

## RESEARCH ARTICLE

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# A qualitative analysis of Turkish stakeholders perspective for improving medical tourism

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## Abstract

This qualitative study explores from Turkish medical tourism stakeholders' perspective the supply-side driving factors for improving medical tourism services in Turkey and provides positive healthcare experience to medical travelers. Five groups of stakeholders (27 participants) were interviewed: hospitals/medical centers, medical travel-agencies, medical-legal regulators, government, and non-government organizations. Findings show that Turkey has a dual-sector public and private model of medical tourism service providers. Four interrelated themes with policy implications were generated: medical tourism promotion, logistics and development initiatives, medical cost, hospital quality accreditation, and other issues related to medical-legal, government incentives for Turkish diaspora, and promoting Turkish medical tourism overseas.

## KEYWORDS

healthcare, medical tourism, quality, stakeholders, thematic analysis, Turkey

## 1 | INTRODUCTION

The world economy has been challenged with emerging concepts in the 21st century due to improvements in various fields such as robotic surgery, medical technological innovation, internet marketing and outsourcing medical surgery (Drinkert & Singh, 2017). Medical, health, and tourism sectors work in partnership to provide medical, health and rehabilitation services such as surgery, wellness, thermal-spas, and herbal treatment, besides travel and tourism services including hospitality accommodation, transportation, and medical tourism marketing (Tontus, 2015; Uçak, 2016).

The medical travel/tourism market is a 'disruptive innovation' for global supply of healthcare services (Havighurst, 2008) because of its potential to lower costs of surgery, pharmaceuticals, and diagnostic tests, in developing countries. Cotton et al. (2014) considers medical travel to seek low-cost innovative medical treatment in developing countries, as "value innovation or cost-efficient innovation" (p. 1). Foreign patients travel overseas to popular destinations for innovative treatments due to availability and popularity of key-hole surgery, hip-resurfacing, and stem-cell transplants to cure diseases such as cancer, autism, cardiac, spinal-cord injury, hair transplant, plastic, and

cosmetic surgery to prevent aging (Lindvall & Hyun, 2009; Medhekar & Wong, 2020).

Empirical quantitative and qualitative studies have determined factors from the demand-side such as the Joint Commission International (JCI, 2021) accreditation of hospitals, service quality, uninsured patients, availability of treatment, western educated and experienced medical staff, state-of-the-art hospital facilities, waiting-time, geographical proximity, competitive pricing, pre/and post-surgery care, ability to combine surgery with a vacation are driving this growth in medical tourism to developing countries (Collins et al., 2019; Connell, 2013; Manaf et al., 2015; Medhekar et al., 2020).

There are not many country-specific empirical studies exploring the supply-side factors from medical tourism stakeholders' perspectives that pull inbound medical travelers to a country or any "integrated theoretical framework for the holistic study of the medical tourism" sector (Han & Hwang, 2018; Hueng et al., 2011; Medhekar & Wong, 2020). Most of the related studies focus on conceptual framework, healthcare globalization, and empirical studies regarding information search, and e-word of mouth with potential or actual medical tourists (Abubakar et al., 2017; Connell, 2013; Drinkert & Singh, 2017). A qualitative study covers from medical service

providers' perspectives factors related to Indian private-hospitals, legal and regulatory concerns for foreign patients (Medhekar et al., 2020).

The objective of this research is to fill the literature gap by providing empirical evidence on the supply-side pull-factors from the perspectives of Turkish medical tourism stakeholders to improve healthcare quality, attract and provide positive experiences to inbound medical tourists. In this study, "inbound medical tourism" has been used to describe "Patients traveling to Turkey from different countries seeking medical treatment/surgery. Medical tourism stakeholders were limited to five groups: (i) hospitals and clinics, (ii) medical-travel operators, (iii) medical-legal services, (iv) government, and (v) non-government organizations. This research has contributed to the theory and literature by empirically identifying the categories and supply-side factors (a) medical tourism promotion, logistic support, and development, (b) medical tourism costs, (c) hospital quality accreditation, and (d) other issues particularly related to lack of awareness of Turkish medical tourism regulation, incentives and policies, essential for providing positive healthcare outcomes and experience to overseas patients. This encourages return visits from medical tourists based on travel risk, geographical proximity and positive prior experience based on healthcare service quality (Mishra & Bansal, 2017).

## 2 | LITERATURE REVIEW AND THEORETICAL BACKGROUND

### 2.1 | Global medical tourism

Medical travel/tourism sector has become one of the most lucrative sectors for countries and private hospitals, to engage in international trade in healthcare related services to raise foreign exchange revenue, solve skill shortage, and increase healthcare systems efficiency (Hanefeld & Smith, 2019). Due to globalization and privatization of health services, outsourcing healthcare services has resulted in movement of health professionals and patients across borders for access to available, affordable, and accredited quality of healthcare services. Thailand, Singapore, India and Malaysia are the top medical tourism destination due to affordable cost, JCI-accredited quality, no waiting time, availability of specialist surgeons, post-surgery care and attractive tourism destinations (Ebrahim & Ganguli, 2020; Medhekar & Wong, 2020).

According to Dalen and Alpert (2019) approximately 750,000 Americans traveled overseas for medical tourism in 2007, and it increased to 1.4 million medical tourists in 2017. Further, globally 14–16 million people traveled in 2017, all over the world for medical tourism. In 2017, global medical travel business was worth US \$439 billion, with annual global expenditure estimated around US \$45–\$72 billion, with each medical tourists typically spending on average US \$3800–\$6000 in cash per visit (Dalen & Alpert, 2019). Given the COVID-19 pandemic related international travel restrictions, closing borders, and lockdowns, shortage of medicine and medical professionals, long-distance travel, travel-risk, infection

control, public health safety is a big concern for the sustainability of the global market for medical tourism post-COVID-19. Accordingly, since March 2020, medical tourism has been negatively impacted, due to international border closures to minimize the spread of coronavirus, having a significant financial implication for medical tourism related businesses and healthcare infrastructure capacity to cope under pandemic. Further, sustainability of medical tourism in any country is underpinned by the heritage tourism sector, medical legal institutions, health infrastructure, political, historical, economic and cultural ties of the patients from bordering countries (Pagan & Horsfall, 2020; Sevim & Önder, 2020).

The theory underlying this research comes from global trade in health-related services, regulated by the World Trade Organization under General Agreement on Trade in Services (GATS), which includes four modes of trade in healthcare services supply, and medical travel/tourism falls under mode 2 of GATS. (i) Mode-1: *Cross-border Supply of Healthcare Goods and Services*, where patients as consumers and healthcare providers as suppliers are based in different countries, providing remote tele-medicine, tele-diagnostic, radiology, medical transcription and e-health consulting services, medical drugs, equipment, and lifesaving medicines. (ii) Mode-2: *Consumption Abroad or Exports of Healthcare Goods and Services*, where patients travel to other country to access medical treatment/surgery, known as medical travel/tourism. Medical travel can be organized through medical-tour facilitator, diaspora and expatriates seeking medical treatment in their country of origin, foreigners meeting with accidents abroad and outsourced by private health insurance and employers. (iii) Mode-3: *Commercial Presence of Healthcare*, where the providers of health-related goods and services establish overseas hospital branches through foreign direct investment in health-related businesses treating overseas patients in their own country. For example, Apollo Hospital Group has branches in Dhaka, Bangladesh and Muscat, Oman. (iv) Mode-4: *Movement of Individual Service Providers*, where the individual specialist surgeon, doctors, nurses, and allied healthcare workers move overseas temporarily to work in a hospital (Arunanondchai & Fink, 2006; Chanda, 2017).

### 2.2 | Supply-side pull factors in medical tourism

There are various demand-side push and supply-side pull factors influencing international patients' decision for medical travel. Supply-side pull factors to a developing country such as Turkey, India, Thailand, or Malaysia that influences the patient's decision to travel abroad for surgery are: JCI accreditation of hospital and staff qualifications, no-waiting list for specialists and diagnostic tests, state-of-the-art medical facilities and services, specialized treatment availability and affordability, experienced medical and non-medical staff, post-surgery nursing care, patient safety, privacy and confidentiality, ease of medical-visa, host-country's medical travel policy, government incentives and promotion, medical-travel facilitators, country infrastructure, cultural familiarity, medical hotels linked with hospitals, English speaking staff, geographical proximity and heritage tourism

opportunity (Abubakar et al., 2017; Collins et al., 2019; Connell, 2013; Medhekar et al., 2020; Mishra & Bansal, 2017; Sevim & Önder, 2020). Similarly, demand side factors that push the patients to travel abroad for surgery are high medical and surgery costs at home, underinsured/uninsured patients, unavailability of treatment/surgery, medical-ethical and regulatory concerns, lack of expertise, and long surgery waiting lists at home (Drinkert & Singh, 2017; Turner, 2010). Quantitative studies based on structural model considered price as a least important factor to influence decision to travel abroad for medical treatment, as patients had already kept an allowance to seek quality surgery abroad (Medhekar & Wong, 2020; Zeng-Xian et al., 2017).

### 2.3 | Stakeholder cooperation in medical tourism

Private hospitals work in partnership with all the stakeholders including the government, which provides medical-visa and other medical tourism incentives to not only promote trade in health-related services and improve healthcare service quality to attract, retain, and provide positive medical travel/tourism experience to overseas and domestic patients (Cho & Lee, 2019; Medhekar et al., 2020). Further, stakeholders must ensure pro-poor inclusive and sustainable development of healthcare-related services by the private sector, through public-private partnership (PPP) with the government (Medhekar, 2014). Kamassi et al. (2020) identified eight stakeholders' role and partnerships required for medical tourism planning, development, and growth, such as healthcare providers, medical tourists, government agencies, facilitators, accreditation agencies, insurance, healthcare marketing, health-infrastructure facilities, which help potential patients to decide to seek surgery overseas. Chakraborty and Poddar (2020) discuss the collaboration between stakeholders in brand value-co-creation process in healthcare-related medical tourism sector for patient attraction and retention.

Finally, empirical quantitative studies have been done with medical tourists surveyed in Iran, Thailand, Malaysia, and Singapore and found that service quality, destination image, hospital brand, perceived value, behavioral intentions, satisfaction, and experience motivate patients to travel abroad for treatment (Lee et al., 2020; Pai & Chary, 2016; Wongkit & McKercher, 2016). However, there are no quantitative or qualitative studies looking at stakeholders' perspectives in identifying the driving factors that need to be improved to attract medical tourists to Turkey.

### 2.4 | Medical tourism in Turkey

Turkey is among the top 10 wellness and medical tourism destinations offering affordable quality of healthcare packages, following India, Cuba, Costa Rica, Thailand, Singapore, and Colombia (Abubakar et al., 2017; Aksu et al., 2016; Connell, 2013; Isikli et al., 2020; Medhekar & Wong, 2020; Uçak, 2016). Approximately 420,000 foreign patients traveled to Turkey for medical treatment in 2018,

contributing US \$1.5 billion in revenue, which increased to 551,748 patients in 2019, contributing US \$2 billion to the economy (Turkeymedicals, 2021). A recent survey by Collins et al. (2019) of 541 USA respondents concluded that American medical patients, including diaspora, traveled abroad to the top five destinations in ascending order to India, China, Thailand, Mexico and Turkey based on four driving factors: (a) destination attractiveness, (b) country related factors, (c) costs, and (d) medical facilities and services.

Turkey has transformed and reformed its health sector. It has invested in hotels and transport infrastructure to establish a Turkish medical tourism brand with governments support (Abubakar et al., 2017). As current as November 2021, JCI has accredited a total of 32-healthcare facilities and programs in Turkey, which include hospitals = 23, ambulatory-care = 4, Academic medical center hospital = 4, and one clinical laboratory (JCI, 2021). Recently, many hospitals in Turkey have collaborated with well-known international schools like Johns Hopkins, Harvard Medical School, and the Mayo Centre, with the aim to boost the reputations of their facilities (Patients Beyond Borders, 2020). Turkey is popular with foreign patients for eye, oncology, orthopedics, esthetics, cosmetic, and hair transplant surgeries. Moreover, climate diversity, geography, and heritage sites development and promotion of medical tourism makes Turkey an attractive medical and wellness destination for European and Middle Eastern travelers (Aksu et al., 2016; Sevim & Önder, 2020; Uçak, 2016). Sag and Zengul (2018) surveyed 288 patients and found that medical tourists who traveled to Turkey, had different health behaviors based on their country of residence, contributing to the medical tourist's behavior and market segmentation.

Turkish Ministry of Health report has provided a detailed medical tourism regulation, which includes healthcare standards, authorisations, and medical pricing. The Regulation on International Health Tourism and Tourist Health prepared by the Ministry of Health was published in the Official Newspaper (Gazete, 2017). According to this regulation the health providers who service foreign patients, must have an International Health Tourism Authority Certificate as of July13, 2018. Moreover, only certified healthcare and intermediary organizations can advertise, promote, and give information about these medical services. The list of the 959 (Table 1) certified private and public healthcare providers and intermediary organizations can be reached through the official web-page of the Turkish Health Ministry, General Directorate of Healthcare Services, and Health Tourism Department (Turkey-MHTD, 2020).

Finally, on April 02, 2019, the Turkish parliament set up the state-owned International Health Services regulation (USHAŞ, 2018) to promote, support and regulate healthcare tourism services and activities for both public and private sectors (Decree Law No. 663, Official Gazette No. 30498, August 03, 2018). USHAŞ has the responsibility of making recommendations to the Ministry of Health on service delivery standards and accreditation criteria, with policies and strategies on international health services offered to medical tourists in eight areas: (a) operations such as licensing, (b) authority certificates, (c) advertising and promotion, (d) acting as intermediary on

**TABLE 1** International Health Tourism Authority certificates as of 20th April 2020

Intermediary organizations	Public health facilities	Public university hospitals	Foundation university hospitals	Private healthcare facilities	Total
105	127	24	24	679	959

Source: Turkey-MHTD, 2020 (secondary-data).

international health contracts, (e) resolving complaints, (f) disputes and penalties, (g) health education, and (h) health infrastructure investment (USHAŞ, 2018).

Studies also emphasize that the medical travel market should have ethical regulations for marketing, quality healthcare, surrogacy, stem-cell treatment, and organ transplants to protect overseas patients (Cohen, 2013; Hall, 2013). However, there are still numerous areas that Turkey needs to continuously improve medical service quality to raise its ranking among its competitors such as Dubai, Iran, Thailand, India, and East-European countries. Some of those areas are developing mixed-marketing strategies for market segmentation (Barca et al., 2013; Tengilimoğlu et al., 2014; Tontus, 2015) to understand the process of traveling to another country with medical purposes for example visa, transportation, hospital, pre-post treatments (Aslan et al., 2014) and improving the whole structure of this process for the mutual benefit of the medical tourists and related service providers.

### 3 | METHODOLOGY

This qualitative study explored the supply-side pull-factors from the stakeholders' perspective involved in providing medical tourism services in Turkey, to international patients. Research employed qualitative methodology in order to examine the situation through a holistic approach, as to why and how medical tourism stakeholders perceive their experiences in marketing and improving supply-side factors that provide positive experiences to medical tourists. The data was collected and triangulated with (a) semi structured interviews, (b) site visits and observations, and (c) reviews of secondary data collected from the government medical tourism regulator- Ministry of Tourism and Health. The research complied with all ethical considerations required by the university, and permissions were acquired from the hospital ethics and other stakeholders to collect the data, maintaining confidentiality and anonymity of the participants.

#### 3.1 | Interview participants sampling

The study employed “purposeful qualitative sampling” to select the respondents or cases which were information-rich related to the phenomenon of interest (Palinkas et al., 2015). The interviewees were selected from a publicly available lists of medical tourism stakeholders, namely (a) Accredited private hospitals ( $n = 31$ ), were identified from the official webpage of JCI, the oldest international accreditation organization in the world (JCI, 2021). (b) The private medical tourism/travel operators were identified from the official web page of Turkey-

MHTD (Turkish Ministry of Health Tourism Department) (2020). (c) The list of law firms dealing with international medical tourism from hospital sources and contacts. (d) Government bodies related to medical tourism, such as Ministry of Health dealing with medical tourism visa rules and health regulations. (e) The list of non-governmental organizations (NGOs) working with medical tourism sector, and conduct activities like health projects, healthcare worker training, workshops for medical tourism providers and servicing Turkish diaspora. Their members include public administrators as stakeholders, involved in providing services to foreign patients, with knowledge about government medical tourism policy and incentives, which are centralized, on USHAŞ for regulating medical tourism sector.

The study included hospitals, medical tourism travel agencies, government agencies, medical tourism law firms and NGOs, which have branches in different cities of Turkey. A total of 27 participants, from the five groups were approached through a snowball effect and were interviewed using a semi-structured interview protocol (Yin, 2017). The interviews were held between March 2019 and June 2019 in Turkey by the two researchers. The participants of the interviews were divided into five groups according to their fields related to medical tourism: Group-1: hospital international patient unit staff, Group-2: medical travel operators, Group-3: legal professionals, Group-4: Government bodies, and Group-5: Non-Government Organizations.

*Group-1: Hospital International Patient Unit Staff* ( $n = 13$ ): consists of medical (doctors and nurses) and non-medical (administrative, interpreter, and public relations) staff from the International Patient Units of various private hospitals in Turkey. A total of five doctors were interviewed. Three of the doctors were practicing specialists (Pulmonologist, Neurosurgeon, and Urologist). Two overseas doctors (Practitioner and Ophthalmologist) were not practicing and waiting for their educational accreditation.

*Group-2: Medical Travel Operators* ( $n = 5$ ): included people from various professions and one doctor (Orthopedics), computer engineer and tourism professionals. *Group-3: Legal Professionals* ( $n = 4$ ): included four lawyers, two of them were leading legal activists advocating for patients' rights in medical tourism and influencing medical ethical regulations in Turkey.

*Group-4: Government Bodies* ( $n = 2$ ): included two officials from the new government medical tourism department, which is yet to be fully functional. *Group-5: Non-governmental organizations* (NGOs) ( $n = 3$ ): Medical Tourism-President (retired from military hospital), Vice President (retired economist) and a NGO's official responsible for medical tourism projects. Table 2 provides the full list of interviewees showing their rank and status, and details of the hospitals and the organizations the participants worked at.

**TABLE 2** Description, distribution, and coding of participants

Participant number	Gender	Position	Education	Years in sector
GROUP 1: Hospital international patient unit staff				
1	M	Non-medical staff	Finance graduate	15
2	F	Medical staff—Nurse	Nursing graduate	18
3	M	Non-medical staff—Doctor not practicing, due to accreditation	General practitioner	4
4	M	Medical staff—doctor	Pulmonologist	5
5	F	Non-medical staff	Postgraduate in medical Tourism	2
6	M	Non-medical staff—HRM	International relations and HRM	7
7	M	Non-medical staff	Public relations	10
8	F	Non-medical staff—Doctor not practicing, due to accreditation	Ophthalmologist	8
9	M	Medical staff—Doctor	Neurosurgeon	10
10	F	Medical staff—Nurse	Nursing graduate	5
11	M	Non-medical staff—Head International Patients Department	Engineer	10
12	M	Non-medical staff	Tourism graduate	10
13	F	Medical staff—Doctor	Gastroenterologist/urologist	5
GROUP 2: Medical tourism/travel operators				
14	M	Medical travel agency	Tourism	4
15	M	Medical travel agency—Doctor	Orthopedics specialist	2
16	M	Medical travel agency	Tourism	2
17	F	Online logistics and IT support company	Computer engineer	4.5
18	F	Medical travel agency	Tourism	3
GROUP 3: Legal professionals				
19	M	Legal advisor	Law	5
20	M	Legal advisor	Law	5
21	F	Legal advisor	Law	4
22	M	Legal advisor	Law	3
GROUP 4: Government bodies				
23	M	Expert	Economics	10
24	M	Expert	Health economics	20
GROUP 5: Non-governmental organizations (NGOs)				
25	M	President of NGO	Retired military personnel	15
26	F	Vice-president of NGO	Retired civil servant—Economist	15
27	M	NGO official	Public Administrator	4

Source: Developed from findings.

### 3.2 | Interview data collection and analysis

First, the semi-structured interview protocol was created in English from existing literature through the expertise of the researchers for consistency. The questions were then translated into Turkish to gain rich insights from the participants in their native language. Most of the interviews were conducted face-to-face in the related hospitals or offices of the stakeholders. However, some of the interviews were

conducted on-line due to distance and the convenience of the participant. Each in-depth interview lasted for 45–60 min.

This protocol had (a) a set of opening questions including the participant's demographic information e.g. medical tourism background, position, education/training, medical tourism knowledge, (b) a set of questions in key domains of medical tourism development and impact, government involvement, and the private healthcare hospitals in Turkey, (c) question on their views on the challenges in developing

medical tourism in Turkey, (d) supply-side pull-factors providing value in medical tourism, and (e) suggestions coming from their professional expertise to improve the “international medical tourism sector” in Turkey. However, during the interviews, participants lead the conversation in a manner which was important to them (Rose & Johnson, 2020), considering their experiences about the supply-side pull-factors to improve Turkish medical tourism.

Second, the data was analyzed and coded into themes and sub-themes to identify patterns, manually by the researchers by using the model of Thematic Analysis (Creswell, 2014). Emergent categories were developed by two independent researchers until data saturation occurred for reliability of results (Yin, 2017). Two independent authors of this paper visited seven sites and took observation notes (hospitals, medical centers, medical tourism travel agencies). Finally, secondary data from websites, policies, legislation, promotional materials, annual reports, internal documents were triangulated, analyzed and incorporated in the study to validate the data (Lincoln & Guba, 2003).

### 3.3 | Reliability and validity

To ensure validity and reliability of the qualitative data, all three researchers were involved in all stages of the study, continuously cross-checking the interview transcripts, coding, and generated themes. It was essential to develop the themes and codes clearly in order to ensure consistency in the meaning of the codes regardless of the number of analysts involved in the project (Creswell, 2014; Yin, 2017). Both, validity and reliability concerns were taken into consideration during the study in order to eliminate any probable bias by the researchers. First, the anonymous interview datasets were reviewed individually by the researchers to build trustworthiness in the generated themes. Second, the primary and the secondary sources of data were triangulated. Finally, explanations were provided through evidence for positive and negative cases in order to support the general perspectives using the participants' quotes and narratives (Creswell, 2014).

## 4 | RESULTS

This study aimed at identifying the supply-side pull-factors from the Turkish medical tourism stakeholder's perspective that use innovative medical technology and provide positive experiences to inbound medical tourists in Turkey. Qualitative thematic analysis revealed that the impact of four supply-side pull-factors vary, depending on the patient's country of origin. The patients from the more developed European countries visit Turkey for medical treatment and surgery because of geographical proximity and affordability as they can get similar or better quality of treatment and services from qualified doctors and hospitals at much lower costs with less waiting-time, compared to their home-country. Whereas patients from the less-developed regions of Central Africa, Central Asia and the Middle East visit Turkey because of geographical proximity and similar culture,

which is also attested by Esiyok et al. (2017), compared to lack of trust, long waiting-time, slow and difficult medical admission processes in their own countries.

### 4.1 | Medical tourism promotion, logistic support, and development initiatives

Turkish government has recently realized that medical tourism can be a very lucrative investment and business opportunity. Consequently, the need for development and promotion has surfaced for attracting overseas Turkish diaspora, foreign patients and earning foreign exchange revenue. According to study findings, the promotion of medical tourism can be undertaken through the internet (e-WoM) and by individuals' word of mouth (WoM), trust, travel agencies, hospitals, and the government. Participant G2-14 pointed out that she had established an on-line company, to promote medical tourism for Turkey through a wide network of clients, functional website and a call center, providing 24/7 logistic support including travel arrangements, accommodation, interpreter services, and pick and drop from airport, shopping and sightseeing tours for the medical tourists. Turkish government has also established the International Health Services Incorporated Company (USHAŞ) and online presence for being part of this sector. Empirical research showed that the internet is driving the growth of medical tourism through e-WoM, online image, trust, and revisit intentions (Abubakar et al., 2017; Lunt et al., 2010). However, because USHAŞ is a newly established government entity, the participants from private hospitals had reservations about government's role.

“One of the participants said, “As a private hospital, we are too small to reach out to larger numbers of patients and doctors but if the government supports us, we can reach out to wider groups of patients and doctors and inform them of our high quality...but this will require the collaboration of public and private entities” (G1-P3).”

‘Travel Agencies’ also have a variety of means by which they promote medical tourism to Turkey. Some established medical-tour operators, where there is a potential to attract medical tourists, connect with medical organizations in order to get contacts of patients from different countries. Most of them are affiliated to certain private hospitals to which they bring medical patients/tourists.

“We receive a service payment from the hospital based on our contract and the number of patients we bring (G2-P14).”

One agency explained that they were affiliated to a public university hospital.

“Currently, we are running the International Patient Department of University Hospital. We deal with



everything from marketing to logistics to translating and keeping records. We have a team that works in the hospital. We have an office there (G2-P15)."

*Private hospitals, which have prioritized treatment for medical tourists, have "international patient departments" which provide various services to foreign patients, as expressed by the participant:*

"We have a team of 14 people...one doctor, international coordinators responsible for different regions abroad and interpreters in Arabic, Russian, French, and Somali (G1-P11)."

Another hospital representative mentioned, "One of my colleagues can speak six languages fluently. This is the main reason as we can support the patients in 14 different languages. When they need us, we can assist them easily... We do not let them stay here without any information. We always want to help and accompany them at every step" (G1-P5).

'The Government' has become aware of the rising inbound medical travel since 2005, when they established the Health Tourism Department under the Ministry of Health. However, with the recent increase of international patients to private hospitals, improvements in medicine and related technology, the Turkish Ministry of Health established USHAŞ in 2018, with the aim to promote the services offered in international health, support and coordinate the activities of public and private health tourism, and make recommendations to the Health Ministry on policies, strategies for international health services delivery standards, regulation and accreditation criteria. One government official described:

"Until recently we did not have much to promote, but now the medical sector in Turkey is up to world standards, our doctors, our hospitals, our technology, we have started promotion offices in 6 countries and are planning to open in a total of 24 countries from which medical tourists come to Turkey" (G4-P24). Another commented "...of course, the government says, 'make your promotion posters, brochures, give advertisements to television, radios and billboards and we will pay for them (G5-P25)."

According to the interviewees, the government has been providing incentives like paying 50% of the travel expenses of the patients and all the promotional costs, but people are unaware of this.

"...of course, the government says, 'make your promotion posters, brochures, give advertisements to television, radios and billboards and we will pay for them" (G5-P25).

## 4.2 | Cost of medical tourism

The results revealed that the 'costs of treatment, travel, and accommodation' are factors that determine patients' choice of surgery in Turkey. One travel agency owner expressed the difference in pricing using an example:

"If an implant is 1000€ in Norway, it is only €150 in Turkey (G2-P14). Another interviewee pointed out that, "...The prices in the Middle East are much higher compared to Turkey (G1-P12). Another interviewee pointed out that, "we realized that the technology was the same, but the cost was lower" (G5-P25).

Participants mentioned that affordable medical costs, culture, and geographical proximity to countries like Iraq, Iran, Ukraine, and Azerbaijan, is an important factor for choosing Turkey for surgery.

"...the patients from Germany and England prefer to come to Turkey because the travel costs are much lower" (G2-P17).

A government expert interviewed pointed out that "the government chose its target countries based on geographical proximity so that it would cost less to fly to Turkey" (G4-P23).

## 4.3 | Healthcare quality accreditation

Researchers observed that the healthcare quality in Turkey has improved to meet international JCI standards in the physical infrastructure, hospital esthetics, medical facilities, medical and non-medical staff quality, efficiency of services, access to new technologies, less waiting-time and speed of diagnostic tests.

"Our doctors have raised their standards ... in our hospitals we provide the equivalent of high-quality hotel services for the patients" (G3-P20).

NGO participant said, "Our technology is as good as any European country, and we don't have waiting lists of several weeks" (G5-P27).

These improvements have contributed to the JCI-accreditation of hospitals in Turkey. The benchmark for healthcare in Turkey is higher than it has ever been, thus making Turkey a destination of choice for international patients with minimum medical risk (Nugraha et al., 2016). The following comments were made regarding accreditation by the participants:

"I believe that quality accreditation is an important factor for international patients choosing our hospital. We

must be able to meet certain world-class standards” (G1-P2).

“...the patients from Europe are always asking about location, doctors, hospital, hygiene, quality standards, etc.” (G2-P17).

A government expert interviewed also made the point that, “treatment costs less in India, but we should be competing in terms of quality not cost” (G4-P24).

‘Reduced waiting-time’ is another pull-factor for patients coming from countries with long queues. Most hospitals in Turkey require very little waiting-time for diagnostic-tests, beds, and operation schedules. Consequently, patients with urgent diagnostic needs such as cancer patients prefer to travel to Turkey for diagnostic tests, medical treatment, and surgery.

“There is no waiting-time in Turkey. Treatment is much cheaper, and we now use state-of-the-art-technology on a daily basis” (G5-P26).

“...for example in Europe in Sweden it is not like this. You need two weeks for a diagnosis. For an endoscopy, you need to make an appointment 4–5 months in advance. You have to wait months for a simple operation” (G1-P7).

“...in Europe, the waiting-time for a simple cataract operation is 300 days, 2-3 months” (G1-P3).

‘Efficiency of services’ is yet another pull-factor for medical tourism in Turkey. One interviewee summed up the situation as:

“Price, waiting-time, lack of technology...they come because they cannot get high quality services in their own country” (G1-P3). Another participant pointed out that: “...from Central Asia, countries like Kazakhstan, Uzbekistan, Turkmenistan, Belarus...they all come here due to quality of healthcare” (G1-P8).

A Group-1 participant mentioned that: “...someone came from an embassy, he saw the quality of our services and then he brought his mother, his relatives, and friends...”(G1-P2). While a travel agency owner mentioned “patients who are satisfied recommend Turkish doctors or hospitals to others” (G2-P16).

This illustrates that individuals’ WoM, plays a key role in promoting the hospital and attracting international patients to Turkey.

Another pull-factor is ‘fast and effective diagnostic services’, which attracts overseas patients.

According to one doctor: “Our system works fast, the diagnostic and therapeutic interventions and facilities are very sophisticated and for example in the UK hospital, it takes 6 months to take an MRI scan but here it takes 6 hours from diagnosis to surgery, which is very important for international patients” (G1-P4).

NGO participant mentioned, “intervention and treatment is faster in Turkey when compared to European countries, thus attracting European patients” (G5-P27).

‘Overseas trained and experienced Doctors’ is one of the key pull-factor for international patients, according to one participant:

“...we have trained very good doctors over the last 30 years in Turkey. Some have been trained overseas. Together with foreign health personnel, technology and physical conditions, a suitable environment has been established for medical tourism” (G1-P11).

It was also mentioned that having an international team was very important: “Overseas people know that we have an international team, so they come to us” (G1-P7). “Our hospitals are JCI quality and doctors are well trained, this is why they (patients) come...” (G3-P22)

“...when the quality is good and the prices are low, they prefer to come to Turkey” (G1-P11). “Our quality is also higher. The health sector, the doctors, the clinics, the tourism side, they are all high quality” (G2-P14).

‘Quality of medical and non-medical staff’ is yet another pull-factor that has been mentioned by several interviewees.

A nurse at one of the preferred hospitals in Ankara described their services as:

“We have an increasing service quality. We must meet the needs of the patients and include them in the process. We have to provide patient based high quality treatment and cure processes and standardized care” (G1-P2).

The high quality also applies to ‘hospital facilities and services. “Why do they come to Turkey? Because the health system facilities here are of high quality, our doctors, medical imaging departments, our technology” (G1-P8).

One interviewee stressed the high quality of facilities and services saying, “If they know us, the quality of our doctors and services, the hygiene of our hospitals,



our capabilities, our technology more will come” (G5-P26).

According to the interviewees, medical tourism is not new in Turkey. Traditional, ‘*Thermal spas and Hammam facilities*’ have been attracting wellness tourists for decades. Participant pointed out that health tourism is a much wider concept.

“We have had it for years. We called it tourism. People have been coming here for thermal treatment and alternative medicine for years” (G3-P19).

“Thermal tourism is included, especially for the older European tourists” (G1-P11).

“When we talk about health tourism it includes medical tourism, dental tourism, esthetic tourism, thermal baths, rehabilitation centers” (G5-P25).

#### 4.4 | Other issues—legal, incentives and service providers

The analysis of the data collected has also revealed other three issues related to the pull-factors of medical tourism in Turkey collected under three categories:

##### 4.4.1 | The lack of awareness of legal implications

According to the lawyers interviewed, all agreed that there is a ‘lack of awareness’ related to the legal implications of failed surgery, international patient-safety, medication and surgical errors in the medical tourism sector. The participants from legal profession said:

“We realized that problems could occur due to mal-practice suits filed by the patients who come to Turkey for treatment or discrepancies between the contracts the agencies make with the patients and hospitals, so we started to dig into health law and health tourism law” (G3-P20).

These are serious legal issues that need to be addressed in Turkey related to international medical law. When there is a discrepancy between a patient from another country and a doctor, hospital or agency from Turkey, the contract should reveal which law will apply. However, according to the lawyers, interviewed:

“Most medical tourism contracts do not take this into consideration as to which law will apply the law of the patient's country or the laws of Turkey. If you do not specify the international court will decide. You could end up having to answer to another country's laws...

International laws are also very weak when it comes to medical tourism” (G3-P19).

Another legal issue is when a private doctor treats an international patient in his own private practice without a contract.

“When the doctor does not draw out and sign a contract with the patient, this does not mean that s/he is not liable if something goes wrong” (G3-P21).

There is also the issue of Turkey, as a country, having to address the bad publicity, by people making bad decisions, resulting in failed medical surgery.

“A patient comes to Turkey to get hair implants. He goes to an unregistered “clinic” and his scalp swells up or gets infected. Then he starts a campaign on-line against Turkey. Is this Turkey's fault?” (G2-P17).

All of these and more medical-legal issues need to be addressed when treating foreign patients, to provide positive medical tourism experience and healthcare outcome.

##### 4.4.2 | The lack of awareness of government medical tourism incentives and policies

The Turkish government due to its own interest in treating foreign patients (Turkish diaspora) in public hospital has recently started to regulate medical tourism. However, there have been incentives, subsidies, and policies in place for some time. Unfortunately, not many are aware about these incentives and policies. For example, one participant mentioned that:

“ The Ministry of Commerce provides promotion, rent and personnel support for agencies that work with medical tourism...I want to make a promotional film. The Government says they will give me 50% of the costs.... There is so much paperwork involved. I refuse to take it” (G2-P16).

Another government policy is offering 50% discounts for patients who can prove that they are of Turkish origin. “Our patients get Turkish origin papers, so the prices go down to half the cost.... The Embassies provide these, but it means that we lose the patient. They go to the public hospitals” (G1-P8).

Further, private hospitals prefer not to inform their international patients about the 50% discount policy, due to issues related to their affiliations to the *Social Security System*, which implements this policy. The greatest issue agreed by all of the stakeholders is related to the *government policies*, which are centralized on USHAŞ for regulating medical tourism sector. Some of the private sector interviewees were concerned that the government had established USHAŞ in 2019, in

order to regulate and take over the medical tourism sector as a monopoly, as is evident from the following comments.

“Normally USHAŞ was supposed to promote medical tourism in Turkey abroad. The fact that USHAŞ is working directly with public hospitals shows that they are moving in another direction in practice” (G1-P9).

“The government is supposed to be regulating the system, but we cannot take patients to public hospitals, only private hospitals” (G2-P18).

“Yes, USHAŞ was established but why was it established? What is it doing? What will the implications be? We do not know. But they talk” (G1-P6).

Few saw USHAŞ as a positive development. “A company called USHAŞ has been established for promotion because the hospitals can't do it. They said we will do it for hospitals” (G5-P26).

Another commented, “This is commerce in the end. The government does not want unqualified people ruining Turkey's image in the sector, so they established rules and licenses for the agencies” (G3-P21).

Finally, a government interviewee was able to provide reasons for establishing USHAŞ.

“Medical tourism runs on a regulation. USHAŞ was established to enforce this regulation but also act with the dynamism of the private sector. We determined 24 target countries and developed strategies towards each individual country...We are trying to establish a trademark in the sector. We went to these countries and had high level meetings. Now we are establishing promotion offices in these countries including diagnosis centers, where patients will be diagnosed and directed to the best possible doctor or hospital related to their illness. We have a large portfolio of hospitals both public and private. We want to attract the rich patients and get on the top of the sector. COVID-19 has shown the world how good the medical sector is in Turkey” (G4-P23).

#### 4.4.3 | Medical tourism service providers public and private

The final issue revealed through the analysis was that the travel-agencies, naturally moved into the medical tourism sector with the growing demand. The following comments were made by the travel agents interviewed.

“We are one of the first travel-agencies in Turkey... We have been working in the medical tourism sector for four years. Like everyone we are new in this sector” (G2-P18).

“I have been in this sector for 30 years...the medical tourism sector for 2–3 years” (G2-P16).

The researchers observed that the private hospitals have developed their own international patient department, but they prefer to work with travel-agencies for the convenience of the logistic support. As one participant pointed out:

“We work with intermediators, or we use our own contacts” (G1-P9) “The agencies are very important for us. They are professionals who know what they are doing” (G1-P3).

The larger private hospitals recruit multi-lingual people to deal with their international patients.

“The airplane tickets are sent to us to show the date on which they come and go... When they come, we arrange a driver taking them to their hotels and hospital visits. It depends on the patient's condition. We do everything for the patients” (G1-P6).

In Turkey, a new dual-sector model of medical tourism service providers has emerged, where the government has also taken on a role as a stakeholder in treating international medical tourists. One of the interviewees has her own on-line agency providing logistic support for international patients.

“We provide full online support, travel, accommodation, qualified doctors, clinics and hospitals. We keep track of our patients after the procedures and prevent people from going to the wrong people or places” (G2-P17).

“We give a packet price to the patients. Everything included except tickets. We guarantee best quality service both medical and touristic” (G4-P23).

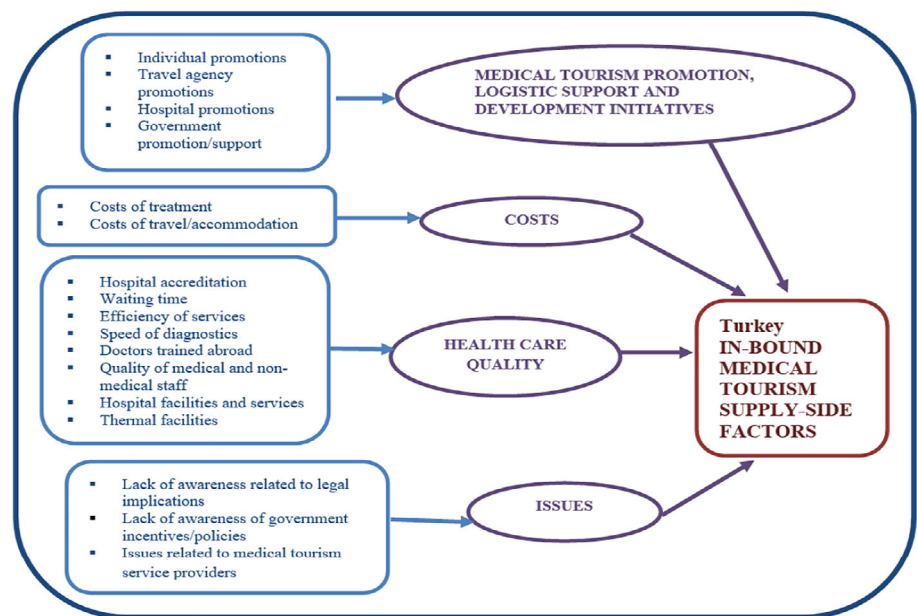
The analysis of the triangulated data generated four main supply-side pull-factors discussed, with sub-themes (Figure 1) from Turkish stakeholders' perspective for development and improvement of medical tourism in Turkey.

## 5 | DISCUSSION AND CONCLUSION

### 5.1 | Discussion

This study reveals that Turkey in 2019 has now developed a dual-sector of medical tourism, where both public hospitals and private

**FIGURE 1** Conceptual framework: supply-side factors for improving medical tourism in Turkey [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]



Source: Developed from research findings

hospitals are involved in treating foreign patients. First medical tourism incentive awareness: Turkish government has realized how lucrative this niche medical travel sector is in generating income for the country. Therefore, it is important to make Turkish origin foreign patients (overseas diaspora) aware of the dual-sector, as well as the new 50% incentives provided by the Government to Turkish diaspora to travel to Turkey for medical purposes and get treatment in government operated public hospitals at a discount rate, along with meeting family and engaging in tourism and sightseeing. Similarly, private medical tour-operators are also not aware that they can apply for 50% incentive fund from the Government, for promoting Turkish medical tourism overseas, and bringing the foreign medical patients to Turkey. Second results show that without compromising JCI accredited healthcare quality, affordable cost of medical treatment in Turkey is one of the key factors in attracting foreign patients from European developed countries (due to low exchange rate and labour cost), developing countries and Turkish diaspora for medical treatment, as they cannot afford treatment in their country of residence.

## 5.2 | Theoretical contribution

This study makes a significant contribution to the literature and theory related to medical tourism in Turkey. (a) Public-Private Partnership: Traditionally only private hospitals were involved in treating foreign patients. However, in case of Turkey, even the government public sector hospitals have realized the foreign exchange revenue generating potential from export of health-related services by subsidizing Turkish diaspora and medical tourism operators by 50%, to motivate and attract foreign patients from developing and developed countries to travel to Turkey for medical treatment/surgery. (b) Link between trade in healthcare goods and services and economic

development: The role and the link between trade, health, socio-economic development and growth for countries, with potential to create jobs in medical tourism related- services and earn foreign exchange revenue is important post-pandemic in the future, with changing public-health concerns due to COVID-19. (c) This study is contributing to theory by developing a theoretical model of four interrelated supply-side pull-factors, derived from stakeholder's perspective for improving medical tourism quality in Turkey.

## 5.3 | Managerial implications

From managerial implications viewpoint, findings from this study are the first attempt to explore in detail and inform the five groups of Turkish medical tourism stakeholders (Table 2) about four interrelated supply-side pull-factors for continuously improving overseas patient/medical tourists experience in Turkey: (a) medical tourism promotion, logistic support, and development, (b) medical tourism costs, (c) health-care quality, and (d) other important issues related to lack of awareness of medical tourism regulation, incentives and government policies. The results have implications for improving quality of medical, hospitality and health tourism related travel services. The policy aim is to improve and understand the needs of international medical tourists and provide quality healthcare, medical legal regulation and protection to enhance their pre- and post-surgery experience in public and private hospitals of Turkey. The secondary data reviewed for the study related to government medical tourism regulations, showed that only accredited healthcare and intermediary organizations (Table 1) can advertise, promote, and give information about these services licenses, to receive 50% government incentive for promotion (Resmi Gazete, 2017; Turkey-MHTD, 2020; TUROFED, 2017; USHAS, 2018). Very few Turkish

tourism agencies can acquire these grants, being a country-specific incentive, due to strict adherence to medical promotion, quality, and medical-legal requirements.

Based on the research findings, the interrelated themes will have significant practical and policy implications giving valuable information to public and private medical tourism service providers: hospitals, medical-travel operators, government regulators, legal services, hospitality and tourism sector servicing patients to understand the concerns and expectations of the providing innovative medical tourism services with positive patient experiences in Turkey. Qualities of hospitals and doctors' accreditation are the two most important factors in patient satisfaction and experience (Iranmanesh et al., 2018; Wongkit & McKercher, 2016). The results also show that these are the very reasons international patients prefer coming to Turkey from the less developed countries, besides geographical proximity and cultural familiarity. Medical tourism stakeholders need to apply a holistic approach so that various medical tourism sectors partners, such as the Turkish Ministry of Health, private and public hospitals, medical-tour operators, medical-legal services, pharmacies, accrediting bodies for hospitals and overseas medical specialists, medical schools and the transport sector work together to provide improved quality and positive healthcare experience to domestic and international patients.

Further, there are opportunities for Turkey, to attract not only Turkish diaspora from neighboring countries of Europe due to geographical proximity and affordable costs, but also from as far as USA, and global Muslim patients, with an innovative niche 'Halal' medical tourism market for JCI-accredited quality, as well as visiting UNESCO heritage sites (Iranmanesh et al., 2018). Finally, global medical tourism brings the reality of sharing healthcare resources, such as medical expertise, cost, and medical technologies, regulation between public and private hospitals and developed and developing countries and health insurance transferability or reimbursement in patients' country of residence. A recent quantitative study predicted that demand for medical tourism in Turkey will grow, due to its medical-expertise, advanced medical technology and as a tourist destination (Isikli et al., 2020). Therefore, investment is critical in improving quality of medical tourism healthcare services, health infrastructure development and planning by the stakeholders for delivering quality of medical travel/tourism experience to medical travelers/tourists, by the Turkish Government, which actively encourages inbound medical tourism. Thus, trade in health-related services, contributes to generating foreign exchange revenue, creating employment opportunities in health-related goods and services industries, medical education, medical travel related hospitality and transport sector, with socio-economic policy implications for promoting equitable access to affordable, and accredited quality of effective healthcare for all. This is possible by meeting the two sustainable development goals (SDG): SDG-3 Good Health and Well-Being for all at all ages, where investing in health is an input and also output in the economic development process and growth with equity; and SDG-17 Global Partnerships for Meeting the SDG-3 good health and wellbeing for all, through development financing (UN-SDG, 2021) in the healthcare sector post-pandemic.

## 5.4 | Limitations and future research

Government has recognized that medical tourism is an established industry in Turkey and contributes to employment creation, foreign exchange, and the Gross Domestic Product of the country. Since last 2 years Turkey has developed a dual-sector medical tourism, where private hospitals and the government public hospitals are treating foreign patients as well as domestic. This dual-sector has government policy implications for marketing medical tourism in Turkey in providing best quality of healthcare services to foreign patients, to meet the demands of the global medical patients.

Limitations of this study included only private hospitals catering to foreign patients in Istanbul. Further, due to financial limitations of researchers travel costs, private hospitals in other cities were not covered. The interview sample size was limited to 27 participants from private hospitals, certified travel agencies, medical-legal service, related-NGOs, and government experts. Due to confidentiality and privacy, some of the public hospitals treating foreign patients, could not be included in the study.

For future research, qualitative and quantitative data can be collected from both private and public healthcare providers in order to compare the service quality and foreign patient experience in Turkey during and post-pandemic. The theoretical model of interrelated four supply-side pull-factors (Figure 1) can be operationalized by developing items to measure the dimensions by survey with the providers and the inbound medical tourists to Turkey. Moreover, future studies may emphasize the demand-side, and collect data from international medical tourists visiting Turkey for surgery in order to identify their motivating factors to travel to Turkey for medical treatment post-pandemic.

This qualitative study with the various stakeholders of Turkish medical tourism, explored and identified four key supply-side factors (Figure 1), and fills the gap in the literature, for the dual-sector provision of medical tourism, which is essential for continuous improvement, competition and sustainability from the healthcare provider's perspective. The study revealed that the overseas Turkish origin diaspora foreign patients and medical tour-operators are not aware of the dual-sector, as well as the new 50% incentives provided by the Government to Turkish diaspora to cover the cost of surgery and the medical tour operators for promoting Turkish medical tourism overseas. The study also revealed that for over a decade, there was a lack of coordination and coherence between the actions taken by the Turkish government hospitals and the private hospitals, in promoting health tourism export, improving quality of medical tourism health services, and managing the movement of health professionals between public and private hospitals and temporary migrant medical specialist accreditation requirements. The government hospitals should collaborate with the private hospitals, medical-tour facilitators and all stakeholders to speed-up the process of coordination to improve the four supply-side pull-factors for medical tourists. The Turkish government as regulator and all medical tourism stakeholders in PPP, have to take into consideration the COVID-19-related public health safety concerns to provide all-inclusive healthcare, and protect the domestic as well as foreign medical patients from infection, which

is a challenge for quality and sustainability of medical tourism industry post-COVID-19, into the future.

## DATA AVAILABILITY STATEMENT

Data available on request from the authors.

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