

POST-EXPERIENCE EVALUATIONS OF HEALTH SERVICES BY  
MEDICAL TOURISTS: THE ROLE OF REGULATORY ORIENTATIONS

A THESIS SUBMITTED TO  
THE GRADUATE SCHOOL OF SOCIAL SCIENCES  
OF  
MIDDLE EAST TECHNICAL UNIVERSITY

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR  
THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION  
IN  
THE DEPARTMENT OF BUSINESS ADMINISTRATION

AUGUST 2016



Approval of the Graduate School of Social Sciences

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Name, Last name: CEREN TÜRKDOĞAN

Signature :

## **ABSTRACT**

### **POST-EXPERIENCE EVALUATIONS OF HEALTH SERVICES BY MEDICAL TOURISTS: THE ROLE OF REGULATORY ORIENTATIONS**

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August 2016, 115 pages

This study aims to classify international medical tourists in Turkey as promotion focused and prevention focused according to regulatory focus theory and to investigate whether there is a relationship between their orientations and their post-experience evaluations. While examining it, the relationship among perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions are investigated and then, the factors affecting post-experience evaluations of both promotion and prevention focused medical tourists are revealed.

The model is tested by using surveyed data from 124 international medical tourists, who chose to come to Turkey. The results indicated that perceived service quality and perceived value are the direct antecedents of overall satisfaction, though the effecting factors change depends on medical tourists' orientations. In addition, perceived service quality and overall satisfaction have significant impacts on behavioral intentions, while perceived value has no significant direct influence on behavioral intentions for both promotion and prevention focused patients. This study aims to contribute to the literature by analyzing the effects of regulatory orientations of international medical tourists on their post-experience evaluations.

**Keywords:** Medical tourism, regulatory focus orientation, satisfaction, behavioral intentions

## ÖZ

### SAĞLIK TURİSTLERİNİN ALDIKLARI SAĞLIK HİZMETLERİ SONUCUNDAKİ DENEYİMLERİNİN DEĞERLENDİRİLMESİ: DÜZENLEYİCİ ODAK EĞİLİMLERİNİN ROLÜ

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Yüksek Lisans, İşletme Bölümü

Tez Yöneticisi: Prof. Dr. Cengiz Yılmaz

Ağustos 2016, 115 pages

Bu çalışmada Türkiye’deki uluslararası medikal turistlerin düzenleyici odak teorisine göre teşvik odaklı ve önlem odaklı olarak eğilimleri sınıflandırılmakta ve bu durum ile sağlık deneyimlerinin değerlendirilmesinde bir ilişki olup olmadığı araştırılmaktadır. Bu esnada algılanan destinasyon imajı, algılanan hizmet kalitesi, algılanan değer, genel memnuniyet ve davranışsal niyetler arasındaki ilişki analiz edilerek, teşvik odaklı ve önlem odaklı medikal turistlerin sağlık deneyimlerine etki eden faktörler ortaya çıkarılmıştır.

Araştırma modeli, Türkiye’ye gelen medikal turistlerden 124’üne yapılan anket verilerine göre test edilmiştir. Araştırma sonucuna göre, algılanan hizmet kalitesi ve algılanan değer, medikal turistlerin memnuniyetinin direkt öncülleri olmuştur. Algılanan hizmet kalitesi ve memnuniyetin, davranışsal niyetler üzerinde anlamlı bir etkisi varken, her iki tip medikal turist için de algılanan değer davranışsal niyetler üzerinde anlamlı direkt bir etkisi görülmemiştir. Bu çalışma, uluslararası medikal turistlerin düzenleyici odak eğilimlerinin, onların sağlık deneyimlerine etkisini analiz ederek literatüre katkıda bulunma amacındadır.

**Anahtar Kelimeler:** Medikal turizm, düzenleyici odak eğilimi, memnuniyet, davranışsal niyetler

*To the life*



## ACKNOWLEDGMENTS

First of all, I would like to express my deepest gratitude to my supervisor Prof. Dr. Cengiz Yılmaz for his valuable contributions and support. His precious guidance gave me different point of views through the execution of this thesis. In addition, his easy-going, humble character affected our communication very positively in the process of thesis writing.

I would like to thank you to my family, especially my brother Ozan Emrah Türkdoğan, for his guidance to continue my higher education. Also, the patience and support of my mother Refika Türkdoğan and my father Kemal Türkdoğan was very valuable to me. Without their support, I could not succeed.

I wish to thank you my valuable friend Alev Aktaş for her support while starting this thesis and also for her great contribution to collect the questionnaire from hospitals. I could not start or finish this thesis without her support.

I would like to express my appreciation to my fiancé Emin Görgün for his understanding and his motivational approach during this study.

I would like to thank my great friend Özlem İlhan for her encouragement to finish this thesis. Her support while collecting the questionnaire was very valuable.

I would like to also thank my dearest friends Alev Aktaş and Ercan Tekdemir for their unforgettable friendship and synergy in team works during the master years.

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## **LIST OF ABBREVIATIONS**

EFA	Exploratory Factor Analysis
GDP	Gross Domestic Product
IHRC	International Healthcare Research Center
JCI	Joint Commission International
KMO	Kaiser-Meyer-Olkin
MTA	Medical Tourism Association
MTI	Medical Tourism Index
OECD	Organization for Economic Co-operation and Development
TÜRSAB	Association of Turkish Travel Agencies
TÜROFED	Turkish Hoteliers Federation
USA	United States of America
WOM	Word of mouth



# CHAPTER 1

## 1. INTRODUCTION

Even though people have visited other countries to have medical treatments since very old times (Reddy et al., 2010), nowadays, medical tourism has come up as a notable and rapidly expanding healthcare industry fact (Lunt et al., 2010; Reddy et al., 2010). Health tourism is a wide concept that has appeared as a kind of tourism, which points out a displacement of patients in order to improve their healthcare. In many resources health tourism is evaluated as a broader type of tourism, which involves medical tourism, thermal spa-wellness tourism, and elderly and disability tourism. As one of health tourism type, medical tourism also can be sub-divided into domestic and international (Burns, 2015). International medical tourism will be the basis of this research.

In the past, wealthy people had traveled to the developed countries to have advanced treatment, however in recent years, the direction of travel mostly changed (Burkett, 2007; Herrick, 2007). In the new conjuncture of medical tourism, in addition to rich people, middle-class people also travel to developing countries like India, Thailand and Taiwan to have high-quality treatment with lower cost (Crooks et al.2011).

Many countries in the world like India, Singapore, Thailand, Jordan have developed and implemented many active policies on health tourism and especially on medical tourism. Thus, they made significant progress in this sector. Leahy (2008) evaluated the medical tourism industry to be valued at around USD 60 billion world-wide. According to Woodman (2016), the market size is USD 45.5-72 billion and growing at a rate of 15-25% annually. The fundamental factors, which leads to develop the medical tourism industry include long waiting times for certain procedures in the source country, high prices of treatment in rich countries, patients looking for treatments non-existent at their countries, increased consumerism, available health-

care information on the internet, international travel's ease , increased wealthy of people and enhancement in technology and also in care standards of nations (Keckley and Underwood, 2008; Lunt et al., 2010). In addition, it is a good alternative to unite medical treatment and travel opportunities at the same time.

According to Crooks et al. (2010), factors that affect decision making of patients to have medical treatment can be classified as pull and push factors. The efforts that countries do to promote their-selves to patients create pull factors. These factors can be for instance the number of internationally trained doctors, hospitals that have international accreditation, high quality of care, easy communication with same language, variety of treatment options and positive political climate of host country. On the other hand, push factors that direct patients to other countries for their medical treatments consist cost savings, waiting times and long procedures, lack of insurance or underinsurance at home country, desire for confidentiality and ability of having treatments not available at home.

Health tourism has been a developing trend both for in the world and also in the Turkey. Deloitte Healthcare Industry report (2014) showed that international medical tourists that chose to come to Turkey increased 38% between 2008-2012. The developments in medical tourism industry have so many contributions to the Turkish economy. While the revenue per patient is around 2000 dollars, it rises up to 12.000 dollars on average for per international medical tourist (Türsab, 2014). On the other hand, though tourism revenues were 32.3 billion dollars for Turkey in 2013, health tourism revenues were 2.5 billion dollars for the same period. Health tourism revenues can exceed 20% of total tourism revenues in some countries. Therefore, it shows that Turkey has a long way to go in this sector and also these numbers underline the importance of medical tourism industry for the Turkish economy (Türsab, 2014).

## **1.1. RESEARCH PURPOSE AND OBJECTIVES**

The main purpose of this study is two-fold. They are:

1. To classify international medical tourists in Turkey as promotion focused and prevention focused people according to regulatory focus theory and to investigate whether there is a relationship between their orientations and their post-experience evaluations.
2. To reveal the factors affecting post-experience evaluations of both promotion focused and prevention focused international medical tourists by analyzing relationships among perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions.

Particularly, the objectives of the study are as below:

1. To determine which quality factors mostly affect overall satisfaction of promotion focused international medical tourists.
1. To determine which quality factors mostly affect overall satisfaction of prevention focused international medical tourists.
2. To determine which quality factors mostly affect behavioral intention of promotion focused international medical tourists in Turkey.
3. To determine which quality factors mostly affect behavioral intention of prevention focused international medical tourists in Turkey.
4. To recommend some new perspectives to medical industry actors in order to increase the revisit intentions and positive word of mouth (WOM) of international medical tourists in Turkey

## **1.2. CHAPTER OUTLINES**

This thesis includes five chapters. Chapter 1 gives information about medical tourism, research purposes and objectives of the study. Chapter 2 includes general information and previous literature on medical tourism, conceptual model of the

study and then continues with the previous literature on regulatory fit theory and explains its relationship with regulatory focus theory. At the end of chapter, it gives detailed literature information on consumers' behavioral intention process. Chapter 3 explains research methodology of the thesis. First it reveals the research hypotheses and explains data collection period, measurements that used in the thesis and questionnaire development. Chapter 4 describes the analysis by using some statistical packages for social sciences. At the end, Chapter 5 includes discussion about the results, implications and suggestions for future research.

## **CHAPTER 2**

### **2. LITERATURE REVIEW**

This chapter starts by providing an overview of health tourism and types of it. As one of the health tourism type, international medical tourism has investigated in depth with regards to its characteristics and situation both in the world and in Turkey separately. Second, it explains regulatory fit theory and its relations with regulatory focus theory. The characteristics of promotion focused and prevention-focused people are indicated. Next, it examines the relations between perceived destination image, perceived service quality, perceived value, overall satisfaction, and behavioral intentions of international medical tourists’.

#### **2.1. HEALTH TOURISM AND TYPES OF HEALTH TOURISM**

There are wide ranges of definitions about the term of health tourism. According to Goodrich and Goodrich (1987) health tourism is a promotion of countries by presenting their opportunities in health sector. Laws (1996) describes that one of the main purpose of health tourism is to ameliorate health problems of patients while having vacation. With a broader definition, health tourism embraces all health-seeking behaviors in another country with more attractive prices (Salmon, 2008).

Ministry of Health in Turkey had a broader definition of health tourism and health tourist concept in its Evaluation Report on Medical Tourism in Turkey (2013) as:

Health tourism refers to travelling from the place of residence to another place for the purpose of protection and development of health and treatment of diseases, and benefiting from health and tourism opportunities by staying at the place of destination for minimum 24 hours. A person who travels for the aforementioned purposes is called ‘health tourist.

Health tourism concept can be classified under three groups: Firstly medical tourism, which will be investigated in details, secondly thermal tourism that also named as

spa-wellness and as third classification, it is elderly and disability tourism. All types of health tourism and their contents are shown in Figure 1. In this figure, it is indicated that medical tourism includes treatments like cosmetic surgery, dentistry, cardiology, organ transplantation and eye surgery. Thermal tourism/Spa-wellness involves treatments as acupuncture, beauty care, yoga, thermal bathing while elderly and disability tourism mostly includes nursing and rehabilitation, sightseeing tours, special care for disabled and old people.

<b>Medical Tourism</b>	<b>Thermal Tourism/ Spa-Wellness</b>	<b>Elderly and Disability Tourism</b>
Cosmetic surgery (breast, face, liposuction)	Acupuncture	Sightseeing tours
Dentistry (cosmetic and reconstruction)	Aromatherapy	Occupation therapy
Cardiology/cardiac surgery (hip replacement, resurfacing, knee replacement, joint surgery)	Beauty care	Nursing and rehabilitation
Orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery)	Facial	Special care for disabled people
Bariatric surgery (gastric bypass, gastric banding)	Exercise and diet	
Fertility/reproductive system (IVF, gender reassignment)	Home therapy	
Organ, cell and tissue transplantation (organ transplantation; stem cell)	Massage	
Eye surgery	Spa treatment	
Diagnostics and check-ups.	Yoga	
	Thermal bathing	

**Figure 1: Types of Health Tourism**

**Source:**

1. Ministry of Health internet site, Health Tourism Types <https://www.saglik.gov.tr/SaglikTurizmi/belge/1-10451/saglik-turizmi-cesitleri.html>
2. Tourism Research and Marketing (2006) Medical Tourism: A Global Analysis. London: ATLAS, pp.14.
3. Medical Tourism: Treatments, Markets and Health System Implications: A Scoping <http://www.oecd.org/els/health-systems/48723982.pdf>

**2.1.1. Medical Tourism:**

Medical tourism is “a niche has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers” according to Connell (2006). Marsek and Sharpe (2009) describe medical tourism as a search of high-quality, low-cost medical care with travelling abroad. More recently, Yu and Ko (2012) said medical tourism involves not only going overseas for medical treatment, but also the search for destinations that have the most technical proficiency and which provide it at the most competitive prices [...] combination of medical services and the tourism industry. According to Ehrbeck et al. (2008), medical tourists are people whose first aim is to have medical treatment while travelling to other countries. So according to this scope of medical tourist definition, these groups of people are not seen as medical tourists: general tourists who become sick during their holidays, tourists who wants to have spa/wellness or treatments like acupuncture, and foreign people who already have residence and wants to have medical treatment in their living country.

Although travelling for the health is not a new thing, it has some new approaches. In the past, people were travelling to developed countries to have better medical treatment however nowadays, especially middle-class people started to travel to developed countries in order to have high-quality treatment with lower prices (Burkett, 2007; Herrick, 2007).

### **2.1.2. Thermal Tourism/SPA/Wellness:**

It is a tourism movement that combines the methods like thermal bathing, spas, mud baths etc. with the support treatments like physiotherapy, rehabilitation and diet (Ankara Chamber of Commerce, 2015).

### **2.1.3. Elderly and Disability Tourism:**

Elderly Tourism is seen as a new form of health tourism, which is nursing and rehabilitation of elder people, occupation therapies and making some trips for them.

Another developing tourism type is disability tourism. In this tourism type very special treatments are applied to disabled people in rehabilitation centers (Evaluation Report on Medical Tourism in Turkey, 2013).

## **2.2. CURRENT STATUS OF MEDICAL TOURISM**

### **2.2.1. Medical Tourism in the World**

Over the world, the healthcare sector is growing as a part of expanding economic wealth. Disease profiles change, population is getting larger and need of healthcare service is increasing each day. In 2013, total healthcare spending across the 34 OECD countries was 8.9% of GDP, while the share of public spending was 73%. (OECD Health Statistics Country Notes, 2015).

Healthcare spending in the U.S.A is expected to pass over \$4.1 trillion by 2016 (National health expenditures projections, 2006–2016). By 2020, healthcare spending in United States is expected to compose of 21% of its GDP, while this number is anticipated 16% of GDP in other developed countries (Nakra, 2011). By 2017, around 23 million Americans thought to be medical tourists and it is expected that \$79 billion will be spent per year for their medical treatments (Deloitte LLP., 2008). According to Economist Intelligence Unit research, although there was a



conservative growth in healthcare spending with 1.9%, it is projected to increase on average 5.3% between 2013-2017 as a natural result of global GDP growth, population growth, an ageing population (percentage of the world population above the age of 65 is projected to reach 10.3% in 2017) and government spending (Deloitte, 2014).

Many countries in different regions are promoting medical tourism. In Grail research (2009), important medical destinations are shown. This research shows that while Mexico, Brazil, India, Costa Rica, Thailand, Malaysia and Philippines are attracting the highest number of medical tourists, Chile, South Korea, UAE, Vietnam and Taiwan are emerging destinations and their potential is growing in medical tourism industry. Other countries like Argentina, Uruguay, Cuba, Panama, Poland, Hungary, Turkey, Israel, Jordan, China, Hong Kong, South Africa and New Zealand are classified as other countries and they claim that they are in the race of medical tourism industry by developing their-self to attract more medical tourists.

According to International Healthcare Research Center (IHRC), there are 30 different countries, which are remarkable as medical tourism destinations. The Medical Tourism Index (MTI) is a global metric and a new type of country-based performance measure of the attractiveness of a country as a medical tourist destination, which is prepared by IHRC with conducting a global survey with 394 members from the Medical Tourism Association (MTA) and depends on their selection criteria (country environment, medical tourism industry and facility & services), first five countries are determined. Depends on this study, top 5 attractive countries as medical tourist destination are: Canada, United Kingdom, Israel, Singapore and Costa Rica (Medical Tourism Index official site, Country Ranking <http://www.medicaltourismindex.com/2014-mti/country-ranking/>, last accessed January 25, 2016).

Expertise fields can change according to countries and clinics. It is important to make a broad investigation of treatment services they offer in terms of determining the suitability of the patient's condition. For instance, Singapore specialized in liver therapy and stem cell research, Thailand is in plastic surgery, joint prostheses and

fertility, Mexico is in the treatment of certain cancers and Hungary is pioneer in the world in the treatment of dental diseases.

As one of the key destination, India is a very well-known medical tourism destination especially with its low prices compare to other countries. Instead of paying thousands of dollars for a surgical operation in U.S.A, medical tourists can have same operation at very lower prices in India. In addition, share of healthcare industry in India is growing and its effects to GDP are expected to increase from %5.2 to %8.5 over the next ten years (News from India Tourism Report, 2010).

As another attractive medical tourism destination, Dubai is also making a breakthrough by building Healthcare City to attract the Middle Eastern Market. Dubai Healthcare City was launched in 2002 and it includes two hospitals, over 120 outpatient medical centers and diagnostic laboratories with over 4000 licensed professionals occupying 4.1 million square feet in the heart of Dubai (Dubai Healthcare City official site, last accessed January 25, 2016). Moreover, in order to increase its prestige, the country also plans to add a branch of Harward Medical School within the Healthcare City (Report from medicaltourism.com, 2012).

Potential factors, which affect medical tourists' travel intention consist of five reasons according to Glinos et al.(2006). These are: familiarity, availability, price, quality and bioethical legislation (e.g. fertility tourism, abortion tourism and euthanasia). Another stimulating factors in increasing likelihood of participating in medical tourism are (1) lower costs of medical care, (2) reduced waiting times and availability of certain procedures, (3) improved standards of care in emerging economies, (4) the aging population and large number of uninsured and underinsured citizens in well-established economies, (5) improved global communication (i.e., wide spread use of the Internet), (6) physician competence and expertise, (7) expansion of international health insurances to include medical tourism option, (8) the ease of international travel, (9) facility reputation and accreditation and (10) government support of medical tourism (Crooks et al., 2010; Gan & Frederick, 2011; Henderson,2014).

Price, as an indicative factor, affects medical tourists' choice decision. Medical tourists can save up to 80-90% in developing countries when compared to similar procedures in the USA and for other developed countries. According to price comparison of some treatments for different countries, for instance, while a heart bypass surgery's price in USA is 123.000 dollars, it is 7.900 dollars in India, 12.100 dollars in Malaysia and 13.900 dollars in Turkey (MedicalTourism.com).

As another medical tourists attracting factor, facility accreditation, is an important plus value for the countries which offer medical tourism services. The Joint Commission International (JCI) is a U.S. based organization that is formed to measure quality of care in a standardized way and accredits medical centers all over the world (Turner, 2010). Today around 849 JCI- accredited organizations that aim to reduce patient uncertainties, improve the perception of quality in more than 100 countries (JCI official site, last accessed July 1, 2016 <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/>)

### **2.2.2. Medical Tourism in Turkey**

In the competitive medical tourism market in the world, Turkey shows its presence each passing day and positions itself as one of the important actor among other medical tourism destinations. It should be highlighted that Turkey has a great tourism potential. Turkey is the 6<sup>th</sup> highest number of tourists attracting country within the top 10 countries, which is proven by the numbers of 2014 (TUROFED, 2015). According to these numbers, the number of incoming international tourists has reached 39,8 million in 2014 with 5,3% increase compare to 2013 numbers.

With the strong tourism promise and increasing annual health spending growth (OECD Health Statistics, 2015), Turkey is among the countries that become outstanding in medical tourism and gaining more power in this sector for the following reasons: Turkey has high quality tourism management and its hospitality is worldwide famous, high quality healthcare services, competent staff, cost

advantages, governmental incentives, unique natural and historical resources and appropriate climate conditions and its advantageous geographical positioning (Yıldırım and Altunkaya, 2006).

Although health spending as a share of GDP in Turkey was at the lowest position among the other OECD countries, with 5.1% in 2013 in OECD Health 2015 statistics (OECD average was 8.9%), it increased strongly after slow or negative growth at the same year. Turkey recorded its biggest rise in health spending since 2007 as per capita and reached 5.4% growth compared to 1% increase of OECD (OECD Health Statistics Country Notes, 2015).

According to Evaluation Report on Medical Tourism in Turkey (2013), 156.176 international patients came to Turkey in 2011, while this number has increased to 261.999 by the end of 2012. Total medical tourist number was 169.462 among these international patients, which also can be stated as medical tourists are on average 65% of total international patients.

In recent years, Turkey has caught a positive acceleration with its increasing number of medical tourists. The international patients' numbers has reached around 262.000 and the projections are quite assertive. In 2017, this number is projected to reach 700.000 patients, while it is planning to be 2 million in 2023 strategies according to Ministry of Health Directorate General of Health Services Department of Health Tourism's "Health Tourism in Turkey" Presentation in 2013.

While international patients mostly visited Turkey from Germany, Libya and Russia; this sequence has changed to Libya, Germany and Iraq according to the number of visited medical tourists by countries in 2012(Evaluation Report on Medical Tourism in Turkey, 2013).

The main reason of high number of medical tourists coming from Libya to our country is the manner of Turkey after the civil war in Libya. As part of good relationship between countries, Turkey brought a great number of patients and injured Libyan citizens and treated for free. After the civil war, new Libyan government decided to pay the expenses of their citizens' medical treatment

expenses that come to Turkey to have medical services. By means of these events, the number of Libyan medical tourists increased (Evaluation Report on Medical Tourism in Turkey, 2013).

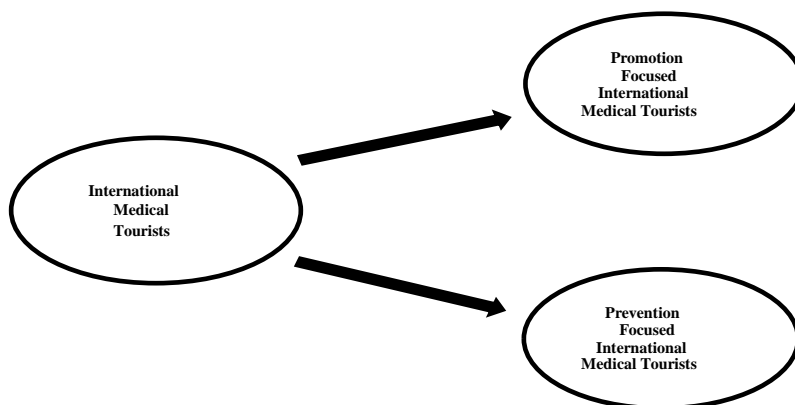
Majority of medical tourists prefer Turkey especially for Eye Diseases, Orthopedics and Traumatology and Internal Diseases clinics. While for the Eye Diseases, top 3 cities are respectively İstanbul-Antalya-Ankara, for both Orthopedics-Traumatology and Internal Diseases, the most preferred clinics are in Antalya-İstanbul-Ankara (p.26-27). According to this table İstanbul is the most medical tourist-attracting city in Turkey.

Turkey is getting stronger in medical tourism industry and one of the reasons of this growth is providing high quality service in its hospitals. There are 47 JCI accredited hospitals that offer medical standard in Turkey equivalent to U.S. medical services. Compare to well-known medical tourism destinations like India, which has 27 JCI accredited hospitals and Singapore that has only 22 JCI accredited hospitals, Turkey shows its determination to be one of the most attracting medical tourism destination.(JCI official site: <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/?c=Turkey>)(Last accessed July1, 2016).

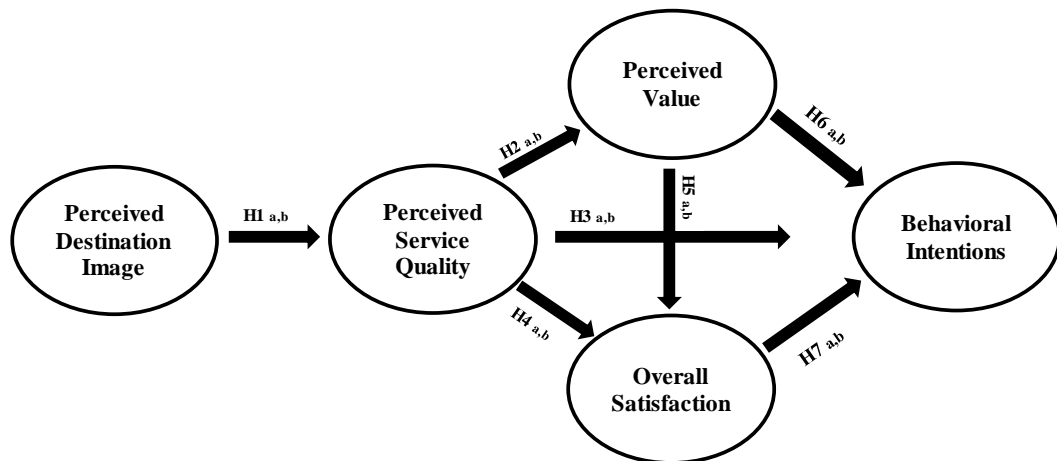
Similar to Healthcare City of Dubai, The Ministry of Health of Turkey is planning to open "medical free zones" in order to attract medical tourists and foreign investors from all over the world. Medical free zones intended to include hospitals, health facilities and also rehabilitation centers, thermal tourism facilities, nursing houses, health techno-cities and R&D centers. According to Deloitte's report (2014), as majority of patients will be foreigner (around 85%), most of the physicians and other medical staffs will be imported from abroad (around 60%). By the end of 2013, Antalya, Bursa and İzmir were expected to be first cities to begin the medical free zone constructions depends on the same report however, there is still not any medical free zones currently operating.

### 2.3. CONCEPTUAL MODEL OF THE STUDY

Based on broad literature review and considering the context of the study, the conceptual model relating to study variables presented in Figure 2. In the first classification figure below, international medical tourists who answered questionnaire are grouped as promotion focused and prevention focused in the light of regulatory focus theory. In Figure 3, proposed model simultaneously examines the relationships of perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions. The model presents that perceived destination image, perceived quality, perceived value and overall satisfaction all have directional relationships between each other and also serves as antecedents to behavioral intentions outcomes.



**Figure 2: Classification of International Medical Tourists According to Regulatory Focus Theory**



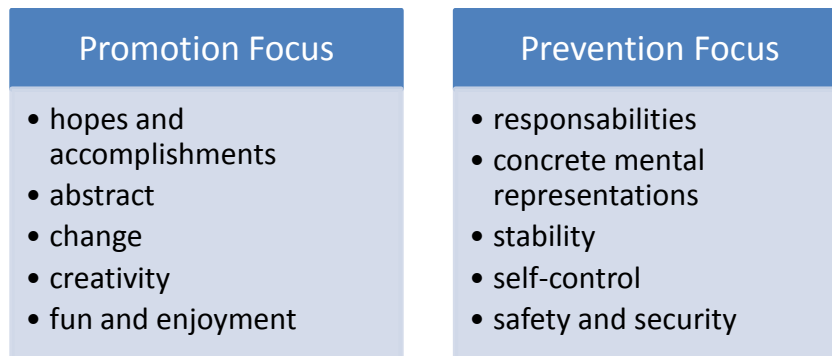
**Figure 3: Conceptual Model**

#### **2.4. REGULATORY FIT THEORY and ITS RELATIONS WITH REGULATORY FOCUS THEORY**

According to Higgins (2000), regulatory fit theory presents a new perspective to the question of which situational factors should be reviewed for the activity engagement because it is related with the relation between people's *orientation* toward performing an activity and the *manner* of engagement to that activity. In another definition, when there is an agreement between orientation and manner of people's goal pursuing, it creates high motivation which is conceptualized as regulatory fit (Avnet and Higgins, 2006). According to this theory, if there is a fit between manner and orientation of people, they feel right about their decisions for an activity and their involvement to that activity increases. To illustrate regulatory fit and non-fit, regulatory focus theory is most commonly investigated in many research. (See for example Cesario, Higgins, & Scholer, 2007; Higgins et al., 2003).

Regulatory focus theory commits that there are two type orientations as promotion and prevention (Higgins, 1997). While promotion focus emphasizes hopes, accomplishments and advancement needs; prevention focus is concerned with safety, responsibilities and securities. In respect to previous researches (e.g., Forster,

Higgins, & Idson, 1998; Higgins, 2005; Shah, Higgins, & Friedman, 1998), promotion orientation is occurred by acting in an eager manner (support gains or advancement), whilst prevention orientation is sustained with vigilant manner (support non-losses). Figure 4 summarizes the associated features of promotion focused and prevention focused people (Aaker and Lee, 2006).



**Figure 4: Classification of Regulatory Focused People's Features**

According to Higgins (1997), each person develops a chronic tendency to have either a promotion orientation or a prevention orientation over a lifetime. It is constituted according to individual's parents rewarding and disciplining types. For instance, if parents reward their child for doing good things and encourage him to explore, succeed and overcome difficulties, the child is likely to have a chronic promotion orientation. Instead, if parents focus on safety and do not allow their child to explore or when they choose to punish their child for failure, the child is likely to have a chronic prevention orientation and he is likely motivated to avoid negative outcomes.

While promotion oriented people are focused on presence or absence positive outcomes as gains & non-gains; prevention oriented people are focused on the presence or absence of negative outcomes as losses & non-losses (Aaker and Lee, 2006). In addition, when making judgments, promotion oriented people are mostly trust on their affects, while prevention oriented people are mostly trust on evidences (cognitive approaches). In another words, promotion focused people make decisions depending on their feelings while, prevention focused people make decisions depending on reasons (Pham and Avnet, 2004).



When regulatory fit exists, people feel right about what they are doing and get more engaged to their activity. Thus, attractiveness of the activity and given value to the activity strengthens. Many research confirmed this approach (e.g., Freitas & Higgins, 2002; Higgins, Idson, Freitas, Spiegel & Molden, 2003).

Many research proved that people give more value (monetary value) to the products if there is a fit in their decision period to have it. For instance, according to a research of Higgins and colleagues (2003), people can give 40% higher price for the coffee mug when there is a fit between their orientation and decision. As another example, Avnet and Higgins (2003) had a similar result that people accept to pay more for the same book light if there is a regulatory fit. Moreover, Avnet and Higgins (2006) showed that regulatory fit is highly useful and important phenomenon in understanding consumer behaviors.

## **2.5. PERCEIVED DESTINATION IMAGE**

Over the last 30 years, destination image has taken a place in academic literature. Hunt (1975) underlined the significance of destination image and described it as “perceptions held by potential visitors about an area”. Another extensive definition is from Kim and Richardson (2003) and they defined destination image as “A totality of impressions, beliefs, ideas, expectations, and feelings accumulated toward a place over time”.

The concept of perceived destination image, its effects on visitors’ choice decisions, on their behaviors and on their satisfaction has been investigated by many researchers (Bigne, Sanchez & Sanchez, 2001). It is known that decision making process of tourists has been affected from positive destination images (Chi, Qu, 2007). Also Chen and Tsai (2007) stated that people, who have positive destination image, would perceive the service quality and value positively that cause greater satisfaction and destination loyalty. In other words higher positive destination image creates higher tourist satisfaction and also has positive impacts on tourists’ revisit intention (Court and Lupton, 1997).

According to Kotler, Bowen and Makens (1996), there is a dependent relation among image, quality, satisfaction and post-purchase behavior as following: image → quality → satisfaction → post-purchase behavior. From this model, it is seen that destination image has effects on service quality and service quality affects satisfaction and finally satisfaction influences post-purchase behaviors, which are the decision to revisit a destination or positive word of mouth (WOM) about a place.

Bigne, Sanchez and Sanchez (2001) examined destination image concept and they found that it influences both the period of before the decision making about choosing a place, the decisions after stay and also the future intentions for staying in that place. In their research they focused on the relationship between destination image and tourist behavior; between destination image and the post-purchase evaluation and between perceived quality and satisfaction. As a result of this study, it is stated that tourism destination image has a direct effect on quality, satisfaction, intention to return and willingness to recommend the destination.

In the field of medical tourism, unlike tourism side, there is very limited academic literature about the impact of destination image on healthcare side of medical tourism. In their very recent research, Chomvilailuk and Srisomyong (2015), focused on the brand image toward hospitality facilities beyond the functional benefits of medical facilities. Their hypothesis of “the positive brand image of hospitality facilities leads to prefer a destination brand choice for medical tourism” is supported. In other words, brand image of hospitals has positive effects on medical tourists’ destination choice.

Trust is a concept that has impacts on determination of place to stay for tourists. According to Hsu and Liping (2010), destination’s positive image will improve tourist trust in the process of choosing a place. And increased trust is assessed as a determinant of repeat tourism (Sannasee & Seetanah, 2015). In addition, Han and Hyun (2015) confirmed that trust affects positively the revisit decisions of international medical tourists for a destination.

## **2.6. PERCEIVED SERVICE QUALITY**

Following the researches of Parasuman et al. (1985, 1988), perceived quality concept has recognized as the difference between expectations and the practices by consumers. Mangold and Babakus (1991) describe service quality as “the outcome of a process in which consumers’ expectations for the service are compared with their perceptions of the service actually delivered”.

In previous researches, it has seen that service quality is an important premise of both satisfaction (Cronin and Taylor, 1992; Baker and Crompton, 2000; Caruana et al., 2000) and perceived value (Fornell et al., 1996; Petrick and Backman, 2002), as well as to be a good predictor of post-experience behaviors (Getty and Thompson, 1994; Baker and Crompton, 2000).

In medical service sector, according to research of Lertwannawit and Gulid (2011), service quality has an indirect effect on behavioral loyalty, on the other hand, there are many evidence that in healthcare marketing there is a direct relation between perceived service quality and behavioral intentions of patients (Gooding, 1995; Headley and Miller, 1993; Reidenbach and Sandifer-Smallwood, 1990). In addition, other research supported that there is a positive relation between service quality and patients’ loyalty and also patients’ WOM (Andaleeb, 2001).

Previous studies determined that there are some differences between healthcare service quality from the traditional service quality in a number of dimensions such promptness, treatment cure, physical environment, technical quality care competency, interaction/courtesy, accessibility (minimum waiting time), finance factor (cost), and facility premises (Zifko-Baliga and Krampf, 1997; Tam, 2007; Thompson, 1983; Tomes and Chee Peng, 1995; Evans and Lindsay, 1999; Dansky and Miles, 1997; Carman, 2000; Risser, 1975; Ware et al., 1983; Baker, 1991; Rao et al., 2006). In addition, patients’ perceptions of healthcare quality are important for the success level of healthcare enterprises because it has effects on satisfaction and hospital profitability (Santouridis and Trivellas, 2010; Koska, 1990; Donabedian, 1966; Williams and Calnan, 1991).

Consumers assess service quality multi-dimensionally according to Zeithaml et al. (2009), because of the difference in their expectations and perceptions. Parasuraman et al. (1988) indicated that service quality is measured using five dimensions, which are classified according to consumers' classification in their mind:

- 1) Tangibles. Physical facilities, equipment, personnel and communication equipment.
- 2) Reliability. Ability to perform services as promised, dependably and accurately.
- 3) Responsiveness. Willingness to help customers and to provide prompt service.
- 4) Assurance. Employee knowledge and courtesy and their ability to convey trust and confidence.
- 5) Empathy. Providing care, individualized attention to customers.

As a service quality measurement tool, SERVQUAL is the most widely accepted tool (Atilgan et al., 2003; Brown and Bond, 1995; Ladhari, 2009) and it is generally used in the field of travel, tourism (Atilgan et al., 2003; Chand, 2010; Khan, 2003) and healthcare research (Bakar et al., 2008; Butt and Cyril de Run, 2010; Wisniewski and Wisniewski, 2005; Babakus and Mangold, 1992).

## **2.7. PERCEIVED VALUE**

Perceived value is described as “the consumer’s overall assessment of the utility of a product based on perceptions on what is received and what is given” (Zeithaml, 1988). Another similar well-known definition of perceived value is done by Kotler and Keller (2006): “the difference between the prospective customer’s evaluation of all the benefits and all the costs of an offering and the perceived alternatives.”

Perceived value has taken as an important determinant of purchase behavior of people and also it is used to have competitive advantage by enterprises, that is why it has taken attention of marketing managers and researchers (e.g. Bolton and Drew, 1991; Cronin et al., 2000; Heinonen, 2004; Pura, 2005; Walker et al., 2006;

Zeithaml, 1988). According to Parasuraman and Grewal (2000), perceived value both influences customer purchase behavior, satisfaction and their behavioral intentions like to suggest others and repurchase it later. Woodruff (1997) also supports previous researches and pointed that perceived value measures affects overall customer satisfaction and in addition, they are well correlated with post-purchase behaviors as WOM and intentions to repurchase.

According to multi-attribute attitude model framework, the relation between value, quality, satisfaction and behavioral intention can be shown as following: “i.e. cognition (service quality and value) → affect (satisfaction) → conation (behavioral intention)”, which indicates that value is a cognitive construct like service quality and have impacts both on satisfaction and behavioral intention (Choi, K.-S. et al., 2004).

In medical tourism sector, Wang (2012) studied on how perceived value has impacts on people’s behavioral intention. The results showed that perceived value was one of the key predictor of customer intentions. Another research that proves the importance of value is done by Linder-Pelz (1982), he suggested that “patient satisfaction was mediated by patient’s personal beliefs and values about a hospital and their previous expectations about the hospital”.

## **2.8. OVERALL SATISFACTION**

Customer satisfaction is described by Rust and Oliver (1994) as “customer’s fulfillment response”. When the satisfaction about a product or service increases, customers are more keen on to the repurchase of that product/service and also suggest it to others (Sun et al., 2013).

Overall satisfaction of a medical tourist is a function of tourist satisfaction and especially patient satisfaction. In tourism setting, customer satisfaction has been analyzed with reference of the tourists experiences: hotels (Kandampully and Suhartanto, 2000), cruises (Qu and Ping, 1999), gastronomy (Correia at al., 2008) and tour guides (Zhang and Chow, 2004). Other important destination factors that

affect the tourists' satisfaction are: "the natural environment, the scenery, the culture, the availability of activities, facilities and entertainment" (Pizam and Milman, 1993; Lounsbury and Hoopes, 1985; Pizam et al., 1978). In addition, tourist characteristic and nationality also have impacts on tourist satisfaction (McCleary et al., 2007).

Patient satisfaction is described as "the judgment of patients on their expectations that turned to real or not in respect of both technical and interpersonal care" (Campbell et al., 2000; Esch et al., 2008).

According to Risser (1975) there are four factors of patient satisfaction. These are: "cost, convenience, the provider's personal qualities and nature of interpersonal relationship, and the provider's professional competence". Tengilimoglu et al. (2014) stated patient satisfaction factors as treatment quality, pricing, fast response, pre and post-treatment services, availability, accessibility, reliability, patient needs and hospitality. Crowe et al. (2002) found that interpersonal relationship between patients and healthcare providers is the most crucial determinant of customer satisfaction.

Researchers and academics have investigated the effects of service quality on customer satisfaction (Amin and Isa, 2008; Caruana, 2002) and reported that that service quality is an antecedent of customer satisfaction (Parasuraman et al., 1985; McDougall and Levesque, 1994). In the hospital industry, according to Naidu (2009), there is a positive relationship between healthcare service quality and patient satisfaction. When service quality meets patient expectations and requirements, patient satisfaction level and patient loyalty increase (Chahal and Kumari, 2010). Rad et al. (2010) also supported this relationship with his investigations on medical tourists coming to Malaysia and according to his studies, there is a positive relationship between service quality and overall patient satisfaction.

There are many research have been done in the field of the relationship between satisfaction and post-purchase behavior (Hallowell, 1996; LaBarbera & Mazursky, 1983; Rust & Zahorik, 1993). Kesler and Mylod (2011) investigated the effects of patient satisfaction on the possibility of patient's choice the same hospital for their other treatment necessity or recommending it. They have found that there is a

positive relationship between satisfaction and loyalty. When patients are highly satisfied, they continue to come to the same hospital and recommend it to others. Likewise in tourism sector, tourist's satisfaction is an important indicator of their intentions to revisit and positive recommendation (Beeho & Prentice, 1997; Bramwell, 1998; Juaneda, 1996; Kozak, 2001; Kozak & Rimmington, 2000; Yoon & Uysal, 2005).

## **2.9. BEHAVIORAL INTENTIONS**

According to Cronin et al. (2000) and Zeithaml et al. (1996) major components of behavioral intentions are “customer loyalty, positive recommending behavior, spends more with the company, pays price premiums, complaining behaviors and repurchase intentions”. Previous studies have proved that loyal customers continue to repurchase (Sonmez and Graefe, 1998; Petrick et al., 2001) and also they are more likely to suggest the product or service to others (Shoemaker and Lewis, 1999). It is proved that between repurchase intentions and positive WOM, there is a strong correlation (Oh and Parks, 1997).

In the tourism industry, tourists' positive experiences of services and products could cause revisit behaviors as well as positive WOM effects to others, which reflects the degree of tourists' loyalty. In tourism marketing WOM recommendations has especially very crucial importance as they are thought to be the most reliable information sources for potential tourists (Yoon&Uysal, 2005). In addition, Trusov, Bucklin, & Pauwells (2009) claimed that online WOM has the power to procure 30 times more consumers than the traditional channels just because online WOM is perceived up-to-date, enjoyable and more reliable than information provided by travel firms for potential visitors.

In healthcare industry, it is found that satisfied patients mostly recommend their treatment to others (Finkelstein et al., 1999). Research has shown that healthcare providers with a more positive WOM may have higher profits and an increase in the number of patients (Campbell, 2012). Zeithaml et al. (1996) pointed that when

service quality increases, it also affects behavioral intentions positively and reverse effect is also accepted. Similarly, Rad et al. (2010) investigated and resulted that there is a positive relationship between healthcare service quality and overall loyalty. Cronin and Taylor (1992) proved the direct relationship of service quality and customer satisfaction with behavioral intentions. Another research for medical tourism is done by Panisa et al. (2010) and found that loyalty is the product of satisfaction, trust, perceived value, destination familiarity, as well as destination image.



## **CHAPTER 3**

### **3. RESEARCH METHODOLOGY**

This chapter includes hypotheses and research methodology of the study. At first, it shows which hypotheses will be answered with this research. Then, it describes data collection period and finally, it continues with the measurements and the questionnaire development.

#### **3.1. RESEARCH HYPOTHESES**

According to previous literature research, the following hypotheses are proposed and they will be analyzed in this study:

H1a: Promotion focused international medical tourists' perceived destination image significantly affects their perceived service quality of medical treatment.

H1b: Prevention focused international medical tourists' perceived destination image significantly affects their perceived service quality of medical treatment.

H2a: Promotion focused international medical tourists' perceived service quality significantly affects their perceived value of medical treatment.

H2b: Prevention focused international medical tourists' perceived service quality significantly affects their perceived value of medical treatment.

H3a: Promotion focused international medical tourists' perceived service quality significantly affects their overall satisfaction of medical treatment.

H3b: Prevention focused international medical tourists' perceived service quality significantly affects their overall satisfaction of medical treatment.

H4a: Promotion focused international medical tourists' perceived value significantly affects their overall satisfaction of medical treatment.

H4b: Prevention focused international medical tourists' perceived value significantly affects their overall satisfaction of medical treatment.

H5a: Promotion focused international medical tourists' perceived service quality significantly affects their behavioral intention of medical treatment.

H5b: Prevention focused international medical tourists' perceived service quality significantly affects their behavioral intention of medical treatment.

H6a: Promotion focused international medical tourists' perceived value significantly affects their behavioral intention of medical treatment.

H6b: Prevention focused international medical tourists' perceived value significantly affects their behavioral intention of medical treatment.

H7a: Promotion focused international medical tourists' overall satisfaction significantly affects their behavioral intention of medical treatment.

H7b: Prevention focused international medical tourists' overall satisfaction significantly affects their behavioral intention of medical treatment.

### **3.2. DATA COLLECTION**

The survey is fulfilled by the international medical tourists who chose Turkey to have medical treatment at hospitals and clinics in İstanbul, Ankara and İzmir during February 2016- May 2016. For the survey application, we had permission from different hospital chains and clinics. These hospitals are: Medical Park, Liv Hospitals, Acıbadem, Medicana, Güven Hospital, CTG Dental and Koru Hospital. For some of the hospitals, the surveys are distributed to their chain hospitals via their

internal communication. For instance, Medical Park İstanbul shared the questionnaire with its chains like Medical Park Bahçelievler, Fatih, Ulus, Gaziosmanpaşa hospitals.

The questionnaires were first in English and in Turkish. However, hospitals informed that the majority of medical tourists are coming from Middle East and they have some language problem in understanding other languages. Even though these surveys are applied to patients with the help of hospital translators, in order to increase the ease of responding the questions and be more productive; the survey is translated to Arabic by a native Arabian translator.

The questionnaires were applied to patients after they had received medical treatments, just before they left the hospitals. By this systematic feedback, information collected. A total of 143 questionnaires were received and after excluding unusable responses, 124 numbers of responses were accepted suitable for data analysis. The study excluded foreign patients who have already resided in Turkey.

### **3.3. MEASUREMENTS AND QUESTIONNAIRE DEVELOPMENT**


Survey questionnaire had four major sections. The content of sections and the measurements that are used in these sections are indicated as below:


In the first part of the questionnaire, there are some questions about international medical tourists' decision-making behaviors. The section includes questions about the type of medical service wanted, sources of information, time period for their final decision, medical insurance coverage, countries that are considered for medical treatment besides Turkey, travel arrangement and travel companion. These items were directly adapted from prior studies (Saiprasert, 2011). Respondents need to choose the most suitable option of the questions in this part.

The second part of the questionnaire is related perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intention respectively. In order to measure perceived destination image, six items

were adapted from previous studies (Assaker et al., 2011; Jalilvand & Samiei, 2012; Veasna et al., 2012). Service quality was measured with Babakus and Mangold's (1992) hospital service SERVQUAL scale as the previous healthcare service quality studies. 15 items, representing all five aspects of service quality dimensions, were adapted from Duffy et al. (2001) and O'Connor et al. (2000). The construct of perceived value measures were adapted from Sirdeshmukh et al. (2002) and to measure overall satisfaction, four items were adapted from previous studies (Lee, Yoon, & Lee, 2007; Yoon & Uysal, 2005). In the end of second part of the questionnaire, behavioral intentions were measured in two part, as WOM (Alexandris et al., 2004; Kim, Kim, & Kim 2009; Kim et al., 2001) and revisit intentions of medical tourists (Kim, Ng, et al., 2009; Lin, 2013; Wang & Wu, 2011). All mentioned measures used 7-point Likert-type scales, labeled between "strongly disagree" to "strongly agree" in this part.

In the third part of the questionnaire, participants are asked to respond the Regulatory Focus Questionnaire (RFQ), which is designed by Higgins, Friedman, Harlow, Idson, Ayduk & Taylor (2001), to measure the orientation of the participants and be able to group them as promotion focused or prevention focused. For the RFQ measurement 5- point Likert- type scales were used and it is scored according to following formulas:

For promotion focus score:  (6-question 01) + (question 03) + (question 07) + (6-question 09) + (question 10) + (6-question 11)

For prevention focus score:  (6-question 02) + (6-question 04) + (question 05) + (6-question 06) + (6-question 8)

In the last part of the questionnaire, to be able to fully understand respondents' background and to make comparisons among sample groups, demographic profiles of the respondents were collected (Saiprasert, 2011).

After the questionnaire was reviewed by the advisor for his comments and suggestions, a pre-test was fulfilled with four academics in tourism and in business

administration to improve content validity. Related to their feedback, the first version of the survey was improved and took the final form.

## **CHAPTER 4**

### **4. ANALYSIS AND RESULTS**

This chapter represents the analysis of the study and it includes four sections. The first section some descriptive statistics analyses results. The second section presents reliability analyses and factor analyses of the dimensions, then in the third part the correlation among these dimensions measured. After the correlation analyses, in the last two sections, regression analyses are carried out in order to investigate the relationship among dimensions of the conceptual model of the study.

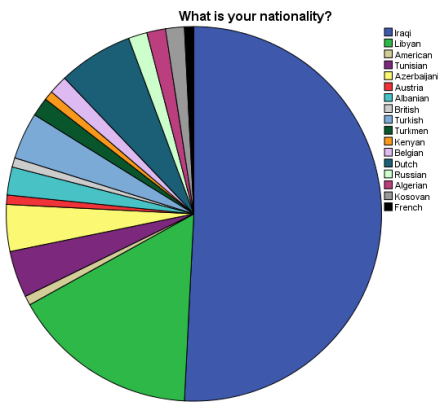
#### **4.1. DESCRIPTIVE STATISTICS**

In order to represent the demographic profiles of international medical tourists and their medical travel behaviors, frequency count and percentages were used. As seen in Table 1, approximately 65.3 percent of the survey attendants were male. The majority were married with 78.2 percent and 34.7 percent were between 36-45 years old. For the highest educational level, 37.9 percent of them have bachelor degree. For the nationality, majority of medical tourists are from Middle East with 72.5 percent, European follows with 14.5 percent, Asian comes with 11.2 percent and American are 0.8 percent.

**Table 1: Demographic Profile of Medical Tourists**

<b><i>GENDER</i></b>	<b>FREQUENCY</b>	<b>PERCENT%</b>
Male	81	65.3
Female	43	34.7
<b><i>MARITAL STATUS</i></b>		
Single	23	18.5
Married	97	78.2
Divorced/Widowed/Separated	4	3.2
<b><i>AGE</i></b>		
18-25 years old	15	12.1
26-35 years old	40	32.3
36-45 years old	43	34.7
46-55 years old	13	10.5
56-65 years old	12	9.7
Above 65 years old	1	0.8
<b><i>HIGHEST EDUCATIONAL LEVEL</i></b>		
High school or below	38	30.6
Associate college degree/High diploma (2 years)	16	12.9
Bachelor degree (4 years)	47	37.9
Post graduate education	17	13.7
Professional certificate	6	4.8
<b><i>NATIONALITY</i></b>		
Middle Eastern	90	72.5
European	18	14.5
Asian	14	11.2
African	1	0.8
American	1	0.8
<b><i>COUNTRY OF RESIDENCE</i></b>		
Middle East	90	72.5
Europe	23	18.5
Asia	9	7.2
Africa	1	0.8
America	1	0.8

The breakdowns of nationalities are shown in below Figure 5. Middle Eastern medical tourists are mostly Iraqi with 50.8 percent, Libyan with 16.1 percent, Tunisian with 4 percent and Algerian with 1.6 percent. European medical tourists consist of Dutch with 6.5 percent, Albanian with 2.4 percent, Belgian and Kosovan with 1.6 percent for each, British, French and Austrian with 0.8 percent for each. Similar with their nationalities, majority of medical tourists come from Middle East with 72.5 percent and it continues Europe with 18.5 percent, Asia with 7.2 percent, Africa and America with 0.8 percent for each.



**Figure 5: Nationality Distribution of Medical Tourists Sample**

Table 2 gives information about the travel behavior of medical tourists. Majority of them had traveled to Turkey for the first time with 46 percent. Primary purpose of Turkey visitation is medical treatment for the majority (90.3 percent). 38.7 percent of medical tourists chose “other” option for their type of medical treatment that they would like to have in Turkey and indicated that they have come to Turkey to have breast surgery, lung cancer surgery, osteotomy, hernia operation, colon surgery, laryngotomy, dental surgery/treatment takes the second place for medical treatment reason. Top three source of information for international medical tourists are doctor/physician advice in their country (44.4 percent), word-of-mouth from others (24.2 percent) and reading the testimonies of other patients (16.9 percent). Decision time to come to Turkey is mostly taken (49.2 percent) within 1-4 weeks for medical tourists. While 71 percent didn’t consider another country for this medical travel, other alternatives of Turkey were Germany, USA, Italy, Austria, Israel, UAE, Iran



for 29 percent of the medical tourists. With 45.2 percent, majority of medical tourists make their medical treatment plan with the direct communication with hospital. For the travel companion, while 86.3 percent of medical tourists come with spouse/family/relatives/friends. While having medical treatment, 43.5 percent of medical tourists think to travel in Istanbul, Antalya, and Bursa for the reasons of sightseeing, having holiday and visit friends, while 56.5 percent of medical tourists have no plan to travel in Turkey.

**Table 2: Medical Travel Behavior**

<b>TRAVEL TIME</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
First time	57	46
2 times	30	24.2
3 times	19	15.3
4 times or more	18	14.5
<b>PRIMARY PURPOSE OF TURKEY VISIT</b>		
Pleasure/vacation	10	8.1
Medical treatment	112	90.3
Visit friends and relatives	2	1.6
<b>MEDICAL SERVICE SEEKING</b>		
Dental surgery/treatment	24	19.4
Cosmetic/plastic/reconstructive surgery	4	3.2
Sight treatment/lasik	22	17.7
Heart surgery	14	11.3
Comprehensive medical checkup	12	9.7
Other (breast surgery, lung cancer surgery, osteotomy, hernia operation, colon surgery, laryngotomy)	48	38.7
<b>MEDICAL INSURANCE COVERAGE</b>		
In your country- Yes	31	25.0
In your country- No	93	75.0
<b>SOURCE OF INFORMATION (ranking top 1-3)</b>		
Advice of doctor in home country	55	44.4
Word of mouth from friends or relatives	30	24.2
Reading the testimonies of other patients	21	16.9
<b>DECISION TIME</b>		
1-4 weeks	61	49.2
5-8 weeks	43	34.7
More than 8 weeks	20	16.1
<b>CONSIDERED OTHER COUNTRIES</b>		
Yes	36	29.0
No	88	71.0
Other countries: Germany, USA, Italy, Austria, Israel, UAE, Iran		
<b>ARRANGE MEDICAL TREATMENT</b>		
Directly with hospital	56	45.2
Through medical travel intermediaries' websites	27	21.8
Other (friends, relatives, ministry of health)	41	33.1
<b>TRAVEL COMPANION</b>		
Individual	17	13.7
Spouse/family/relatives/friends	107	86.3
<b>TRAVELLING IN TURKEY BESIDES MEDICAL TREATMENT</b>		
Yes	54	43.5
Type: Sightseeing, holiday, visit friends		
Destination: Istanbul, Antalya, Bursa		
No	70	56.5

As another descriptive analysis, it is investigated whether there is a difference between the type of medical services that international medical tourists are seeking for their medical trip and their regulatory orientations. The results show that majority of both promotion (35.8%) and prevention (44.2%) focused people have done their medical trip to have some surgeries like breast, lung cancer, colon cancer surgeries which are grouped as “others” in the questionnaire. The percentages of medical service types are very similar with each other for promotion and prevention focused patients. However, as an interesting point, there is a big difference between promotion and prevention focused patients for cosmetic/plastic and reconstructive surgeries as shown in Table 3. It is seen that higher part of promotion focused patients are doing their medical trip for the cosmetic/plastic/reconstructive surgeries, which are mostly nonobligatory and depends on the patients’ needs for pleasure, according to prevention focused international medical tourists.

**Table 3: Type of Medical Services that Medical Tourists Seek for Their Medical Trip**

<b>Type of Medical Services</b>	<b>Promotion Focused</b>	<b>Prevention Focused</b>
Dental surgery/treatment	18.5%	20.9%
Sight treatment/lasik	2.5%	4.7%
Comprehensive check-up	18.5%	16.3%
Cosmetic/plastic/reconstructive surgery	14.8%	4.7%
Heart surgery	9.9%	9.3%
Others	35.8%	44.2%

## 4.2. MEASURE PURIFICATION

Before running advance statistical analysis, measure purification should be applied, which consists of reliability analysis and factor analysis. The main purpose is to obtain more accurate results with these analyses.

According to Churchill (1997), the first technique needs to be applied in multivariate analysis is the reliability analysis, as it plays an important role about the consistency of the scale. To obtain high internal consistency, Cronbach's alpha should be higher than 0.70. Otherwise, if it is low, the items, which cause low correlation should be eliminated in the survey.

Table 4 shows the amount of Cronbach's alphas. According to the results, Cronbach's alpha value of each dimensions in our questionnaire range from 0.721-0.917, which are above the acceptable limit.

**Table 4: Reliability Analysis of the Dimensions**

<b>DIMENSIONS</b>	<b>Cronbach's Alpha</b>
Perceived Destination Image	0.779
Perceived Service Quality	0.917
Perceived Value	0.721
Overall Satisfaction	0.789
Behavioral Intentions	0.796

Factor analysis is a technique whose first goal is to define the underlying structure among variables in the analysis (Hair et al., 2006). It is composed of two types, as exploratory and confirmatory factor analysis and in this study exploratory factor analysis (EFA) is used in order to reduce and group the factors to a smaller number of dimensions.

In order to perform exploratory factor analysis (EFA), Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity should be used. Tests

should indicate that there is a correlation between variables, then we can continue with the factor analysis (Hair, Black, Babin, & Anderson, 2010). After checking KMO measure, Bartlett's test of sphericity should be applied and it should be statistically significant.

Mostly the limit of 0.6 is accepted for KMO. Bartlett's value should be statistically significant, in other words it should be smaller than alpha level ( $\text{sig} \leq 0.05$ ) (Hair, Black, Babin, & Anderson, 2010).

Varimax Rotation and Principal Component Analysis method is used for factor analysis. After Cronbach's alpha, KMO and Bartlett's test values are checked and evaluated, factor loadings of each factor are obtained in order to decide the validity of factors. Though 0.35 or greater factor loading is appropriate, 0.50 factor loading is used for practical purposes. Concerning total variance explained needs to be taken into consideration before determination of number of factors. This value should be at least 60% and the higher the variance explained, the better the factor is.

For the factor analysis of perceived service quality, as shown in Table 5, Kaiser-Meyer-Olkin Measure of Sampling Adequacy is above 0.60 limit and Bartlett's Test of Sphericity is smaller than the alpha level, which both indicates the appropriateness of using EFA for perceived service quality items.

**Table 5: KMO and Bartlett's Test of Perceived Service Quality**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	0.851
Bartlett's Test of Sphericity	
Approximate Chi-Square	1127.963
df	105
Sig.	0.000

Table 6 indicates the results of EFA for the international medical tourists perceived service quality. According to the results of factor analysis, perceived service quality is grouped into five groups with 77.159 percent of total variance explained. Five

factors are: “Assurance”, “Tangibles”, “Responsiveness”, “Empathy” and “Reliability”.

The first factor, “Assurance” explains 47.197 percent of total variance, with a reliability coefficient of 0.850. This factor items has taken 2 items from reliability factors and increased to 5 items compared to our initial form of questionnaire. These two items are “Sufficient attention to patients’ privacy, confidentiality and disclosure” and “Hospital is accurate in its billing” attended from Reliability factor.

Second factor, “Tangibles” explains 9.860 percent of the total variance, with 0.798 percent of reliability coefficient. This factor has 3 items as same with initial questionnaire.

Third factor, “Responsiveness” account for 7.563 percent of the total variance, with 0.826 percent of reliability coefficient. It has same 3 items as in initial questionnaire.

Fourth factor, “Empathy” explains 6.735 percent of the total variance and it has 0.921 percent of reliability coefficient. It has same 2 items as in initial questionnaire.

Fifth factor, “Reliability” accounts for 5.805 percent of the total variance with 0.697 percent of reliability coefficient. Even though, its reliability coefficient is less than 0.70 percent limit, these factor increases total variance explained compared to this factors eliminated situation (cumulative variance decreases 75.528 percent when the last factor is deleted from the analysis).Therefore, it is decided to continue with this last fifth factor to the analysis.

**Table 6: Exploratory Factor Analysis of Perceived Service Quality**

Factor	Factor Loading				
	F1	F2	F3	F4	F5
<b>Factor 1 - Assurance</b>					
Medical staff was polite and friendly	.762				
Medical staff are knowledgeable	.734				
Sufficient attention to patients' privacy, confidentiality and disclosure	.698				
Hospital is accurate in its billing	.614				
You feel safe in your interaction with medical staff	.536				
<b>Factor 2 - Tangibles</b>					
Spacious and comfortable hospital environment		.814			
Employees have neat appearance		.796			
Modern equipment in the hospital		.669			
<b>Factor 3 - Responsiveness</b>					
Good service attitude of nurses and administration staff			.815		
Short waiting time for the medical examination from the physicians			.775		
Doctors' full attention to patients' description of symptoms			.754		
<b>Factor 4 - Empathy</b>					
Hospital employees give patients personal attention				.860	
Hospital has patients' best interest at heart				.852	
<b>Factor 5 -Reliability</b>					
Hospital provides its services at the time it promises to do so					.824
When you have problem, hospital employees are sympathetic and reassuring					.622
<b>Eigenvalue</b>	7.080	1.479	1.134	1.010	0.871
<b>Variance (%)</b>	47.197	9.860	7.563	6.735	5.805
<b>Cumulative Variance (%)</b>	47.197	57.056	64.619	71.354	77.159
<b>Cronbach's Alpha</b>	0.850	0.798	0.826	0.921	0.697

While doing factor analysis of behavioral intentions of international medical tourists, first of all KMO and Bartlett's Tests results are analyzed. As shown in

Table 7, KMO level is between 0-1 and higher than 0.6, which is good for factor analysis. The Bartlett's test value is 181.163, which indicates there is a non-zero correlation among variables.

**Table 7: KMO and Bartlett's Test of Behavioral Intentions**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	0.688
Bartlett's Test of Sphericity	
Approximate Chi-Square	181.163
df	6
Sig.	0.000

For behavioral intentions, two factors are identified with 82.962 percent of total variance explained. These two factors are shown in Table 8 as “revisit” and “positive word-of-mouth (WOM)”. The first factor, “Revisit” explained 62.839 percent of total variance, with a reliability coefficient of 0.835. The second factor “Positive WOM” explained 20.123 percent of the variance with a reliability coefficient of 0.741. This factor consists of two items as in initial questionnaire.

**Table 8: Exploratory Factor Analysis of Behavioral Intentions**

Factor	Factor Loading	
	F1	F2
<b><i>Factor 1 - Revisit</i></b>		
I am likely to go on a holiday in Turkey in the near future	0.904	
If necessary, I will revisit Turkey for medical tourism in the near future	0.887	
<b><i>Factor 2- Positive WOM</i></b>		
I am willing to say positive things about medical tourism in Turkey to other people		0.873
I do not hesitate to refer my acquaintances to visit Turkey for medical experiences		0.845
<b>Eigenvalue</b>	2.514	0.805
<b>Variance (%)</b>	62.839	20.123
<b>Cumulative Variance (%)</b>	62.839	82.962
<b>Cronbach's Alpha</b>	0.835	0.741



### 4.3. CORRELATION

Correlation analysis is used to quantify the association between two continuous variables. The correlation coefficients range between -1 and +1 and quantify the direction and strength of the linear association.

According to the results of correlation analysis for promotion focused international medical tourists at Table 9, it is seen that there is significant correlation between dimensions at 0.01 and 0.05 significance level except between perceived destination image and behavioral intention. The results show that there is no significant linear association between perceived destination image and behavioral intentions. In addition, there are strong positive association between perceived service quality and overall satisfaction (0.783), perceived service quality and perceived value (0.669) and perceived value and overall satisfaction (0.628) at the 0.01 significance level. The association between perceived value and behavioral intention is positive but relatively weak (0.249) at the 0.05 level.

**Table 9: Correlation Analysis of All Dimensions (Promotion Focused)**

	<b>Perceived Destination Image</b>	<b>Perceived Service Quality</b>	<b>Perceived Value</b>	<b>Overall Satisfaction</b>	<b>Behavioral Intention</b>
<b>Perceived Destination Image</b>	1	,508**	,521**	,437**	0,109
<b>Perceived Service Quality</b>	,508**	1	,669**	,783**	,415**
<b>Perceived Value</b>	,521**	,669**	1	,628**	,249*
<b>Overall Satisfaction</b>	,437**	,783**	,628**	1	,476**
<b>Behavioral Intentions</b>	0,109	,415**	,249*	,476**	1

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

The results of correlation analysis for prevention focused international medical tourists show that the associations between dimensions are all significant in positive direction at the 0.01 and 0.05 level (Table 10). The relations between perceived service quality and overall satisfaction (0.690) and perceived value and overall satisfaction (0.713) are positively strong as same in promotion focused patients. There is also positive significant association between perceived destination image and behavioral intentions unlike promotion focused medical tourists.

**Table 10: Correlation Analysis of All Dimensions (Prevention Focused)**

	<b>Perceived Destination Image</b>	<b>Perceived Service Quality</b>	<b>Perceived Value</b>	<b>Overall Satisfaction</b>	<b>Behavioral Intention</b>
<b>Perceived Destination Image</b>	1	,573**	,444**	,562**	,384*
<b>Perceived Service Quality</b>	,573**	1	,541**	,690**	,362*
<b>Perceived Value</b>	,444**	,541**	1	,713**	,494**
<b>Overall Satisfaction</b>	,562**	,690**	,713**	1	,664**
<b>Behavioral Intention</b>	0,384*	,362*	,494**	,664**	1

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

The difference between groups is only seen between perceived destination image and behavioral intention associations. While for prevention focused patients, there is a positive association between perceived destination image and behavioral intention (0.384) at the 0.05 level, the same relation is not significant for promotion focused patients. It can be interpreted that promotion focused international medical tourists are more related with the health service experiences that they had, while prevention focused patients' post-experience evaluations are beyond experience. They take destination image into consideration besides other dimensions like perceived service quality, perceived value and overall satisfaction.

The means and standard deviations of the dimensions have also been calculated. According to the results below in Table 11, the mean values of dimensions are around 6 point, which indicates people are generally “agreed” with the questionnaire

statements both for promotion and prevention focused international medical tourists. In addition, their low standard deviations showed that dispersions in the responses are narrow, so responses tend to be close to mean value. Moreover, it can be also commented that the responses of questionnaires are coherent with each other.

**Table 11: Mean and Standard Deviation Values of Likert Type Questions**

	Promotion Focused		Prevention Focused	
	Mean	Std. deviation	Mean	Std. deviation
<b>Perceived destination image</b>	6,163	0,675	6,205	0,433
<b>Perceived service quality</b>				
<b>assurance</b>	6,373	0,604	6,116	0,597
<b>tangibles</b>	6,399	0,549	6,248	0,667
<b>responsiveness</b>	6,119	0,735	5,977	0,644
<b>empathy</b>	6,346	0,701	6,105	0,768
<b>reliability</b>	6,340	0,661	6,361	0,527
<b>Perceived value</b>	6,114	0,578	6,006	0,810
<b>Overall satisfaction</b>	6,411	0,508	6,308	0,556
<b>Behavioral intentions</b>	6,324	0,505	6,378	0,560

#### **4.4. LINEAR REGRESSION**

Linear Regression is applied in order to predict the possible relationship between one dependent variable and one or more independent variables. While correlation analysis focuses on the strength and the degree of the relationship between two or more variables, regression analysis assumes a dependence or causal relationship between one or more independent and one dependent variables. In order to have trustworthy results, there are some assumptions of regression. These assumptions are linear relationship between independent and dependent variables, independence of errors, homoscedasticity (constant variance) and normally distributed errors.

#### 4.4.1. Perceived Destination Image and Perceived Service Quality:

Regression analysis is first carried out between perceived destination image and perceived service quality for promotion focused international medical tourists. Table 12 shows that  $R^2$  value is 0.258, which indicates that 25% of variance in perceived service quality can be explained by perceived destination image. Moreover, perceived destination image has a significant relationship with perceived service quality, in other words, perceived destination image is found to be significant predictor of perceived service quality ( $B=0.508$ ,  $p<0.05$ ). F for ANOVA tests whether the overall regression model is a good fit for the data.  $F(1,79) = 27.453$  shows that the independent variables (perceived destination image) statistically significantly predict the dependent variable (perceived service quality).

**Table 12: Regression Results for Perceived Destination Image and Perceived Service Quality (Promotion Focused)**

Perceived Service Quality					
	Regression Coefficient	Std Error	Std Coefficient	t	Sig.
<b>Independent Variables</b>					
Perceived Destination Image	0,412	0,079	0,508	5,237	0,000
Adjusted $R^2$	0,248				
$R^2$	0,258				
F for ANOVA	27,453				

For prevention focused international medical tourists, the regression results of perceived destination image and perceived service quality are showed in Table 13. According to the results, total percentage of variance in perceived service quality by perceived destination image is 32,8 percent ( $R^2=0.328$ ). At 5% significance level, perceived destination image is positively related with perceived service quality ( $B=0.573$ ,  $p<0.05$ ).  $F(1,41) = 20.036$  shows that perceived destination image statistically significantly predict perceived service quality, overall regression model is a good fit for the data.

**Table 13: Regression Results for Perceived Destination Image and Perceived Service Quality (Prevention Focused)**

Perceived Service Quality					
	Regression Coefficient	Std Error	Std Coefficient	t	Sig.
<b>Independent Variables</b>					
Perceived Destination Image	0,659	0,147	0,573	4,476	0,000
Adjusted R <sup>2</sup>		0,312			
R <sup>2</sup>		0,328			
F for ANOVA		20,036			

Looking at regression results of perceived destination image and perceived service quality both for promotion and prevention focused international patients, it is seen that perceived destination image is positively related with perceived service quality and there is a significant positive relationship between them.

#### **4.5. HIERARCHICAL REGRESSION**

The prediction of possible relationships between two dimensions like perceived destination image-perceived service quality is tested with simple regression method in previous part. In this part, hierarchical regression will be used to analyze incremental effects of each dimension on dependent variable. The effects of each independent dimensions are investigated in a sequential order at first on perceived value, then on overall satisfaction and at last, on behavioral intentions for promotion focused and prevention focused international medical tourists separately.

##### **4.5.1. Hierarchical Regression - Perceived Value as Dependent Variable**

**First hierarchical regression model is presented in**

Table 14 and it shows incremental influence of each independent variables on perceived value for promotion focused international medical tourists. There are two

main blocks of independent variables, which are perceived destination image and perceived service quality factors and each group dimensions entered one by one sequentially. The variables explained the 52,1% of total variance in perceived value. According to the analysis, while perceived destination image is positively significantly related with perceived value ( $B=0.245$ ,  $p<0.05$ ), responsiveness has the major impact and it has positive significant relationship with perceived value for promotion focused medical tourists ( $B=0.323$ ,  $p<0.05$ ). This shows that when responsiveness (prompt service and willingness to help) of physicians/medical staffs increases, promotion focused patients' value perception increases as well.

**Table 14: Hierarchical Regression Results for Perceived Value as Dependent Variable (Promotion Focused)**

	MODEL 1			MODEL 2		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
<b>Independent Variables</b>						
Perceived Destination Image	0,446	0,082	,521*	0,210	0,082	<b>0,245*</b>
Perceived Service Quality						
Assurance				-0,028	0,132	-0,030
Tangibles				0,206	0,135	0,196
Responsiveness				0,254	0,099	<b>0,323*</b>
Empathy				0,148	0,110	0,179
Reliability				-0,013	0,117	-0,015
Adjusted R2		0,262			0,483	
R2		0,272			<b>0,521</b>	
R2 change		0,272			0,250	
F for ANOVA		29,467			13,439	

$p<0.05^*$

Table 15 describes the results of hierarchical regression between independent variables and perceived value for prevention focused international patients. This model's R2 value is 0.507, which means that 50.7% of variance in perceived value

can be explained by independent variables. At the 5% significance level, only tangibles have significant relationship with perceived value (B= -0.340). However, this relationship is negative oriented. In other words, when physical facilities and equipment increase, it has negative significant impact to perceived value for prevention focused international medical tourists.

**Table 15: Hierarchical Regression Results for Perceived Value as Dependent Variable (Prevention Focused)**

	MODEL 1			MODEL 2		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
<b>Independent Variables</b>						
Perceived Destination Image	0,817	0,257	0,444*	0,263	0,281	0,143
Perceived Service Quality						
Assurance				0,474	0,292	0,349
Tangibles				-0,413	0,194	<b>-0,340*</b>
Responsiveness				0,174	0,258	0,139
Empathy				0,330	0,198	0,313
Reliability				0,063	0,220	0,041
Adjusted R2		0,178			0,424	
R2		0,197			<b>0,507</b>	
R2 change		0,197			0,309	
F for ANOVA		10,074			6,162	

p<0.05\*

Looking at regression results of perceived service quality and perceived value both for promotion and prevention focused international patients, perceived service quality significantly affects their perceived value of medical treatment even though different perceived service quality factors have significant relationship with perceived value.

#### **4.5.2. Hierarchical Regression – Overall Satisfaction as Dependent Variable**

In below analysis, overall satisfaction is taken as dependent variable while perceived destination image, perceived service quality factors and perceived value are included in this model as independent variables sequentially. Percentage of variance explained in overall satisfaction is 64,9%, which can be interpreted as good. At the 5% significance level only assurance ( $B=0.285$ ) has positive significant relationship with overall satisfaction. Other than assurance, responsiveness ( $B=0.221$ ), tangibles ( $B=0.188$ ) and perceived value ( $B=0.170$ ) are all positively related with overall satisfaction at the 10% significance level as shown in Table 16.

The same analysis carried out for prevention focused international medical tourists and  $R^2$  value is higher than the previous analysis that indicates this analysis is better than the first one in terms of goodness of fit of the model ( $R^2=0.718$ ). The results show that empathy ( $B=0.371$ ) and perceived value ( $B=0.289$ ) have positive significant relationship with overall satisfaction at the 5% significance level (Table 17). In other words, higher empathy and perceived value, higher overall satisfaction of prevention focused patients.

According to the results of below tables, it can be explained that assurance has the major impact on overall satisfaction and it is followed by responsiveness, tangibles and perceived value for promotion oriented patients. These are expected results as the characteristics of promotion focused people are much more related with affects and their decision making mostly depends on their feelings. For prevention focused patients, empathy is the single service quality factor that has effect on overall satisfaction. In addition, perceived value is positively significantly related with overall satisfaction for both type of promotion and prevention orientations as expected



**Table 16: Hierarchical Regression Results for Overall Satisfaction as Dependent Variable (Promotion Focused)**

	MODEL 1			MODEL 2			MODEL 3		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
<b>Independent Variables</b>									
Perceived Destination Image	0,329	0,076	0,437*	0,046	0,063	0,061	0,014	0,065	0,019
Perceived Service Quality Assurance				0,236	0,101	0,280*	0,240	0,100	<b>0,285*</b>
Tangibles				0,205	0,104	0,222**	0,174	0,104	<b>0,188**</b>
Responsiveness				0,191	0,076	0,276*	0,153	0,078	<b>0,221**</b>
Empathy				0,150	0,084	0,207**	0,128	0,084	0,177
Reliability				-0,083	0,090	-0,107	-0,088	0,089	-0,105
Perceived Value							0,150	0,088	<b>0,170**</b>
Adjusted R2		0,181			0,606			0,615	
R2		0,191			0,635			<b>0,649</b>	
R2 change		0,191			0,444			0,014	
		18,68			21,46			19,27	
F for ANOVA		9			5			9	

\*p<0.05, \*\*p<0.10

**Table 17: Hierarchical Regression Results for Overall Satisfaction as Dependent Variable (Prevention Focused)**

	MODEL 1			MODEL 2			MODEL 3		
	Regression Coefficient		Std Error	Regression Coefficient		Std Error	Regression Coefficient		Std Error
<b>Independent Variables</b>									
Perceived Destination Image	0,709	0,163	0,562*	0,294	0,156	0,233**	0,242	0,150	0,192
Perceived Service Quality									
Assurance				0,265	0,162	0,285	0,171	0,159	0,184
Tangibles				-0,145	0,108	-0,174	-0,063	0,108	-0,076
Responsiveness				-0,013	0,143	-0,015	-0,047	0,137	-0,055
Empathy				0,334	0,110	0,461*	0,268	0,108	<b>0,371*</b>
Reliability				0,125	0,122	0,119	0,113	0,116	0,107
Perceived Value							0,198	0,088	<b>0,289*</b>
Adjusted R2		0,299			0,623			0,661	
R2		0,316			0,677			<b>0,718</b>	
R2 change		0,316			0,361			0,041	
		18,92			12,55			12,71	
F for ANOVA		4			7			5	

\*p<0.05,

\*\*p<0.10

### **4.5.3. Hierarchical Regression – Behavioral Intention as Dependent Variable**

Table 18 shows incremental influence of each independent variables on behavioral intentions for promotion focused international medical tourists. There are 4 main blocks of independent variables, which are perceived destination image, perceived service quality factors, perceived value and overall satisfaction. Each group dimensions entered one by one sequentially. The variables explained the 28 % of total variance in behavioral intentions. While responsiveness is positively significantly related with behavioral intentions ( $B=0.292$ ,  $p<0.10$ ), overall satisfaction has the major impact and it has positive significant relationship with behavioral intentions of promotion focused medical tourists ( $B=0.394$ ,  $p<0.05$ ).

Table 19: Hierarchical Regression Results for Behavioral Intentions as Dependent Variable (Prevention Focused describes the results of hierarchical regression between independent variables and behavioral intentions for prevention focused international patients. This model's  $R^2$  value is 0.55, which means that 55% of variance in behavioral intentions can be explained by independent variables. This model's  $R^2$  value is higher than the previous model, which indicates that the second model is represented by independent variables better than the first model. At the 5% significance level, empathy has the positive significant relationship with behavioral intentions in Model 2 and Model 3 however, in the last model it is seen that only overall satisfaction is positively significantly related with behavioral intentions ( $B=0.518$ ). At the 10% significance level, responsiveness joins to overall satisfaction and it also has significant relationships with behavioral intentions ( $B=0.359$ ).

According to the results, for both promotion and prevention focused international medical tourists, responsiveness and overall satisfaction have positive significant relationship with behavioral intentions. And overall satisfaction has the major impact to behavioral intentions for all type of international medical tourists.

Therefore, in the light of these hierarchical regression results, in order to positively affect behavioral intentions of promotion and prevention focused international

medical tourists, it is seen that overall satisfaction plays a crucial role. Satisfied international medical tourists increase their revisit behaviors and also increase their word-of-mouth about the medical treatment that they experienced in our country.

**Table 18: Hierarchical Regression Results for Behavioral Intentions as Dependent Variable (Promotion Focused)**

	MODEL 1			MODEL 2			MODEL 3			MODEL 4		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
<b>Independent Variables</b>												
Perceived Destination Image	0,488	0,183	0,384*	0,288	0,202	0,226	0,265	0,206	0,209	0,139	0,2	0,11
Perceived Service Quality												
Assurance				0,272	0,209	0,290	0,232	0,218	0,247	0,143	0,208	0,152
Tangibles				-0,184	0,139	-0,219	-0,149	0,149	-0,178	-0,117	0,14	-0,139
Responsiveness				-0,322	0,185	0,370**	-0,336	0,188	0,387**	-0,312	0,176	0,359**
Empathy				0,402	0,142	0,551*	0,374	0,148	0,513*	0,234	0,151	0,312
Reliability				0,018	0,158	0,017	0,012	0,159	0,012	-0,047	0,151	-0,044
Perceived Value							0,084	0,12	0,121	-0,019	0,121	-0,028
Overall Satisfaction										0,521	0,218	0,518*
Adjusted R2		0,127			0,38			0,371			0,446	
R2		0,147			0,469			0,476			0,552	
R2 change		0,147			0,312			0,007			0,076	
F for ANOVA		7,089			5,294			4,542			5,229	
*p<0.05, **p<0.10												

**Table 20: Hierarchical Regression Results for Behavioral Intentions as Dependent Variable (Prevention Focused)**

	MODEL 1		MODEL 2		MODEL 3		MODEL 4	
	Regression Coefficient	Std Error	Regression Coefficient	Std Error	Regression Coefficient	Std Error	Regression Coefficient	Std Error
<b>Independent Variables</b>								
Perceived Destination Image	0,082	0,084	-0,09	0,092	-0,079	0,096	-0,085	0,093
Perceived Service Quality								
Assurance			0,074	0,146	0,073	0,147	-0,021	0,149
Tangibles			0,133	0,15	0,144	0,153	0,075	0,152
Responsiveness			0,248	0,11	0,360*	0,116	0,201	0,115
Empathy			0,097	0,122	0,135	0,124	0,055	0,123
Reliability			-0,13	0,13	-0,170	0,131	-0,099	0,128
Perceived Value							-0,111	0,129
Overall Satisfaction							0,392	0,168
Adjusted R2		0,001		0,161		0,151		0,200
R2		0,012		0,224		0,226		0,280
R2 change		0,012		0,212		0,002		0,054
F for ANOVA		0,954		3,558		3,038		3,5
*p<0.05, **p<0.10								

Depending on the results of regression analyses, hypotheses results are shown as below:

No	Hypotheses	Supported	Not Supported
H1a	Promotion focused international medical tourists' perceived destination image significantly affects their perceived service quality of medical treatment.	✓	
H1b	Prevention focused international medical tourists' perceived destination image significantly affects their perceived service quality of medical treatment.	✓	
H2a	Promotion focused international medical tourists' perceived service quality significantly affects their perceived value of medical treatment	✓	
H2b	Prevention focused international medical tourists' perceived service quality significantly affects their perceived value of medical treatment.	✓	
H3a	Promotion focused international medical tourists' perceived service quality significantly affects their overall satisfaction of medical treatment.	✓	
H3b	Prevention focused international medical tourists' perceived service quality significantly affects their overall satisfaction of medical treatment.	✓	
H4a	Promotion focused international medical tourists' perceived value significantly affects their overall satisfaction of medical treatment.	✓	
H4b	Prevention focused international medical tourists' perceived value significantly affects their overall satisfaction of medical treatment.	✓	

**Figure 6: Hypotheses Results**

<b>H5a</b>	Promotion focused international medical tourists' perceived service quality significantly affects their behavioral intention of medical treatment.	✓	
<b>H5b</b>	Prevention focused international medical tourists' perceived service quality significantly affects their behavioral intention of medical treatment	✓	
<b>H6a</b>	Promotion focused international medical tourists' perceived value significantly affects their behavioral intention of medical treatment.		✓
<b>H6b</b>	Prevention focused international medical tourists' perceived value significantly affects their behavioral intention of medical treatment.		✓
<b>H7a</b>	Promotion focused international medical tourists' overall satisfaction significantly affects their behavioral intention of medical treatment.	✓	
<b>H7b</b>	Prevention focused international medical tourists' overall satisfaction significantly affects their behavioral intention of medical treatment.	✓	

**Figure 6 (continued)**



## **CHAPTER 5**

### **5. CONCLUSIONS**

#### **5.1. DISCUSSION AND INTERPRETATION OF RESULTS**

The main purpose of this study was two-fold. They were: 1) to classify international medical tourists in Turkey as promotion focused and prevention focused people according to regulatory focus theory and to investigate whether there is a relationship between their orientations and their post-experience evaluations; 2) to reveal the factors affecting overall satisfaction and post-experience evaluations of both promotion focused and prevention focused international medical tourists by analyzing relationships among perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions.

Analyses are conducted in order to reach responses of the following research questions:

1. Which quality factors mostly affect overall satisfaction of promotion and prevention focused international medical tourists separately?
2. Which quality factors mostly affect behavioral intentions of promotion and prevention focused international medical tourists separately?

In the light of regression analyses results, discussion and interpretations are done in the following paragraphs.

At first, in order to investigate the relationship between perceived destination image and perceived service quality, simple linear regression is carried out. While perceived service quality is identified as dependent variable, perceived destination image is independent variable. According to regression result, perceived service

quality is significantly related with perceived destination image for both promotion focused and prevention focused international medical tourists. Also correlation analysis supports this result and it shows that there is a strong positive linear association between them. This result is also supported by previous researches as stated in literature part (Bigne et al., 2001; Chen and Tsai, 2007), which indicated that tourism image is a direct antecedent of perceived service quality. Therefore, in order to increase service quality perception of international medical tourists, it is suggested that investment to the country image in macro level or to the hospitals in micro level would be a good strategy.

The relationship between perceived service quality and perceived value is investigated by conducting hierarchical regression to be able to see the incremental effect of each independent variable. Perceived destination image and perceived service quality factors are identified as blocks of independent variables while perceived value is defined as dependent variable. According to the results for promotion focused international medical tourists, responsiveness has major impact to perceived value and the results show that helpful physicians/medical staffs, having prompt service increase patients' value perception of medical treatment. In addition, perceived destination image has both direct and indirect positive relationship with perceived value. Therefore, it needs to be worked on positive destinations'/ hospitals' image building, which has direct impacts on perceived value. On the other hand, for prevention focused international medical tourists, the regression result shows that there is a negative significant relationship between tangibles and perceived value. Prevention focused people are known with their skepticism. When there is positive improvement in hospital equipments or other tangibles in hospital, their suspicions about the value of received health service increase as well. Therefore, when tangibles rise, their perceived value decreases.

Overall satisfaction antecedents are determined with hierarchical regression analysis and for promotion focused international medical tourists; the result shows that assurance, responsiveness, tangibles and perceived value have direct positive impacts on overall satisfaction of patients. According to these results, it can be said that by

improving trust and confidence to the physicians or other medical staffs (assurance), which has higher impact on patients' satisfaction; by providing short waiting time and prompt&good service attitudes of medical staffs (responsiveness) and providing service in a modern and comfortable hospital environment (tangibles), it is possible to increase overall satisfaction of promotion focused international medical tourists. On the other hand, empathy and perceived value have positive effects on overall satisfaction of prevention focused international medical tourists. Therefore, the results point out that personal attention and empathetical behaviors of physicians/medical staffs increase prevention-focused patients' overall satisfaction.





The last hierarchical regression results show that the main antecedent of patients' behavioral intentions is the overall satisfaction and it is pursued with responsiveness for both promotion and prevention focused international medical tourists. When overall satisfaction of international medical tourists increase, their intention to revisit the same hospital/clinic in case they need in the near future and/or their recommendation of the medical service that they had in our country will increase as well. In addition to overall satisfaction, responsiveness is second direct antecedent of behavioral intentions of international patients. Having prompt response and seeing helpful approach from physicians/medical staffs affect their future behavioral intention positively.

Figure 7 shows us the antecedents of overall satisfaction and behavioral intentions for both promotion and prevention focused international medical tourists.

<b>Overall Satisfaction</b>		<b>Behavioral Intentions</b>	
<b>Promotion Focused</b>	<b>Prevention Focused</b>	<b>Promotion Focused</b>	<b>Prevention Focused</b>
Assurance	Empathy	Overall Satisfaction	Overall Satisfaction
Responsiveness	Perceived Value	Responsiveness	Responsiveness
Tangibles			
Perceived Value			

**Figure 7: The Effecting Dimensions on Overall Satisfaction and Behavioral Intentions**

According to the Figure 7, assurance has the major significant effect to overall satisfaction for promotion focused patients and empathy is the major determinant of overall satisfaction for prevention focused international medical tourists. By the help of this table, we can easily see the responses of our research questions. These are summarized as below:

- Perceived service quality factors mostly affect overall satisfaction of promotion focused international medical tourists  Assurance, Responsiveness, Tangibles, Perceived Value
- Perceived service quality factors mostly affect overall satisfaction of prevention focused international medical tourists  Empathy, Perceived Value
- Perceived service quality factors mostly affect behavioral intentions of promotion focused international medical tourists  Overall satisfaction, Responsiveness
- Perceived service quality factors mostly affect behavioral intentions of prevention focused international medical tourists  Overall satisfaction, Responsiveness

In conclusion, it is clearly seen that behavioral intentions like revisit to host country or positive word of mouth to friends and relatives strongly related with the satisfaction of international patients from that medical treatment. As mentioned in literature part, Kesler and Mylod (2011) also investigated the effects of patient satisfaction on the likelihood of the patient returning to the hospital for treatment or recommending it. According to their results, when patients are highly satisfied, they continue dealing with the hospital and send positive messages to other people, which is compatible with our research result.

Another important finding of this study is the importance of responsiveness. It is affecting behavioral intentions of all type of international medical tourists. In addition, for promotion focused patients, it has direct positive effect to perceived value and overall satisfaction. Therefore, by strengthening responsiveness of medical

staffs/physicians with providing short waiting time, prompt&good service attitudes of medical staffs, hospital managers can increase the level of overall satisfaction and also, this situation directly and indirectly affect behavioral intentions of international medical tourists positively.

Last but not least, the results pointed out that perceived value of both promotion and prevention focused international medical tourists has no direct effect on their behavioral intentions. It has indirectly effect by having positive significant relationship with overall satisfaction however; there is no direct relation between perceived value and behavioral intentions of all type of international medical tourists. Therefore, conceptual model of our study can be updated according to our research result and the direct relation between perceived value and behavioral intentions should be removed.

## **5.2. IMPLICATIONS**

As theoretical implication, this study is the first empirical effort, which categorizes the international medical tourists according to the regulatory focus theory and investigates whether there is a relationship between their regulatory orientations and their post-experience evaluations. Before this study, in the area of medical tourism, the impact of regulatory orientation of patients to their overall satisfaction and their behavioral intentions hasn't been investigated. The study shows that the regulatory orientations of international medical tourists affect their post-experience evaluations of health services. There are two important implications of this effect. These are:

First of all, while promotion focused patients' post-experience evaluations are more related with experiences that they lived in our country, prevention focused patients evaluate their post-experiences beyond their experiences. In addition to their experiences, they also take destination image into consideration for their post-experience evaluation unlike promotion focused patients. It is an expected result as prevention focused people are more suspicious than promotion focused people.

Secondly, prevention focused international medical tourists pay attention to empathy for their overall satisfaction and secondary indicators are not important for them. It is because they are insecure and prudent people and they don't trust even their own perceptions to feel satisfied. Only empathetical approaches of physicians and other medical staffs make them satisfied about the health services that they had. It is normal especially for service types like health services as the assessment of health services depends on patients' characteristics and satisfaction level. On the other hand, promotion focused patients are more confident people and they get satisfied with tangible things.

For practical implications, as one of service quality factors, the responsiveness is crucial both for its effects on behavioral intention and overall satisfaction. In order to strengthen responsiveness, the process management in all departments of hospitals needs to be emphasized. Enhancing the efficiency in operations and increasing the number of doctors or other medical staffs can support the prompt service and short waiting times for patients.

To be able to increase overall satisfaction, which is the major determinant of their behavioral intention, it needs to be focused on patient-doctor relationships. Empathy and assurance are the main antecedents of overall satisfaction. Hospitals should provide training programs for all medical staffs including doctors, nurses and hospital employees in order to enhance communication skills and motivation to understand patient psychology.

Perceived value is another overall satisfaction determinant and one of its antecedents is perceived destination image. In addition to improving general country image that is done in macro level by governmental institutions, hospital image should be improved by hospital managers. Several effective advertisement campaigns of hospitals on international TV and bilateral agreements with hospital chains in foreign countries can be useful to enrich the hospital image. Also having international accreditation from international institutions like Joint Commission International (JCI) is another image enhancement strategy for hospitals by reducing patient uncertainties and improving perception of quality in hospitals.

### **5.3. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH**

#### **5.3.1. Limitations**

This study has several limitations unavoidably. First of all, only some private hospitals are taken as medical service providers in the study and the questionnaire is designed according to this assumption. However, public hospitals, medical intermediaries, transportation companies, hotels and governmental institutions with their legislative and incentive roles should be included as service providers in medical tourism industry. Thus, it can be achieved more comprehensive medical tourists' perceptions for the medical service that they had in our country.

In order to measure international medical tourists service quality expectations, we used pre-existing SERVQUAL scale, which is developed for service quality evaluations in hospitals. Upcoming medical tourism studies should develop a new adjusted scale for this particular sector. It is also suggested in the research of Butt and de Run (2010).

Low response rate is also another limitation for the study. Even though, the questionnaire is translated into Arabic, which is most of the international medical tourists' mother tongue in Turkey, they are reluctant to fill the questionnaires. According to the hospital translators, who have helped to make them fill the questionnaires, this is the nature of Arabic tourists that they get bored quickly and they are not very good at terminating the questionnaires.

The cities that the questionnaire is distributed, limited with Ankara, İstanbul and İzmir. In terms of representativeness of the study in all country, other cities should be included. Especially Antalya is attracting high number of medical tourists in Turkey. According to the Evaluation Report on Medical Tourism in Turkey Report (2013), other important cities that medical tourists prefer are: Kocaeli, Muğla, Karaman, Aydın, Adana and Bursa.

Another significant issue is the increasing trend of terrorism in all over the world and in Turkey as well. Due to the recent terrorist attacks, the number of tourists coming to Turkey showed uncontrollable decline and thus, the number of collected questionnaire in the study has been affected.

### **5.3.2. Future Research**

The time passed while making filled the questionnaire showed that longitudinal studies would provide more perspectives and in-depth research opportunity. Therefore, for future research it is suggested to extend the questionnaire fulfillment period. In addition, if the questionnaire fulfillment period is chosed in summer months, it would also positively affect the number of reached medical tourists.

Perceived health concern of international medical patients did not measured in this study however, future studies can include this dimension to be able to understand their concern level before having medical treatment in another country.



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## APPENDICES

### A. QUESTIONNAIRE IN ENGLISH

#### Part 1: Basic Information of Medical Travel

Please respond the following questions by checking (✓) the box that corresponds to your answer.

- **How many times have you traveled on a medical trip to Turkey including this trip?**

First time     2 times     3 times     4 times or more

- **Your primary purpose of this visit to Turkey (Select only one)**

Pleasure/vacation                       Medical treatment

Convention/Exhibition                 Business/work

Visit friend and relatives             Other (please specify) \_\_\_\_\_

- 3. Type of medical service you are seeking for this medical trip (please check all apply)**

Dental surgery/treatment             Sight treatment/lasik

Comprehensive medical checkup     Cosmetic/plastic/reconstructive surgery

Heart surgery                             Other (please specify) \_\_\_\_\_

- 4. Do you have any health or medical insurance coverage on this type of medical treatment?**

a.            In your country:  Yes (with full or partial coverage)     No

**5. Please rank the TOP THREE sources of information you sought before making the decision to embark on this medical trip (1, 2, 3)**

- \_\_\_\_\_ Advice of doctor/physician in your country
- \_\_\_\_\_ Word-of- mouth from friends or relatives
- \_\_\_\_\_ Medical tourism intermediary's website
- \_\_\_\_\_ Website of hospital in Turkey
- \_\_\_\_\_ On-line medical communities
- \_\_\_\_\_ Medical tourism weblog (blog)
- \_\_\_\_\_ Reading the testimonies of other patients who had surgery abroad
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**6. How long did it take for you to make the final decision for this medical trip?**

- 1 – 4 weeks       5 – 8 weeks       More than 8 weeks
- Specify lengths \_\_\_\_\_

**7. Besides Turkey, have you considered other countries for this medical treatment?**

Yes  No

**If yes, please list the TOP TWO countries you considered**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**8. How did you arrange for this medical treatment?**

- Directly with the hospital
- Through medical travel intermediaries' websites
- Other (please specify) \_\_\_\_\_

**9. Travel companion?**

- Individual (none)     Spouse/family/relatives/friends
- Others (please specify) \_\_\_\_\_

**10. Besides the medical treatment, do you plan to do any type of traveling in Turkey?**

- Yes What type? \_\_\_\_\_ Where? \_\_\_\_\_
- No Why? \_\_\_\_\_

**Part 2: Perceived Destination Image, Perceived Service Quality, Perceived Value, Overall Satisfaction and Behavioral Intentions of Medical Tourism in Turkey**

Please indicate your level of agreement for the following statements by circling (○) the appropriate number from 1 “strongly disagree” to 7 “strongly agree”

PERCEIVED DESTINATION IMAGE	AGREEMENT						
	STRONGLY DISAGREE				STRONGLY AGREE		
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. Turkey is safe and secure country	1	2	3	4	5	6	7
2. Turkey offers exciting and interesting places to visit	1	2	3	4	5	6	7
3. Great place for relaxation after medical treatment	1	2	3	4	5	6	7
4. Turkey has a pleasant climate	1	2	3	4	5	6	7
5. As a medical tourism destination, Turkey offers good value for money	1	2	3	4	5	6	7
6. I feel confidence with Turkish hospitals	1	2	3	4	5	6	7

PERCEIVED SERVICE QUALITY	AGREEMENT						
	STRONGLY DISAGREE				STRONGLY AGREE		
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. Modern equipment in the hospital	1	2	3	4	5	6	7
2. Spacious and comfortable hospital environment	1	2	3	4	5	6	7
3. Employees have neat appearance	1	2	3	4	5	6	7
4. Hospital provides its services at the time it promises to do so	1	2	3	4	5	6	7
5. When you have problem, hospital employees are sympathetic and reassuring	1	2	3	4	5	6	7
6. Sufficient attention to patients' privacy, confidentiality and disclosure	1	2	3	4	5	6	7
7. Hospital is accurate in its billing	1	2	3	4	5	6	7
8. Doctors' full attention to patients' description of symptoms	1	2	3	4	5	6	7
9. Good service attitude of nurses and administration staff	1	2	3	4	5	6	7
10. Short waiting time for the medical examination from the physicians	1	2	3	4	5	6	7
11. Medical staff was polite and friendly	1	2	3	4	5	6	7
12. Medical staff are knowledgeable	1	2	3	4	5	6	7
13. You feel safe in your interaction with medical staff	1	2	3	4	5	6	7
14. Hospital employees give patients personal attention	1	2	3	4	5	6	7
15. Hospital has patients' best interest at heart	1	2	3	4	5	6	7

PERCEIVED VALUE	AGREEMENT						
	STRONGLY DISAGREE				STRONGLY AGREE		
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. Compared to the fee I am asked to pay, Turkey's medical tourism offers value for money	1	2	3	4	5	6	7
2. Compared to the potential risk I bear, Turkey's medical tourism is worthwhile to me	1	2	3	4	5	6	7
3. Compared to the time away from work/leisure that medical care requires, Turkey's medical tourism is worthwhile to me	1	2	3	4	5	6	7
4. Overall, Turkey's medical tourism delivers good value	1	2	3	4	5	6	7

OVERALL SATISFACTION	AGREEMENT						
	STRONGLY DISAGREE				STRONGLY AGREE		
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. I am pleased with the hospital employee	1	2	3	4	5	6	7
2. Choosing medical tourism service from this hospital in Turkey is the right decision	1	2	3	4	5	6	7
3. I am happy with medical tourism service from this hospital in Turkey	1	2	3	4	5	6	7
4. I am satisfied with my medical trip decision to Turkey	1	2	3	4	5	6	7

BEHAVIORAL INTENTIONS	AGREEMENT						
	STRONGLY DISAGREE				STRONGLY AGREE		
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. I am willing to say positive things about the medical tourism in Turkey to other people	1	2	3	4	5	6	7
2. I do not hesitate to refer my acquaintances to visit Turkey for medical experiences	1	2	3	4	5	6	7
3. If necessary, I will revisit Turkey for medical tourism in the near future	1	2	3	4	5	6	7
4. I am likely to go on a holiday in Turkey in the near future	1	2	3	4	5	6	7

### Part 3

#### Event Reaction Questionnaire

This set of questions asks you HOW FREQUENTLY specific events actually occur or have occurred in your life.

Please indicate your answer to each question by circling the appropriate number below it.

	Never or Seldom		Sometimes		Very Often
1. Compared to most people, are you typically unable to get what you want out of life?	1	2	3	4	5
2. Growing up, would you ever “cross the line” by doing things that your parents would not tolerate?	1	2	3	4	5
3. How often have you accomplished things that got you “psyched” to work even harder?	1	2	3	4	5
4. Did you get on your parents’ nerves often when you were growing up?	1	2	3	4	5
5. How often did you obey rules and regulations that were established by your parents?	1	2	3	4	5
6. Growing up, did you ever act in ways that your parents thought were objectionable?	1	2	3	4	5
7. Do you often do well at different things that you try?	1	2	3	4	5
8. Not being careful enough has gotten me into trouble at times.	1	2	3	4	5
9. When it comes to achieving things that are important to me, I find that I don’t perform as well as I ideally would like to do.	1	2	3	4	5
10. I feel like I have made progress toward being successful in my life.	1	2	3	4	5
11. I have found very few hobbies or activities in my life that capture my interest or motivate me to put effort into them.	1	2	3	4	5

#### **Part 4: General Information**

Please respond the following questions by checking (✓) the box that corresponds to your answer

##### **1.What is your gender?**

Male  Female

##### **2.What is your marital status?**

Single  Married  Divorced/Widowed/Separated

Other (please specify) \_\_\_\_\_

##### **3.What is your age group?**

18–25yearsold  26–35yearsold  36–45yearsold

46 – 55 years old  56 – 65 years old  Above 65 years old

##### **4.What is your highest educational level?**

High school or below  Associate college degree/High diploma  
(2 years)

Bachelor degree (4 years)  Post graduate education

Professional certificate  Other (please specify) \_\_\_\_\_

##### **5. What is your nationality**\_\_\_\_\_

##### **6. What is your country of residence?**\_\_\_\_\_

##### **Comments and suggestion regarding medical tourism**

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## B. QUESTIONNAIRE (IN TURKISH)

### Bölüm 1: Medikal Seyahat Temel Bilgileri

Lütfen aşağıdaki soruları size uygun olan cevabı ilgili kutucuğu işaretleyerek cevaplayınız.

1. Bu gezi de dahil olmak üzere Türkiye'ye kaç defa medikal seyahatte bulundunuz?  
 İlk defa     2 defa     3 defa     4 defa ve daha fazla
2. Türkiye'yi bu ziyaretinizde temel amacınız (Sadece bir adet seçiniz)  
 Zevk/tatil     Tıbbi tedavi  
 Kongre/Sergi     İş/çalışma  
 Arkadaş ve akraba ziyareti     Diğer (lütfen belirtiniz) \_\_\_\_\_
3. Bu medikal geziye aradığınız medikal hizmet çeşidi (Uygun olanları seçiniz)  
 Diş ameliyatı/ tedavisi     Göz tedavisi/lasik  
 Kapsamlı sağlık kontrolü     Kozmetik/plastik/rekonstrüktif ameliyat  
 Kalp ameliyatı     Diğer (lütfen belirtiniz) \_\_\_\_\_
4. Bu tarz bir tıbbi tedavi için sağlık veya medikal sigortanız var mı?
  - a. Sizin ülkenizde:  Evet (tam veya kısmi kapsama)     Hayır
  - b. Türkiye'de :  Evet (tam veya kısmi kapsama)     Hayır
5. Bu medikal geziye karar vermeden önce bilgi arayışında bulunduğunuz İLK ÜÇ kaynağı sıralayınız lütfen (1,2,3).  
\_\_\_\_\_ Ülkenizdeki doktor/hekim tavsiyesi  
\_\_\_\_\_ Arkadaş veya akraba tavsiyesi  
\_\_\_\_\_ Medikal turizm aracı kurum web siteleri  
\_\_\_\_\_ Türkiye'deki hastanelerin web siteleri  
\_\_\_\_\_ Çevrimiçi tıbbi topluluklar

\_\_\_\_\_ Medikal turizm blogları  
\_\_\_\_\_ Yurt dışında ameliyat olan diğer hastaların yazdıklarını okumak  
\_\_\_\_\_ Diğer (lütfen belirtiniz)\_\_\_\_\_

6. Bu medikal geziye çıkma kararını almak ne kadar zamanınızı aldı?

- 1 – 4 hafta     5 – 8 hafta     8 haftadan daha fazla  
 Süre belirtiniz\_\_\_\_\_

7. Türkiye'nin yanı sıra bu medikal gezi için başka ülkeleri de düşündünüz mü?

- Evet         Hayır

Eğer evet ise, lütfen düşündüğünüz diğer İLK İKİ ülkeyi yazınız

1. \_\_\_\_\_

2. \_\_\_\_\_

8. Bu tıbbi tedavi için nasıl planlama yaptınız?

- Doğrudan hastane ile  
 Medikal seyahat aracı firmalarının web siteleri ile  
 Diğer(lütfen belirtiniz)\_\_\_\_\_

9. Seyahat arkadaşınız var mı?

- Bireysel         Eş/aile/akraba/arkadaş  
 Diğer (lütfen belirtiniz)\_\_\_\_\_

10. Medikal tedavinin yanı sıra, Türkiye'de herhangi bir seyahat planlıyor musunuz?

- Evet. \_\_\_\_\_ Ne tür?  
\_\_\_\_\_ Nerede? \_\_\_\_\_

- \_\_\_\_\_ Hayır.  
Niçin? \_\_\_\_\_

## **Bölüm 2: Türkiye'de Medikal Turizmin Algılanan Destinasyon İmajı, Algılanan Hizmet Kalitesi, Algılanan Değer, Genel Memnuniyet ve Davranışsal Niyetler**

Lütfen aşağıdaki ifadeler için 1'den “kesinlikle katılmıyorum” 7'ye “kesinlikle katılıyorum” katılım seviyenizi size uygun olan sayıyı daire içine alarak belirtiniz.

ALGILANAN HİZMET KALİTESİ	KATILIM						
	KESİNLİKLE KATILMIYORUM			Nötrü m	KESİNLİKLE KATILIYORUM		
	Kesinlikle Katılmıyorum	Katılmıyorum	Biraz Katılmıyorum		Biraz Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Hizmet aldığımız hastane modern cihaz ve ekipmanlara sahiptir	1	2	3	4	5	6	7
2. Hizmet aldığımız hastanenin ortamı geniş ve konforludur	1	2	3	4	5	6	7
3. Hizmet aldığımız hastanenin çalışanları iyi giyimli ve temiz görünümlüdür	1	2	3	4	5	6	7
4. Hizmet aldığımız hastane tedavi süreci ile ilgili işlemleri taahhüt ettiği şekilde yerine getirir	1	2	3	4	5	6	7
5. Bir sorunuz olduğunda hastane çalışanları sempatik ve güven verici davranır	1	2	3	4	5	6	7
6. Hizmet aldığımız hastanede, hastaların hastalıkları ile ilgili özel bilgileri, izinsiz olarak başkaları ile paylaşılmaz	1	2	3	4	5	6	7
7. Hizmet aldığımız hastanede faturalandırma doğru şekilde yapılır	1	2	3	4	5	6	7
8. Hizmet aldığımız hastanede doğru teşhis konulur ve uygun tedavi uygulanır.	1	2	3	4	5	6	7
9. Hizmet aldığımız hastanedeki hemşireler ve çalışanlar iyi hizmet verirler	1	2	3	4	5	6	7
10. Hizmet aldığımız hastanede doktorların muayene veya tedavi işlemleri için bekleme süresi uzun değildir	1	2	3	4	5	6	7
11. Hizmet aldığımız hastanedeki personeller nazik ve dostça davranırlar	1	2	3	4	5	6	7
12. Hizmet aldığımız hastanedeki tüm doktor ve hemşireler, soruları doğru cevaplayabilecek bilgiye sahiptirler	1	2	3	4	5	6	7
13. Hizmet aldığımız hastanedeki sağlık personeli ile etkileşim içinde güvende hissediyorum	1	2	3	4	5	6	7
14. Hizmet aldığımız hastanede, çalışanlar hastalara kişisel ilgi ve ihtimam göstermektedir	1	2	3	4	5	6	7
15. Hizmet aldığımız hastane personeli, hastaların özel istek ve ihtiyaçlarına duyarlıdır.	1	2	3	4	5	6	7

ALGILANAN DEĞER	KATILIM						
	KESİNLİKLE KATILMIYORUM			Nötrü m	KESİNLİKLE KATILIYORUM		
	Kesinlikle Katılmıyorum	Katılmıyorum	Biraz Katılmıyorum		Biraz Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Ödememi istenilen ücrete göre, Türkiye medikal turizmde paramın karşılığını sunuyor	1	2	3	4	5	6	7
2. Katlandığım potansiyel riske göre, Türkiye medikal turizmi benim için çok değerli	1	2	3	4	5	6	7
3. Tıbbi tedavi için iş /eğlence yaşamımdan uzak geçirdiğim zamana kıyasla Türkiye medikal turizmi benim için çok değerli	1	2	3	4	5	6	7
4. Genel olarak, Türkiye medikal turizmi değerli hizmet sunmaktadır.	1	2	3	4	5	6	7

GENEL MEMNUNİYET	KATILIM						
	KESİNLİKLE KATILMIYORUM			Nötrü m	KESİNLİKLE KATILIYORUM		
	Kesinlikle Katılmıyorum	Katılmıyorum	Biraz Katılmıyorum		Biraz Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Hastane çalışanlarından memnunum	1	2	3	4	5	6	7
2. Medikal turizm hizmetini Türkiye’de bu hastaneden almayı seçmek doğru bir karardı	1	2	3	4	5	6	7
3. Medikal turizm hizmetini Türkiye’de bu hastaneden almaktan mutluyum	1	2	3	4	5	6	7
4. Türkiye’de medikal turizm hizmetini alma kararımından memnunum	1	2	3	4	5	6	7

DAVRANIŞSAL NİYETLER	KATILIM						
	KESİNLİKLE KATILMIYORUM			KESİNLİKLE KATILIYORUM			
	Kesinlikle Katılmıyorum	Katılmıyorum	Biraz Katılmıyorum	Nötrüm	Biraz Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Diğer insanlara Türkiye’de medikal turizm deneyimimle ilgili olumlu şeyler söyleyeceğim	1	2	3	4	5	6	7
2. Yakınlarıma Türkiye’de medikal hizmet almalarını önerme konusunda tereddüt etmem	1	2	3	4	5	6	7
3. Eğer ihtiyacım olursa, Türkiye’yi yakın gelecekte medikal turizm hizmeti almak için tekrar ziyaret ederim	1	2	3	4	5	6	7
4. Yakın gelecekte Türkiye’ye tatile gelmeyi olası görüyorum	1	2	3	4	5	6	7

### Olaylara Gösterilen Tepki Ölçümü Anketi

Aşağıdaki sorular belirtilen spesifik olayların sizin hayatınızda NE SIKLIKLA meydana geldiğini sormaktadır. Lütfen her soru için size uyan cevabın numarasını daire içine alarak cevaplayınız.

	Asla yada Nadiren		Bazen		Çok Sıklıkla
1. Çoğu insan ile karşılaştırıldığında, hayattan istediğinizi alamayan insanlardan mısınız?	1	2	3	4	5
2. Büyürken, ailenizin tolere edemeyeceği şeyleri yaparak hiç “çizgiyi aştığımız” oldu mu?	1	2	3	4	5
3. Daha yoğun çalışma “heyecanı” duyarak ne sıklıkla başarıya ulaştınız?	1	2	3	4	5
4. Çocukluğunuzda ailenizi çok öfkeliendirdiğiniz olur muydu?	1	2	3	4	5
5. Ailenizin koyduğu kurallara ne sıklıkla uyardınız?	1	2	3	4	5
6. Büyürken ailenizin karşı olacağını düşündüğünüz bir davranışınız oldu mu?	1	2	3	4	5
7. Farklı şeyleri denediğinizde genelde başarılı olur musunuz ?	1	2	3	4	5
8. Yeterince dikkatli olmadığım için zaman zaman sorunlarla karşılaşmışımdır.	1	2	3	4	5
9. Benim için önemli olan şeyleri başarmaya sıra geldiğinde, sahip olduğum performansı yeterince göstermediğimi görüyorum.	1	2	3	4	5
10. Hayatımda başarılı olma yolunda ilerleme kaydettiğimi düşünüyorum.	1	2	3	4	5
11. Hayatımda ilgimi çekecek veya enerjimi ona harcamaya motive edecek çok az hobi veya aktivite buldum.	1	2	3	4	5

#### Bölüm 4: Genel Bilgiler

Lütfen aşağıdaki soruları size uygun olan cevabı ilgili kutucuğu işaretleyerek cevaplayınız.

1. Cinsiyetiniz nedir?

Erkek  Kadın

2. Medeni haliniz nedir?

Bekar  Evli  Boşanmış/Dul/Ayrılmış

Diğer (lütfen belirtiniz) \_\_\_\_\_

3. Yaş aralığınız hangisidir?

18–25 yaş arası

26–35 yaş arası

36–45 yaş arası

46 –55 yaş arası

56 – 65 yaş arası

65 yaş üstü

4. En üst eğitim seviyeniz nedir?

Lise ve altı

Yüksek okul mezunu (2 yıllık)

Üniversite mezunu

Lisansüstü

Profesyonel sertifikalı

Diğer (lütfen belirtiniz)

\_\_\_\_\_

5. Milliyetiniz nedir? \_\_\_\_\_

6. İkamet ettiğiniz ülke hangisidir? \_\_\_\_\_

Medikal Turizm ile ilgili yorum ve önerileriniz

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bu çalışmaya katılımınız ve işbirliğiniz için çok teşekkür ederim.

## C. QUESTIONNAIRE (IN ARABIC)

### أسئلة استعلام

القسم (1): معلومات أساسية عن السياحة الطبية

يرجى منكم الإجابة على الأسئلة التالية بالإشارة على مربعات الإجابة التي ترون أنها صحيحة.

1- كم عدد السفرات السياحية الطبية التي قمتم بها إلى تركيا، بما في ذلك هذه الرحلة؟

أول مرة  مرتين  ثلاثة مرات  4 مرات وأكثر

2- غايتكم الأساسية في زيارتكم لتركيا في هذه المرة (اخترتوا اجابة واحدة فقط)

للاستمتاع / العطلة  للعلاج الطبي

مؤتمر / معرض  عمل / وظيفة

زيارة أصدقاء وأقرباء  أخرى (يرجى منكم بيان ذلك)

3- نوع الخدمة الطبية التي تبحثون عنها في هذه السياحة الطبية (اخترتوا البنود المناسبة لكم)

عملية / علاج الأسنان  علاج العيون / البزك

فحص طبي شامل  جراحة تجميلية/ عملية تجميل / جراحة استثنائية

عملية في القلب  أخرى (يرجى منكم بيان ذلك)

4- هل يوجد لديكم تأمين صحي أو طبي خاص بهذا النوع من العلاج الطبي؟

أ- في بلادكم  نعم (مضمون شامل أو جزئي)  لا

ب- في تركيا  نعم (مضمون شامل أو جزئي)  لا

5- هل سبق لك وأن قمتم بجمع معلومات تسبق اتخاذكم قرار القيام بهذه السياحة الطبية؟ يرجى منكم

وضع تسلسل أول ثلاثة مصادر على شكل (1، 2، 3)

----- توصية دكتور / طبيب موجود في بلادكم

----- توصية صديق أو اقرباء



----- مواقع الانترنت للمؤسسات الوسيطة في السياحة الطبية

----- مواقع الانترنت العائدة للمستشفيات العاملة في بلادكم

----- الجمعيات الطبية عبر الانترنت

----- بلوكات السياحة الطبية

----- قراءة كتابات عائدة لمرضى آخرين أجري لهم عمليات في خارج البلاد

----- أخرى (يرجى منكم بيان ذلك) -----

**6- كم استغرق منكم اتخاذ قرار بالسفر من أجل هذه السياحة الطبية؟**

1 - 4 أسبوع  5 - 8 أسبوع  8 أسابيع وأكثر

اذكروا المدة -----

**7- هل فكرتم بالذهاب إلى دول أخرى بجانب تركيا من أجل هذه السياحة الطبية؟**

نعم  لا

إذا كان الجواب ب "نعم"، يرجى منكم كتابة اسم أول بلدين فكرتم بالذهاب إليها.

1. -----

2. -----

**8- كيف خططتم من أجل هذه السياحة الطبية؟**

من خلال الاتصال بشكل مباشر مع المستشفى

من خلال مواقع الانترنت العائدة لشركات السياحة الطبية الوسيطة

أخرى (يرجى منكم بيان ذلك)

**9- المرافقين لكم في هذه السياحة؟**

بشكل فردي  زوج - زوجة / أصدقاء / صديق

أخرى (يرجى منكم بيان ذلك) -----

**10- هل تخططون لأي سفرات أخرى في تركيا، بجانب العلاج الطبي؟**

□ نعم: ما نوعها؟ ----- أين؟ -----

□ لماذا؟ -----

## القسم (2): الصورة المتعلقة بوجهة النظر المنعكسة عن السياحة الطبية في تركيا

اذكروا مستوى موافقتكم على العبارات المذكورة أدناه من خلال وضع الرقم المناسب لكم من (1) "لا أوافق أبداً"

إلى (7) "أوافق تماماً" داخل دائرة.

الموافقة							الصورة المتعلقة بوجهة النظر
أوافق تماماً			لا أوافق أبداً				
أوافق تماماً	أوافق	أوافق لحد ما	محايد	لا أوافق لحد ما	لا أوافق	لا أوافق أبداً	
7	6	5	4	3	2	1	1- تركيا بلد آمنة
7	6	5	4	3	2	1	2- يوجد في تركيا أماكن مثيرة وعجيبة تشجع على الزيارة
7	6	5	4	3	2	1	3- مكان رائع للراحة بعد العلاج الطبي
7	6	5	4	3	2	1	4- تتمتع تركيا بطروف مناخية لطيفة
7	6	5	4	3	2	1	5- كغاية سياحية طبية، تركيا تعطيك المقابل لمالكم
7	6	5	4	3	2	1	6- أشعر بأمان في المستشفيات التركية

الموافقة							الصورة المتعلقة بموجهة النظر
أوافق تماماً			لا أوافق أبداً				
أوافق تماماً	أوافق	أوافق لحد ما	محايد	لا أوافق لحد ما	لا أوافق	لا أوافق أبداً	
7	6	5	4	3	2	1	1- المستشفى الذي تقيّم الخدمة فيه، مجهز بأجهزة ومعدات حديثة
7	6	5	4	3	2	1	2- محيط المستشفى الذي تقيّم الخدمة فيه واسع ومريح
7	6	5	4	3	2	1	3- العاملين في المستشفى الذي تقيّم فيه الخدمة، ملابسهم جيدة ومظهرهم نظيف
7	6	5	4	3	2	1	4- تم تنفيذ جميع الإجراءات المتعلقة بمرحلة العلاج في المستشفى الذي تقيّم فيه الخدمة بالشكل الذي تم التعمد به.
7	6	5	4	3	2	1	5- يتصرف العاملون في المستشفى بشكل لطيف ومانح للثقة عند مواجهتكم لمشكلة ما.
7	6	5	4	3	2	1	6- في المستشفى الذي تقيّم فيه الخدمة، لا يتم الإفشاء بالمعلومات الخاصة بحالات المرضى دون إذن.
7	6	5	4	3	2	1	7- يتم إعداد الفاتورة بشكل صحيح في المستشفى الذي تقيّم فيه الخدمة.
7	6	5	4	3	2	1	8- يتم وضع تشخيص صحيح في المستشفى الذي تقيّم فيه الخدمة، ويتم تطبيق علاج مناسب.
7	6	5	4	3	2	1	9- يتم تقديم خدمات جيدة من قبل طاقم التمريض والعاملين في المستشفى الذي تقيّم فيه الخدمة.
7	6	5	4	3	2	1	10- فترة الانتظار من أجل المعاينة أو العلاج من قبل الأطباء في المستشفى الذي تقيّم فيه الخدمة ليست طويلة.
7	6	5	4	3	2	1	11- يتصرف العاملون في المستشفى الذي تقيّم فيه الخدمة، بشكل لطيف وحميم.
7	6	5	4	3	2	1	12- يملك جميع الأطباء والمرضين العاملين في المستشفى الذي تقيّم فيه الخدمة بمعلومات تمكنهم من إعطاء إجابات صحيحة على الأسئلة.
7	6	5	4	3	2	1	13- أشعر بالأمان عند التعامل مع الكوادر الطبية العاملة في المستشفى الذي تقيّم فيه الخدمة.
7	6	5	4	3	2	1	14- يبدي العاملون في المستشفى الذي تقيّم فيه الخدمة، اهتمام شخصي بالمرضى.
7	6	5	4	3	2	1	15- العاملون في المستشفى الذي تقيّم فيه الخدمة، متعاونين من ناحية تلبية الطلبات والاحتياجات الخاصة بالمرضى.

الموافقة							الصورة المتعلقة بموجهة النظر
أوافق تماماً			لا أوافق أبداً				
أوافق تماماً	أوافق	أوافق لحد ما	محايد	لا أوافق لحد ما	لا أوافق	لا أوافق أبداً	
7	6	5	4	3	2	1	1- حسب الأجرة المطلوب مني دفعها، فهي تعطي المقابل للمال في السياحة الطبية في تركيا.
7	6	5	4	3	2	1	2- حسب المخاطر الكامنة التي عانيت منها، السياحة الطبية في تركيا ذات قيمة عالية بالنسبة لي.
7	6	5	4	3	2	1	3- بالمقارنة مع الوقت الذي قضيته من أجل العلاج بعيداً عن حياتي المهنية / الترفيهية، السياحة الطبية في تركيا ذات قيمة عالية بالنسبة لي.
7	6	5	4	3	2	1	4- وبشكل عام، تقوم تركيا بتقديم خدمات سياحة طبية قيمة.

الموافقة							الصورة المتعلقة بموجهة النظر
أوافق تماماً			لا أوافق أبداً				
أوافق تماماً	أوافق	أوافق لحد ما	محايد	لا أوافق لحد ما	لا أوافق	لا أوافق أبداً	
7	6	5	4	3	2	1	1- أنا راض عن العاملين في المستشفى.
7	6	5	4	3	2	1	2- قرار تلقي خدمات السياحة الطبية من مستشفى في تركيا، قراراً صائباً
7	6	5	4	3	2	1	3- أنا سعيد من تلقي خدمات السياحة الطبية من مستشفى في تركيا.
7	6	5	4	3	2	1	4- أنا راض عن قرارني بخصوص تلقي خدمات السياحة الطبية في تركيا.

الموافقة							الصورة المتعلقة بموجهة النظر
أوافق تماماً			لا أوافق أبداً				
أوافق تماماً	أوافق	أوافق لحد ما	محايد	لا أوافق لحد ما	لا أوافق	لا أوافق أبداً	
7	6	5	4	3	2	1	1- سوف أبلغ الأناص الآخرين بأشياء إيجابية بخصوص تجربتي للسياحة الطبية في تركيا.
7	6	5	4	3	2	1	2- لن أتردد بخصوص توصية أقاربي في تلقي خدمات السياحة الطبية في تركيا.
7	6	5	4	3	2	1	3- في حال احتياجي، سوف أقوم بزيارة تركيا من أجل تلقي خدمات السياحة الطبية في المستقبل القريب.
7	6	5	4	3	2	1	4- أتوقع أن أقوم بزيارة إلى تركيا في المستقبل القريب لأجل قضاء العطلة.

القسم (3): نوعية الخدمات المأخوذة، القيمة المأخوذة، الامتتان العام والنوايا السلوكية

اذكروا مستوى موافقتكم على العبارات المذكورة أدناه من خلال وضع الرقم المناسب لكم من (1) "لا أوافق أبداً"

إلى (7) "أوافق تماماً" داخل دائرة.

في كثير من الأحيان		في بعض الأحيان		أبداً أو نادراً	
5	4	3	2	1	1- عند المقارنة مع معظم الناس، هل أنتم من الناس الذين لم يتمكنوا من الحصول على ما يريدون من الحياة؟
5	4	3	2	1	2- هل سبق وأن قمتم أثناء كبركم "بتعدي الحدود المرسومة لكم" من خلال القيام بأشياء لا يمكن لعائلتكم التسامح بها؟
5	4	3	2	1	3- ما مدى كثافة وصولكم للنجاح من خلال الشعور بـ "الإثارة" في العمل الأكثر كثافة؟
5	4	3	2	1	4- هل سبق وأن قمتم في طفولتكم بأفعال من شأنها إثارة غضب عائلتكم؟
5	4	3	2	1	5- ما المدى الذي التزمت فيه بالقواعد الموضوعية من قبل عائلتكم؟
5	4	3	2	1	6- هل سبق وأن قمتم أثناء نموكم بتصرفات تعتقدون أن عائلتكم سوف تعترض عليها؟
5	4	3	2	1	7- هل سيكون لديكم القدرة على النجاح عند محاولتكم القيام بأشياء مختلفة؟
5	4	3	2	1	8- أتعرض من وقت لآخر لبعض المشاكل بسبب التزامي بالدقة بالقدر الكافي.
5	4	3	2	1	9- أرى أنني لم أظهر الأداء الكافي عندما حان وقت إنجاز أشياء مهمة بالنسبة لي.
5	4	3	2	1	10- أعتقد أنني أحرزت تقدماً في سبيل أن أكون ناجحاً في حياتي.
5	4	3	2	1	11- وجدت في حياتي القليل جداً من الهوايات أو النشاطات التي من شأنها جذب انتباهي أو تدفعني لصرف طاقتي عليها.

- القسم الأخير -

استعلام بخصوص تقييم ردود الفعل للأحداث

الأسئلة المدرجة أدناه، للاستفهام عن مدى كثافة وقوع الأحداث المعينة المذكورة أدناه في حياتكم. يرجى منكم الإجابة على كل سؤال بوضع رقم الإجابة الذي يناسبكم داخل الدائرة.

القسم (4): معلومات عامة

يرجى منكم الإجابة على الأسئلة التالية بالإشارة على مربعات الإجابة التي ترون أنها صحيحة.

1- ما هو جنسك؟

رجل  سيدة

2- ما هي حالتك المدنية؟

أعزب/ عذراء  متزوج (ة)  مطلق (ة) / أرمل (ة) / تارك (ة)

أخرى (يرجى منكم بيان ذلك) -----

3- ما هو متوسط عمركم؟

ما بين 18 - 25  ما بين 26 - 36  ما بين 36 - 45

ما بين 46 - 55  ما بين 56 - 65  65 وأكثر

4- ما هي مؤهلاتكم العلمية؟

الثانوية العامة وما دناها  دبلوم (2 سنة)

جامعة  ماجستير

شهادة احتراف  أخرى (يرجى منكم بيان ذلك) -----

5- ما هي جنسيتكم؟ -----

6- ما اسم البلد التي تقيمون فيها؟ -----

تعلقوا بواقتراراضاكنمالمعلق قبل اي احالة طبية

## D. TURKISH SUMMARY

İnsanlar çok eski zamanlardan beri tedavi amaçlı olarak diğer ülkeleri ziyaret etmelerine rağmen, medikal turizm günümüzde sağlık sektörünün hızlı ve dikkat çekici büyüme gösteren bir gerçeği olmuştur (Lunt et al., 2010; Reddy et al., 2010). Sağlık turizmi, pek çok kaynaktan turizmin geniş bir çeşidi olarak karşımıza çıkmakta ve medikal turizm, termal (spa-wellness) turizmi, yaşlı ve engelli turizmi olarak çeşitlere ayrılmaktadır. Bu çalışmada ise sağlık turizminin bir çeşidi olan medikal turizmin, uluslararası medikal turizm alanında çalışılacaktır.

Sağlık turizmi, geçmişte zengin kesimin daha iyi sağlık hizmeti almak için gelişmiş ülkelere yaptığı bir gezi iken (Burkett, 2007; Herrick, 2007); günümüzde zengin sınıfa ek olarak orta sınıfın Hindistan, Tayland, Singapur gibi gelişmekte olan ülkelere daha düşük ücret ve yüksek kalite hizmet alımı için yaptığı bir gezi olmuştur (Crooks et al.2011). Crooks ve arkadaşlarına göre (2010), tıbbi tedavi alma hizmetini seçerken hastaların kararlarını etkileyen faktörler çekme ve itme faktörleri olarak ikiye ayrılıyor. Çekme faktörleri, ülkelerin kendi tanıtımları ile hastaları etkilemeye çalıştıkları faaliyetleri içermektedir. Örneğin, uluslararası eğitim almış doktor sayısı, akredite olmuş sağlık kurumu sayısı, yüksek kalitede tedavi hizmetleri, hastalar ile aynı dili konuşabilen çalışanlar, geniş tedavi seçenekleri ve uygun siyasi-politik ortam çekme faktörlerinden sayılmaktadır. Diğer yandan, hastaları diğer ülke seçeneklerine yönlendiren faktörler ise itme faktörleri olarak adlandırılmakta ve maliyet avantajı, uzun prosedürler ve bekleme süreleri, sigortasızlık veya eksik sigortalanmak, gizlilik ihtiyacı ve yaşadıkları ülkede ihtiyaçları olan tedavinin yapılamayışı da itme faktörleri arasında gösterilmektedir.

Çalışmanın ana amacı iki ayaklıdır. Bunlardan ilki, ülkemize gelen uluslararası medikal turistleri düzenleyici odak teorisine göre teşvik odaklı ve önlem odaklı olarak sınıflandırmak ve onların bu eğilimleri ile aldıkları sağlık hizmet tecrübelerini değerlendirmeleri arasındaki ilişkiyi incelemektir. İkincisi ise, çalışmada kullandığımız kavramsal modeldeki algılanan destinasyon imajı, algılanan hizmet kalitesi, algılanan değer, genel memnuniyet ve davranışsal niyetler arasındaki

ilişkileri inceleyerek, teşvik odaklı ve önlem odaklı uluslararası medikal turistlerin aldıkları sağlık hizmetlerini değerlendirmelerini etkileyen faktörleri açığa çıkarmak. Bu amaçlar doğrultusunda teşvik odaklı ve önlem odaklı hastalar için algılanan hizmet kalitesi faktörlerinin hangisinin memnuniyeti daha fazla etkilediği, yine algılanan hizmet kalitesi faktörlerinden hangilerinin davranışsal niyetleri etkilediğinin ve bu etkilerin ne derecede etkili olduğunun analizleri yapılması planlanmıştır.

Öncelikli olarak literatür çalışmalarına sağlık turizmi ve onun bir çeşidi olan medikal turizmin tanımlamaları ile başlanmıştır. Türkiye Cumhuriyeti Sağlık Bakanlığı'nın hazırladığı Türkiye Medikal Turizm Değerlendirme Raporu'nun (2013) kapsamlı tanımına göre: "Sağlık turizmi, sağlığın korunması, geliştirilmesi ve hastalıkların tedavi edilmesi amacıyla ikâmet edilen yerden başka bir yere seyahat edilmesi ve gidilen yerde en az 24 saat kalınarak sağlık ve turizm olanaklarından yararlanılması olarak tanımlanabilir. Belirtilen amaçlarla seyahat eden kişiye de "sağlık turisti" denilmektedir." Medikal turizm ise sağlık ve turizm sektörünün bir birleşimi olarak, daha iyi kalitede hizmetin en rekabetçi fiyatlarla sağlandığı sağlık hizmetini almak amacıyla hastaların deniz aşırı ülkelere yaptıkları seyahatler olarak tanımlanmıştır (Yu and Ko, 2012).

Medikal turizmin dünyadaki durumu incelendiğinde pek çok ülkenin bu yarışta yer aldığını görmekteyiz. Bu alanda en başta gelen ülkeler arasında uzmanlık alanlarına göre Singapur (karaciğer tedavisi ve kök hücre araştırmaları), Tayland (plastik cerrahi, eklem protezleri ve doğurganlık), Meksika (bazı kanser tedavileri) ve Macaristan (diş hastalıkları tedavisi) sayılmaktadır. Bunların yanı sıra yurtdışında eğitim almış uzman kadrosu ve düşük fiyat politikası ile Hindistan son zamanların en yıldızı parlak medikal turist çeken ülkelerden birisidir. Diğer yandan, 4.1 milyon metrekare alana kurduğu sağlık şehri ile Dubai, 4000 adet lisanslı doktoru ile Ortadoğu'nun en gözde medikal turizm merkezlerinden biri haline gelmiştir.

Türkiye'nin durumuna bakıldığında ise ülkemizin turizm potansiyeli dünyada en ön sıralardadır. TUROFED'in istatistiklerine göre 2014 yılında en çok turist çeken ülkeler sıralamasında Türkiye, dünyada 6. sırada yer almaktadır. Aynı şekilde OECD



(2015) raporuna göre yıllık sağlık harcamalarında 2013 yılında %5.4 ile OECD ülkeleri genel ortalamasının (%1) çok üstünde bir büyüme göstermiştir. 2012 yılında 262.000 uluslararası hastaya hizmet verilmiş, bu rakamın Sağlık Bakanlığı'nın projeksiyonlarına göre 2017 yılında 700.000, 2023 yılında ise 2 milyonu aşması hedeflenmektedir. Medikal turizm alanında en çok turist çeken şehirlerimiz sırasıyla İstanbul, Antalya ve Ankara olurken; bu turistler en fazla Libya, Almanya ve Irak'tan gelmektedir (Türkiye Medikal Turizm Değerlendirme Raporu, 2013).

Çalışmada kullanılan düzenleyici odak teorisi'ni anlayabilmek için öncelikle yine Higgins tarafından ortaya atılan düzenleyici uyum teorisi'ni incelememiz gereklidir. Higgins'e göre (2000), insanların eğilimleri ve tutumları arasında bir uyum söz konusu olursa, bu durum aldıkları kararlarda insanların haklı hissetmelerini sağlar ve bu durum, aldıkları karar sonrası gösterdikleri davranışa bağlılıklarını artırır. Söz konusu uyum veya uyumsuzluk için pek çok çalışmada düzenleyici odak teorisi incelenmiştir (Cesario, Higgins, & Scholer, 2007; Higgins et al., 2003). Düzenleyici odak teorisine göre insanların iki tip eğilimi vardır: Teşvik edici ve önleyici. Teşvik odaklı eğilim, başarı, umut, ilerleme ihtiyaçlarını vurgularken; önlem odaklı eğilim ise güvenlik, sorumluluklar ve emniyette olma ihtiyaçlarını vurgular. Higgins'e (1997) göre kişinin düzenleyici odak teorisindeki gösterdiği bu eğilimler, ailenin çocuğunu yetiştirme tarzına bağlı olarak çocukluktan itibaren ortaya çıkar. Örneğin aile çocuğunu başarı elde etmek için, zorlukların üstesinden gelmek için teşvik edici bir yaklaşımda bulunursa, çocukta teşvik odaklı eğilim görülmektedir. Diğer yandan aile çocuğunu güvenlik gerekçesiyle sürekli kontrollü yetiştirir, yeni keşiflerini engeller ve başarısızlıklarını cezalandırıcı bir yol izlerse, çocukta negatif sonuçları önlemeye yönelme yani önlem odaklı eğilim gözlenmektedir. Çalışmamızda da Higgins ve arkadaşlarının (2001) oluşturdukları anket soruları kullanılarak uluslararası medikal turistler, teşvik odaklı ve önlem odaklı olarak ikiye ayrılmıştır.

Literatür kısmına çalışmanın kavramsal modelindeki kavramların sırasıyla açıklamaları yapılarak ve literatürde konuyla ilgili yapılan çalışmalara yer verilerek devam edilmiştir. Öncelikli olarak algılanan destinasyon imajı ele alınmış, bu imajın turistlerin yer seçimi kararlarında ve memnuniyet derecelerindeki etkisinden

bahsedilmiştir. Daha önceki bilimsel arařtırmalar göstermiştir ki, pozitif destinasyon imajına sahip insanlar, aldıkları hizmet kalitesini ve deęerini daha pozitif algılamakta, bu da memnuniyet derecelerini ve o bölgeye baęlılıklarını, tekrar ziyaret etme kararlarını pozitif yönde etkilemektedir (Court and Lupton, 1997; Bigne, Sanchez and Sanchez, 2001; Chen and Tsai, 2007).

Algılanan hizmet kalitesi için daha önce yapılan literatür çalışmaları incelendiğinde görülmüştür ki algılanan hizmet kalitesi, algılanan deęer, memnuniyet ve satın alma sonrası davranışların belirlenmesinde önemli bir öncül olmuştur. Kimi arařtırmalara göre hizmet kalitesi ile davranışsal baęlılık arasında dolaylı bir ilişki varken (Lertwannawit and Gulid, 2011); dięer pek çok arařtırmada ise hizmet kalitesinin hastaların hizmet alımı sonrası gösterdięi, tekrar aynı hizmeti alma veya aldığı hizmeti pozitif olarak çevresine önerme gibi davranışsal niyetleriyle direkt olarak ilişkide olduęu yönünde sonuçlar çıkmıştır (Gooding, 1995; Headley and Miller, 1993; Reidenbach and Sandifer-Smallwood, 1990).

Algılanan deęer kavramı ise insanların satın alma davranışları ile satın alma sonrası davranışlarına olan etkisi sebebiyle pazarlama yöneticilerinin ve pek çok arařtırmacının ilgisini çekmiştir. Parasuraman ve Grewal'a (2000) göre algılanan deęer, tüketicilerin satın alma davranışlarını, memnuniyetlerini ve satın alma sonrası davranışlarını olumlu yönde direkt olarak etkilemektedir. Wang'ın (2012) çalışmasına göre ise medikal turizm sektöründe algılanan deęer, hastaların hizmet alımı sonrası gösterdięi davranışların belirlenmesinde çok mühim bir yere sahip.

Memnuniyet kavramının tüketicinin satın alma kararlarına olan etkisi pek çok bilimsel arařtırmada yer almaktadır. Saęlık sektöründe hastanın memnuniyet derecesi, verilen hizmetin kalitesini ölçmede kritik bir rol oynamaktadır (Grogan et al., 2000) ve verilen saęlık hizmetinin kalitesi ile hastanın memnuniyeti arasında pozitif bir ilişki vardır (Naidu, 2009). Saęlık hizmetlerinin kalitesi hastanın beklentilerini ve ihtiyaçlarını karşılıyorsa, memnuniyet derecesi ve hastaneye olan baęlılığı artmaktadır (Chahal ve Kumari, 2010). Memnun olan hastalar, aldıkları hizmet sonrası deneyimlerini çevrelerine pozitif bir şekilde aktaracak ve bir sonraki

sağlık hizmeti ihtiyacında yine aynı sağlık kurumunu seçmeye yönelecektir (Kesler ve Mylod, 2011).

Davranışsal niyetler olarak adlandırılan kavram, hizmet alımı sonrası tüketicilerin gösterdikleri tekrar aynı hizmeti alma niyeti, aldığı hizmeti çevresine pozitif yönde önerme (ağızdan ağıza pazarlama) davranışı, aynı hizmet için daha fazla ödeme davranışı ve müşteri bağlılığı olarak tanımlanabilmektedir (Cronin et al., 2000; Zeithaml et al., 1996). Turizm sektöründe yapılan araştırmalara göre, potansiyel müşteriler için en güvenilir bilgi kaynağının ağızdan ağıza yapılan reklamlar olduğu tespit edilmiştir (Yoon&Uysal, 2005). Ayrıca online ağızdan ağıza pazarlamanın daha güncel, eğlenceli ve daha inanılır olması gibi sebeplerle diğer geleneksel yollara göre 30 kat daha fazla potansiyel müşteriyi etkilediği sonucuna varılmıştır (Trusov, Bucklin, & Pauwells, 2009). Sağlık sektöründe ise Panisa ve arkadaşlarının (2010) yaptığı araştırmaya göre, davranışsal niyetlerden biri olan müşteri sadakatini oluşturan faktörler müşteri memnuniyeti, güven, algılanan değer, destinasyon bilinirliği ve destinasyon imajıdır.

Araştırma metodolojisi bölümünde öncelikle araştırma hipotezlerine yer verilmiş ve çalışmada bu sorulara cevap aranacağı belirtilmiştir. Daha sonra verilerin toplanması sürecinden bahsedilmiştir. Bu aşamada İstanbul, Ankara ve İzmir'deki belirli hastane ve aracı firmalardan yardım alınmış, Şubat-Mayıs 2016 arasında toplam 124 adet anket çalışması doldurulmuştur. Bu süreçte ankete katılan yabancı hastaların büyük çoğunluğunun Arap olması sebebiyle anket soruları Arap asıllı çevirmenler tarafından Arapçaya çevrilmiştir.

Anket toplamda dört ayrı bölümden oluşmaktadır. İlk bölümde uluslar arası medikal turistlerin karar verme davranışlarını anlamamızı sağlayan sorular yer almaktadır. Sorulardan bazıları: istedikleri sağlık hizmetinin çeşidi, bilgi kaynakları, karar vermelerinde geçen süre, Türkiye'nin yanı sıra sağlık hizmeti almak için gitmeyi düşündükleri diğer ülkeler gibi. İkinci anket bölümünde araştırma modelindeki algılanan destinasyon imajı, algılanan hizmet kalitesi, algılanan değer, genel memnuniyet ve davranışsal niyetlerini ölçmeye yönelik literatürden alınmış sorular yer almaktadır. Buradaki cevaplar 7'li Likert ölçeği kullanılarak ölçülmüştür.

Üçüncü kısımda Higgins'in düzenleyici odak ölçümü için oluşturduğu sorulara yer verilmektedir. 5'li Likert ölçeği ile kullanılan sorular yardımıyla anketi cevaplayan uluslar arası medikal turistlerin teşvik odaklı ya da önlem odaklı oldukları belirlenmiştir. Son anket bölümünde ise ankete katılanların demografik bilgilerine ulaşmak amaçlı sorulara yer verilmiştir.

Çalışmanın dördüncü bölümünde araştırma analizi ve analiz sonuçlarına yer verilmiştir. İlk olarak gelen uluslararası medikal turistlerin demografik profilleri incelenmiş, çıkan sonuçlara göre: Gelenlerin %65,3'ü erkek ve %78,2'lik çoğunlukla evliler. 36-45 yaş arası medikal turistler çoğunlukta ve %37,9'u en az 4 yıllık üniversite mezunu. Gelenlerin yaklaşık %72,5'ini Ortadoğulu turistler, %18,5'ini ise Avrupalılar kapsamaktadır. İkinci olarak medikal turistlerin karar verme ve davranış süreçleriyle ilgili olarak sorulan sorulara göre gelenlerin %46'lık çoğunluğu Türkiye'ye ilk kez gelenler; %38'i göğüs kanseri, kolon kanseri, akciğer kanseri gibi ciddi ameliyatlar için gelmişler, ikinci sırada ise diş ameliyatları yer almakta. %75'inin kendi ülkesinde sağlık sigortası bulunmamakta ve en önem verdikleri bilgi kaynağı ise ülkelerindeki doktorların önerisi (%44,4). Gelenlerin çoğunluğu 1-4 hafta içinde gelme kararı almışken, %71'i sağlık hizmeti almak için başka bir ülke düşünmemişler. Betimleyici istatistiksel çalışmalardan sonuncusu olarak ise teşvik odaklı ve önlem odaklı hastaların ülkemize gelme nedeni olarak aldıkları sağlık hizmet çeşidinde farklılık olup olmadığının tespiti üzerine idi. Her iki çeşit hastanın çoğunlukla ülkemizi tercih etme sebepleri göğüs, akciğer ve kolon kanseri gibi ağır hastalıkların tedavileridir. İkinci sırada ise her iki çeşit hastaların geliş sebebi diş sağlığı hizmetleri almaktır. Dikkat çeken bir nokta olarak kozmetik operasyonlar teşvik odaklı hastalar için üst sıralarda denebilecek bir orandayken (%14,8) , bu oran önlem odaklı hastalar için en düşük seviyelerdedir.

Çok değişkenli analiz kısmına geçmeden önce Churchill'in (1997) dediği, gibi toplanan veriler üzerine güvenilirlik analizi yapılmalıdır. Alfa katsayısı hesaplanarak ölçülen güvenilirlik analizi ile kullanılan ölçeğin tutarlılığı hesaplanmış, 0.70'den düşük olan katsayılı faktörlerin elenerek, daha kesin sonuçlara ulaşılması planlanmıştır. Güvenilirlik analizine göre araştırma modelindeki tüm kavramların

alfa katsayıları 0.721-0.917 arasında olup, normal değerlere sahiptir. Daha sonra faktörlerin sayısını azaltmak ve gruplamak için Keşfedici Faktör Analizi (EFA) yapılmıştır. Varimax Döndürme ve Temel Bileşen Analizi metotları kullanılmış ve çıkan sonuçlara göre algılanan hizmet kalitesi beklenildiği üzere 5 alt faktöre ayrılmıştır. Bunlar sırasıyla “itimat” (çalışanların bilgi ve becerilerine olan güven), “maddi varlıklar”, “hızlı çözüm oluşturma”, “empati” ve “güvenilirlik” olarak çıkmıştır. Aynı şekilde davranışsal niyetler için de faktör analizine göre iki alt faktör belirmiştir. Bunlar “tekrar ziyaret etme” ve “pozitif önerme” olarak belirtilebilir.

Araştırma modelindeki kavramlar arasındaki ilişkinin yönünü ve kuvvetini belirlemek amaçlı olarak yapılan korelasyon analizinde çıkan sonuca göre, teşvik odaklı yabancı hastalar için algılanan destinasyon imajı ve davranışsal niyetler dışında tüm kavramlar arasında pozitif yönlü anlamlı bir ilişki söz konusu iken; bu iki değişken arası anlamlı herhangi bir ilişki bulunmamaktadır. Aynı analiz önlem odaklı yabancı turistler için yenilendiğinde ise, çıkan sonuca göre bütün kavramlar arasında pozitif yönlü anlamlı bir ilişki söz konusudur. Kavramlar için sorulan sorulara verilen yanıtların dağılımını ölçmek amacıyla her iki tip yabancı hasta grubu için ortalama ve standart sapma değerleri hesaplanmıştır. Bu tablo göstermiştir ki, teşvik odaklı ve önlem odaklı yabancı hastalar ankette bulunan ifadelerle genellikle “katılmaktadır”. Standart sapmanın çok küçük sayılarda olması da cevaplardaki yayılımın çok dar olması ve genellikle ortalamaya yakın cevaplar verildiğini göstermektedir. Anketteki ifadelerin birbirine yakın değerlerde olması ise, cevapların birbiriyle uyumlu olduğuna işaret etmektedir.

Lineer regresyon ise tek bir bağımlı değişken ile bir veya birden fazla bağımsız değişken arasındaki ilişkiyi anlamak için yapılan çok değişkenli bir analizdir. Bu analiz ile nedensel bir ilişki tahmini yapılabilmektedir. İlk olarak algılanan destinasyon imajı ve algılanan hizmet kalitesi arasındaki ilişkinin incelenmesi için tek değişkenli basit regresyon analizi uygulanmıştır. Teşvik odaklı ve önlem odaklı yabancı hastalar için ayrı ayrı yapılan analize göre, algılanan destinasyon imajı ve algılanan hizmet kalitesi arasında pozitif yönde anlamlı bir ilişkiden söz edilebilir.

Bağımsız değişkenlerin bağımlı değişken üzerinde sıralı olarak artan etkisini analiz etmek için ise Hiyerarşik Regresyon analizi kullanılmıştır. Hiyerarşik regresyon analizinde ilk analiz olarak algılanan değer bağımlı değişken olarak alınmış, algılanan destinasyon imajı ve algılanan hizmet kalitesi bağımsız değişkenler olarak analize girmiştir. Teşvik odaklı yabancı turistler için yapılan analizde, algılanan değer üzerinde “algılanan destinasyon imajı” ve “hızlı çözüm oluşturma” pozitif anlamlı bir etkiye sahip iken; önlem odaklı yabancı turistler için aynı analiz sonucu “maddi varlıklar”ın algılanan değer üzerinde negatif anlamlı bir etkiye sahip oluşu şeklinde yorumlanabilir. İkinci hiyerarşik regresyon analizinde ise genel memnuniyet bağımlı değişken olarak alınmış, algılanan destinasyon imajı, algılanan hizmet kalitesi ve algılanan değer bağımsız değişkenler olarak sırasıyla analize dahil edilmiştir. Teşvik odaklı yabancı hastalar için yapılan analizde “doktor ve çalışanlara olan itimat”, “hızlı çözüm oluşturma”, “maddi varlıklar” ve “algılanan değer” ile hastaların genel memnuniyeti arasında pozitif anlamlı bir ilişki olduğu ortaya çıkmıştır. Önlem odaklı yabancı hastalar için yapılan analizde ise “empati” ve “algılanan değer” ile hastaların genel memnuniyeti arasında pozitif anlamlı bir ilişki olduğu saptanmıştır. Son hiyerarşik regresyon analizinde ise davranışsal niyetler bağımlı değişken olmuş, ve araştırma modelindeki diğer tüm kavramlar bağımsız değişkenler olarak sırasıyla analize dahil edilmiştir. Teşvik odaklı ve önlem odaklı yabancı hastalar için ayrı ayrı yapılan analize göre her iki çeşit hastada, “hızlı çözüm oluşturma” ve “genel memnuniyet” ile davranışsal niyetleri arasında pozitif anlamlı bir ilişki ortaya çıkmıştır. Bu sonuca göre aldıkları hizmetten memnun kalan ve sorunlarına hızlı-aktif çözümler oluşturulan yabancı hastalar, bu aldıkları hizmeti çevrelerine pozitif bir şekilde anlatıyor, aldıkları hizmeti öneriyor ve tekrar böyle bir ihtiyaçları olduğunda yine aynı sağlık kurumunu tercih ediyorlar.

Yapılan çok değişkenli analizler sonucu varılan sonuçları özetleyecek olursak:

- Algılanan destinasyon imajı, hizmet kalitesinin algısını olumlu yönde etkilemektedir ve hizmet kalitesinin algılanmasında önemli bir öncül konumundadır. Bundan dolayı, uluslararası medikal turistlerin hizmet algısını pozitif yönde etkilemek için makro seviyede ülke imajını düzeltici çalışmalar,

mikro seviyede ise hastane ve diğer sağlık kuruluşlarının imajını geliştirici çalışmalar içine girilmelidir.

- Teşvik odaklı yabancı hastalar için doktorlardan veya diğer sağlık personelinin hızlı çözüm yolları ve cevaplar almak, algıladıkları değeri pozitif yönde etkilemektedir. Algılanan değeri pozitif yönde etkileyen diğer bir faktör ise algılanan destinasyon imajıdır. Önlem odaklı insanlar diğer insanlara göre daha şüphelidirler. Maddi varlıklardaki artış ile, aldıkları sağlık hizmetinin kalitesinin düşük olabilebileceği, bu hizmet düşüklüğünü maddi varlıklardaki gösteriş ile örtme yoluna gittikleri şüpheleri artmaktadır. Önlem odaklı yabancı hastalar için ise hastane ortamındaki maddi varlıkların artışı, bu hastaların aldıkları sağlık hizmeti için değer algısını negatif yönde etkilemektedir.
- Teşvik odaklı yabancı hastaların doktorlara ve diğer sağlık personellerine güvenlerini arttırmak, kısa bekleme süreleri sağlayarak hızlı çözüm yolları sunmak, modern ve rahat bir hastane ortamı sağlayarak genel memnuniyetlerini arttırmak mümkün. Önlem odaklı yabancı hastaların aldıkları sağlık hizmetinden genel memnuniyetlerini olumlu yönde etkileyen faktörler ise doktorların ve diğer sağlık personelinin empati içeren davranışlar göstermesi, onlara kişisel ilgi göstermesidir. Bunların yanı sıra, her iki tip yabancı hastanın algıladıkları değer arttıkça, genel memnuniyetleri de pozitif yönlü değişim göstermektedir.
- Medikal turistlerin aldıkları hizmet sonrasında, bu hizmeti çevrelerine pozitif bir şekilde önerme veya aynı hizmete ihtiyaç duymaları halinde tekrar aynı yerden hizmeti alma gibi, hizmet deneyimleri sonrası davranışlarını etkileyen faktörlere baktığımızda, ilk olarak yabancı hastaların genel memnuniyet dereceleri ve ikinci olarak da hızlı çözüm yolları üreten yardımcı sağlık personeli ve doktorlar gelmektedir.
- Her iki çeşit medikal turistlerin algıladıkları sağlık hizmeti değerinin, hizmet alımı sonrası davranışlarına (çevrelerine önerme ve tekrar aynı hizmeti alma gibi) direkt etkisi bulunmamaktadır.

Bu çalışma, uluslararası medikal turistleri düzenleyici odak eğilimlerine göre gruplandıran ve eğilimleri ile sağlık hizmeti alımı sonrası davranışları arasında bir ilişki olup olmadığını araştıran ilk bilimsel çalışmadır. Bu çalışmaya göre yabancı hastaların düzenleyici odak eğilimleri, onların hizmet alımı sonrası değerlendirmelerini ve davranışlarını etkilemektedir. Bu etkiden iki önemli çıkarım söz konusudur:

1. Teşvik odaklı medikal turistlerin hizmet alımı sonrası değerlendirmeleri, daha çok onların ülkemizde yaşadıkları deneyimlerinden etkilenirken; önlem odaklı medikal turistlerin hizmet alımı sonrası değerlendirmeleri, yaşadıkları deneyimlerin de ötesindedir. Onlar ayrıca destinasyon imajını da göz önünde tutarak değerlendirmelerde bulunmaktadır. Bu durum, daha kuşkucu olan önlem odaklı insanlar için beklenen bir sonuçtur.
2. Önlem odaklı medikal turistlerin aldıkları sağlık hizmetinden memnun olmaları için doktorların ve sağlık personelinin empati içeren davranışları gereklidir. Çevrelerine ve kendi algılarına bile güvensiz olan bu insanlar için herhangi bir maddi veya diğer kişisel özellikler, onların memnuniyetlerini etkileyemiyor. Özellikle alınan sağlık hizmetlerinin hastadan hastaya farklı algılanabildiği, sağlık hizmetleri gibi sektörlerde bu farklılıklar normaldir.

Hastane ve diğer sağlık kurumlarında hastalara daha hızlı çözümler üretebilmek için tüm bölümlerde süreç yönetimi etkili bir şekilde yapılmalı, operasyonlar daha verimli bir şekilde işlemelidir. Doktor ve sağlık personellerinin sayılarını artırmak da hızlı hizmet sağlamaya ve bekleme sürelerini kısaltmaya destek sağlayabilecek tedbirlerdir.

Medikal turistlerin memnuniyetlerini artırmak için hasta-doktor ilişkisine odaklanılmalıdır. Empati ve doktora itimat, en önemli genel memnuniyet öncülleridir ve bunun için tüm hastane personellerinin iletişim becerilerini, empati yeteneklerini geliştirici ve hasta psikolojisini anlamaya yönelik eğitimler almaları önem kazanmaktadır. Algılanan değer ise bir diğer memnuniyet belirleyicilerinden ve algılanan değerün öncüllerinden biri algılanan destinasyon imajı. Destinasyon imajının geliştirilebilmesi için makro seviyede devletin diğer devletlerle yaptığı ikili



anlaşmalar ile veya mikro seviyede hastanelerin diğer ülkelerde bulunan zincir hastanelerle yaptıkları anlaşmalar etkili olmaktadır. Örneğin Irak ve Libya ile yapılan anlaşmalarla kapıda vize uygulaması sayesinde, bu bölgelerden gelen medikal turist sayısı artmış; son dönemdeki güvenlik gerekçesiyle bu uygulamaların durdurulması ile de bu bölgelerden gelen medikal turist sayısında da hızlı bir düşüş yaşanmıştır. Uluslararası Ortak Komisyon (JCI) gibi uluslararası bilinirliğe sahip akredite firmalarından alınan akreditasyonlar yoluyla da hastaneler kendi imajlarının yükseltilmesinde önemli adımlar atmaktadırlar.

Bu çalışmada ister istemez pek çok kısıtlama karşılaşılmıştır. Öncelikli olarak anket hazırlaması yapılırken medikal hizmet sağlayıcı olarak sadece özel hastaneler temel alınmıştır. Ancak devlet hastaneleri, medikal aracı kuruluşlar, ulaştırma firmaları, oteller ve düzenleyici rolü ile çeşitli devlet kuruluşlarının da medikal turizm sektöründe hizmet sağlayıcılar olarak dahil edilmesi ile medikal turistlerin daha kapsamlı algılarını, davranışlarını analiz edebilmek mümkün olabilirdi. Diğer bir kısıt, hastaların algıladıkları hizmet kalitesini ölçmek için, hastanelerdeki hizmet kalitesini ölçmek için geliştirilmiş SERVQUAL modeli kullanılmıştır. Ancak medikal turizm sektörü, hastaneleri de içeren büyük bir sektördür. Bu sektöre uygun, hizmet kalitesini ölçmeye yönelik yeni modeller geliştirilebilir. Bir diğer kısıt olarak, anket soruları Ankara, İstanbul ve İzmir'deki çeşitli hastanelerde gerçekleştirilmiş ancak Antalya gibi ikinci en fazla medikal turisti çeken şehrimizde ve diğer şehirlerde gerçekleştirilememiştir. Anketin tüm ülkeyi temsil edilebilir olması açısından mümkün olduğunca fazla şehirden örneklemelerin alınması önemlidir. Son olarak ise, ülkemizde ve dünyada son dönemlerde yaşanan terör olayları sebebiyle, ülkemize gelen turist sayısını ciddi şekilde etkilemiş, bu durum gelen medikal turist sayısına da yansımıştır. Pek çok bilindik hastaneye beklenilmedik şekilde hiç medikal turist gelmemiştir. Bu durum doldurulan anket sayısına da yansımış, beklenilenin altında bir anket sayısı elde edilmiştir.

Gelecek çalışmalar için öncelikle anket dolun sürelerinin uzatılması ve anket doldurulan şehir sayısının artırılması daha fazla hastaya ulaşmayı sağlayacaktır. Ayrıca anket doldurma döneminin özellikle yaz aylarında yapılması, ulaşılan

medikal turist sayısını olumlu yönde etkileyecektir. Sonraki çalışmalarda ölçümü yapılabilecek diğer bir faktör ise, medikal turistlerin sağlık kaygılarının derecesidir.

## E. TEZ FOTOKOPİSİ İZİN FORMU

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Fen Bilimleri Enstitüsü	<input type="checkbox"/>
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### YAZARIN

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Bölümü : İŞLETME

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