

Health Tourism and Patient Satisfaction in Turkey: the Ankara Example

by

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Abstract. During the last ten years health tourism and medical tourism started to grow very fast all over the world. India has taken first place with low prices in the medical tourism market. Other destination countries following India are Thailand, Malaysia, Singapore and the USA. Turkey makes progress each year and increase the number of patients every year to take part in this ranking. While number of patients is 156,176 in 2011 this number increased to 262,999 in 2012. Most of the patients admitted from Germany, Libya and Russia. The emerging developments and demand for health tourism both increase competition, the quality of serving institutions and the alternatives for the patients. In this competitive environment organizations aimed to attract foreign patients and began to consider the patients'/clients' wishes, expectations, satisfaction, and complaints. Since health sector provides service, satisfaction of the customers/ patients is very important in order sustain their relation with the institution. In this study, the aim is to identify the marketing strategies for Turkey in order to have high market share in health tourism. Since customer satisfaction has an importance in word of mouth communication and customer loyalty the importance of satisfaction tried to explored out also in this study. As a research methodology survey was conducted. Total 180 participants attended to the survey. The participants of the survey are the patients who admitted public hospitals and got inpatient treatment in Ankara city where is ranked among top three on medical tourism. It explored that the patients' (who prefer the Turkey at medical tourism) age, sex, marital status, education, hospital expenses coverage status, profession, nationality, initial state and advertising are the factors that affect their level of satisfaction.

Key words: Customer Satisfaction, Foreign Patients, Health Tourism, Marketing, Medical Tourism

JEL classification: M31

1 Introduction

The health services are a universal and humanitarian right deserved equally by all persons. Best possible care and enablement of a healthy living is the single most important aspect of health services. Over the millennia, man has travelled incessantly in search of cure for health - his most valuable asset. Quality, readily available and economic treatment has been the focus and often mankind travelled to far away lands for regaining health. This could be claimed as the beginnings of health tourism. Health tourism has been defined as travel to another country with the goal of obtaining health services. Put differently, all travels aiming cure and improved physical wellbeing are considered to be health tourism (Medical Tourism Research, 2011: 9)

The general change and evolution of health services including its tourism is an intertwined subject of strategic importance not assessable separately from governmental macro politics such as cultural, social, employment, finance and social insurance. Health tourism is reputed to be a ranking and alternative form of international and national mobility with an estimated business volume of US \$100 billion. Developing health services standards and norms, portfolio enrichment, search for better quality alternatives and cost effective health services contribute to the expansion of travel volume. Health tourism is generally classified globally as Medical Tourism, Thermal Tourism, Spa&Wellness Tourism, and as Seniors and Handicapped Care Tourism.

A sub branch of health tourism but referred to as “medical tourism” in some studies involves traveling to other countries for health care and surgical operations due to high local costs or absence of treatment in people’s own countries.

2 Fundamental Reasons of Health Tourism

According to the definition provided by the Health Services General Directorate of Health Ministry of Turkey (2012);

“Lack or absence of high technology health services or professional human resource in tourist’s country of origin; Desire to combine treatment and vacation; High cost of health services in country of origin; Desire to obtain high quality health service; Confidentiality and non-disclosure for any public reason (esthetic surgery, infertility treatment, etc.); Limited local touristic activity at country of origin in terms of climate and geography(visits for forests, plains, historical and cultural wealth, etc.); Desire to vacation in a country particularly rich in thermal complexes and thermal tourism amenities; Desire of the chronically ill, old aged and disabled persons to visit different environments and receive cure; Desire of the addiction victims to be at different and more suitable environments for treatment; Person’s desire to hold on to life and to continue living” are the leading basic reasons identified.

2.1 Factors Affecting the Development of Health Tourism

In the 2010 Annual Report prepared by Basic Health Services Directorate of the Ministry of Health, the factors which motivate patients to seek treatment abroad are listed as follows: Financial Reasons such as demographic changes and increases in the cost of health care; Reasons caused by health care access and increased awareness; Lack of qualified personnel; and, other reasons.

- a) The media has emphasized health tourism and increased public interest.
- b) Emerged sectoral actors (travel agencies, insurance firms, airways, health advisory companies, private hospitals, etc.) affect the overall development.
- c) Companies manufacturing pharmaceuticals, medical materials and equipment make greater profit from larger health institutions located in certain regions. Fast developing high technology is an indispensable partner of the health tourism.
- d) Repatriation of physicians trained abroad in advanced countries.

2.2 Health Tourism in Europe

While European Union (EU) does not possess a singular health care system or policy it nevertheless supports a health care services concept conforming to each member country’s universal health conditions and rights. The health care services are generally financed through public taxes or health insurances. EU determines its macro-level policies in conjunction with the World Health Organization.

Changes in the mobility of patients between member countries was initiated during the 1990s at around the same time with the massive “Europe 1992” aiming the removal of barriers preventing the free-movement of goods and services (Hamilton, 2003: 104).

Not only EU but countries at large recognize Turkey as a successful new health partner and a rapidly rising medical tourism center. Turkey currently attracts general tourists regularly and continuously from 100 countries in all continents. During the 2013 January-October period, Turkey welcomed a total of 31 million 757 thousand and 624 foreign visitors. Turkey also provides health tourism facilities using high technologies and providing distinct price advantages. The monthly distribution of 2012 health tourists in Turkey are given below:



Figure 1. Foreign patient monthly distribution in 2012
(Source: Medical Tourism Evaluation Report, 2013)

In recent years there has been a considerable increase in the volume of tourists whose sole purpose is health care within the general touristic activity. According to the 2013 data, 262 thousand patients arrived in Turkey strictly for this purpose (Figure 5). Preference of visiting patients incorporates numerous factors. Advantages offered by Turkey are indicated as follows:

- Quality of hospital infrastructures and equipment,
- Physicians training and experiences at the level of western standards,
- Ranks 2nd in the World with 42 hospitals member in the International JCI Organization,
- Favorable prices(e.g., An MR analysis EU 250 abroad costs EU 50 in Turkey)
- Geographical position, traditional tourism attractions(nature, history, etc.) and climatic conditions suitable for long visits,
- Multilingual personnel,
- Within the context of health tourism, Turkey's wealth in hot springs, cave, seaside, herbs and other natural treatment possibilities,
- Integration with other forms of tourism types.

Tengilimoglu (2005) described health tourism development limiting factors in Turkey as follows;

- Inadequate information, organization, cadres, budgets of related institutions,
- Insufficiency of investment incentives for investors,
- Statutes and authority complexities,
- Training, expert personnel and assistant personnel inadequacies,
- Slow standardization within current facilities,
- Treatment regulations and insurance systems requiring upgrading,
- Excessive consumption of Thermomineral waters and environmental pollution,
- Inadequate collaboration among the NGOs, Authorities, Universities, and the Private sector in terms of knowledge, knowhow, applications, practice, and communication,
- Non-valuation of by products in health and economically,
- Lack of emphasis in introduction and marketing campaigns.

There are goals such as national economic development through deserved valuation, integrating the demand in health tourism nationally and internationally, and access to systematic information sources in Turkey. In order to reach these goals efforts are in progress to identify the operational standardization of health tourism service providers, and national as well as international research is continuing.

As depicted in Figure 2, the most preferred health tourism destination is Antalya.

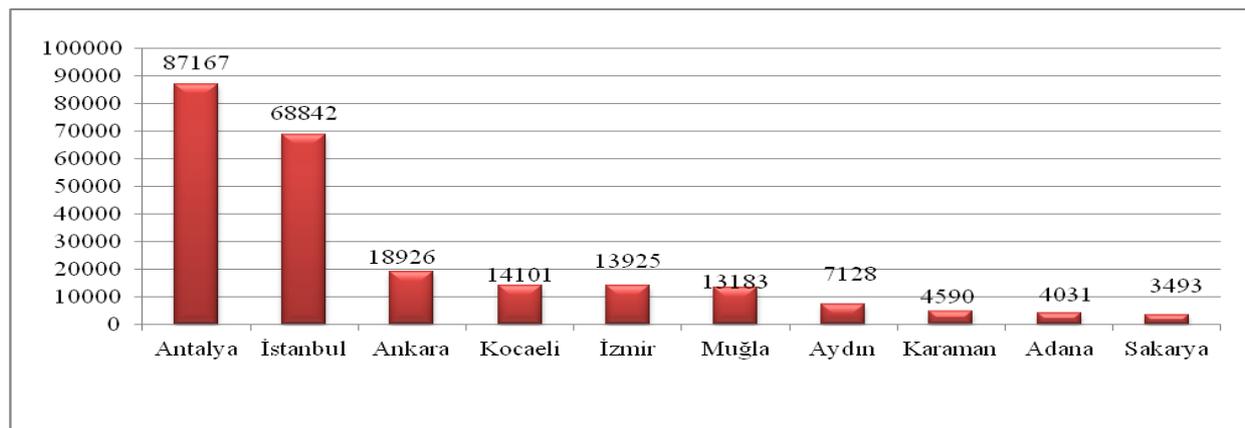


Figure 2. Top 10 distribution of 2012 medical tourists according to some cities
(Source: Medical Tourism Evaluation Report, 2013)

Adana’s presence in Top 10 ranking and Sakarya’s inclusion can be attributed respectively to the Acibadem Hospital and the refugees.

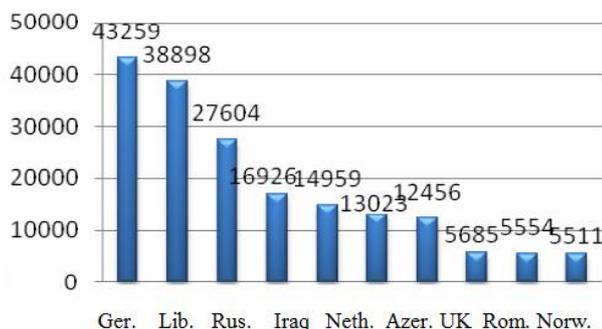


Figure 3: Top 10 distribution of medical tourism originating countries for Turkey in 2012
(Source: Medical Tourism Evaluation Report, 2013)

As seen in Figure 3, while Germany ranks first Libya is second. The ranking of Germany may be attributed to the Turks living there.

In recent years it is observed that a large number of patients from various countries prefer the health institutions in Turkey. The most important reason for this is the low cost and high quality of surgeries performed technologically according to the latest contemporary techniques. Hair transplantation, esthetic surgeries, eye treatment, in-vitro fertilization are among the top 3 treatments preferred by the medical tourists. Additionally,

open heart surgeries, dermatologic treatments, checkups, cancer treatments, ear and nose, dialysis, and cardiology surgeries, gynecology, brain surgeries, orthopedics, dentistry, spa, physical therapy and rehabilitation are among the preferences. As depicted in Figure 4, the eye treatment was ranked first among the 2012 medical tourists. Ranking second with 19,521 persons is the Orthopedics and Traumatology. However, it should be noted here that an assessment has not been done according to sub-branches.

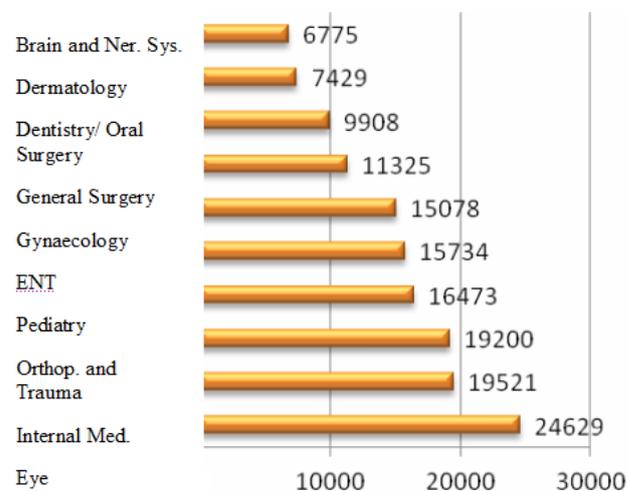


Figure 4. Medical tourism general distribution according to Top 10 clinics in 2012
(Source: Medical Tourism Evaluation Report, 2013)

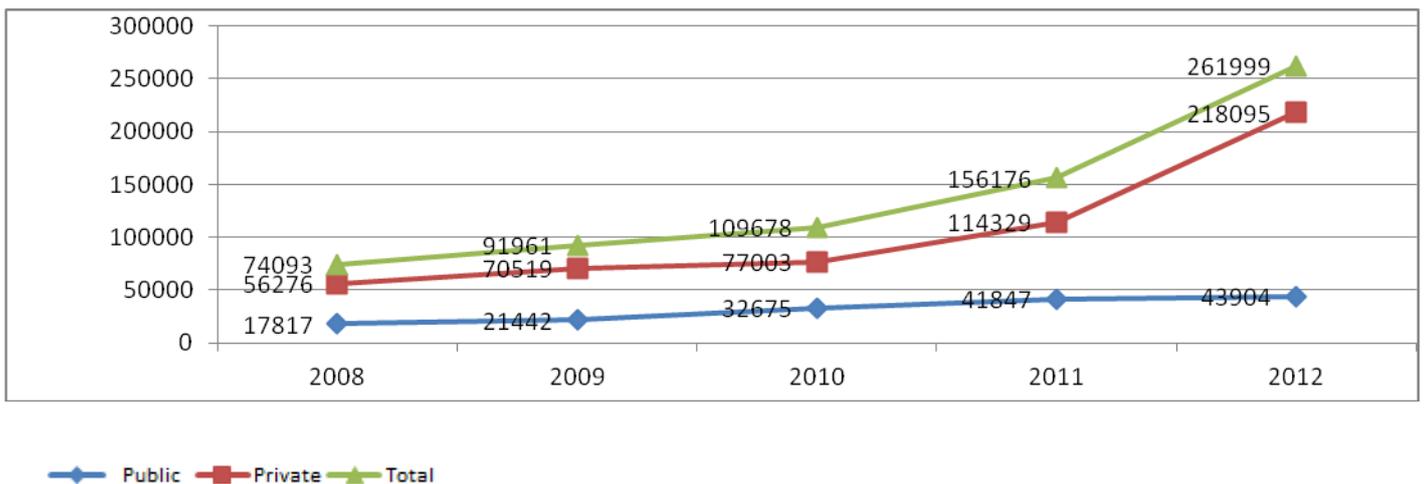


Figure 5. Distribution of medical tourism patients in Turkey according to years
(Source: Medical Tourism Evaluation Report, 2013)

As can be seen in Figure 5, the number of medical tourists arriving in Turkey has shown a continuous rise over the recent years. In particular, a significant rise after 2010 is observable. This increase is indicative of Turkey's medical tourism potential. Another point worthy of note is the much higher international medical tourists rise in the private sector medical care as compared to the public sector.

3 Patient Satisfaction

Within the subject context, a patient can be defined as an individual or organization affected by attitude and treatment, the patient satisfaction may be described as the comparative conclusion in benefits and expectations reached by an individual or organization throughout the process of investigation of services, identification of the needed service, agreement to utilize, and continued care following the decision to become a medical tourist.

Satisfaction of patients and their successful treatment play the most important role in the world-wide reputation of medical tourism institutions, and as a viable medical facility worthy of preference, their financial well-being in addition to continued attraction of patients.

We can list the patient satisfaction factors under the following headings: Treatment quality, pricing, fast response, pre and post-treatment services, availability, accessibility, reliability, patient needs and hospitality.

3.1 Factors Affecting Patient Satisfaction

- a) **Personnel and Patient Interaction:** Health services are teamwork. Quality service is responsibility of the entire medical facility personnel. Any deficiency or irregularity at any stage or in a team member, the patient perception immediately impacts the other service areas and reputation of the facility (Yanık, 2000: 64). Courtesy, affection, empathy, interest and understanding, knowhow and skills presentation forms cause the patient to relax, have confidence and become a better participant in the treatment process (Özer-Çakıl, 2007: 142).
- b) **Physician Behaviour:** Social conduct of doctors increase the patient satisfaction and effectiveness of service being provided. The positive patient-physician trust relationship ensures full conformance by the patients to the doctor's treatment advice (Kısa, 2007: 277-284).
- c) **Nurse Patient Interaction:** The fundamental function of nurses in the presentation of health services is to interact hospitably with the ill/healthy individual and assist in every

aspect of a care-giver's responsibilities throughout the patient's recovery process. This assistance involves every action necessary for a person's continued healthy living or recovery of a patient.

- d) **Informing:** Informing of the patient and relatives enables proper dealing with the ailment situation. Various studies have demonstrated that informing of patients affects overall satisfaction.
- e) **Nutritional Services:** In studies done to determine hospital patient satisfaction factors, it has been observed that patients pay much importance to nutritional services. If food is presented in a good format then they consider the nutrition as being quality (Kısa, 2007: 277-284).
- f) **Physical and Environmental Conditions:** Medical facilities' internal and external physical conditions confront us as a satisfaction factor considered very significant by the patients. Inadequate ward and room circumstances, unmaintained and non-operational furnishings, perceptively unclean or non-hygienic conditions are almost always a source of important dissatisfaction.
- g) **Red-tape and Bureaucracy:** Another important dimension of dissatisfaction has been indicated as the loss of time and long waits during the various stages of treatment. For many hospitals, the admission and discharge services become a problem for the patients and their relatives due waiting periods involved in processing. Patient dissatisfaction and displeasure due to time wasted is easily observed.
- h) **Trust:** Fast adaptation of a patient to a foreign environment is related to the sense of safety and trust. The trust in medical care and treatment, team and the environment must be at a level to install satisfaction to the patients.

4 Patient Satisfaction Level Determination within the Context of Medical Tourism in Turkey: the Ankara Example

4.1 Subject of the study

This study aims to measure the medical tourism readiness, the needs of institutions and organizations in Turkey through identification of factors affecting the medical tourism patients' post-treatment satisfaction, and provides alternative suggestions for improvements.

4.2 Study space and sampling

This study's research space consists of Ankara public hospitals attached to the Ministry of Health. Ankara is a metropolitan center attracting medical tourists and this study covers a 3 month period (September 1- December 1) involving guest foreign patients resident in these hospitals. The public hospitals selected have been identified as very willing to be a participant in medical tourism and making great effort in this regard. A survey was applied to 180 of nearly 300 foreign patients.

5 Research hypothesis and method

In accordance with the objectives of this study, the following hypotheses will be assessed:

H₀₁= There is no relationship between age and the patient satisfaction levels.

H₀₂= There is no relationship between education and the patient satisfaction levels.

H₀₃= There is no relationship between nationality and the patient satisfaction levels.

H₀₄= There is no relationship between gender and the patient satisfaction levels.

H₀₅= There is no relationship between international agreements executed and the patient satisfaction levels.

In this study, firstly data conformance to normal distribution has been tested to determine analyses types. For this purpose the Kolmogorov-Smirnov test has been applied and the findings indicated that the data did not exhibit normal distribution. In cases such as this

non-parametric tests are considered appropriate. Hence, in evaluation of the above hypotheses, non-parametric test Mann-Whitney U for investigating differences between two groups, and the Chi-Square test has been applied to groups of 3 or more.

5.1 Study limitations

A survey has been applied to visiting foreign patients with the assistance of interpreters. The cost has been undertaken entirely by the researcher and no sponsors were involved. In terms of study period, the research was completed within 6 months. For reasons of cost and time limitations, the scope of the study was limited to the local public hospitals attached to the Ministry of Health. Additionally, it was determined that another limiting factor involved lack of systematic operation vis a vis the medical tourism and most hospital admissions of foreign patients were coincidental or the result of bilateral agreements between the countries of origin and Turkey. The study results are not representative of the entire country.

6 Findings and discussion

6.1 Reliability Analysis of Survey Questions Arranged for Identification of Satisfaction Levels of Patients Receiving Health Services in Turkey Within the Context of Medical Tourism.

Prior to data analyses, it is necessary to establish the reliability of 5 Likert Scale used in the survey. The survey should be subjected to reliability analysis and the Cronbach's Alfa value should be calculated. The analysis yielded $\alpha = 0,892$ for the survey prepared for foreign patients resident in public Ankara hospitals and receiving treatment. According to this result, the survey exhibits high reliability.

6.2 Demographic Characteristics of Survey Participants

As indicated by Table 1, of all the participants, 40% is in the age group 0-40; 27.2 % between ages 41-50; 15.6% between ages 51-60; 10.6% between ages 61-70 and 6.7% is age 71 and higher. 93.3% of participants are literate, 65.6% is either high school or higher educated. When considered in terms of nationality, 40.6% is from Central Asia, followed by 21,7% from Europe and 19.4% from the Middle East.

Table 1. Demographic Characteristics of Survey Participants

VARIABLES	Frecq	%	
AGE	0-40	72	40,0
	41-50	49	27,2
	51-60	28	15,6
	61-70	19	10,6
	71+	12	6,7
	TOTAL	180	100,0
GENDER	Male	122	67,8
	Female	52	32,2
	TOTAL	180	100,0
EDUCATION	Illiterate	12	6,7
	Literate	28	15,6
	Primary Schooling	22	12,2
	Highschool	41	22,8
	College	21	11,7
	4 Year University	43	23,9
	Master's-PhD degree	13	7,2
	TOTAL	180	100,0
NATIONALITY	Europe	39	21,7
	Middle East	35	19,4
	Central Asia	73	40,6
	Other	33	18,3
	TOTAL	180	100,0

When the frequency distribution is considered (Table 2), information on hospital rules is the second least high satisfaction after food perception. Whereas, while a large percentage of patients are highly satisfied of physicians in terms of interest and courtesy shown, the nurses and administrative personnel rank second and third.

Table 2. Satisfaction Levels Distribution of Participants

Hospital Services	Highly Satisfied		Satisfied		Don't Know		Dissatisfied		Highly Dissatisfied	
	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.
Taste and temperature of food	12	6,7	88	48,9	31	17,2	38	21,1	11	6,1
Interest and courtesy of physicians	32	17,8	109	60,6	13	7,2	24	13,3	2	1,1
Trust in treating physician	42	23,3	102	56,7	15	8,3	19	10,6	2	1,1
Interest and courtesy of nurses	32	17,8	106	58,9	19	10,6	22	12,2	1	0,6
Interest and courtesy of administrative personnel	21	11,7	92	51,1	53	29,4	12	6,7	2	1,1
Privacy in examinations	79	43,9	92	51,1	3	1,7	4	2,2	2	1,1
General care and treatment satisfaction	38	21,1	106	58,9	12	6,7	20	11,1	4	2,2
Hospital rules information satisfaction	16	8,9	71	39,4	52	28,9	29	16,1	12	6,7

Majority of participants limited to 65% considered recommending the hospital to others (Table 3), but in due course with full recovery of health, it is anticipated that this ratio will rise. Majority of participants (86,7%) indicated that they will prefer Turkey again. This is suggestive of positive impression.

Table 3. Hospital Recommendation Distribution of Survey Participants

Variables	Frequency	Percentage
I certainly will	39	21,7
I will	78	43,3
Don't know	30	16,7
I won't	16	8,9
I certainly will not	17	9,4

When we look at participants' reasons for selecting Turkey (Table 4), the introduction campaigns had the largest impact with 28.3%, followed by 27.2% indicating quality and safe health services, 22.2% geographic proximity, 14.4% low cost of medical treatments, 6.7% religious and cultural affinity and others 1%. These results indicate the importance of marketing campaigns next to quality.

Table 4. Reasons for Preferring Turkey

Variables	Frequency	Percentage
Low cost of treatments	26	14,4
Affected by campaigns	51	28,3
Quality and safe health service	49	27,2
Religious or cultural affinity	12	6,7
Geographic proximity	40	22,2
Other	2	1

TOTAL	180	100,0
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6.3 Findings on Hypotheses

Table 5. Satisfaction status according patient ages
 H_{01} = There is no relationship between age and the patient satisfaction levels.

Df=4	AGE					(χ^2)	P-value
	0-40 (n=72)	41-50 (n=49)	51-60 (n=28)	61-70 (n=19)	71+ (n=12)		
	Me an Ranks	Me an Ranks	Me an Ranks	Me an Ranks	Me an Ranks		
General satisfaction with the hospital	86,96	89,74	92,57	99,18	96,25	1,158	0,885*

*df: Degree of freedom

Table 6. Satisfaction status according to country of origin
 H_{03} = There is no relationship between nationality and the patient satisfaction levels.

Df=3	NATIONALITIES				(χ^2)	P-value
	Europe (n=39)	Middle East (n=35)	Central Asia (n=73)	Other (n=33)		
	Mean Ranks	Mean Ranks	Mean Ranks	Mean Ranks		
General satisfaction with the hospital	77,33	91,91	95,63	93,21	3,616	0,306*

*df: Degree of freedom

For the H_{01} , H_{02} and H_{03} hypotheses the chi-square (χ^2) test was applied and no meaningful relationship was found between satisfaction and

age, education and nationality ($P>0,05$). However, in terms of nationality, mean satisfaction is higher for Central Asians and Middle Eastern as compared to Europeans. The reason for this may be the similarities in culture and expectations.

Table 7. Satisfaction status according to gender
 H_{04} = There is no relationship between gender and the patient satisfaction levels.

	GENDER				U Test	Wilcoxon W	Z	P-value
	Male (n=122)		Female (n=58)					
	\bar{X}	Sum of Ranks	\bar{X}	Sum of Ranks				
General satisfaction with the hospital	90,51	11042,50	90,47	5247,50	3356,50	5247,50	-0,005	0,992

Table 8. Satisfaction status depending on bilateral agreements with countries of origin
 H_{05} = There is no relationship between international agreements executed and the patient satisfaction levels.

	EFFECT OF BILATERAL AGREEMENTS				U Test	Wilcoxon W	Z	P-value
	Yes (n=132)		No (n=48)					
	\bar{X}	Sum of Ranks	\bar{X}	Sum of Ranks				
General satisfaction with the hospital	79,82	10536,00	119,88	5754,00	1758,00	10536,00	-4,765	0,000

Wilcoxon U-test was done for H_{04} and H_{05} hypotheses and the results are given Table 9 and 10. While gender doesn't seem to be factor in patient satisfaction ($P>0,05$), the bilateral agreements are found to be effective on patient satisfaction ($P<0,05$). When averages are examined it has been found that countries with no agreements are more satisfied. This may be explained by reduced expectations raising satisfaction due to absence of a bilateral agreement.

7 Conclusion and suggestions

This study was undertaken to identify in part the current situation in medical tourism, the problems which might exist and contribute to this young sector's progress through research based suggestions aiming future policies and practices. To that end, three public hospitals in Ankara were selected and examined with limited resources. It is believed that meeting the expectations of arriving patients will position

Turkey as a leading Global destination in medical tourism.

Study subjects consisted mostly in the 0-40 age group while the least were age 71 and above. In terms of gender, participants were mostly men and married. The mean values of age, gender and marital status indicate that these variables affect individual patient's medical tourism services satisfaction levels. When the participants' hospital stay satisfaction is considered they seem to suggest satisfaction with pre-admission waiting periods and admission procedures but the study hints that hospitals are not very satisfying in terms of informing the patients on rules and planned treatment procedures.

When the survey results are considered in terms of satisfaction with hospital personnel, generally the physicians were much appreciated in terms courtesy, interest shown to the patients and the doctors had earned medical tourists' trust and medical confidence. Similarly the nurses and the administrative personnel were also considered courteous, helpful and informative by the patients. The hospital attendants responsible for daily ward tasks were also appreciated. Medical tourist patients (77%) taking part in this study indicated that in a recurrent health problem situation they will prefer Turkey again for medical treatments. However, this positive ratio and the above findings are mostly subjective and fragile. These results are obtained from persons who are suffering, in fear and very concerned about their immediate well-being and future. Hence, these results are only indicative of not total service failure but much potential success through innovation and quality. To raise the success levels in every aspect of a medical tourist's interaction with Turkey, all the process details from the point of departure in patient's country of origin to the arrival at the medical facility in Turkey should be improved and rendered professional according to norms and applicable standards. Justifiably and naturally, the provision of information at every stage of the process is considered highly critical. Multilingual personnel, fast access to interpreters in numerous languages, rapid

medical documents translation services, and hospital personnel's procedural familiarity with the medical tourist's country of origin, cultural circumstances, sincere empathy with the confused arrivee, etc. are highly critical factors in patient satisfaction. Each hospitably welcomed patient, successfully treated, recovered and satisfied patient is an extremely powerful natural ally and a favorable broadcast beacon unequalled by any marketing campaign. When the medical tourists' countries of origin are considered, Germany ranks first and it is followed in order by Libya, Russia, Iraq, Holland, Azerbaijan, Britain, Romania, Norway and Bulgaria. It is suspected that the Turkish community settled in Germany since early 1960s may be the cause of preference for Turkey. Each proximal country and those at a further but accessible distance should be taken according to their own medical infrastructure merits, public needs and must be researched independently for a country specific campaign. A general campaign approach to cover all countries may be helpful but unless it is backed by country specific campaigns it will lack the depth necessary to be convincing on an individual patient basis. A potential medical tourist abroad must feel utmost confidence in the facilities, their accessibility and quality of services in Turkey, and comparatively find the entire process cost very suitable. Embassies abroad, Airlines, travel agencies, TV broadcasts, video documentaries, Internet, international exhibits and fairs, case studies, academic studies should be mobilized to create a collective impact in favor of Turkey. The number of medical tourists to Turkey has increased over the recent years, in particular after 2010. This increase is indicative of the potential abroad. It appears that the private sector medical care services have benefited more from this sudden increase suggesting that their introductory campaigns and international arrangements have yielded positive results and their service satisfaction levels were also favorable. Therefore, similar but expanded and deeper campaigns and efforts must be adopted and pursued by all. The medical tourism sector in Turkey must firmly and insistently project its

competitive advantages and service quality abroad, and transform its existing internal competition into collaborative penetration in targeted countries and regions.

Finally, much preparatory and revisional work in every aspect of medical tourism from statutes to standards, from strategies to facilities, from countries of origin to destinations in Turkey must be streamlined and made accessible to the medical tourists in a transparent and accountable manner. No medical tourist will take a risk in the event of a slightest doubt or unanswered question if they have the financial or insurance means, and if their health permits a search for an alternate destination. The last thing a medical tourist patient expects is a nasty surprise in terms of service expectations and financial budget planned. Thus, all governmental ministries and related organizations whether public or private, must collaborate and strategize, plan and execute activities conforming to the highest norms and standards. Hence a "national brand" can evolve and benefit all participants including the life-line medical tourists.

Incentives and leadership of the State, and the overall motivation and guidance which can be provided by it is very crucial. The State has the necessary authority and network which it can mobilize effectively and quickly in favor of the patients abroad and facilities local. All medical facilities should be enriched and enlivened in recognition of the cultures and traditions of medical tourists arriving. The period a patient will expend for medical cure in Turkey is also a time of appreciation and devotion to Turkey. The medical tourism sector must win in this global competition one patient at a time.

Even small considerations play a very significant role in medical tourist satisfaction. Better and more practical modernized patient rooms, pleasant arrangements and furnishings, amenities such as TV, books, magazines, brochures, enjoyable consultations and distractions, permissible snacking surprises, visiting multilingual social workers as animators, Wi-Fi video conferencing opportunities with distant loved ones, free

overseas telephone access, Internet access, and numerous other sympathetic acts will alleviate any potentially negative incidents while making a patient's and relative's life here more comfortable and memorable. At all times, medical tourism sector personnel in Turkey from executive to ward personnel level must be neutral and unbiased, refrain from any false pride and at all times show highest individualized respect regardless of patient's culture, race, creed or religion.

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