

Importance-performance analysis of private health facilities serving within the scope of Medical Tourism: Istanbul example

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Abstract: The aim of this study is to evaluate the factors presented in the private health facilities operating in Istanbul within the scope of medical tourism with importance-performance analysis, to determine the situation, to compare the levels of importance and performance and to reveal which factors should be protected through the obtained findings and which should be focused on and which are in the spectrum of low priority and possible excesses. For this purpose, data has been collected from medical tourists who has received medical services from 15 private health facilities operating in Istanbul between December 2019 and January 2020, using a survey technique. The data obtained has been evaluated by the Importance-Performance Analysis. As a result of the study, the factors whose low priority should be maintained has been defined as waiting period, providing accurate hospital information, quality of service, legal inspections, follow-up treatment and the factors that need to be focused on has been defined as the transparency of the wage policy.

Keywords: Medical tourism; Importance-Performance Analysis; Private health facility; Medical tourist; Istanbul.

Análisis de importancia-desempeño de centros sanitarios privados al servicio del turismo médico: ejemplo de Estambul

Resumen: El objetivo de este estudio es evaluar los elementos presentados en los centros sanitarios privados que operan en Estambul dentro del ámbito del turismo médico con análisis de importancia-desempeño, determinar la situación, comparar los niveles de importancia y desempeño, revelar gracias a los hallazgos cuál elemento a mantener, en qué centrarse, qué cosas importan más y qué menos. Para este propósito, se han recopilado datos de turistas que recibieron servicios médicos de 15 centros de salud privados que operaban en Estambul entre diciembre de 2019 y enero de 2020, a través de encuestas. Los datos obtenidos se han evaluado por el Análisis de Importancia-Desempeño. Como resultado del estudio, el tiempo de espera, el suministro de información hospitalaria precisa, la calidad del servicio, las inspecciones legales, el seguimiento del tratamiento y la baja tasa del tratamiento erróneo se han detectado como los factores que deben mantenerse, y hay que centrarse en la transparencia de precios.

Palabras Clave: Turismo médico; Análisis de Importancia-Desempeño; Centro de salud privado; Turista médico; Estambul.

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Análise de importância-desempenho de instalações de saúde privadas que servem no âmbito do turismo médico: exemplo de Istambul

Resumo: O objetivo deste estudo é avaliar os itens apresentados nas unidades de saúde privadas que operam em Istambul no âmbito do turismo médico com análise de importância-desempenho, determinar a situação, comparar os níveis de importância e desempenho, proteger os achados com quais achados e focar em quais, é revelado o que acontece em baixa prioridade e possível excesso. Para esse fim, foram coletados dados de turistas médicos que receberam serviços médicos de 15 unidades de saúde privadas que operam em Istambul entre dezembro de 2019 e janeiro de 2020 com uma técnica de pesquisa. Os dados obtidos foram avaliados pela Análise de Importância-Desempenho. Como resultado do estudo; período de espera, fornecimento de informações hospitalares precisas, qualidade de serviço, inspeções legais, tratamento de acompanhamento e baixa taxa de aplicação incorreta de tratamento são os fatores que precisam ser mantidos, e a transparência da política salarial deve ser focada.

Palavras-chave: Turismo médico; Análise de importância e desempenho; Instituição privada de saúde; Turista médico; Istambul.

1. Introduction

Health tourism is a type of tourism that is popular in the world and creates significant income for the countries. The recent medical tourism trend has caused travels from industrialized countries to developing countries such as India and Thailand in order to carry out medical procedures (Bies and Zacharia, 2007: 1144). Thailand as a strong player due to their strength in service quality and advanced hospitals with patient-centric behaviour (Yusof, Rosnan and Shamsuddin, 2020: 58). The same India can provide medical care at international standards (Ahire, Fernandes and Teixeira, 2020: 212). In our country, health and medical tourism has become increasingly important and the number of medical tourists coming to Turkey has begun to increase every day. In this context, apart from public institutions serving medical tourists, the number of private hospitals has increased day by day and has started to be very popular (Altın, Bektaş, Antep and İrbán, 2012: 157). Medical tourism in certain countries by tourists and short waiting times cause of visual attention in Turkey, the low treatment costs, improved use of technology, quality services, which suitable airline travel fare and international hospital network located ease of transportation (Çilginoğlu, 2018: 190).

In this context, the study aims to evaluate the products and services offered by private health facilities operating in Istanbul within the scope of medical tourism with importance-performance analysis. When the relevant literature is analyzed, the lack of EPA-based researches on the studies on service quality in private healthcare facilities makes this research important in the context of the results obtained. In addition, it is considered that measuring the service expectations of medical tourists receiving services from these facilities and evaluating the services provided within the facilities will contribute to other health facilities operating in the area.

2. The Concept of Medical Tourism and Its Importance

Increasing demand for healthcare is a global issue related to issues such as higher income, improved education and technological opportunities. Demographic change, aging the population, the need for the elderly to receive more medical services, the proliferation of chronic diseases increases the demand for more and better healthcare services (Pocock and Phua, 2011: 1).

The desire to be healthier in recent years has revealed medical tourism, a new and different niche tourism type in the tourism sector (Connell, 2006: 1093). Medical tourism is a type of tourism that has emerged from the more comprehensive health tourism. Health tourism is defined as an organized journey outside the local environment to protect and improve the well-being and body of the individual, while medical tourism is defined as an organized journey outside the natural health jurisdiction for the improvement or renewal of a person's health by medical intervention (Lunt and Carrera, 2010: 28). Medical tourism is providing cost-effective medical care with the assistance of the tourism industry for patients requiring surgery and other special treatment (Torabipour, Qolipour, and Gholipour, 2016: 1). As a definitions, low cost refers to overseas health services, where long waiting times are avoided, or where the individual is inspired by services not in their home country (Hopkins, Lobonte, Runnels, and Packer, 2010: 186-187).

In medical tourism, people travel to other countries and cities for many reasons. In addition to leisure, recreation and recreation activities, they travel to other countries to get healthy living services, reduce healthcare costs and benefit from dental, medical and surgical services that are cheaper than their

own countries (Heung, Küçükusta and Song, 2010: 236). Therefore, individuals in developed countries often travel to developing countries for cheaper and luxurious healthcare (De Arellano, 2007: 193; Kim, Arcodia and Kim, 2019:1). Developing countries such as India, Singapore and Thailand are the main medical tourism destination centers that serve people from all over the world and have become global leaders in the industry (Crooks, Kingsbury, Snyder and Johnston, 2010: 254).

The development and importance of medical tourism provides many benefits and contributions to destinations. International accreditations modeled at western standards are adopted in hospitals offering medical tourism services (Johnson, Crooks, Snyder and Kingsbury, 2010: 19). Less developed countries that serve foreign patients with medical tourism use their income from developed countries to their citizens and strive to improve the quality of the service they provide (Horowitz, 2007: 28). Thus, medical tourists make a significant contribution to the local economy of the regions they go to with their food and beverage, transportation and accommodation expenses even if they are not as many as other tourists (Connell, 2013: 9). Hospitals, which serve medical tourists with the increase of medical tourism, offer competitive salaries to healthcare professionals and reverse the brain drain of countries because they provide job opportunities (Smith, Alvarez and Chanda, 2011: 279). In this way, they increase the welfare of the citizens of their country, and the quality of life of the society increases with the developing technology, quality service, infrastructure and superstructure works. Considering the economic effects of medical tourism, it can be stated that many countries such as India, Thailand, Korea, Philippines, Singapore and Malaysia are working to develop their own medical tourism market (Lee, Han and Lockyer, 2012: 70). Turkey also shows progress towards becoming one of the important health tourism centers showing priority to the development of medical tourism.

3. Expectations of Medical Tourists from Medical Facilities Providing Medical Services and Reasons to Prefer Such Facilities

Medical tourists pay attention to cost and quality factors while traveling for specific purposes for treatment (Herrick, 2007: 4). There are many reasons why patients prefer other cities or countries to receive health care. Delays in accessing health services in local health institutions may cause medical tourists to go to other regions where they can get this service (Turner, 2011: 1). Other reasons can be listed as price, ease of service in his own country, insurance plans and services not available in their country (Peach, 2009: 133).

Smith and Forgione (2007) have stated that patients may prefer hospitals in another city or country depending on the following factors;

- Cost
- Hospital accreditation / infrastructure
- Maintenance, service quality
- Doctor's education and knowledge level.

The cost has become the major motivation for the patients in travelling abroad for the treatment. Thus medical tourism can be defined as a way of obtaining quality treatment in a foreign country with an affordable cost (Sarwar, Manaf and Omar, 2012: 2). The destination country must fulfill the expectations of the medical tourists through quality service and performance (Sultana, Haque, Momen and Yasmin, 2014: 869). Accreditation and other certification procedures provide patients with reliable information about the quality of the service they receive. For this reason, it is important that hospitals have internationally accepted certificates and accreditation certificates that will convince patients from abroad that the quality of service is good. The accreditation program that is prominent in medical tourism and accepted in the world is carried out by "Joint Commission International" (JCI), which is part of an independent organization called "Joint Commission on Accreditation of Health Care Organization" (Binler, 2015). On the other hand, supplyside pull factors include high quality of international-educated physicians and state-of-the-art medical technology and an attractive destination. Those factors are pushing patients to make an choice to travel to developing countries for surgery (Collins, Medhekar, Wong and Cobanoglu, 2019).

Departing from Turkey to abroad to receive medical tourism services is at very high levels. However, the number of foreign medical tourists traveling to Turkey to receive treatment services from abroad is increasing every day. In this case, the quality of the services offered in the country and the appropriate treatment costs play an important role (Ministry of Health, 2017: 5). Other reasons for preferring Turkey within the scope of medical tourism involves some services being in the insurance coverage and short waiting times compared to other countries (Şahbaz, Akdu and Akdu, 2012: 286). Hospital accreditation

comes first among the expectations of medical tourists from health facilities. Turkey ranks 2nd in the world in terms of accredited health facilities (Akbolat and Deniz, 2017: 127; Ministry of Health, 2017: 6).

4. Medical Tourism Practices in Istanbul Province

Health tourism, which is considered as a tourist product, has different sub-types aimed at maintaining the balance of human body and soul (Cordeiro and Guerra, 2019: 468). Health tourism types include medical tourism, thermal/spa/wellness tourism, tourism for the elderly and disabled. Medical tourism refers to the fact that a person travels from one place to another in order to benefit from the treatments performed by doctors in secondary and tertiary health institutions and organizations (Ministry of Health, 2012: 23). Medical check-up, health screening, dental treatment, heart surgery, prosthetic implantation, cancer treatment, neurosurgery, organ transplants and most of the procedures that require qualified medical interventions fall within the scope of medical tourism applications (Ministry of Health, 2012: 14).

The following applications are available within the scope of medical tourism in Istanbul and other provinces (Ministry of Health, 2020);

- Advanced treatments (Cardiovascular Surgery, Radiotherapy, cyberknife etc.),
- Transplantation,
- Infertility (IVF applications),
- Aesthetic Surgery and
- Eye, tooth, dialysis treatments.

Table 1: Medical Tourism - Number of Patients in Top 10 Cities by Top 10 Clinics

Provinces	Clinics										Total
	<i>Eye diseases</i>	<i>Orthopedics and Traumatology</i>	<i>Internal diseases</i>	<i>Ear, Nose and Throat Diseases</i>	<i>Gynecology and Obstetrics</i>	<i>General Surgery</i>	<i>Oral, Dental and Maxillofacial Diseases and Surgery</i>	<i>Brain and Nerve Surgery</i>	<i>Skin and Venereal Diseases</i>	<i>Child Health and Diseases</i>	
Istanbul	11341	5127	4253	3472	4147	2317	2244	1906	2772	3160	55985
Antalya	5355	6404	74	6858	2699	4023	3436	2288	1162	102	47649
Ankara	1434	1602	1089	1307	2039	833	1151	829	978	773	16596
Kocaeli	191	370	482	298	991	666	54	311	184	235	13256
İzmir	673	981	516	613	760	664	1041	244	506	82	8324
Muğla	521	712	1046	344	421	442	304	188	178	16	5430
Adana	233	697	124	195	302	120	237	262	139	104	3459
Aydın	79	424	604	299	133	492	218	55	52	423	3093
Gaziantep	168	208	167	144	256	93	92	219	88	109	2198
Bursa	171	114	160	111	279	73	353	31	70	116	1998

Source: (Ministry of Health, 2013: 32)

In the table above, it is observed that Istanbul ranks in the first place among the many provinces of Turkey. Considering this table, it can be stated that the province of Istanbul stands out compared to other provinces and attracts a lot of medical tourists. Factors such as the number of JCI accredited hospitals, the number of specialists in the field, variety of health departments, quality service, ease of transportation, technological superiority, brand value and high variety of touristic products are effective in the selection of Istanbul by medical tourists.

5. Related Works

Sevim and Sevim (2019) have aimed to determine the preferences of medical tourists coming to Turkey and the factors affecting such preferences. In their study, they have concluded that the medical tourists came to Turkey in general at least the second time and the doctor's guidance is important in medical tourism.

Yılmaz and Aksoy (2019) have aimed to determine the expectations of health tourists from hospitals and the reasons for choosing hospitals. As a result of their research, they have stated that health tourists prefer hospitals primarily for reasons such as service quality, price advantage, success of health professionals and geographical proximity of the country.

Sonel, Gür and Eren (2019) have aimed to determine why health tourists prefer Istanbul and the expectations of patients from hospitals by making a comparison between Istanbul and Mersin, the two most preferred cities in the field of health tourism. As a result of the study, they have demonstrated that Istanbul Province is preferred due to factors such as brand value, technological opportunities and infrastructure superiority.

Junio, Kim and Lee (2017) have analyzed importance and performance as the medical tourism destination of South Korea. In this context, they have conducted a survey of 420 people from the medical tourism industry. In the research, they have concluded that South Korea is insufficient in terms of medical tourism compared to its rivals in Asia and made suggestions for determining and improving the country's deficiencies in the context of medical tourism.

Soysal (2017) have evaluated the threats to and opportunities of Turkey within the scope of health tourism. Soysal has concluded that Turkey has significant advantages in areas such as quality and the presence of neighboring countries with developed health tourism is a threatening factor for Turkey. He has made suggestions regarding the improvement of the rights of the employee in the field of health tourism and affordable service to the local medical tourist.

Somkeatkun and Wongsurawat (2017) have aimed to determine the reasons and expectations of tourists for spa tourism, which is found in health tourism. In order to obtain the data, they have conducted a survey with the importance and performance analysis method for the tourists coming to Thailand. As a result of the research, they have stated that importance is attached to factors such as staff equipped by tourists, accessibility, reasonable prices and superior quality, and the level of performance of the enterprises in these matters is high.

Kılınc (2017) has aimed to determine the expectations of local medical tourists for the medical tourism industry in terms of service, quality and satisfaction. As a result of the study, it has been concluded that the intermediary institutions are insufficient, the number of qualified personnel and pricing is not suitable in private hospitals.

Zailani, Ali, Iranmanesh, Moghavvemi and Musa (2016) have aimed to determine the factors affecting the satisfaction of Muslim medical tourists in Islamic friendly hospitals in Malaysia and their expectations from these hospitals. A survey has been applied to 243 Muslim medical tourists. In the study, it has been concluded that medical tourist satisfaction depends on doctor and hospital attitude, and there is a high expectation from hospitals regarding halal practices.

Bostan and Yalçın (2016) have aimed to determine the factors affecting health tourists' preference for medical tourism businesses. A survey has been applied to 150 people in a private hospital. They have concluded that communication is the biggest problem in the research and that tourists prefer private hospitals because of quality service.

Wongkit and McKercher (2016) have aimed to determine the characteristics and expectations that medical tourists are looking for in businesses that offer medical services in Thailand. In their research, it has been emphasized that the facilities providing medical services should pay attention to issues such as personnel selection, service quality and compliance with international standards.

De la Puente Pacheco (2015) has aimed to analyze the dynamics of health tourism in Colombia through a theoretical-descriptive method. As a result of the study it was found that the momentum of this sector is due mainly to the contribution of private agents through the use of competitive advantages in terms of price, ease of access to the country, and the support of national agencies for the promotion of health and wellness tourism.

Černikovaite and Mameniskis (2015) have aimed to make a comparative analysis with Thailand by considering the expectations of medical tourists translating Lithuania. In their research, it has been concluded that medical tourists have expectations about service, patient care, reasonable prices, high medical technology and equipment and that Lithuania is more known in the world than Thailand.

Han and Hyun (2015) have aimed to determine the effect of trust, quality, price and satisfaction factors in private hospitals in Korea on the return of medical tourists and the expectations of patients from hospitals. As a result of the study, it has been stated that medical tourists expect private hospitals about price, quality, trust and satisfaction and these factors affect the patients' desire to come back.

Delgoshaei, Ravaghi and Abolhassani (2012) have aimed to analyze the importance and performance of the medical tourism potential in Tehran for medical tourists and those offering this service. In the research, it has been concluded that the majority of medical tourists came from the United Arab Emirates

and Tehran could not attract enough medical tourists in the context of medical tourism, although the quality, cost and variety of services have been considered sufficient.

Musa, Doshi, Wong and Thirumoorthy (2012) have been aimed to determine the satisfaction level and expectations of medical tourists from Malaysia from Kuala Lumpur. They have concluded that medical tourists have been generally satisfied with the hospitals, but they considered the hospitals inadequate in terms of doctor quality, technology and service.

Guiry and Vequist (2011) have aimed to determine the expectations and service quality perceptions of US medical tourists from hospitals abroad. In the research, it has been concluded that there is a gap between the expectations of the tourists and the perception of service quality, and that the hospitals abroad should focus on improving the quality of service in terms of trust and reliability.

Ünal and Demirel (2011) have aimed to determine the expectations of health and medical tourists coming to health tourism businesses in Bolu. A survey has been conducted on 55 health and medical tourists coming to thermal tourism businesses providing health tourism services in Bolu. In their research, it has been stated that health tourism enterprises do not appeal to the young age group, they are mostly attracted by people with low education level, and businesses should be developed more by making advertisement and promotion studies.

Rad, Som and Zainuddin (2010) have aimed to determine the effect of the quality of service offered at the facilities to the patients coming to private hospitals for medical tourism in Malaysia. They have concluded that service quality has a positive effect on overall patient satisfaction. It has been emphasized that the government and hospitals should place more emphasis on medical tourism and improve service quality in order to improve the health tourism industry.

İçöz (2009) aimed to determine the health and medical tourism means of Turkey and evaluate the advantages and disadvantages. In his study, he has concluded that Turkey has a great potential in terms of health and medical tourism; however, Turkey is still developing in that regard and has proposed solutions for this issue.

This study was carried out on tourists receiving medical health services in Istanbul. The study includes medical tourists who are entitled to receive health tourism authorization from the Ministry of Health and receive services from private health facilities operating in Istanbul. The data were collected only by survey method. The importance-performance analysis of only the items in the scale were carried out. All these mentioned constitute the limitation of the study.

6. Methodology

This research aims to evaluate the products and services offered by private health facilities operating in Istanbul within the scope of medical tourism with importance-performance analysis, determine the current situation, compare the level of importance performance and to exhibit which factors should be protected through the obtained findings and which should be focused on and which are in the spectrum of low priority and possible excesses. It is possible for businesses in the service sector to offer services in line with customer expectations, not only by receiving complaints but also by determining expectations. Therefore, it is important to evaluate the customer expectations of private health facilities that provide health services with the importance-performance analysis in terms of the determinations to be obtained.

The population of the research consists of local tourists visiting Istanbul for medical tourism. According to the data of the Ministry of Health in November 2019, there are 216 Private Health Facilities that are entitled to receive health tourism authorization in Istanbul (Ministry of Health, 2019). Those who received medical health services from 15 private health facilities, which have been reached through these private health facilities and have agreed to be included in the research, are included in the scope of the research. Since the universe size could not be determined in the study, the universe has been considered to be unlimited and the sample size has been determined as 384, which is required for unlimited main mass at 95% confidence level (Ural and Kılıç, 2005: 41).

Survey technique has been used as data collection method. The survey consists of three parts. The first part of the survey consists of questions that determine the demographic characteristics of the participants and the second part determines the travel attitudes of medical tourists. The third part of the survey consists of 13 statements for the evaluation of private health facilities serving in Istanbul destination in terms of medical tourism. These statements have been created with the utilization of the scale developed by Delgoshaei et al. (2012). The original of the scale consists of 14 statements. However, since one statement has content intended for foreign tourists, it is not included in the scale. The statements in the scale were not subject to any update. Support was obtained from expert translators to ensure the clarity of the statements. The statements have been bilaterally directed to evaluate the importance given by medical tourists to the services they receive from private healthcare facilities

and the performance of the statements presented. The importance that medical tourists attach to the factors offered by the private health facility, where they will receive health services in Istanbul, has been measured with 5-type Likert scale as 1 = *Very Insufficient*, 5 = *Very Important* and the perceived performance of these factors has been measured as 1 = *Very Poor*, 5 = *Very Sufficient*.

The survey has been carried out by interviewing people who received medical health services in Istanbul between November 2019 and January 2020. In the research, easy sampling method has been used and the survey has been carried out on medical tourists who voluntarily agreed to participate in the research. The faulty and incomplete filled out surveys have been excluded from the research and the analyzes have been carried out on 408 surveys.

SPSS 22 (Statistical Package for the Social Sciences) package program has been used in the analysis of the data. Firstly, the reliability analysis of the scale has been carried out. The Cronbach Alpha coefficient of the severity scale is 0.713, the Cronbach Alpha coefficient of the performance scale is 0.889 and the Cronbach Alpha coefficient of the whole scale is 0.845. Therefore, it is observed that the reliability level of the scale is high (Kayis, 2010: 405). In determining the demographic characteristics of the sample, frequency analysis has been used, and the Importance-Performance Analysis has been used to determine the expectations of the health facility where they received service and the differences between expectations and performance when making choices regarding private health facilities.

6.1. Importance-Performance Analysis

Importance-Performance Analysis is a graphical tool developed for the purpose of analyzing customer satisfaction based on the basic features and perceived service quality determined by Martilla and James (1977). In the analysis, it takes satisfaction as a function of two components, the importance of a product or service for the customer, and the performance provided by the firm from which the product or service is supplied/purchased. The combined customer ratings for these two components provide clear information on where resources and efforts should focus. Therefore, the main purpose of the Importance-Performance Analysis is diagnostic and enables managers and marketers to determine the characteristics of the products or services with low or high performance (Griffin & Edwards, 2012). Importance-Performance Analysis has been basically developed to look for answers to two questions (Martilla and James, 1977: 77):

- How important is this feature to consumers?
- How high is the performance (satisfaction / performance displayed) related to this feature?

An attractive feature of Importance-Performance Analysis is that the results can be displayed graphically in an easy-to-interpret two-dimensional grid (Martilla and James, 1977: 77).

Importance-Performance Analysis is an appropriate analysis tool that can be used to identify opportunities for improvement and guide strategic planning efforts for the hospitality industry. The results of the analysis form the basis for identifying priority focus areas to improve firms' overall performance (Cvelbar and Dwyer, 2013: 492). The importance and performance scores for each statement directed to the participants of the study are calculated and the scores are shown in a matrix with performance and importance, and the significance and performance values obtained from the analysis are presented in a matrix called Importance-Performance Matrix. (Matzler, Sauerwein and Heischmidt, 2003: 114). This matrix is divided into four parts (Figure 1).

Figure 1: Importance-Performance Analysis Matrix

Importance	High	THINGS TO BE FOCUSED ON	THINGS TO BE PROTECTED
	Low	LOW PRIORITY	POSSIBLE EXCESSES
		Low	High
		Performance	

Source: (Azzopardi and Nash, 2013: 224)

The sections in the matrix resulting from the Importance-Performance Analysis are evaluated as follows (Martilla & James, 1977; Albayrak & Caber, 2011):

Things to be Protected: (High importance-high performance). The statements in this section are considered important by customers, and the performance of goods and services offered by businesses is perceived as high.

Things to be Focused on: (High importance-low performance). The statements in this section are considered important by customers, but the performance of the statements presented is perceived as low.

Low Priority: (Low importance-low performance). The statements in this section are considered to be low priority by customers, but also include those in which current performance is perceived as low.

Possible Excesses: (Low importance-high performance). The factors in this section are perceived as low-level by customers, but they perceive the current performance as high.

6.2. Findings

Table 2 includes the demographic characteristics of the participants. 49% of the participants are female and 51% are male. 57.1% of the participants in the study are married and 42.9% are single. 21.8% of the participants in the study are between 36-45 years old, 19.6% between 26-35 years old, 18.1% between 46-55 years old, 15.4% between 18-25 years old, 14.2% are in the 56-65 age group and 10.8% are in the 66 and above age group. When the educational status of the participants is examined, 37.7% are university graduates, 30.9% are high school graduates, 17.6% are middle school and 13.7% are primary school graduates. While 26% of the respondents are private sector employees, 18.6% are retired, 12.5% are housewives, 12% are tradesmen, 11.5% are public personnel, 8.8% are students, 1.52% are the traders and 9.1% stated that they do not have a job. In terms of income, when the survey participants have been examined, 17.9% stated that they do not have an income of TRY 5.001 and 26.5% have stated that they do not have any income.

Table 2: Demographic Findings

Gender	n	%	Marital Status	n	%
Female	200	49,0	Married	233	57,1
Male	208	51,0	Single	175	42,9
Age	n	%	Educational Status	n	%
18-25 years old	63	15,4	Primary School	56	13,7
26-35 years old	80	19,6	Secondary School	72	17,6
36-45 years old	89	21,8	High School	126	30,9
46-55 years old	74	18,1	Associate	76	18,6
56-65 years old	58	14,2	Undergraduate	62	15,2
66 and above	44	10,8	Postgraduate	16	3,9
Occupation	n	%	Monthly Income	n	%
Public Personnel	47	11,5	I have no income	108	26,5
Private Sector Employee	106	26,0	Minimum wage	35	8,6
Student	36	8,8	Between TRY 2.020 TL-3.000	66	16,2
Retired	76	18,6	Between TRY 3.001 TL-4.000	75	18,4
Tradesmen	49	12,0	Between TRY 4.001 -5.000	51	12,5
Housewife	51	12,5	Between TRY 5.001 -6.000	35	8,6
Merchant	6	1,5	TRY 6.001 and above	38	9,3
Not running	37	9,1	Total	408	100

Table 3 exhibits the findings regarding the travel attitudes of the participants. 66.9% of the respondents have stated that they prefer Istanbul for quality service, while 21.3% have stated that they prefer it because of the ease of transportation. 33.1% of those who came to Istanbul for medical tourism said that they have visited Istanbul for the first time, 32.8% for the second time and 23% for four or more.

Table 3: Travel Attitudes

Reasons for Preferring Istanbul	n	%	Number of Health Visits to Istanbul	n	%
Quality Service	273	66,9	First Time	135	33,1
Ease of Transportation	87	21,3	Second Time	134	32,8
Guidance or recommendations of hospitals	38	9,3	Third Time	45	11,0
Affordability	6	1,5	More	94	23,0
Advertising	4	1	Total	408	100
Total	408	100			
The Person Accompanying in Travels	n	%	Travel Type	n	%
Alone	103	25,2	Single	299	73,3
With spouse	121	29,7	Travel Agency	95	23,3
With a friend	50	12,3	Private Health Tourism Mediator Company	14	3,4
With relatives	124	30,4	Total	408	100
With Private Caretaker	10	2,5			
Total	408	100			
Duration of Accommodation (Stay)	n	%	Health Service Received	n	%
1-3 days	116	28,4	Brain and Nerve Surgery	33	8,1
4-7 days	122	29,9	Eye diseases	32	7,8
8-14 days	70	17,2	General Aesthetics	27	6,6
15-21 days	37	9,1	Cancer Treatment	26	6,4
22 days and more	63	15,4	Internal diseases	24	5,9
Total	408	100	Cardiology	24	5,9
Region of Departure	n	%	General Surgery	23	5,6
Marmara Region	167	41,0	Orthopedics	22	5,4
Black Sea Region	87	21,3	Urology	21	5,1
Central Anatolia Region	83	20,4	Dermatology	19	4,7
Eastern Anatolia Region	23	5,6	Ear, Nose and Throat Diseases	19	4,7
Aegean Region	20	4,9	Gynecology and Obstetrics	18	4,4
Southeastern Anatolia Region	14	3,4	Chest Diseases	14	3,4
Mediterranean Region	14	3,4	IVF Treatment	13	3,2
Total	408	100	Hair Transplant	12	2,9
			Other	81	19,7
			Total	408	100

While 30.4% of the respondents who prefer Istanbul for medical tourism travel with their relatives and 29.7% with their spouses, the rate of those traveling alone is 25.2%. When the length of stay is analyzed, the majority of the participants (58.3%) stayed between 1 and 7 days, while 15.4% of them stayed for 22 days or more. The majority of the respondents (73.3%) traveled individually, while 23.3% traveled through a travel agency, while only 3.4% traveled through a private health tourism agency.

Regarding which service the participants have preferred Istanbul to receive, brain surgery is ranked the 1st with 8.1%, followed by eye diseases with 7.8%, general aesthetics with 6.6% and cancer treatment with 6.4%. However, his other option included child health, dental and maxillofacial surgery, oncology, physical therapy, marrow transplant, eye aesthetics, pregnancy, hematology, obesity and dialysis health service.

Almost half (40.9%) of those who prefer Istanbul for medical tourism have come from the Marmara Region. Especially Kocaeli, Sakarya, Tekirda , Bursa and Yalova provinces come to the fore from Marmara Region. The rate of those coming from the Black Sea Region is 21.3%. Bolu, Düzce, Samsun and Kastamonu provinces came to the fore from this region. While the rate of those visiting Istanbul from the Central Anatolia Region for medical tourism is 20.4%, more people from Ankara, Sivas and Eskişehir provinces have been included in the sample from this region. The distribution by regions in a smaller number of samples is 5.7% from the Eastern Anatolia Region, 4.9% from the Aegean Region, 3.4% from the Southeastern Anatolia Region and 3.4% from the Mediterranean Region.

In Table 4, the results of the t-test regarding the importance and performance averages of the statements and services offered in 15 private health facilities operating in Istanbul and included in the scope of the research and the significance of the differences between these averages are provided. It has been found that the difference between the importance and performance averages of all 13 statements directed to the products and services of private health facilities has been statistically significant at the level of $p < 0.05$. This result shows that the difference between importance and performance averages is not accidental.

Table 4: Importance and Performance Averages of Statements and Significance of Differences

STATEMENTS	Importance		Performance		Difference	t	p
		s.s		s.s			
1. Waiting period in the service procurement process in hospitals	4,51	0,76	3,81	1,15	0,70	10,443	,000*
2. Giving appropriate and correct hospital information	4,56	0,58	3,74	1,11	0,82	13,752	,000*
3. Low cost of hospital services	4,10	0,99	2,87	1,19	1,23	15,669	,000*
4. Quality hospital services	4,81	0,45	3,92	1,05	0,89	16,652	,000*
5. Diversity of services offered in hospitals	4,33	0,75	3,82	2,75	0,51	3,661	,000*
6. Implementation of transparent wage policies in hospitals	4,72	0,59	3,49	1,13	1,23	20,162	,000*
7. Availability of valid legal inspections in hospitals	4,74	0,62	3,82	1,04	0,92	15,766	,000*
8. Creating a suitable environment for companions	3,97	1,19	3,45	1,13	0,52	7,280	,000*
9. Being able to receive preliminary information from doctors through the Internet	3,47	1,26	3,21	1,12	0,26	3,593	,000*
10. International accreditation opportunities	4,27	0,81	3,47	1,09	0,80	13,003	,000*
11. Availability of modern medical devices	4,72	0,55	3,87	1,07	0,85	14,978	,000*
12. Follow-up after treatment	4,66	0,61	3,78	1,14	0,89	15,433	,000*
13. Low rate of incorrect treatment	4,80	0,52	3,78	1,14	1,02	17,818	,000*

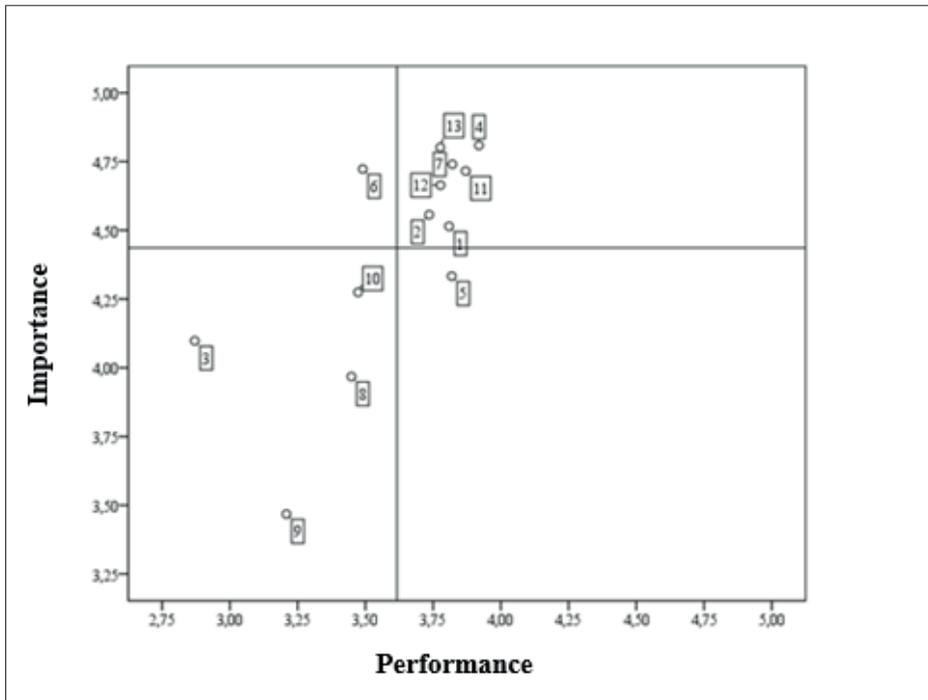
* $p < 0.05$

Considering the importance averages regarding the statements in the scale, while the statements “*Quality hospital services*” (= 4,81) and the “*Low rate of incorrect treatment*” (= 4,80) are the statements that the participant attach the highest importance in terms of health services, the statements that they attach lesser importance compared to other statements are “*Being able to receive preliminary information from doctors through the Internet*” with the average of (= 3,47) and “*Creating a suitable environment*

for companions” with the average of (= 3,97). When the performance averages of the statements in the scale are examined, the participants of the research found the performance of the statements of “Quality of hospital services” (= 3.92) and “The availability of modern medical devices”(= 3.87) higher than other statements, while they perceive the performance of statement such as “Low cost of hospital services”(= 2,87) and “Being able to receive preliminary information from doctors through the Internet”(= 3,21) lower compared to other statements.

When the differences between the significance-performance averages of the statements in the scale are examined, the significance level of each statement has been found to be lower than the performance level. Therefore, the respondents stated that none of the statements met the expectations. Importance-Performance Analysis matrix has been created by defining the importance and performance averages in Table 3 to SPSS 22.0 program. In the positioning of the statements in the scale in the matrix, importance and average values of performance have been taken as the coordinate. The Importance-Performance Analysis matrix for private healthcare facilities is presented in Figure 2.

Figure 2: The Importance-Performance Analysis Matrix for the Items that Create the Scale



The average of importance (= 4.43) of the statements in this matrix created with the importance and performance averages of each statement forming the scale is the average of performance (= 3.61). The distribution of each statement in the Importance-Performance matrix has been obtained by using the importance and performance averages of each statement in the scale. Seven statements in the Importance-Performance matrix obtained have been distributed in the statements to be protected, one statement to be focused on, four statements in the lower priority and one statement in the possible excesses. The assessments regarding the substances distributed in four sections are as follows:

Things to be Protected: Although the items in this section are considered to be highly important by medical tourists, they also include the items in which the private health facilities included in the research perform high performance. Waiting period in the service procurement process in hospitals, giving appropriate and correct hospital information, quality of services provided, availability of valid

legal inspections in hospitals, follow-ups after treatment and low rate of incorrect treatment are regarded as important and the perceptions of tourists towards these features and services are at a high level. Therefore, medical tourists consider these features and services important and find the performance offered satisfactory. Maintaining the resource transfer and the sensitivity shown for the factors in this section should continue. The importance and performance averages of the statements in the statements to be protected are given below:

1. *Waiting period in service procurement in hospitals*, (importance; =4.51), (performance; =3.81).
2. *Giving appropriate and correct hospital information*, (importance; =4.56), (performance; =3.74).
4. *Quality of hospital services*, (importance; =4.81), (performance; =3.92).
7. *Availability valid legal inspections in hospitals*, (importance; =4.74), (performance; =3.82).
11. *Availability of modern medical devices*, (importance; =4.72), (performance; =3.87).
12. *Follow-up after treatment*, (importance; =4.66), (performance; =3.78).
13. *Low rate of incorrect treatment*, (significance; =4.80), (performance; =3.78).

Things to be Focused on: The statements in this section include statements that are considered to be highly important by medical tourists, but where performance is perceived as low. While the transparency of the wage policy offered in hospitals is expressed as a high level by medical tourists, they regard that the performance of private health facilities included in the research is evaluated by those who are not satisfactory. Therefore, it is observed that the facilities should focus on this area. The importance and performance averages of the statement in the section to be concentrated are as follows:

6. *Implementation of transparent wage policies in hospitals*, (importance; =4.72), (performance; =3.49).

Low Priority: The statements in this section are deemed as low importance by medical tourists and include statements where performance is perceived as low compared to other statements. The medical tourists that prefer the private health facilities that operate in Istanbul and that are within the scope of the research do not see the low cost of hospital fees, availability of suitable environment for companions, being able to communicate with doctors online and the factors regarding the international accreditation opportunities as very important and they perceive the performance of the service they receive as low. Therefore, factors of importance should be worked on rather than prioritizing this area. The importance and performance averages for the statements in the low priority section are as follows:

3. *Low cost of hospital services*, (importance; =4.10), (performance; =2.87).
8. *Creating a suitable environment for companions*, (importance; =3.97), (performance; =3.45).
9. *Being able to receive preliminary information from doctors through the Internet*, (importance; =3.47), (performance; =3.21).
10. *International accreditation opportunities*, (importance; =4.27), (performance; =3.47).

Possible Excesses: While the statements in this section are considered to be of low significance compared to other statements by medical tourists, they include statements where the performance offered by private health facilities is perceived at a high level. The participants in the research perceived the performance of the private healthcare facilities within the scope of the study as high, while they did not consider the variety of services offered in hospitals as very important. The high performance displayed here is not considered as very important for medical tourists. Therefore, the effort shown in this area can be directed to other areas. The importance and performance averages of the statement in this section are as follows:

5. *Diversity of services offered in hospitals*, (importance; =4.33), (performance; =3.82).

Importance-Performance Analysis is considered a low-cost and widely applicable assessment tool, an attractive option for tourism managers facing limited budgets and time constraints (Griffin & Edwards, 2012). In line with the findings obtained, health tourism facilities operating in Istanbul can increase the level of satisfaction by strengthening the services and features of medical tourists. In addition, the performance of the factors that are important can be strengthened. When evaluated in general, modern medical devices, service quality and fee practices can be seen as the factors that will come to the forefront in the development of Istanbul medical tourism. In addition, quickly service provision and accurate and reliable information are also considered important.

7. Conclusion

According to the results of this study, in which private health facilities operating in Istanbul are evaluated by medical tourists, the majority of those participating in the research preferred Istanbul for quality service, while the majority of the research sample stated that they preferred Istanbul for medical health service for the first or second time. While the majority of medical tourists who receive health services in Istanbul travel individually, they preferred to participate in this trip alone, with their spouse and relatives, and they stayed for 1-7 days.

According to the results of the research, the factors such as the suitability of the waiting period, the accuracy of the information provided, the quality of service, legal checks, the modernity of the medical devices, the follow-up after the treatment and the low rate of incorrect treatment are considered important by medical tourists. However, the high performance offered for these factors can provide an important advantage for Istanbul in terms of medical tourism. Nevertheless, transparent wage application has emerged as a factor that should be focused on. Therefore, medical tourists think that there are differences in the fee applied and private health facilities are not transparent enough in this regard.

Low cost of hospital fees for local medical tourists who demand health care services, suitable environment for companions, communication with physicians on the internet and getting preliminary information and international accreditation opportunities are considered to be of low importance. At the same time, they perceived the performance offered for these factors at a low level. These factors have been not seen as a priority as a result of the research and have been included in the low priority section. It can be said that the reason why international accreditation opportunities are considered as low level is because the research sample is domestic tourists. Therefore, these factors are not among the priority issues of private health facilities for local medical tourists. In terms of domestic medical tourists, the variety of services offered to hospitals has been also considered to be of low importance compared to other factors, but the performance offered has been perceived at a high level. Therefore, efforts towards this factor in the possible extremes section can be directed to the factors in the section that needs to be protected and should be concentrated for local medical tourists.

References

- Ahire, M., Fernandes, P. O., & Teixeira, J. P. 2020. Forecasting and estimation of medical tourism demand in India. In *Advances in Tourism, Technology and Smart Systems* (pp. 211-222). Springer, Singapore.
- Akbolat, M. and Deniz, N. G. 2017. "Türkiye'de medikal turizmin gelişimi ve bazı ülkelerle karşılaştırılması". *Uluslararası Global Turizm Araştırmaları Dergisi*, 1(2): 123-139.
- Albayrak, T. and Caber, M. 2011. "Önem-performans analizi: Destinasyon yönetimine dair bir örnek". *Ege Akademik Bakış*, 11(4): 627-638.
- Altın, U., Bektaş, G., Antep, Z. & İrbani, A. 2012. "Sağlık turizmi ve uluslararası hastalar için Türkiye pazarı". *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, 3(3): 157-163.
- Azzopardi, E. and Nash, R. 2013. "A critical evaluation of importance-performance analysis". *Tourism Management*, 35: 222-233.
- Bies, W. and Zacharia, L. 2007. "Medical tourism: Outsourcing surgery". *Mathematical and Computer Modelling*, 46(7-8): 1144-1159.
- Binler A. 2015. "Türkiye'nin medikal turizm açısından değerlendirilmesi ve politika önerileri". Uzmanlık Tezi, Sosyal Sektörler ve Koordinasyon Genel Müdürlüğü, T.C. Kalkınma Bakanlığı Yayın No:2839.
- Bostan, S. and Yalçın, B. 2016. "Sağlık turistlerinin medikal destinasyon seçimini etkileyen faktörler". *Journal of International Social Research*, 9(43): 1729-1735.
- Černikovaitė, M. E. and Mameniškis, M. J. 2015. "Medical tourists' expectations when choosing Lithuania for health care services". *Social Transformations in Contemporary Society*, 3: 24-39.
- Collins, A., Medhekar, A., Wong, H.Y. and Cobanoğlu, C. 2019. "Factors influencing outbound medical travel from the USA", *Tourism Review*, 74(3): 463-479.
- Connell, J. 2006. "Medical tourism: Sea, sun, sand and... surgery". *Tourism Management*, 27(6): 1093-1100.
- Connell, J. 2013. "Contemporary medical tourism: Conceptualisation, culture and commodification". *Tourism Management*, 34: 1-13.

- Gonçalves, E. C. and Guerra, R. 2019. "The health and wellness tourism as a local development factor: An analysis of the portuguese thermal and mineral springs". *PASOS Revista De Turismo Y Patrimonio Cultural*, 17(2): 453-472. <https://doi.org/10.25145/j.pasos.2019.17.030>.
- Crooks, V. A., Kingsbury, P., Snyder, J. & Johnston, R. 2010. "What is known about the patient's experience of medical tourism? A scoping review". *BMC Health Services Research*, 10(1): 254-266.
- Cvelbar, L. K. and Dwyer, L. 2013. "An importance-performance analysis of sustainability factors for long-term strategy planning in Slovenian Hotels". *Journal of Sustainable Tourism*, 21(39): 487-504.
- De Arellano, A. B. R. 2007. "Patients without borders: The emergence of medical tourism". *International Journal of Health Service*, 37(1): 193-198.
- De la Puente, M. 2015. "Sector del Turismo de salud: caso colombiano". *Economía del Caribe*, 16: 129-161.
- Delgoshaei, B., Ravaghi, H. & Abolhassani, N. 2012. "Importance-performance analysis of medical tourism in Iran from medical tourists and medical services provider's perspective: 2011". *Middle-East Journal of Scientific Research*, 12(11): 1541-1547.
- Griffin T. and Edwards, D. 2012. "Importance-performance analysis as a diagnostic tool for urban destination managers". *Anatolia*, 23(1): 32-48.
- Guiry, M. and Vequist, D. G. 2011. "Traveling abroad for medical care: US medical tourists' expectations and perceptions of service quality". *Health Marketing Quarterly*, 28(3): 253-269.
- Han, H. and Hyun, S. S. 2015. "Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness". *Tourism Management*, 46: 20-29.
- Herrick, D. M. 2007. "Medical tourism: Global competition in health care". *National Center for Policy Analysis*, 1-41.
- Heung, V. C., Küçükusta, D. & Song, H. 2010. "A conceptual model of medical tourism: Implications for future research". *Journal of Travel and Tourism Marketing*, 27(3): 236-251.
- Hopkins, L., Lobonte, R., Runnels, V. & Packer, C. 2010. "Medical tourism today: What is state of existing knowledge?". *Journal of Public Health Policy*, 31(2): 185-198.
- Horowitz, M. D. 2007. "Medical tourism: Globalization of the healthcare marketplace". *Medscape General Medicine*, 9(4): 26-33.
- İçöz, O. 2009. "Sağlık turizmi kapsamında medikal (tıbbi) turizm ve Türkiye'nin olanakları". *Journal of Yasar University*, 4(14): 2257-2279.
- Johnston, R., Crooks, V. A., Snyder, J. & Kingsbury, P. 2010. "What is known about the effects of medical tourism in destination and departure countries? A scoping review". *International Journal for Equity in Health*, 9(1): 11-24.
- Junio, M. M. V., Kim, J. H. & Lee, T. J. 2017. "Competitiveness attributes of a medical tourism destination: The case of South Korea with importance-performance analysis". *Journal of Travel & Tourism Marketing*, 34(4): 444-460.
- Kayış, A. 2010. "Güvenilirlik Analizi içinde, SPSS Uygulamalı Çok Değişkenli İstatistik Teknikleri. (Ed. Şeref Kalaycı), 404-419, Ankara: Asil Yayın Publishing.
- Kim, S., Arcodia, C., & Kim, I. 2019. "Critical success factors of medical tourism: The case of South Korea". *International Journal of Environmental Research and Public Health*, 16: 1-15.
- Kılınç, İ. 2017. "Türkiye medikal turizm sektöründe hizmet kalitesi ve memnuniyet üzerine bir alan araştırması". *Süleyman Demirel Üniversitesi Vizyoner Dergisi*, 8(17): 130-143.
- Lee, M., Han, H. & Lockyer, T. 2012. "Medical tourism-attracting Japanese tourist for medical tourism experience". *Journal of Travel and Tourism Marketing*, 29(1): 69-86.
- Lunt, N. and Carrera, P. 2010. "Medical tourism: Assessing the evidence on treatment abroad". *Maturitas*, 66(1): 27-32.
- Martilla, J. A. and James, J. C. 1977. "Importance-performance analysis". *Journal of Marketing*, 41(1): 77-79.
- Matzler, K., Sauerwein, E. & Heischmidt, K. 2003. "Importance-performance analysis revisited: The role of the factor structure of customer satisfaction". *The Service Industries Journal*, 23(2): 112-129.
- Musa, G., Doshi, D. R., Wong, K. M. & Thirumoorthy, T. 2012. "How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur". *Journal of Travel & Tourism Marketing*, 29(7): 629-646.
- Poock, N. S. and Phua, K. H. 2011. "Medical tourism and policy implications for health systems: A conceptual framework from a comparative study of Thailand, Singapore and Malaysia". *Globalization and Health*, 7(1): 1-12.
- Peach, N. 2009. "Medical tourism in developing countries". *PASOS Revista De Turismo Y Patrimonio Cultural*, 7(1): 133-134. <https://doi.org/10.25145/j.pasos.2009.07.046>.

- Rad, N. F., Som, A. P. M. & Zainuddin, Y. 2010. "Service quality and patients' satisfaction in medical tourism". *World Applied Sciences Journal*, 10(1): 24-30.
- Sağlık Bakanlığı (Ministry of Health) 2012. "Sağlık turizminde süreçler ve aracı kuruluşlar araştırma raporu". <http://dosyasb.saglik.gov.tr/Eklenti/505,saglikturizmiwebpdf.pdf?0>.
- Sağlık Bakanlığı Sağlık Turizmi Daire Başkanlığı (Ministry of Health) 2013. "Türkiye Medikal Turizm Değerlendirme Raporu 2013". Ankara: Pozitif Publishing.
- Sağlık Bakanlığı (Ministry of Health) 2017. "Sağlık turizminde Türkiye'nin vizyonu". <https://dosyamerkez.saglik.gov.tr/Eklenti/10951,09pdf.pdf?0>.
- Sağlık Bakanlığı (Ministry of Health) 2017. "Türkiye'nin sağlık turizmindeki önemi". <https://dosyamerkez.saglik.gov.tr/Eklenti/10948,06pdf.pdf?0>.
- Sağlık Bakanlığı (Ministry of Health) 2019. "Yetkili Sağlık Tesisleri ve Aracı Kuruluşlar". <https://dosyamerkez.saglik.gov.tr/Eklenti/36706,ozel-saglik-tesisleripdf.pdf?0>.
- Sağlık Bakanlığı (Ministry of Health) 2020. "Medikal turizm". <https://saglikturizmi.saglik.gov.tr/TR,178/medikal-turizm.html>.
- Sarwar B., Manaf N. & Omar A. 2012. "Medical tourist's perception in selecting their destination: A global perspective". *Iranian Journal of Public Health*, 41(8):1-7.
- Sevim, E. and Sevim, E. 2019. "Medikal turizm tercihini etkileyen faktörlerin incelenmesi: Türkiye örneği". *Hacettepe Sağlık İdaresi Dergisi*, 22(3): 633-652.
- Smith, P. C. and Forgione, D. A. 2007. "Global outsourcing of healthcare: A medical tourism decision model". *Journal of Information Technology Case and Application Research*, 9(3): 19-30.
- Sonel, E., Gür, Ş. & Eren, T. 2019. "Çok ölçütlü karar verme ile sağlık turizminde şehir seçimi ve analizi". *Uluslararası Global Turizm Araştırmaları Dergisi*, 3(1): 27-39.
- Soysal, A. 2017. "Sağlık turizmi: Tehdit ve fırsatlar bağlamında Türkiye açısından bir durum değerlendirmesi". *Çatalhöyük Uluslararası Turizm ve Sosyal Araştırmalar Dergisi*, (2): 169-187.
- Sultana, S., Haque, A., Momen, A., & Yasmin, F. 2014. "Factors affecting the attractiveness of medical tourism destination: An empirical study on India". *Iranian Journal of Public Health*, 43(7): 867-876.
- Şahbaz, R. P., Akdu, U. & Akdu, S. 2012. "Türkiye'de medikal turizm uygulamaları; İstanbul ve Ankara örneği". *Balikesir Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 15(27): 267-296.
- Torabipour, A., Qolipour, M. & Gholipour, K. 2016. "Medical tourism services quality analysis: A systematic review". *International Journal of Medical Reviews*, 3(2): 1-9.
- Turner, L. G. 2011. "Quality in health care and globalization of health services: Accreditation and regulatory oversight of medical tourism companies". *International Journal for Quality in Health Care*, 23(1): 1-7.
- Ural, A. and Kılıç, İ. 2005. Bilimsel araştırma süreci ve Spss ile veri analizi. Ankara: Detay Publishing.
- Ünal, A. and Demirel, G. 2011. "Sağlık turizmi işletmelerinden yararlanan müşterilerin beklentilerinin belirlenmesine yönelik Bolu ilinde bir araştırma". *Ejovoc (Electronic Journal of Vocational Colleges)*, 1(1): 106-115.
- Wongkit, M. and McKercher, B. 2016. "Desired attributes of medical treatment and medical service providers: A case study of medical tourism in Thailand". *Journal of Travel & Tourism Marketing*, 33(1): 14-27.
- Yılmaz, S. and Aksoy, C. 2019. "Sağlık turistlerinin hastaneleri tercih etme kriterleri: Yönetici görüşleri". *Sağlık ve Sosyal Refah Araştırmaları Dergisi*, 1(2): 27-39.
- Yusof, N., Rosnan, H., & Shamsuddin, S. 2020. "Through the eyes of medical tourism: Service culture in Malaysia and Thailand". *Journal of ASIAN Behavioural Studies*, 5(15): 49-61.
- Zailani, S., Ali, S. M., Iranmanesh, M., Moghavemi, S. & Musa, G. 2016. "Predicting Muslim medical tourists' satisfaction with Malaysian Islamic friendly hospitals". *Tourism Management*, 57: 159-167.

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