St. Err.	t value	Hypothesis
Booming of TMS →	Access to TMS	,41	,118	3,484	H1=supported
Booming of TMS →	Quality of TMS	,45	,083	5,395	H2=supported
Access to TMS →	Quality of TMS	,12	,043	2,720	H3=supported
Access to TMS →	Attainability of TMS	1,22	,208	5,882	H4=supported
Quality of TMS →	Attainability of TMS	-,16	,287	-,556	H5= not supported

Table 6 shows a significant correlation for most composes. Positive correlations exist between the Booming of TMS and Access to TMS (3,484), booming to TMS, and Quality of TMS (5,395). Positive correlations exist between Access to TMS and Quality of TMS(2,720), Access to TMS, and Attainability of TMS (5,882). There is also one moderate negative correlation between the Quality of TMS and the Attainability of TMS (-0.556)

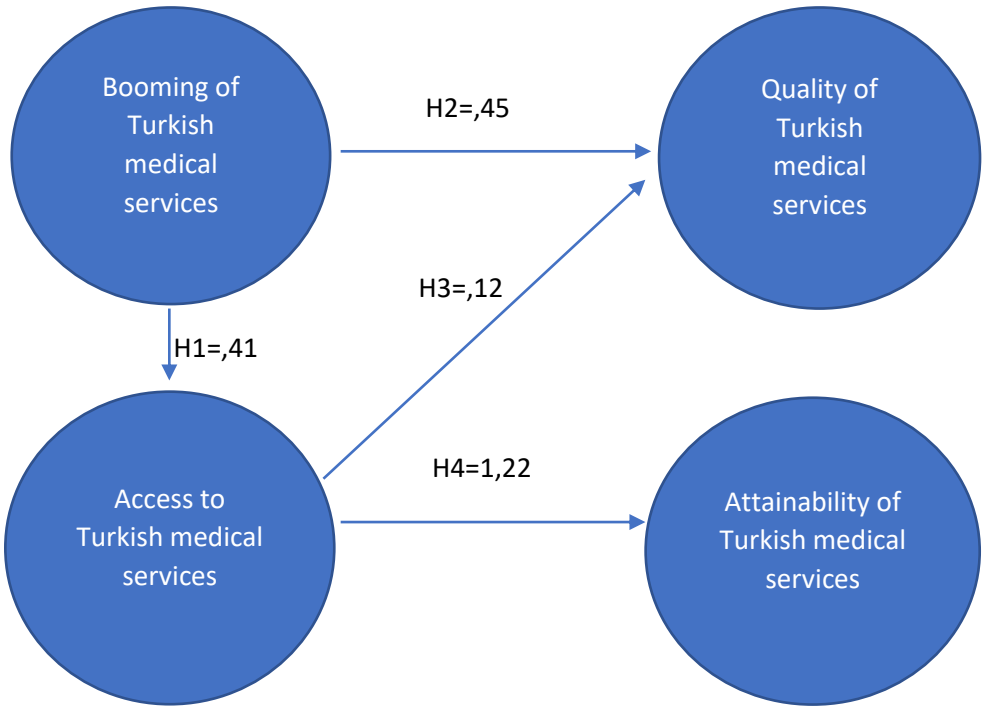
4.5.1. Assumptions testing

All hypotheses are considered before testing the model with SEM (i.e., the measurement structure was exposed to initial statistical analysis and CFA, and the results were supported and indicative of model support). The SEM hypothesis is that data from the current study were used to test the SEM hypotheses. This study evaluated significant paths based on significance value ≤ 0.05 and C.R. value exceeding ±1.96. Accordingly, four hypotheses are supported; H1, H2, H3, and H4 are supported, and H5 is rejected. The finding that there is no significant relationship quality of TMS and the attainability of TMS may be explained by the importance of the quality of service for the respondents.

Insignificant relations quality of TMS and the attainability of TMS may be defined by the economic conditions of the community where the study was conducted. It is a large majority of Africans who may not often have access to medical care in their country and who come above all to have access to care and benefit from packages.

By removing the trivial path from the hypothetical model and keeping only the essential paths, a new sample will emerge as a result and outcome of the CFA and SEM work (Figure 8).

Figure 8. *Model accepted for TMS*



5. CONCLUSION AND DISCUSSION

This research included an empirical study of the medical tourism phenomenon in the context of the Middle Eastern country “Türkiye.” This research aims to develop a model proposal for Turkish medical services for international tourists.

An understanding review of medical tourism and Turkish medical services was necessary to answer the study’s research question and reach the research objective. It was consolidated in the second chapter. The following chapter reviewed and explained the study design, data analysis methods, training, and questionnaire development. The confirmatory results conducted on the final model are presented in the fourth chapter. Therefore, this chapter summarizes the thesis. A section highlights the study achieved, the results, and recommendations; the chapter also reports the limits encountered during the study.

Using the EFA, CFA, and SEM statistical techniques to assess the associations between factors, this study led to the conclusion that by booming, the Turkish medical service become accessible and the quality has become higher, the more tourist come for medical service, the more the stakeholders work to give access to more people and to give them better medical care. This study also concluded that access to medical services contributes to the attainability of Turkish medical services. The results of this research are essential for several actors in the medical tourism sector. Analytically, medical tourism providers ranging from medical centers, travel agencies, hotels, and others can derive several proposals and managerial decisions to improve their achievements and attract more medical tourists. Indeed, the model proposed for the Turkish medical service contributes to this sector's development and can help identify gaps and potentials for competitive development that will assist the competent entities in their management tasks. Based on the research findings and results, recommendations are made for Turkish medical services; the recommendations aim to enhance the accessibility of Turkish medical tourism and its quality by focusing on the medical and tourist experience during visits.

Recommendations to travel agencies

There is a tremendous opportunity for travel agents to capitalize on medical tourism. Travel agents can create a variety of packages to meet the demands of diverse sectors of medical tourists. Research suggests collaborating with other market travel agents to propose pre-packaged medical packages. This step will be a good thing for both agencies. In addition, cooperation with web service providers and medical brokers will improve the advertising of medical packages and strengthen the web presence of travel agents.

Recommendations to medical centers

Because medical tourists are drawn to Türkiye for its medical characteristics, medical facilities must prioritize medical excellence. Places outside Istanbul with more suitable and cheaper land, beautiful landscapes, and comfortable environments are convenient for establishing medical hotels. Because medical tourists are drawn to Lebanon for its medical characteristics, medical facilities must prioritize medical excellence. To promote medical excellence, medical facilities must have a better presence in the home nations of visitors, as well as on the web and social media. In terms of the tourists' home countries, having solid relationships with travel agencies and medical brokers in the tourists' home countries, participating in, and sponsoring various medical-related activities that would attract potential medical tourists, as well as visual advertising in healthcare journals and media, might help to attain a better presence.

Recommendations made at the national level

As stated in the study's introduction, medical tourism has been a significant contributor to the economic prosperity of various nations. Medical tourism growth cannot be possible without government support and a futuristic vision. Thriving destinations have witnessed this support in various forms. As a result, the findings of this study are critical to the Turkish government and the concerned public sectors in healthcare and tourism, particularly the Ministries of Tourism and Health. The highlights emphasize the government and public sector's role in boosting specialized hospitals outside Istanbul and

renovating hospitals in these regions to meet international norms and entertain medical tourists. It should be noted that some existing hospitals in Türkiye can be transformed into health centers.

Recommendations for future research

In health services, studies on the possibilities of integrating accommodation functionalities in medical centers to meet the needs of international patients and possible synergies between and hotels and medical centers can be developed. Studies on national medical tourism and patients from different cultures can be created. Furthermore, based on the results of this study, a comparative analysis between health services in Türkiye and those of other significant medical tourism countries can be used for future research using online stories of medical tourists visiting Türkiye.

Limitations

The approach presented to medical tourism shows that this activity is both a vector and carrier of value and wealth. The significant benefits provided by the sector become the basic parameters of a country's economy in the images presented. Although this study fills research gaps and provides valuable findings for medicine, the tourism industry still has some limitations. The limitations encountered are mainly related to the data collection processes and procedures. The data was collected mainly from medical tourists from the medical tourism company Remed Health, most of whose patients come from Africa, mainly Gabon. Another study limitation was the need for more cooperation expressed by some medical centers. Obtaining consent to go to medical centers and collect data from international patients was uncertain and time-consuming. This insensitive situation has made it necessary to find other means of reaching medical tourists. These practices included using lobbying supervisors to confirm data collection when screening international patients verbally

Additionally, some data collection channels may be more resourceful than others. Some respondents developed their experiences by discussing them, often deviating from the survey questions. When asked why, the reception staff replied that there was a lack of time for medical tourists, especially when checking out. Another area that needs improvement in the data collection process is time. The process was time-consuming and resource-intensive, as participants were contacted personally, and survey data were collected using paper-and-pencil tools.

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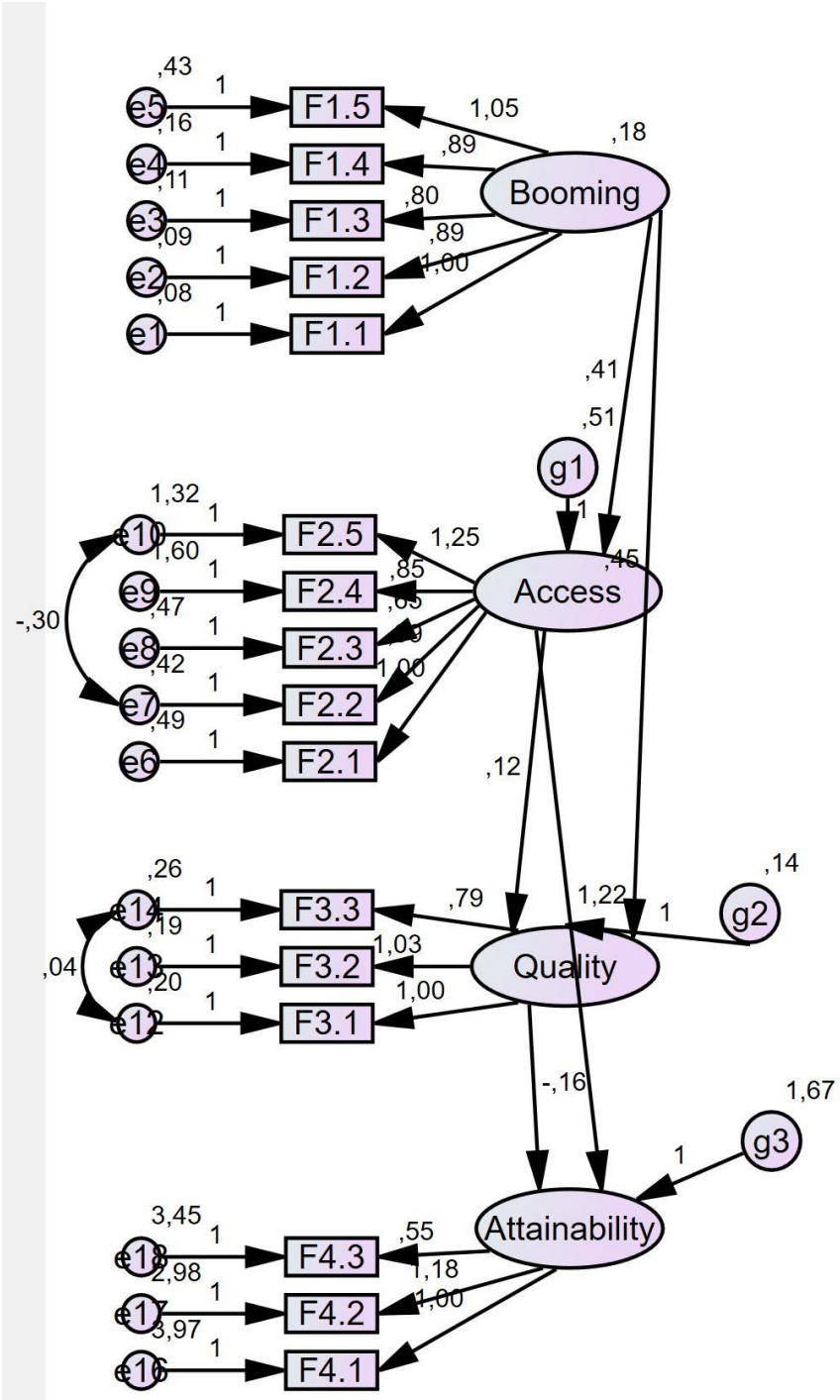
APPENDIX

CFA results on AMOS



Dear participants,

This questionnaire has been prepared to provide data for a master's thesis on the consumption behavior of medical tourists in Türkiye. The information obtained will only be used for scientific purposes.

Thanks for your participation.

1. Gender

a. Male b. Female

2. Age

a. 18-27 b. 28-37 c. 38-47 d. 48 – 57 e. 58 and higher

3. Education

a. Primary b. Secondary c. High School d. Graduate e. Post-Graduate

4. Country of residence

.....

5. What medical procedure were you pursuing?

	Please answer the questions below, considering that 1= TOTALLY DISAGREE and 7= TOTALLY AGREE **I choose** Türkiye **as my medical destination because**	TOTALLY DISAGREE						TOTALLY AGREE
1	The total cost was affordable	1	2	3	4	5	6	7
2	The medical centers are new and modern	1	2	3	4	5	6	7
3	Türkiye provides good medical treatments	1	2	3	4	5	6	7
4	Türkiye provides my desired medical treatment	1	2	3	4	5	6	7
5	Türkiye has hospitals specializing in my desired treatments	1	2	3	4	5	6	7
6	Türkiye has sophisticated medical equipment	1	2	3	4	5	6	7

7	Healthcare professionals are fluent in my native language	1	2	3	4	5	6	7
8	I can come to Türkiye easily	1	2	3	4	5	6	7
9	Türkiye has good shopping facilities	1	2	3	4	5	6	7
10	Türkiye is in convenient proximity to my home country	1	2	3	4	5	6	7
11	Relatives recommended Türkiye	1	2	3	4	5	6	7
12	There are many international standard hospitals	1	2	3	4	5	6	7
13	The quality of service is excellent	1	2	3	4	5	6	7
14	There are board-certified doctors & surgeons	1	2	3	4	5	6	7
15	The medical staff is competent and friendly	1	2	3	4	5	6	7
16	My health assurance covers treatments in Türkiye	1	2	3	4	5	6	7
17	Turkish medical institutions are internationally accredited	1	2	3	4	5	6	7
18	Turkish Medical Care is cheaper than in my home country	1	2	3	4	5	6	7
19	Turkish Medical Care is better than in my home country	1	2	3	4	5	6	7
20	My home doctor recommended Türkiye	1	2	3	4	5	6	7
21	Türkiye ’s reputation in medical services is good	1	2	3	4	5	6	7
22	I can combine medical treatment with a vacation	1	2	3	4	5	6	7
23	Airlines have frequent flights to Türkiye	1	2	3	4	5	6	7
24	Travel agencies have medical packages available	1	2	3	4	5	6	7
25	Quality of after-care is good	1	2	3	4	5	6	7
26	Medical care information is accessible	1	2	3	4	5	6	7
27	My friends recommended Türkiye	1	2	3	4	5	6	7
28	Everything is cheap	1	2	3	4	5	6	

Chers participants,

Ce questionnaire a été préparé pour fournir des données pour une thèse de maîtrise sur le comportement de consommation des touristes médicaux en Turquie. Les informations obtenues ne seront utilisées qu'à des fins scientifiques.

Merci de votre participation.

1. Genre

a. Masculin b. Féminin

2. Âge

a. 18-27 b. 28-37 c. 38-47 d.48 – 57 e. 58 et plus

3. Éducation

a. Primaire b. Secondaire c. Lycée d. Licence e. Maitrise

4. Pays de résidence

……

5. Quelle procédure médicale poursuivez-vous ?

……

	Veuillez répondre aux questions ci-dessous en considérant que 1 = TOTALEMENT EN DESACCORD et 7 = TOTALEMENT D'ACCORD **J'ai choisi la Turquie comme destination médicale parce que**	TOTALEMENT EN DESACCORD						TOTALEMENT D'ACCORD
1	Le coût total était abordable	1	2	3	4	5	6	7
2	Les centres médicaux sont nouveaux et modernes	1	2	3	4	5	6	7
3	La Turquie offre de bons traitements médicaux	1	2	3	4	5	6	7
4	La Turquie fournit mon traitement médical souhaité	1	2	3	4	5	6	7
5	La Turquie a des hôpitaux spécialisés dans mon traitement	1	2	3	4	5	6	7
6	La Turquie dispose d'équipements médicaux sophistiqués	1	2	3	4	5	6	7
7	Les professionnels de la santé parlent couramment ma langue maternelle	1	2	3	4	5	6	7
8	Je peux venir facilement en Turquie	1	2	3	4	5	6	7
9	La Turquie a de bons commerces pour le shopping	1	2	3	4	5	6	7
10	La Turquie est à proximité de mon pays d'origine	1	2	3	4	5	6	7
11	Des proches me l'ont conseillé	1	2	3	4	5	6	7
12	Il existe de nombreux hôpitaux aux normes internationales	1	2	3	4	5	6	7
13	La qualité de service est excellente	1	2	3	4	5	6	7

14	Il y a des médecins et chirurgiens certifiés	1	2	3	4	5	6	7
15	Le personnel médical est compétent et sympathique	1	2	3	4	5	6	7
16	Mon assurance santé couvre les soins en Turquie	1	2	3	4	5	6	7
17	Les institutions médicales sont accréditées au niveau international	1	2	3	4	5	6	7
18	Les soins médicaux sont moins chers que dans mon pays d'origine	1	2	3	4	5	6	7
19	Les soins médicaux sont meilleurs que dans mon pays d'origine	1	2	3	4	5	6	7
20	Mon médecin traitant a recommandé la Turquie	1	2	3	4	5	6	7
21	La réputation de la Turquie dans les services médicaux est bonne	1	2	3	4	5	6	7
22	Je peux combiner un traitement médical avec des vacances	1	2	3	4	5	6	7
24	Les agences de voyages proposent des forfaits médicaux	1	2	3	4	5	6	7
25	La qualité du suivi est bonne	1	2	3	4	5	6	7
26	Les informations sur les soins médicaux sont accessibles	1	2	3	4	5	6	7
27	Mes amis me l’ont conseille							
28	Tout est moins cher	1	2	3	4	5	6	7