



NEAR EAST UNIVERSITY  
INSTITUTE OF GRADUATE STUDIES  
BUSINESS ADMINISTRATION PROGRAMME

**THE ROLE OF HEALTH TOURISM IN THE  
DEVELOPMENT OF THE COUNTRY AND ITS  
IMPACTS ON EMPLOYMENT**

Hasan ERDEM

PhD THESIS

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PHD THESIS

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## ÖZ

### SAĞLIK TURİZMİNİN ÜLKE KALKINMASINDAKİ ROLÜ VE İSTİHDAMA ETKİLERİ

Küreselleşme, ulaşım araçlarındaki gelişmeler ve hızla gelişen iletişim teknolojileri bazı hizmet sektörlerini hızlandırmıştır. Sağlık turizmi son yıllarda döviz girişi ve katma değer sağlayarak önemli bir hizmet sektörü haline gelmiştir.

Günümüzde insanlar sağlıklarını korumak veya mevcut hastalıklarını daha hızlı, daha güvenli, kaliteli ve uygun maliyetli bir şekilde tedavi etmek için farklı ülkelere seyahat etme hevesindedirler. Hızla yaşlanan dünya nüfusu, sağlıksız beslenme ve ağır yaşam koşulları, artan kronik hastalıklar sağlık turizmine olan talebin artmasına neden olmuştur. Bu potansiyeli gören ülkeler, katma değeri yüksek sağlık turizmini ulusal bir politika haline getirmekte ve çok ciddi bir döviz girişi vaat etmektedir.

Bu çalışmada öncelikle sağlık turizminin ne olduğu, türleri ve gelişimine etki eden faktörler açıklandıktan sonra dünyadaki ve Türkiye'deki mevcut durum istatistiklerle geniş bir perspektiften incelenmiştir. Sağlık turizminin bir ülkenin kalkınmasındaki rolü ve ekonomik etkileri dikkate alınarak olumlu sonuçlar ortaya konmuştur. Ayrıca sağlık turizminin yeni mesleklerin ortaya çıkmasına ve istihdama katkıları da araştırılmıştır. Bu çalışma anket ve görüşmelerle analiz edilmiş ve bulgular sunularak değerlendirilmiştir.

Pandemi sonrası tüm dünya büyük bir dönüşüm geçirdi ve yaşam alışkanlıkları değişti, bu nedenle koruyucu sağlık hizmetleri, aşılama, en etkili ve hızlı tedaviye erişim gibi parametreler öncelik haline geldi. Pandemi nedeniyle ortaya çıkacak doğrudan ve dolaylı yeni hastalıkların sağlık turizmine yansımaları olacaktır. Çalışmada pandeminin sonuçları ve sonuçları da değerlendirildi.

Ayrıca çalışma, özel sektörün motivasyon kaynağı olan kârlılığı ve sosyal devlet sorumluluğunu optimum düzeye getirerek istenilen sonuca ulaşmak için öneriler sunmaktadır.

**Anahtar Kelimeler:** Sağlık Turizmi, Turizm, Sağlık Turizminde Gelişme, Ekonomi ve İstihdam

## ABSTRACT

### THE ROLE OF HEALTH TOURISM IN THE DEVELOPMENT OF THE COUNTRY AND ITS IMPACTS ON EMPLOYMENT

Globalization, improvements in means of transportation and rapidly developing communication technologies have accelerated some service sectors. Health tourism has become an important service sector by providing foreign currency inflow and added value in recent years.

Today, people are eager to travel to different countries in order to protect their health or to have their current diseases treated faster, safer, with high quality and cost-effective way. The rapidly aging world population, unhealthy diet and severe living conditions, increasing chronic diseases have led to an increase in demand of health tourism. Countries that see this potential turn health tourism with high added value into a national policy and promise a very serious foreign currency inflow.

In this study, firstly, after explaining what health tourism is, its types and factors for its development, current situation in the world and in Turkey have been examined from a wide perspective with statistics. The role of health tourism in the development of a country and its economic impacts have been taken into consideration to reveal positive outcomes. In addition, the contributions of health tourism to the emergence of new professions and employment were also investigated. This study was analyzed with a questionnaire and interviews and evaluated by presenting the findings.

After the pandemic, the whole world has had a big transformation and life habits have changed, so parameters such as preventive health services, vaccination, access to the most effective and fast treatment have become a priority. Direct and indirect new diseases that will occur due to the pandemic will have reflections on health tourism. In the study, the consequences of the pandemic and its aftermath were also evaluated.

Furthermore, the study offers suggestions to achieve a desired outcome by bringing the profitability as private sector's source of motivation and social state responsibility at the optimum level.

**Keywords:** Health Tourism, Tourism, Development in Health Tourism, Economy and Employment

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## LIST OF ABBREVIATIONS

JCI	: Joint Commission International
OHSAD	: Private Hospitals and Health Organizations Association
SATURK	: Health Tourism Coordination Council
UNWTO	: United Nations World Tourism Organization
TUİK	: Turkish Statistical Institute
ENAT	: European Network for Accessible Tourism
EURADA	: European Regional Development Agency
DPT	: State Planning Organization
TEMOS	: International Health Accreditation
QHA	: Trent Accreditation Certificate
ACHSI	: Australian Council on Healthcare Standards
UHAB	: International Patient Unit
USHAŞ	: International Health Services Inc.

## INTRODUCTION

Industry, agriculture and service sectors are the leading sectors that shape the economy. In this context, there has been a significant growth in the service sector in the last 20 years due to various reasons such as more income, employment and satisfaction, and it has had an important role by gaining considerable momentum in the economy.

Through the rapid spread of communication technologies, accessibility, the removal of borders with globalization, and improvements in means of transportation, the service sector has started to increase in terms of service exports.

Tourism has become more preferred than health, communication and education because of the foreign exchange inflow, employment and its added value in service exports, and has taken its place among the sectors suitable for investment. Among these service sectors, health tourism is considered as a service sector with high added value due to reasons such as the development of preventive health services, quality, fast, effective health service delivery, optimum cost options, the development of boutique health services, the strength of modern technological health infrastructure and the inaccessibility to the services and continues to develop rapidly.

It is seen that developing countries turn to the service sector in order to improve their economic growth rate and to reach the industrial production and export rate levels in developed countries.

In order for the developing countries to have economic development, the volume of foreign trade should increase. It is inevitable for developing countries to create added value with new generation industrial methods from the conventional agricultural industry in the context of development. Such a change can be realized with investments and an increase in foreign trade. In this context, sectors that provide direct input to the country, such as tourism, come into play (İçöz & Kozak, 1998).

As a common belief, for economic development, besides the increase in production transaction volume and income level, there should be sociologically and culturally innovations (Savaş, 1991). Furthermore, economic development refers to growth by including certain numerical expressions.

Making development and innovation moves at the same time brings innovation concepts as well as change. Thus, development action plans achieve their purpose. It is necessary not only to increase the socio-economic level of people, but also to change and renew their living conditions and to see the reflection parameters.

Within the framework of the global perception, countries are putting big effort to improve their level of development rapidly. Developed regions and countries have come to the top economically at some advantageous points with the accumulations from the past experiences and have achieved equality in their regions to a large extent. In addition, it cannot be said that this situation is the same in countries and regions that have made little progress in terms of development. One of the ways to achieve this is to turn to alternative sectors that will provide economic development for developing countries.

Since industrialization is weak in underdeveloped countries, it is possible to evaluate alternative potentials for development. The importance of the tourism sector, which is one of these alternative areas, in terms of regional development and effective use of tourism resources in the region is increasing. Economic development also refers to the development at the socio-cultural level depending on the improvements in a society's income (Clark, 1996).

Tourism is advancing as a sector that creates high added value commercially in the world. In 2015, tourism, together with the other sectors it affects, had a trade volume of 7 trillion dollars, and it constituted 9.5 percent of the world's economic value and corresponded to 8.5 times the gross national product of Turkey. In terms of employment, the number of people employed in tourism worldwide was stated as approximately 270 million.

While this constitutes 9 percent of employment worldwide, this figure is approximately 3.5 times of Turkey's population (OECD, 2010).

According to the United Nations World Tourism report, tourism revenues; regardless of the crisis experienced in the international economy in 2016, the growth of all travels by 4% corresponds to 10% of the total gross domestic product in the world, 11% in employment, 7% in foreign trade and 30% of service exports are provided by tourism, which is the locomotive of the service sector. It is estimated that within five years, there will be 1.5 billion people with a volume of two trillion dollars in tourism sector (BM, 2016).

According to WTO (2019) data, there has been a rapid increase in tourism in different areas around the world in recent years. Countries that develop themselves by differentiating the fields of activity of tourism offer alternatives on the scope of demand and thus creating diversity in tourism (Öztürk & Yazıcıoğlu, 2002).

Competition in tourism has led service providers to more attractive options and new tourism subtopics have emerged. New tourism diversities have brought the market to grow day by day, prioritizing more qualified service provision for individuals, and developing satisfaction-oriented sustainable tourism approach.

One of the factors that lead people to tourism is health. With the high population growth, efforts of people to improve their living standards and due to the high health costs that vary according to the regions, they turn to countries that have proven themselves in terms of quality and financially. This has made it inevitable for health tourism to take place as a sector.

It is known that the treatment fees and the duration of the treatments are effective in the development of health tourism as a sector, which started to become important towards the end of the twentieth century. However, the high cost of health insurance in developed countries and the fact that many diseases are not covered by insurance have led people to seek alternatives. Turkey has taken a serious approach in the development plans of tourism and health tourism and has given importance to the necessary legislative

support (Edinsel & Adıgüzel, 2014). This situation will inevitably make health tourism as a significant sector, where countries can compete with each other globally (Zsarnoczky, 2018).

Health tourism has started to contribute to the related sectors as well as playing a role in the growth of other service sectors. Besides accommodation, flight, transfer and tour services, it also affects educational tourism. Health tourism will be among the top three sectors in the world in the near future due to the high number of accommodation days compared to regular tourism, the amount of foreign currency spent per day and the new employment opportunities. It is necessary to analyse with more accurate data for the contribution of health tourism to the development of the facilities, countries and regions in general.

As a large sector generated by millions of people in the international arena, health tourism brings an important trade volume to the countries. Countries are working to increase trade volume and are in an effort to create innovative areas. As a sector, health tourism is developing day by day and also takes place in the country's policies (Tosun, Demir, & Sağlık, 2020).

It is stated that health tourism is formed as a result of needs for regaining health and protecting health (Öztürk & Yazıcıoğlu, 2002). Moreover, as a result of awareness, people's desire to travel for treatment increases the importance of health tourism and compresses the development of the sector at both private and public levels.

Health tourism has grown faster than other service sectors because it is very important to protect one's health, to stay healthy, or to have access to the right doctor and adequate treatment opportunities for the disease. Now, instead of accepting the opportunities in the home country, the supply of reaching the right service delivery has created the demand for travel to other countries.

The progress of the world with technology is effective in improving people's life conditions and directing them to health tourism. Increases in people's quality of life and problems in accessing to health services in the countries lead to the development of health tourism (Garcia-Altes, 2005).

People that live in developed countries want to make health tourism trips in order to receive health service and participate in alternative tourism activities by looking for alternatives. This makes an important contribution to the country in terms of economy and takes an significant place in the tourism sector (Özbek, 1991).

Due to the worldwide pandemic in 2019, new mechanisms have been developed for tourism activities against this new phenomenon.

Due to the pandemic, safe facilities and countries for infectious diseases have been preferred. In the past, only the patient's treatment success and satisfaction came to the fore, but now pandemic safe travel, accommodation, health facilities and even pandemic safe cities will come to the fore and such places will receive more patients. In particular, rehabilitation options will increase and new treatment packages will be created.

In Turkey, it is inevitable to increase the patient flow during and after the pandemic with fast and accurate planning. It is of great importance that the studies to be carried out in all aspects of this issue and the correct marketing of these studies. It will be very effective for professionals to do the work, to create the most appropriate treatment packages for the patient, and to improve the perception of a pandemic safe facility and treatment. The pandemic has created a new field of competition in the tourism sector, and countries that can adapt to this competition will be able to carry their economic development to a higher level.

In this study, the role of health tourism in the development of the country and its effect on employment, and the views of the managers who provide services on issues such as education, communication, reliability and legal regulations for health tourism during and after the pandemic were examined.

## **Research Problem**

In this research, "The Role of Health Tourism in the Development of the Country and Its Impacts on Employment" constitutes the research problem. In order to test the research problem, research hypotheses were formed.

## **Research Hypotheses**

1. Is there a significant difference in the role of health tourism in the development of the country and employment according to the duties of the health tourism sector managers participating in the research?
2. Is there a significant difference regarding the genders of health tourism sector managers participating in the research, in the role of health tourism in the development of the country and employment?
3. Is there a significant difference regarding the educational status variable of health tourism sector managers participating in the research, in the role of health tourism in the country's development and employment?
4. Is there a significant difference regarding the age variable of health tourism sector managers participating in the research, in the role of health tourism in the development of the country and employment?
5. Is there a significant difference regarding the variable of the city where the health tourism sector managers participating in the research live, in the role of health tourism in the development of the country and employment?
6. Is there a significant difference regarding the years of service variable of health tourism sector managers participating in the research, in the role of health tourism in the country's development and employment?
7. Is there a significant difference regarding the facility type variable of the health tourism sector managers participating in the research, in the role of health tourism in the development of the country and employment?



8. Is there a significant difference regarding the foreign language proficiency variable of health tourism sector managers participating in the research, in the role of health tourism in the country's development and employment?
9. Is there a significant difference regarding the income variable of health tourism sector managers participating in the research, in the role of health tourism in the country's development and employment?
10. Are the relationship levels of the sub-dimensions of the health tourism's role in the country's development and employment questionnaire significant?
11. What are your views on the impact of health tourism managers on the role of health tourism in the development of the country?
12. As a facility manager engaged in health tourism; Do you find government incentives effective for the development of health tourism? What are your views and suggestions on this subject?
13. As a facility manager engaged in health tourism; Do you think that health tourism is effective in creating new employment and employment areas?
14. As a facility manager engaged in health tourism; Which organizations should be cooperated with to ensure international patient flow in health tourism?
15. What trends do you think will happen in health tourism during and after the pandemic?

### **Objective And Importance Of The Research**

It has become an important economic return for countries as health tourism has become a large sector as a result of people's need for economic and quality services from health services in the international platform. Thus, countries are making new efforts to generate more income in terms of returns from the sector. In this study, the aim of the research is to determine the role

of health tourism in the development of the country and its effect on employment.

It has become a structural necessity for the developing regions and countries to have transition from conventional agricultural, etc. economies to industrial economy at the point of development. However, in order to make such a change, monetary capital, human capital, democracy and legal regulations in international standards, preparing a reliable environment for foreign investors and reliable external borrowing are possible. These regulations and reforms take a long time, create other weaknesses in themselves and are sometimes found insufficient by investors. Developing countries try to stay away from these attempts, such as industrialization, which take a long time and often fail due to the consequences of not being able to produce technology. Instead, they seek for the development of the country by investing in alternative sectors. The health tourism sector, which is one of these alternative development tools, constitutes the importance of research.

### **Limitations of The Research**

The limitations of this research are the role of health tourism in the development of the country and its effect on employment questionnaire form and the role of health tourism in the development of the country and its effect on employment are limited to the qualifications measured by the semi-structured interview form. It is limited to the answers given by the health tourism managers participating in the research. The sample of the research is limited to the studies of Istanbul, Ankara, Izmir, Antalya and Bursa, which are the first five provinces with the Ministry of Health's authorization certificate, serving in the health tourism sector in Turkey.

## **Definitions Used In The Research**

**Health Tourism:** It is called tourism that occurs when people travel to places other than their home country in order to receive quality and appropriate service in the field of health. In addition, it is a type of tourism that turns into a mechanism where they can meet other alternative needs along with health.

**Medical Tourism:** Medical tourism, which is a type of health tourism, is called traveling to other countries in coordination with other areas of tourism in order to meet the medical treatment needs of people.

**Thermal Tourism:** Thermal tourism, which is another type of health tourism, is expressed as a type of tourism provided with hotel services that will provide mental and physical relief by going to countries for treatments, also known as spa treatment, from geothermal facilities established in regions rich in underground healing water resources in the world.

**Development:** It is characterized as the economic and socio-cultural development of societies, the increase in income levels, and the ability of people to live at an advanced level.

**Employment:** It is expressed as the activation of production areas individually and socially by making people work at the point of generating economic value in business areas in societies.

## **CHAPTER 1**

### **CONCEPT OF HEALTH TOURISM**

#### **1.1 Definition of Health Tourism**

Health Tourism is defined as travels, which have the aim of having access to quality, fast and cost effective treatment with advanced technological infrastructure and expert human resources, to other countries. People's access to information has been simplified with the developing internet network, which has accelerated the mobility. Realizing the added value of health tourism, which is defined as a local service export item, countries developed policies, made legislative arrangements and started to compete to get more patients. Facilities that can professionally manage every stage in health tourism service provision, where different parameters are managed together, have started to get more shares from the market as they have increased their brand value.

With the increase in the living standards of people in the world, it leads people to search for health. For this reason, countries that provide appropriate and quality treatments have achieved progress in health tourism and high commercial volume. In addition, it is expressed as a form of tourism consisting of people's desire to travel in search of the health service that suits them (Onur İÇÖZ, 2011).

Health tourism refers to visits of individuals from their home country to another country in order to receive suitable treatment (T.C. Sağlık Bakanlığı, 2011).

In addition, health tourism is a type of tourism that is carried out within the body of health institutions, hotels and private treatment centers by

working on the potential of foreign patients within the framework of medical and physical therapy needs (T.C. Turizm Bakanlığı, 2011).

It is of great importance that the service providers have made the physical conditions for the international patient, the competent personnel resource and the feasibility of the branch to be served in the market, and then the creation of an action plan. When looking at the service as a whole, it has become indispensable for success to foresee all the parameters that change according to the target destination and to complete the deficiencies before going to the market and starting the promotional activities.

Health tourism is a tourism field that is carried out mostly through health institutions and organizations in the mechanism that is formed by people traveling to meet their current treatments and to obtain the services needed for a sustainable healthy life (Tontuş, 2013).

It is important to start by defining what is meant by “medical tourism”. For this, we report that we define Medical tourism as consumers choose to travel across international borders. Intention to seek some form of medical treatment. This treatment includes services that may encompass all medical treatment, but most include dental care, plastic surgery, elective surgery and fertility treatment. Determining the border in terms of health and counting it as medical tourism for commercial purposes is not simple. Not all of these treatments are included in the scope of health trade. For example, aesthetic plastic surgery rather than reconstructive reasons can be considered as such treatment (OECD, 2010).

Medical tourism, in some countries, is related to the broader notion of health tourism. Long-standing historical remnants of spa towns, coastal areas, and other therapeutic sites. Some commentators have recognized health and medical tourism as a combined phenomenon. Different emphasis, for example, defines health tourism as maintenance, development or restoration of an area (Carrera & Bridges, 2006). This definition covers medical tourism as the absence of organized travel outside one's jurisdiction for natural health care for recovery or the restoration of an individual's health through medical intervention (Carrera & Bridges, 2006).

## **1.2 History of Health Tourism**

### **1.2.1 Health Tourism in Ancient Ages**

As a result of studies on civilizations living in ancient ages, it has been observed that they have a long history going back to a few thousand years in terms of religion and health. It has also been found that many ancient civilizations had sanctuary baths and hot springs and benefitted from them.

The health facilities built by Sumerians around the hot springs are the oldest known facilities. In these facilities, there were very large temples, water-flowing pools.

During the Bronze Age in Europe, people realized that rich mineral water is useful for cleaning and drinking, it has also been found in European states where they used these waters with pots made of bronze. This means that health tourism was carried out inter-communal at that time.

The first civilization that laid the foundations of history tourism comprehensively was the ancient Greeks. The Temple of Asclepius, built in honor of Asclepius, who is known as the goddess of medicine, was the first health center in the world.

Even five thousand years ago, those, who sought to benefit from alternative medicine methods, would visit India. Health tourism began to develop with the spread of ayurvedic and yoga medical methods in India.

### **1.2.2 Health Tourism in Middle Ages**

In the times after Roman Empire, Asia carried out their activities at the point of health tourism and transformed them into health facilities that provide clinical treatment instead of old works, and hot water sources and treatment methods became widespread in the Middle Ages in the Far East countries and the warriors benefitted from these treatments after wars.

Muslim people established medical centers in their societies for the benefit of themselves and foreigners, and they built, the Mansuri Hospital,

which was the largest and most modern hospital of its time, in Cairo with a capacity of eight thousand people to serve all humanity without any discrimination between people.

### **1.2.3 Health Tourism in Ottoman Empire and Before**

In Pre-Islamic Era, religious beliefs, health and medical topics had a special place in lifestyles of Turks living in Central Asia. In Turkish society, magic and religious treatments were performed by people called shamans. As a treatment, at another point, there were people called herbalists, emci or atasagun, who treated them with drugs and different substances. However, along with Islam, the Turks gave importance to cleanliness as a requirement of belief, advanced in the fields of preventive health and found many alternative methods in treatment. There is an overlap in the point of health tourism with the slogan of “travel and find health”.

Medical treatments gained momentum in the Great and Anatolian Seljuks, and they built caravanserais, inns, baths, hot springs and healing houses in the lands they dominated (Tontuş, 2013).

### **1.2.4 Types of Health Tourism**

Health tourism consists of four main components: medical tourism, thermal (spa) tourism, SPA - wellness tourism, senior and accessible tourism. It is generally stated that health tourism consists of four main headings as medical tourism, thermal (spa) tourism, SPA - wellness tourism, elderly and disabled tourism. However, when we look at the increasing service diversity according to supply and different marketing parameters, besides these four main headings, many varieties such as wellness camps, obesity control packages, detox packages and traditional and complementary medicine packages stand out. People have started to search for the services they can get without getting sick in order to protect their current health. Alongside the word being cured, the word finding healing started to be prominent.

### **1.2.5 Medical Tourism**

It is the type of tourism that consists of traveling to other places from one's own countries in coordination with other branches of tourism within the framework of the necessary services and equipment for the medical intervention that should be applied to patients in need of treatment.

In order not to lose their health and stay healthy, people search for places where they can get service. As a result of these efforts, the concept of medical tourism is established (Demirer, 2010).

Regarding tourism, people see it as activities to have a pleasant time with social activities and to get away from the busy work and life pace, but health tourism has taken it to a different area and revealed that they can continue both together without getting away from daily life. If a person has health problems, he will be with him no matter how he or she is, at this point, tourism should not be limited to a conceptual framework as a whole activity done to relax and have a good time (Cook, 2008).

Although medical tourism puts the concepts of health and tourism into action together, people expect special attention and treatment in terms of locations they will travel. With this expectation, it includes other tourism activities in order to spend quality and enjoyable time outside of the treatment related to the destination. In this context, medical tourism takes a more active place in tourism and health tourism. Thus, people express the type of tourism in order to go to different regions for treatment and to do different activities besides treatment (Aydın, Aypek, Aktepe, Şahbaz, & Arslan, 2011).

People who go to different places for medical tourism receive many medical treatment services such as aesthetic surgeries, dental and orthodontic treatments, prosthetic applications, cancer treatment, organ transplantation and qualified medical interventions, in vitro fertilization activities within the scope of medical tourism.

When international mobility is taken into account, more than a million people travel for health purposes, these patients develop health tourism in



tens of countries and contribute economically to developing countries in health tourism, including both developed and developing countries (TUSİAD, 2009). Among the diversity of the tourism sector, factors such as the development of medical tourism and the increase in its added value day by day, factors such as cost-effectiveness, short treatment times, access to quality health care, enable people to be health tourists for treatment purposes and to participate in other tourism activities due to the disadvantaged areas in their own countries (Connel, 2010).

Medical tourism is carried out by taking the risk of traveling to other places in a holistic manner by looking at the historical, cultural and economic aspects together with the service areas within the service package, which are other tourism activities, along with the diagnosis and treatment of people's diseases (Altın, Bektaş, Antep, & İrban, 2012).

#### **If we look at the characteristics of medical tourism:**

Facilities that will operate within the framework of medical tourism must meet the necessary qualification conditions as internationally accredited.

Competent and qualified people should be employed in businesses that will carry out medical tourism activities, and they should have foreign language knowledge in order to communicate comfortably with health tourists.

Medical tourism is a health tourism that supports not only the personnel who will serve in the field of medical treatments, but also other tourism activities.

Effective promotion is important in medical tourism, and these promotional activities can be sustained by publicly supported incentives

Cooperation with foreign intermediary institutions, which can also make it within the framework of international contracts in medical tourism activities, has an important place as it will provide mutual assurance (Demirer, 2010).

On the other hand, medical tourism plays an active role in the development of sectors operating in many fields. As a matter of fact, these sectors have to make maximum efforts to increase their service quality and to constantly renew themselves in every field in terms of satisfaction and to be preferred.

It is seen that there is a direct economic relationship with the intensity of medical tourism and the effect of expenditures around the world. It is observed that developed countries have high health expenditures. It has been determined that people living in developed countries do this at the level of ninety percent in the health sector in the world. People with high incomes spend a lot of money on health expenditures in their countries, however, they also spend money elsewhere for treatment as well as for other purposes (Gottret & Schieber, 2006).

Apart from some compulsory treatments, people move in search of different countries to make a difference for themselves, such as aesthetics and hair transplantation, and act at the point of medical tourism, and this has reached very serious numbers in recent years.

Turkey performs well in terms of medical tourism. It is among the most preferred countries in the international arena with its quality and appropriate service. It is preferred not only in the field of health tourism, but also with its historical, cultural and geographical climatic features.

### **1.2.6 Thermal (Spa) Tourism**

Traveling in order to benefit from geothermal facilities is the method of going from one country to another for spa treatments determined with medical report and taking advantage of the spas with quality hotel services in comfortable environments to relax and feel better.

Natural thermal waters with rich mineral content are utilized in applications such as hot spring bath, drinking cures, peloidotherapy, and many applications such as climatotherapy, nutrition and detox programs, physical therapy and rehabilitation, group therapies, thermal pool programs, increasing physical, spiritual and mental health (T.C. Sağlık Bakanlığı, 2011).

Difficult life conditions, irregular and unhealthy eating habits, stressful life, and use of addictive substances that are harmful to health cause the deterioration of healthy state and increase in diseases due to rapid urbanization. The increase in the elderly population with the prolongation of life expectancy and the disruption of daily life activities due to health problems cause people to benefit from thermal water resources for better health and wellness (Türkiye Sağlık Vakfı, 2010).

Throughout history, human beings have benefited from natural hot spring waters to maintain their healthy state, desire to live longer and to improve existing health problems. Thermal tourism has come to the forefront by using the rich and various minerals in the content of natural thermal water resources in medical treatments (Şahin, 2007).

When thermal tourism is examined in the historical process, they have reached a certain level of life and now they have started to make thermal trips to maintain their current well-being or to find solutions to health problems (İlban, Akkılıç, & Yılmaz E, 2011).

The word natural spa water, namely thermal, comes from the Latin word "Thermos". The word "term", which means a bath, which people generally used during the Roman period, was defined as the region where there was water in the later periods. The word "thermal" was used in the sense of groundwater, and it was expressed as the word "thermal" to emphasize that these waters are hot. The use of these beneficial waters for therapeutic purposes has begun to be used as "thermalism" (Kahraman, 1978).

Thermal tourism is defined, by Turkish Ministry of Tourism, as traveling for natural thermal water with rich content, geographical conditions with beneficial mud and thermal water resources, for people to regain their health by using natural features, physical therapy and rehabilitation applications

within the scope of the treatment plan created under the control of a doctor, and cure treatments accompanied by exercise programs (T.C. Turizm Bakanlığı, 2011).

It is a type of tourism that is established as a result of benefiting from thermal facilities together with applications such as natural hot spring bath, peloid applications, drink cures, climatotherapy, rehabilitation under physician control, nutrition programs (T.C. Kültür ve Turizm Bakanlığı, 2018 ).

Thermal tourism is a type of tourism that changes with the environmental and climatic characteristics that change according to the location of the waters with very useful and rich mineral content, which spontaneously emerge from the underground to the surface (Öztürk & Yazıcıoğlu, 2002).

When thermal facilities are examined in terms of service provision, some of them only provide treatment services, and some facilities are located in the sections where accommodation, eating and drinking, rest, recreation, entertainment, and many other useful activities are carried out besides the treatment service. In order to be able to say that a thermal tourism service is provided in a facility, it must be provided in all other services besides the treatment service (Özbek, 1991).

Thermal tourism is also used as spa tourism with water obtained from natural thermal sources. Definitions used in these services (Edinsel & Adıgüzel, 2014):

Climatism (It is the treatment made to benefit from the special effects of natural and clean climate-air and offered in the natural beauty of the region),

Uvalism (It is a type of treatment using local fruits and vegetables),

Thermalism (The use of groundwater in hot springs for therapeutic purposes.),

Balneotherapy (It is a treatment with hot spring waters),

Thalassotherapy (It is a treatment by using sun and sea water on the seaside.),

Hydrotherapy (It is a treatment created using fresh water),

Speleotherapy (A type of treatment applied by using the different environment of the caves),

Peloidtherapy (It is a treatment through using mud),

Heliotherapy (It is a treatment with the use of sunlight)

Thermal tourism exhibits different charms according to the region depending on its location, and the thermal facility by the sea is used in summer tourism, and thanks to the thermal facilities located in the greenery, nature tourism, thermal facilities serving in regions with historical background, many different added values such as treatment, history and cultural tourism are created (Aklanoğlu & Erdoğan, 2007).

When thermal tourism among all tourism diversities is examined:

- Having a periodicity every month of the year,
- Increase in the number of full days per year due to long-term stays,
- High income input due to treatment opportunities and high competitiveness due to diversity,
- In the region where thermal tourism is operated, it provides service opportunity for a whole with other tourism diversities and provides a balance element in the region.
- In addition to healing people, thermal tourism also offers opportunities for vitality, rest, quality time and different activities.

Thermal tourism has been seen in the world since ancient times, and it comes to the fore with the continuation of the healthy state of people and its therapeutic properties. Looking at examples from the world, it is seen that Switzerland receives 800 thousand, France 1 million, Russia 8 million and Hungary 10 million visitors for thermal tourism purposes. In Europe, where many centers with historical thermal backgrounds are located, facilities in countries such as Germany, Czech Republic, France, Hungary, Switzerland

and Greece accept a large number of visitors for thermal tourism (Aklanoğlu & Erdoğan, 2007).

In Turkey, which has geographically rich underground water resources, thermal tourism has a high potential in terms of both the number of water resources and their characteristics. Due to the inadequacy of the facilities, where these healing waters are located, compared to the examples abroad, it reduces Turkey's competitiveness considerably (Edinsel & Adıgüzel, 2014).

In order to ensure the satisfaction of those traveling for thermal tourism in the world and to get a share from the international market;

- The physical standards and infrastructure of thermal tourism facilities should be high,
- There should be examination of the waters with rich mineral content and presenting the results to the visitors,
- Showing sensitivity about the natural beauties, cleanliness and virginity of the region where the facility providing thermal tourism services is located,
- If thermal health tourism service provision is planned, there should be employment of successful doctors, physiotherapists, nurses and auxiliary health personnel,
- In addition to the healing properties of thermal waters, there should be infrastructure that offers state-of-the-art treatment opportunities,
- Accessibility of thermal health tourism facilities and offering optimum price packages,
- Establishing treatment pools that will ensure maximum use of the therapeutic effect of thermal waters,
- Establishing effective communication with visitors and presenting modern medical standards.

#### **Types of treatment offered within the scope of thermal tourism;**

- Treatment of thermal waters for bath purposes, in the form of spas,
- Talosotherapy: Using the therapeutic properties of sea water,
- Hydrotherapy with fresh water,
- Balneotherapy: The way of using mineral groundwater for therapeutic purposes,
- Peloidotherapy: Mud cure treatment with healing mud,

- Climatotherapy: Made by utilizing the climate characteristics of the region.

### **1.2.7. SPA-Wellness Tourism**

A possible source claims that the word Spa may be Latin "Salus Per Aqua" and it means "health with water" or "health from water". The word wellness refers to being good and fit in mind, body, spirit and relationships. In this context, all kinds of massages, skin care, mud and algae baths, bathtub care and body care with healthy and natural products such as body, mental, physical and relational are included in the scope of Wellness (SPA Merkezleri, 2011).

In recent years, the concept of "Wellness" and the facilities that provide wellness services have come to the fore in the World and in our Country. SPA centers built in facilities that offer wellness services have reflected on the growth rate of the sector both with their health presentation and their different enjoyable aspects.

SPA centers, which offer many applications such as traditional treatments, bath culture, steam rooms, massage and saunas, have taken their place in thermal health tourism and ensured the diversification of the concept of wellness. Spas diversified within themselves, such as Hamam SPA, Thai SPA, Thalasso SPA, and Anti-Aging SPA, providing different service options in thermal health tourism. New varieties such as "SPA spitals" associated with medical SPAs and clinics, and "ship and daily SPA" in the field of wellness tourism will be preferred in the future (TÜRKAP, 2011).

### **1.2.8 Senior Tourism**

With the prolongation of life expectancy, the elderly population in the world is increasing. The number of elderly people over the age of 65 in

European countries is much higher than in other countries, and it is known that this population travels more than other age groups (Çılgınoğlu, 2018).

When the participation rates of the elderly population groups in tourism activities are examined, it is observed that the demands of the elderly population, who have the potential for health tourism services within the scope of the treatment needs of the people, will continue to increase in this regard (T.C. Sağlık Bakanlığı, 2011).

International trips are made in order to benefit from the health service provision of the elderly population potential and to participate in tourism activities. This age group also has care needs (Aslanova, 2013).

Senior tourism; It includes historical, natural and cultural tours, care services to be given to people in need, and treatments in health facilities.

People traveling in advanced age tourism are the groups that spend the most time in tourism. Due to their long stay, they prefer to travel in groups, they do more tourism activities and benefit from treatment services.

In addition to providing care and rehabilitation services in advanced age tourism, it also covers meeting the needs of people with physical disabilities and tour services. Service delivery is provided in clinical hotels, holidayresorts and nursing homes, where health care can also be provided. Trained maintenance personnel are employed as human resources. There is nodirect need for a physician (Aydın, 2010).

### **1.2.9 Accessible Tourism**

Accessible tourism is a tourism mobility that includes meeting the needs of physical and mental health services, as well as tourism activities such as accommodation, tours, eating and drinking, planned according to the disability of people with disabilities (Dalkıran, 2017).

It is the health and care services given to the individual according to any congenital or acquired physical, mental or mental disability or a lost ability (Toker & Yiğit, 2015).



It is an inevitable reality that the disabled individuals, who have a substantial proportion in all countries, demand to be able to travel, relax, have fun and be treated together like other individuals. Considering the proportion of the disabled population in the countries, a very serious health tourism capacity can be considered.

It can be said that the fact that the disabled person must travel with a companion, not alone, is an indication of how important a market it is in disabled tourism, and it can be said that it is not given much importance (Çılgınoğlu, 2018).

Considering the tourism mobility of the disabled population in our country, it is observed that they are active in their social life but do not benefit from tourism activities. In order to increase the tourism mobility of these individuals, specially planned tour programs were organized for disabled groups (Türkiye Sakatlar Derneği Faaliyetleri, 2019).

### **1.2.10 Reasons for Preferring Health Tourism**

One of the main reasons for health tourism is that travels from developed countries to other countries and treatment expenses are much costlier in ones' home country, and the desire to save on treatment expenses by traveling to less costly countries. Individuals in need of treatment, with or without health insurance, travel to other countries for health tourism purposes. Another reason is the length of the appointment days, as in the UK for example. The desire of sick individuals to reach treatment opportunities in a shorter time is an important factor in health tourism. The reasons for traveling from underdeveloped countries to other countries for therapeutic purposes are the desire to reach quality health care and care services. These patients benefit from other types of tourism besides meeting their treatment needs. In some regions that provide health tourism services, traditional and complementary medicine applications and alternative treatment options are attractive (Smith, 2001).

Reasons for preferring health tourism:

- Possibility of quick access to health services due to long appointment times given in centers providing health services in the places where individuals live,
- Modern technological infrastructure and treatment options in facilities providing health tourism services,
- Alternative drugs and treatments that provide physical and mental comfort without side effects,
- The relaxing effect of travelling to other destinations and the ability to get away from the conditions that triggered the disease in the place where they live,
- Comfort brought by sincere, caring and warm communication in facilities providing health tourism services,
- Advantages arising from exchange rates according to the country,
- The service of specialist physicians, the quality of care services and high quality accommodation opportunities.

Unlike other types of tourism, health tourism can be done in every month of the year. This ensures the continuity of the service without depending on the parameters that change according to the seasonal and climatic conditions. Its economic input and positive effect on employment make health tourism advantageous. Considering its contribution to employment, people from many different occupational groups will be needed, due to the increasing demand for nursing and medicine professions, it will create opportunities for the female population. The need for well-educated physicians will change occupational migration to other countries, thanks to health facilities with strong technological infrastructure, thus creating a competitive environment. In this way, patients living in their own country can be counted as providing better quality health care opportunities. (Reisman, 2010).

When the other benefits of health tourism are considered, cultural interactions between countries, the development of relations thanks to sharing, the sharing of mutual scientific and technological developments, the contribution to the brand value of the country that provides the service and

the increase in the satisfaction rate of the individuals receiving treatment come to the fore (Annette & Arellano, 2007).

### **1.3 Tourists or Visitors in terms of Health Tourism Market**

Types of visitors taking role in the internationally competitive health tourism market;

- Tourist: Individuals and tourists who receive only tourism services from the country they go to.
- Tourist treated on vacation: A tourist who receives emergency medical care during his visit.
- Tourists for holiday and treatment purposes: Tourists whose purpose of travel is not treatment, but who finds treatment opportunities for some diseases during their travel, that is, who prefer treatment while on vacation
  - Patients on holiday: A tourist who travels for treatment purposes and spends a holiday in that region after treatment.
  - Patients only: Individuals with the disease who make scheduled visits for treatment only

### **1.4 Factors Improving for Health Tourism**

- To reach health services much faster,
- Access to modern advanced technological medical facilities,
- Desire to receive high quality health care,
- Purchasing health care with more affordable costs,
- Desire to make a holiday and cultural visit in addition to being treated,
- The desire of seniors and disabled to go to other places and be treated.

### **1.5 Globalization and Health Tourism**

Health policies in the world are made by countries and have different characteristics specific to each country. For example, the National Health Organization in England organized the financing, taxation and delivery of primary and secondary health care services in 1948. Through the impact of globalization, health care policies have started to be prepared not only at the national level but also by considering international parameters. Economic, political and social changes in countries and in the world have created new opportunities and challenges, and health services have been regulated accordingly.

Countries are undersigning some regulatory activities for the development of health service delivery. For example, world countries such as trade agreement

Many factors such as international definitions of patient-disease concept, rapidly developing information technologies, quality flight conditions, and changes in cultural approaches in the destination countries have made the health tourism industry active and dynamic. Factors such as economic conditions, geographical location and climatic conditions in a destination, political inconsistencies within the countries, travel barriers, and developments in promotion are effective in creating both differences and added value in health tourism. For example, bilateral exchanges between OECD countries have created supply chains, such as from the USA to Mexico or Korea. In OECD countries with medium and low incomes, patient flows differ, such as the flow of patients to India, Thailand and Malaysia.

### **1.6 Health Tourism in the World**

Health tourism is the international travel of individuals for treatment purposes. After the 2008 economic crisis, the interest of countries in health tourism has increased rapidly.

After the economic crisis in Asia in 1997, many countries in this continent started to promote health tourists and tried to develop the health tourism industry. Countries such as India and Malaysia, especially Thailand,

have created national policies in health tourism, defined new processes and established brand treatment centers. In these countries, the health tourism sector has gained a very serious growth momentum in recent years and success has been achieved in the studies. In 2010, Thailand took the first place in the sector in the world market by providing 340 million dollars of medical tourism input in medical tourism and 622 million dollars in 2013. The average annual growth rate was approximately 20 percent.

With the foreign exchange inflow from medical tourism in Malaysia, an annual average growth rate of 19% has been achieved. In 2013, income from health tourism in Thailand constituted 0.16% of its gross national product. In the same year, the income obtained from health tourism in Malaysia was 293 million dollars and constituted 0.09% of the gross national product (Euromonitor International, 2015).

The rapidly aging world population, the positive changes in the policies in the provision of health services, the increase in treatment costs, the development of the insurance system have directed consumers with optimum cost consciousness to travel for health tourism purposes. In a study conducted in the United States, it was predicted that approximately 1.4 billion dollars would be saved if one out of ten patients receives treatment abroad per year (Sage Journals, 2017).

Health tourism has emerged as one of the most popular alternative tourism types with the effect of globalization and serious competition environment among countries since the mid-1990s. The most preferred countries in the field of health tourism are; India, Cuba, Costa Rica, Thailand, Singapore, Colombia and Malaysia. Asia can be considered as the main region of health tourism. In order to compete with Thailand and Malaysia in this market, Singapore has lowered prices and has installed information stands on alternative medical tourism at airports (Connell, 2006) .

Today, India is regarded as a leading country in health tourism. India aims to treat patients from Europe, the Middle East and Canada, while Singapore aims to treat patients from the United States. (CBC News, 2007)

Figure 1. Leading Countries in Health Tourism in the World  
(Deloitte, 2010).



Health tourism has gained momentum due to reasons such as the increase in treatment costs in the health services of countries, long appointment days, and decrease in service quality, and globalization and conscious patient portfolio have also triggered health tourism. Health tourism, which has become a rapidly growing sector due to the dynamics created by the European Union countries, has started to offer the opportunity to be treated and to have a vacation while being treated (Yıldırım & Altinkaya, 2006).

Tourism movements continue to increase inevitably all over the world. According to World Tourism Organization (WTO) data, it is stated that World tourism is 6.7% in 2010. In the last year, approximately 935 million people have been involved in tourism movements for different reasons. The increase in trade despite many negativities, the increase in the income level and the increase in expenditures, the opening in the political and economic systems are the indicators that the world tourism mobility will increase (Aydın, 2010).

It can be denoted that health tourism activities in the world follow a course parallel to the growth mentioned above. The real reason behind health tourism, which has seen a remarkable increase since the 90s, is the improvement in the quality of treatment, as well as affordable medical service costs in different countries. It is also stated that the size of the cake of health tourism in 2010 is 100 billion dollars. (Deloitte, 2010)

While nearly 30 countries share this big cake, as stated in the study, approximately 22 million people travel from one place to another for health purposes.

Table 1. 10 Countries Hosting Highest Number of Visitors in Tourism

<b>Standing</b>	<b>Country</b>	<b>Number of Visitors</b>	<b>2016 standing</b>
1	France	86,9 Millions	1
2	Spain	81,8 Millions	3
3	USA	75,9 Millions	2
4	China	60,7 Millions	4
5	Italy	58,3 Millions	5
6	Mexico	39,3 Millions	8
7	UK	37,7 Millions	6
8	Turkey	37,6 Millions	10
9	Germany	37,5 Millions	7
10	Thailand	35,4 Millions	9

(UNWTO, 2017)

Today, India is one of the leading countries regarding its share in world health tourism. Approximately 150,000 medical tourists visit India each year. There is a 30% growth in the healthcare industry in India every year, and the annual health tourism revenue is expected to be 1.2 billion pounds by 2012. The main reasons for such growth is that they foresee the potential of health tourism, work at low costs and provide good publicity (Yıldırım & Altinkaya, 2006).

Eastern European countries, which are trying to adapt rapidly to the capitalist world, have started to take an important share in the health tourism cake especially by taking advantage of low labor costs and membership of the European Union. Hungary is one of the rising stars with only \$ 2 million input from annual dental treatment. In addition, Belgium has gained a significant sector share, especially in the field of plastic surgery and obesity treatment (Yıldırım & Altinkaya, 2006).

According to the research and consulting firms such as Ernst and Young and Deloitte, the health tourism market in the world is expected to be around 100 billion dollars in 2012 and 17 million people will travel to receive medical services outside their home countries (THTDC, 2011).

Health tourism is growing 35% every year. Revolving turnover in the sector is 100 billion USD/year. Five countries receiving the highest number of health tourists worldwide are Panama, Brazil, Malaysia, Costa Rica, India.

### **1.7. Health Tourism in the Global Tourism Market**

As a result of the study commissioned by the Global Wellness Institute, the “2013 Global Health Tourism Economy Report” was presented at the congress held in India. This report is the very first study to benchmark and analyze one of the fastest-growing global tourism segments.

In the 2013 Global Health Tourism Economy Report, “health tourism” is defined as the travels that an individual makes with the aim of increasing and maintaining the level of personal comfort. Global health crises have emerged due to many factors such as the increase in the elderly population, high cost health services, adverse health-threatening conditions with high stress levels in living conditions, and failures in treatment results. Demands have begun to arise in individuals about staying healthy, recovering and acquiring new activities.

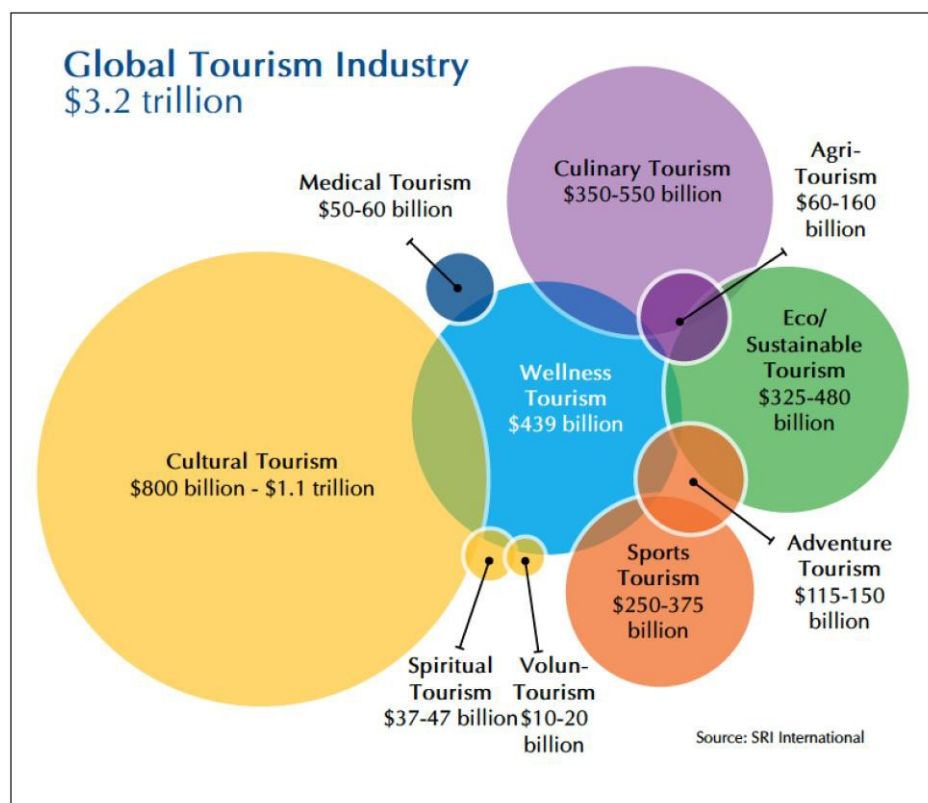
Report results;



- It is thought that health tourism will achieve an annual growth rate of more than 9% until 2017, which will gain momentum approximately 50% faster than global tourism.
- Health tourism will create a business volume of 11.7 million dollars and will make an economic contribution of 1.3 trillion dollars in the world.
- National health tourism accounts for 84% of travels and 68% of expenditures.
- Wellness tourism constitutes 6% of all national and international travels and 14% of all expenditures.
- Individuals who want to travel for the purpose of receiving preventive health services and maintaining their well-being constitute 87% of health tourism travels and 86% of expenditures.

Wellness Tourism is a \$438 Billion segment within the Global Tourism Industry and has synergy with many high-growth niche segments.

Figure 2. International Tourism Movements

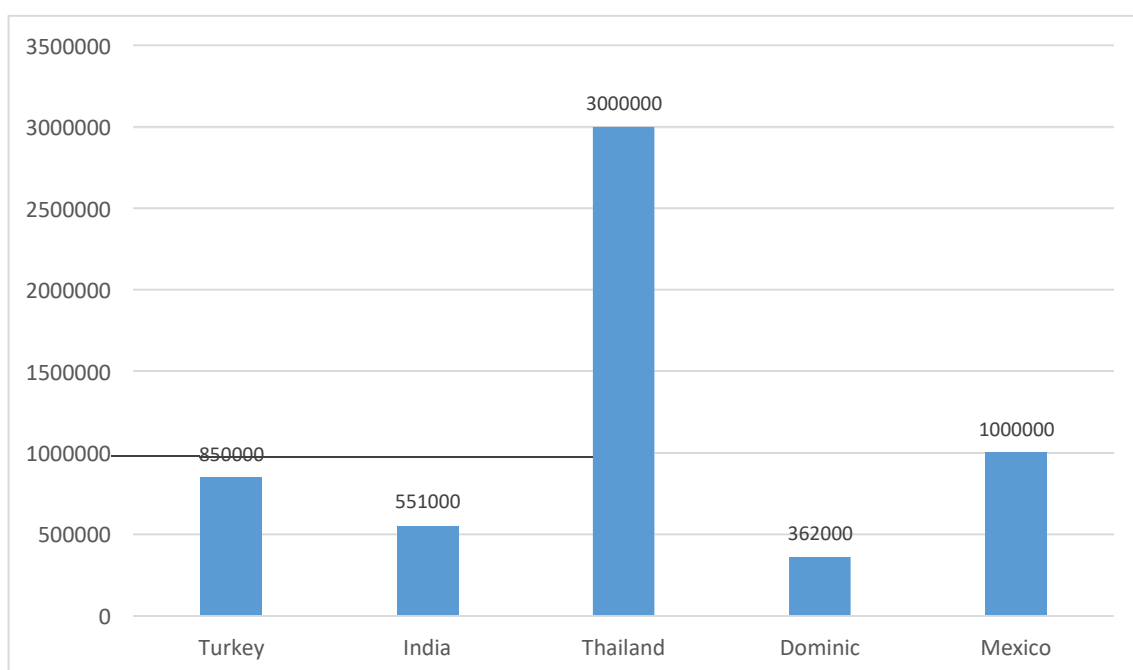


(Analysis of the SRI Report, 2013)

### 1.7.1 An Overview of Health Tourism and a Representative Example of Countries

Considering Turkey, Thailand, Mexico and the Dominican Republic in the tourism market in 2019, it will not give any preliminary information in terms of seeing the economic added value of medical tourism (see Graph 1). The size of the medical tourism market, the number of individuals seeking treatment for 2019 varies between 362 thousand and 3 million.

Graphic 1. Number of Medical Tourists in 2019



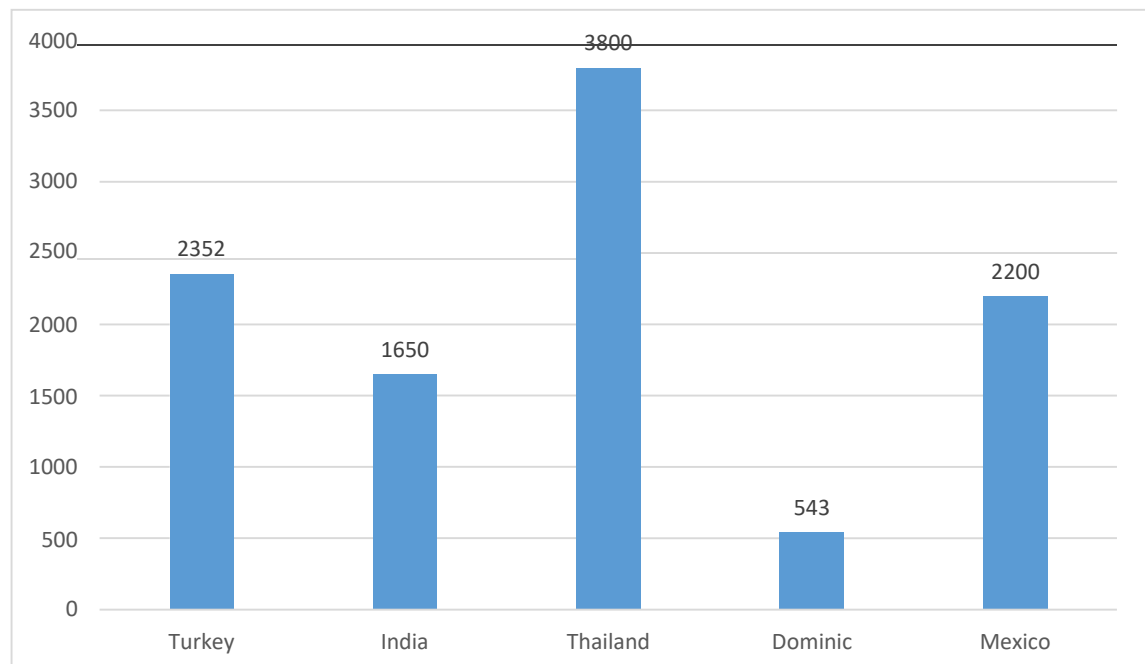
Source: (T.C. Sağlık Bakanlığı, 2021)

Medical tourism is a growing economy, with the potential to offer facilities and treatment options similar to the highly successful healthcare facilities found in developed countries. 90 percent of savings are achieved in treatment costs.

Considering the volume of income generated by medical tourism (see Graph 2), it varies between 543 million dollars in the Dominican Republic and

3.8 billion dollars in Thailand. Despite the severe economic crisis, medical tourism has a solid growth momentum.

Graphic 2. Medical Tourist Revenues 2019 (\$ million)



Source: (T.C. Sağlık Bakanlığı, 2021)

### 1.7.2 Health Tourism in European Union Countries

It is estimated that it is difficult to predict the size of the market, due to the growth limit, the unreliability of the data, and the changing concepts. In 2014, it was determined that 56 million national and 5.1 million international trips were made to the European Union. The share of health tourism in this market constitutes 4.3% of all travelers. 5.8% of national trips and 1.1% of international trips are for health tourism.

Health tourism revenue is approximately 47 billion euros, accounting for 4.6% of tourism revenues and 0.33% of the European Union's gross national product. Seasonal factors are less obvious in health tourism than in tourism. The share of health tourists coming from outside the European Union is about 6%.

Studies show that although the European Union has achieved a stable growth in health tourism, there is moderate growth in medical, wellness and spa tourism. As stated in this study, it is estimated that health tourism will grow at an average of 2% per year, equal to the overall European Union tourism.

Medical tourism varies according to the changing legislation and waiting lists in the health sector. Yet, wellness tourism accounts for two-thirds to three-quarters of the entire market.

France, Germany, Italy, Sweden and Poland are economically important target markets for health tourism. Finland, Bulgaria, Germany, Spain and Ireland have a health service supply via quality accommodation facilities. The highest concentrations of installations are located in Central and Eastern European countries and on the coasts of Spain and the Southern Baltic. Countries such as France, Germany and Sweden are among the major source markets in health tourism (Research4committees, 2017).

### **1.7.3 World Health Tourism Mobility and Overview**

According to the 2018 February report of the PWC, average expenditure is between \$3,000 and \$10,000 per visit. It has been determined that 600 thousand people from Indonesia and 500 thousand people from the United States go abroad for tourism purposes annually. According to the report, it is estimated that the health tourism market will reach a value of 125 billion dollars and the wellness market will reach 808 billion dollars by 2021.

There is an increasing supply for accessibility, highly experienced treatment packages and quality service delivery to individuals. The absence of health insurance is an advantage for the sector.

Health facilities in Thailand, which have achieved success in health tourism, accepted 2.5 million health tourists in 2013 and 520 thousand international patients were treated at the Bumrungrad Hospital in Bangkok.

Singapore has become the medical tourism center of South East Asia with a flow of 850 thousand patients in 2012. According to the research conducted by RHB in January 2019, it was reported that the medical tourists from Malaysia and Thailand negatively affected the Singapore market.

It started to take its place in the market with 40 thousand health tourists who came to Latin American countries such as Costa Rica and Panama in 2011.

The fact that 40 thousand retirees and 80 thousand elderly people from the United States prefer Mexico due to its proximity has made the region a health tourism center in terms of elderly care and health facilities.

Malaysia, an important destination, doubled the patient flow in five years and admitted 770 thousand patients in 2013. From the International Medical Travel Journal in 2016

It has increased its reputation in the world by receiving an award. Thanks to the success achieved, the Malaysian Health Travel Council received the awards for "health and medical tourism target of the year, international hospital of the year, international cosmetic surgery clinic of the year, international dental clinic of the year, international fertility of the year and best marketing initiative of the year".

India has become an important health tourism destination by receiving 166,000 patients in 2012 due to its successful physicians and well-equipped health infrastructure. In 2016, medical tourist visas were issued to 170,000 people. This represents only a fraction of patients coming to India.

In 2016, 390 thousand people traveled to South Korea for medical purposes and South Korea is among the top ten countries in the world according to the number of tourists.

England has announced that it needs quality and equipped facilities for care tourism in other countries.

In the Spanish city of Marbella, the demand for medical tourism has increased and an annual income of 330 million euros is generated. Quirón is Spain's largest medical supply company, treating 20,000 foreign patients a year. Most patients come from England, the Netherlands and Finland.

In the countries of the Mena region, the demand for IVF services has increased. In the Middle East and North African countries, apart from Turkey, there is a 1 billion dollar market in which it provides services in the UAE and Saudi Arabia.

### **1.8 Health Tourism in Turkey**

Having advanced technological infrastructure at hospitals and health institutions and highly skilled doctors and health personnel are important factors that can put Turkey on top 5 of best medical tourism destinations of the world.

Turkey is one of the 17 countries with the highest popularity in health tourism. In 2018, 700 thousand visitors visited Turkey to receive health and care services. 32% of the patients in the country are medical tourists.

Turkey remains popular for cost-effective treatment services and having the largest number of accredited healthcare facilities. Most of the physicians who have received medical education in Europe and America prefer to work and reside in Turkey.

Health tourists coming to our country are increasing day by day, while it was 140 thousand in 2003, it is seen that it increased to 660,000 in 2019 (Table 2).

Due to the increase in the number of visitors with the aim of health tourism, a steady increase was observed in the foreign currency input. Every health tourist coming to Turkey earns between 2 thousand and 12 thousand dollars per person. Turkey has targeted 2 million international patients and 20 billion dollars income for 2023 (TURSAB, 2014).

In order to reach the desired point, state subsidies are provided. However, due to the pandemic, not only the international markets have been affected, but also our country has been adversely affected. In this context, the review and evaluation of the targets should be taken into consideration.

Table 2. Visitors and Spending Amounts for Health and Medical Reasons Between 2003-2019

(TÜGK, 2020)

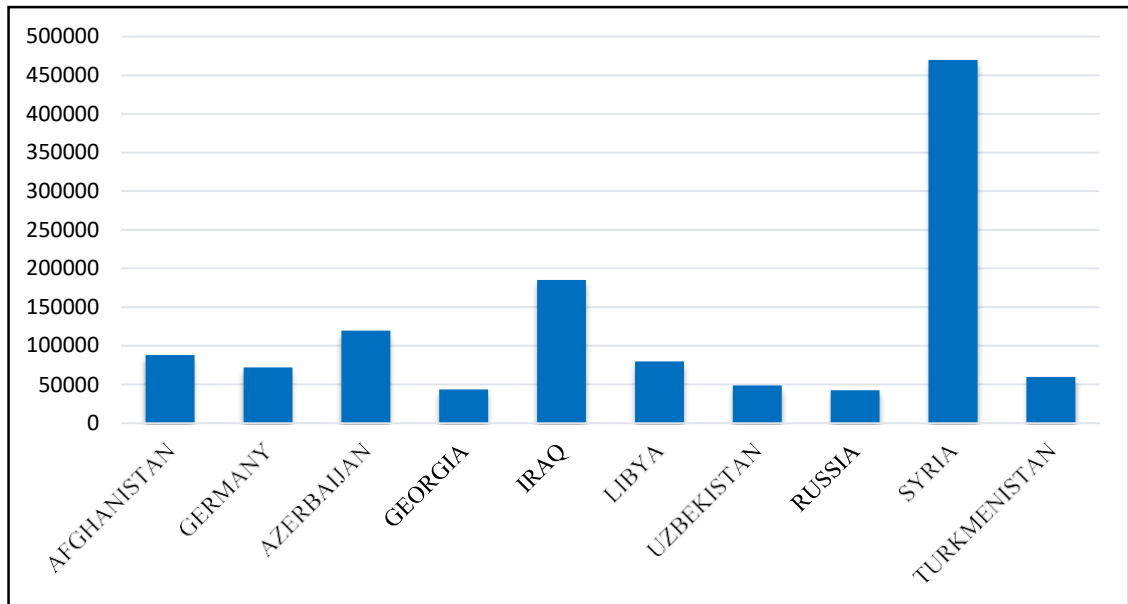
Years	Visitor	Spending
2003	139,971	203,703
2004	171.994	283.789
2005	220,338	343.181
2006	193,728	382,412
2007	198,554	441,677
2008	224,654	486,342
2009	201.222	447,296
2010	163.252	433,398
2011	187.363	488,398
2012	216,229	627,862
2013	267,461	772,901
2014	414,658	837,796
2015	360,180	638,622
2016	377,384	715,438
2017	433.292	827,331
2018	551.748	863,307
2019	662,087	1,065,105

Despite the important efforts of the country in terms of health tourism, it is observed that it has not yet reached the desired point. According to the researches, when the number of people coming to the country for health tourism purposes is considered;

Table 3. 2013 Patients Registered with Public and Private Hospitals

Year	Number of patients
2008	74,093
2009	91.961
2010	109,678
2011	176,000
2012	261,999
2013	300,000

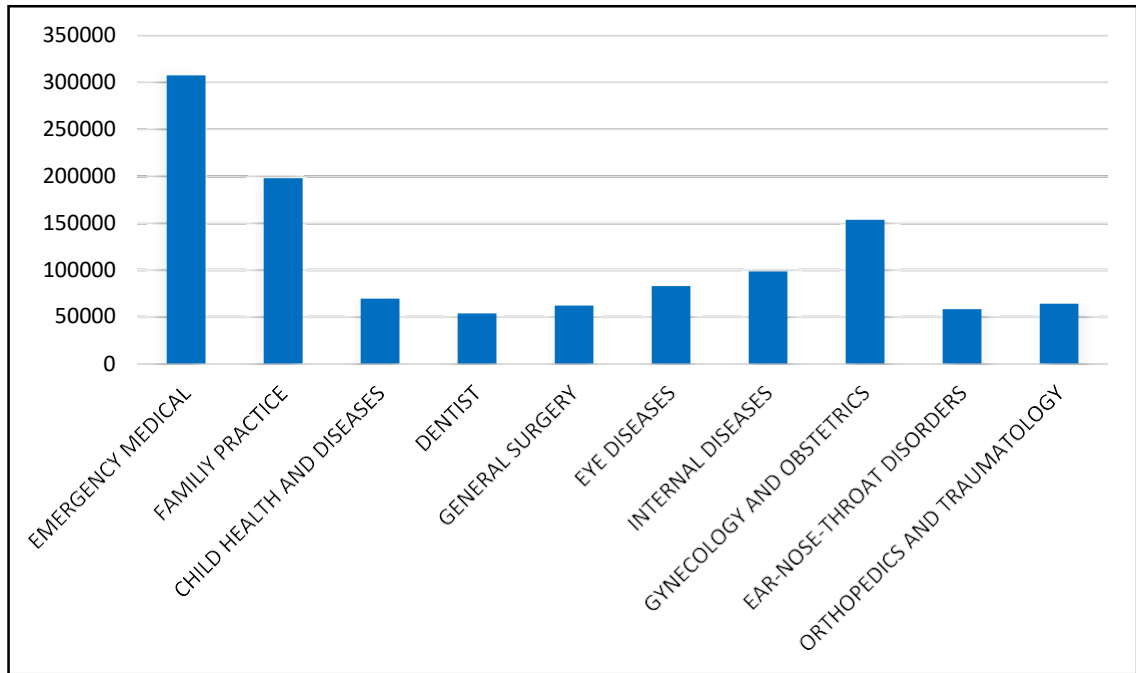
Graphic 3. Distribution of Medical Tourism in Turkey by Countries (2015-2020)



Source: (T.C. Sağlık Bakanlığı, 2021).

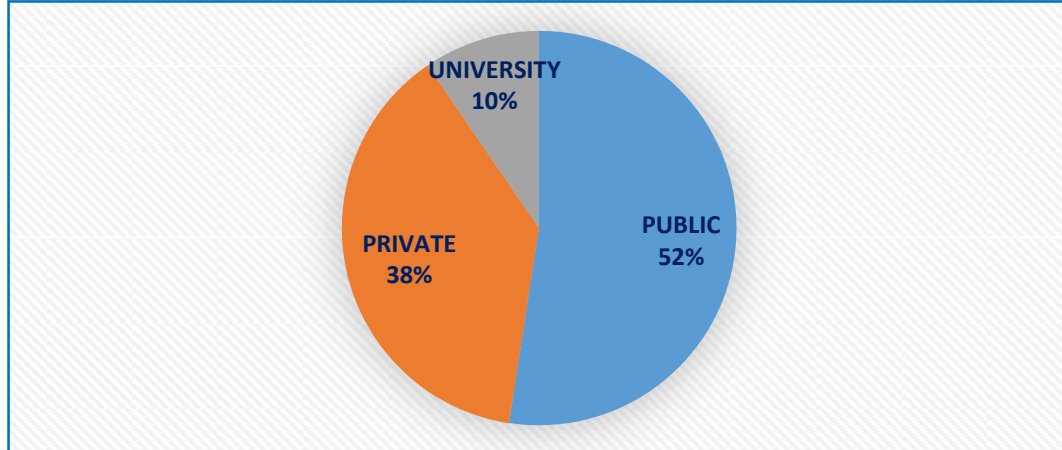
Graphic 4. Distribution of Medical Tourism in Turkey by Branches (2015-2020)



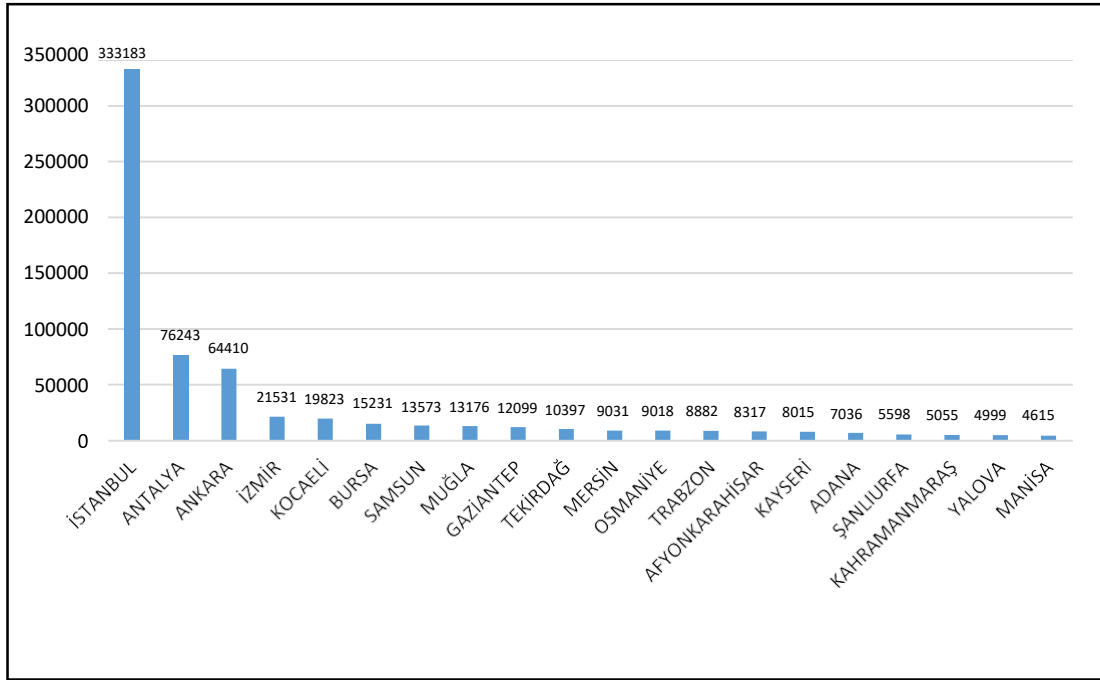


Source: (T.C. Sağlık Bakanlığı, 2021)

Graphic 5. Ratio of Health Facilities in Medical Tourism (2015-2020)



Graphic 6. Distribution of the Number of Patients in Medical Tourism by Provinces in Turkey (2020)



Source: (T.C. Sağlık Bakanlığı, 2021)

### 1.8.1 Countries That Send the Most Health Tourists to Turkey

- Due to the lack of health services and health personnel; Developed Countries and Asian Countries,
- Due to the high prices and long waiting times of medical services; Countries where Health Care is expensive (America, Europe)
- In regions with a high density of elderly people, insufficient skilled labor and high treatment fees,
- At the same time, it includes some physical interventions in health facilities for the purpose of traveling,
- Countries that increase the density of health tourists in the region; Egypt, Turkey etc. (TÜRSAB , 2014).

### 1.8.2. Stakeholders Serving For Health Tourism

- Tourism Agencies
- Health Facilities (private-public)
- Tourism Activities
- Construction Industry
- Intermediary Institutions
- Transportation- Eating-Drinking Activities
- Information and Communication Technologies
- Financial arguments (Aydın, 2010)

### 1.8.3. Related Public Institutions in Health Tourism

In terms of health tourism, it is carried out within the body of relevant public institutions and organizations, especially in the Ministry of Health, Health Tourism Department.

Table 4. Turkey Medical Tourist Income (Dollar)

Medical Tourism	Number of patients	Return per Patient	Total Return(Million)
Public	14,766	9,000	132,894
Special	154,696	12,000	1.856.352

Source: (Buzcu & Birdir, 2019)

It is stated that serious incomes are obtained within the scope of health tourism. It is seen that there is a strong infrastructure as a factor here, so that it can continue to increase after the pandemic, by reading the process well, it can be qualified with the pandemic safe facility model and other conditions.

### 1.8.4 Activities of Ministry of Health for Health Tourism and Action Plan

Health Tourism Unit has been established in accordance with Article 9 of the Decree Law No. 181 on the Organization and Duties of the Ministry of Health and the amendment with the Law no. 210. It has started its activities

with the approval of the authority dated March 30, 2010 and numbered 18529.

The vision of the Unit is to “make Turkey become a center of attraction in terms of health care delivery in the region”.

**Duties:**

- To carry out legislation studies on health tourism
- To make the planning of health institutions and organizations that will serve within the scope of health tourism and to give the necessary permissions to these institutions in terms of health tourism
- Evaluate health tourism organizations in terms of health services
- Keeping records of health institutions related to health tourism
- To evaluate thermal spas, drinking centers and climate cure centers in terms of health tourism services
- To evaluate accommodation and health centers used in senior and accessible tourism in terms of health tourism services
- Organizing the training of health personnel on health tourism and issuing certificates
- To create patient admission criteria for patients coming from abroad and investigate the complaints and demands of these patients
- To coordinate between official institutions for health tourism and ministries
- To conduct studies on treatments and managing senior years for Turkish citizens living abroad
- To conduct study in order to gain benefit from information, manners and technological know-how of people, institutions and organizations in Turkey and abroad related to health tourism (T.C. Turizm Bakanlığı, 2011)

A study was initiated on health services to be provided to patients and tourists coming from abroad or tourists who are not covered by GSS (General Health Insurance) in Turkey for a fee at the hospitals and primary health care institutions affiliated to the Ministry within the scope of emergency patient transport in air and land ambulances.

### **1.8.5. Ministry of Health- Health Tourism Strategic Action Plan (2010-2014)**

- To cooperate with international institutions and organizations related to health tourism, to become competitive in the world, to increase the quality of service,
- To increase cooperation and coordination between countries by developing health tourism policies,

#### **Target-Oriented Plans;**

- Activities with international institutions will be renewed in general terms and contents,
- Making some collaborations and agreements specific to health tourism,
- International events will be held at the point of health tourism,
- Plans and programs will be created specific to regions and countries,
- To carry out training and activities for foreigners who come to the point of cooperation,
- To establish cooperation with non-governmental organizations in the field of health tourism,
- To determine the rules regarding health facilities and to ensure their implementation,
- To cooperate with public and sector professionals in the fields of thermal tourism,
- To carry out joint development activities with public and sector professionals in health facilities where medical tourism is made,
- Making plans to minimize dissatisfaction from the arrival of the patient in the health facilities until after the treatment,

- To strengthen cooperation by bringing together stakeholders from a wide range of local and regional perspectives in the field of health tourism,
- Developing new strategies for health tourism,
- In the field of health tourism, social support activities will be organized by heading to different countries, health units will be established and operated abroad at certain periods,
- New health plans will be made and shared with the countries we cooperate with,
- To carry out joint studies and activities with developed countries and third countries,
- To support the countries, we cooperate with in terms of trained human resources,
- Supporting studies for new markets and collaborations by advertising and promotion activities for health tourism facilities(T.C. Sağlık Bakanlığı, 2011).

The Health Tourism Unit was established within the Ministry of Health with the consent of 31 March 2010 and numbered 18529. Afterwards, on May 05, 2011, it was transferred to the General Directorate of Treatment Services under the name of Health Tourism Coordination Office. It was restructured as the Health Tourism Department within the scope of the General Directorate of Health Services, within the framework of restructuring in the Ministry, with the official gazette dated 02 November 2011 and numbered 663.

#### **1.8.6. Establishment of International Health Services Joint Stock Company (USHAŞ)**

USHAŞ was established within the ministry for the purposes of announcing the activities carried out within the scope of health tourism, supporting the works carried out by the public and private sector, developing standards for health tourism activities, making plans, and determining accreditation criteria for health facilities.

Some of the activities of USHAŞ are to provide authorization certificates to intermediary institutions within the scope of health tourism, to carry out promotional activities by specifying the areas in which the country is competent within the scope of health tourism, to follow the execution of contracts within the scope of international health services on behalf of health facilities, and to carry out many works and transactions that will develop health tourism.

## **CHAPTER 2**

### **CONCEPT OF DEVELOPMENT AND HEALTH TOURISM**

#### **2.1. Development Concept**

Development refers to the positive change in the quantitative and qualitative multi-component characteristics of a region or country, especially in the structural characteristics. Since development requires a multi-factor process with economic, social, cultural and political aspects, different indicators are used to define development. The use of these indicators enables both qualitative and quantitative measurements. Therefore, a multidimensional relationship emerges, which affects and changes the definition of development.

The concept of development should be examined in terms of the positive or negative effects and sustainability of different indicators within its scope. Inter-sectoral interactions should form a multiplier effect and ensure continuity.

In the provision of rural development, in addition to the roles of local governments and non-governmental organizations, the provincial organizations of the central organization operating in the dominant sectors specific to the region, private sector enterprises and local government institutions that are public institutions have duties.

Basically, income inequality is said to be seen as the first factor in development among regions (Mutlu, 1992). In addition, it is stated that sectors such as tourism and health tourism play an important role in development and use of resources. These sectors also create a leverage effect as they provide hot cash inflows. Industries such as agriculture and



industry cannot develop in underdeveloped countries because they do not have sufficient resources, and it is stated that they will contribute to their development when they use their natural resources and tourism resources in a planned and effective manner (Çeken, 2008).

In development, it is essential to create multi-level administrative structures and to ensure their cooperation (Öktem & Çakmak, 2005).

The tourism sector can be used as a tool in terms of creating multidimensional effects in development. As a matter of fact, supranational organizations such as the European Union and OECD reveal that tourism, as a regional development strategy, plays both a social role and an economic role by eliminating inequalities and providing income. For this reason, it is important to analyze the functionality and impact level of health tourism in the context of development.

To strengthen its development in relation to health tourism as the World Health Organization Health and Environment Commission; defined the quality of life of people as the stages of improvement. Changes and developments in economic, political, cultural, environmental, scientific, demographic, social and health fields are processes that affect and trigger each other.

The health infrastructure of the country or region should first of all solve the issues of protecting the health of its citizens, the power to treat diseases, accessibility and sustainability and set a model. As the service quality increases, its interaction with the other sectors in the region will increase and it will fulfill its role as an important indicator in achieving the development goals.

## **2.2 Development Agencies**

Especially in developing countries, the concept of development has gained importance and policies have begun to be formed in this regard. Development goals have been set for the near and distant future, and the responsible institutions have been identified and action plans have been put

into practice. The concept of regional development has led to the formation of region-specific development plans due to the fact that the region is planned separately according to the service and production sectors, its geographical location, its economic structure, the demographic characteristics of the population, and the priorities of each region are different. Regional development may involve several provinces in a country, or there may be cooperation between several countries on development goals.

The region is characterized by being handled differently, and accordingly, it is described as a manageable large-scale place as well as being handled spatially. In the name of the center affiliated to the center, the dependent units that provide public order are also called (Sert, 2012).

However, if it is mentioned broadly, regions are also said to be sections with varying borders opening to external geographies determined by certain areas due to various factors (Akbulut, 2018).

In other words, it takes place in the regions they have formed together with common features within the framework of common interests. These regions are expressed as using their own administrative methods and resources to implement the decisions taken at the center at the regional level.

Economic development is the regular and proportional increase in per capita income in the country (Orkunoğlu, 2016).

It is stated that there are some differences between economic development and growth. While talking about more quantitative aspects such as growth, production, foreign trade, employment and foreign investments, development also includes qualitative areas such as income distribution, social welfare, increase in gross national product (Demiroğlu & Demiroğlu, 2014).

In the past, while development was measured by economic growth, industrialization, created workforce, and added value, nowadays it is defined as the protection of natural life, transferring the environment and resources to the future, as well as the concepts mentioned, and the concepts in which people are at the focal point (DPT, 2000).

Since the beginning of the twentieth century, states have started to develop their own policies and implemented them. It is aimed to ensure social growth in the form of investments for the improvement of underdeveloped places in order to eliminate the infrastructure deficiencies and to eliminate inequality. Applications have been tried to fulfill the decisions taken from the center to the local, but it is stated that the economic problems that occur together with the financing deficiencies reveal the transition to the free economy (Dinler, 2001).

Flexible production is defined as production stages that can be changed in equipment, products and processes depending on the demand. It can also be called an approach that is formed by the combination of spatial features and other factors (Acar, Tekin, & Alkan, 2007).

As of the point reached, it can be stated that planning with spatial advantages is taken to regions and cities, and development policies have been started (Eraydın, 2004). Thus, it will enable its development by activating its current dynamics with regional policy.

In an environment where regions are classified according to their level of development, underdeveloped regions are characterized as low income, unequal income distribution, an unhappy society, high household expenditures, high hidden unemployment rate, insufficient education level and traditional life in these underdeveloped regions (Tolunay & Akyol, 2006).

In addition, developed regions appear as regions with high motivation that have proven themselves in every way. It means giving incentives, making investments to reduce the gap between developed regions and less developed regions, and acting with the authority to be taken from the center by local governments to solve problems. In addition, the state persuades the private sector to make investment and production activities within certain plans with incentives. In addition to these, land allocation, tax reductions, labor discounts, credit supports are used with political tools. These policy instruments are elements that may change according to regions and time.

Planning and infrastructure studies in investments to be made in regions are important for attracting the private sector. Infrastructure investments (road,

sewerage, water, electricity, etc.) are generally made by the state, as they are long-term, high-cost investments that require technical equipment. It is known that after the infrastructure investments made by the state, it will facilitate the increase of investments in the short and medium term.

Investments must be made by the local government, have the necessary authority and have the necessary financial resources. In addition to sufficient resources, it should establish its own organizations, ensure coordination and act together by taking the opinion of the society. It does not seem possible for the local administration to be successful in the works that the society does not support (Dinler, 2001).

Regional development agencies formed in this context are defined as entities established by the state to support development in the region, but also financed by local institutions and organizations. These development agencies are also characterized as structures that provide solutions to sectoral and social problems in the region (EURADA, 1999). It is also defined as the execution of implementation projects by planning activities to ensure development by bringing together local resources of regions (DPT, 2004).

In addition, regional development agencies are also described as acting jointly by bringing together the actors in the regions, developing joint projects and exhibiting the understanding of local administration (Eraydın, 2004). In this context, they should be institutions capable of developing sectors, increasing entrepreneurship with a high-tech production approach, directing investments, and being independent in decision processes (Uzay, 2010).

### **2.2.1. Objectives and Activities of Regional Development Agencies**

It has been stated that regional development agencies were established for the development of the region with the aim of innovative, new investments, increasing human capital, increasing employment, and that underground and surface resources should be used effectively and efficiently (Gibbs, 1998).

In addition, agencies are also expressed as actors that unite many local actors, carry out various activities by using them appropriately, and manage the local implementation of national decisions. (McMaster, 2006).

Looking at the purposes of regional development agencies, it is seen that they have duties such as technology transfer, field research, entrepreneurship (Dijk, Folmer, & Oosterhaven, 2009). In addition, it is designed to strengthen the economic infrastructure of the region, to create competitive advantage and to set sustainable development goals (Gündüz, 2013); Regional development agencies were established in France under the control of public administration, taking into account social structures and cultures (Cankorkmaz, 2011).

In this context, regional development agencies provide consultancy to the sectors in the regions, increasing the production quality and standards, market research, entrepreneurial support, and technology transfer.

Regional development agencies play an active role in the use of European Union and other international funds in Europe (Kayasü, Pınarcıoğlu, Yaşar, & Dere, 2003).

### **2.2.2. Development Agencies in Turkey and Their Purposes**

In our country, development agencies are similar to regional development agencies. It was established to provide cooperation and cooperation between the public and private sectors, to contribute to local development by using resources effectively and efficiently, and to eliminate inequalities within the region (Dulupçu & Çankaya, 2004).

However, while the objectives of the development agencies are expressed in the article of Law No. 5449;

The purposes of establishment of the agencies; It is stated as the formations that will work by bringing together the dynamics of the region, ensuring that the resources are used appropriately and for the purpose, contributing to the local dynamics, in accordance with the policies determined in the national development program, accelerating the developments and reducing the differences between them in a sustainable manner.

In other words, development agencies are also described as providing the necessary technical support and financing for projects that benefit society and its development (Yaman & Kara, 2010).

If we look at the tasks given to development agencies to ensure regional development in Article 5 of the Law;

To support regional planning activities,

Financial support for local and rural development,

To make feasibility studies on the strong and weak areas of the regions and to carry out activities to promote the region,

To support the preparation and implementation of projects within the framework of national and international plans,

Developing and presenting activities to support entrepreneurship (Gündüz, 2013).

### **2.3. Health Tourism and Development in Turkey**

Health tourism offers treatment alternatives in order to ensure the comfort of people in terms of health. Due to the high level of income in developed countries, health services are also at high costs. In addition, due to the increasing elderly population in developed countries, health expenditures and the share of health expenditures are increasing. In this context, social security institutions in developed countries are turning to agreements with countries with high quality and cost-effective treatment packages in cooperation with private insurance companies.

However, health tourism has become a billion-dollar industry on a global scale that is constantly advancing (Gupte & Panjamapirom, 2014). Health tourism revenues in Europe have a five percent share in total tourism revenues and their contribution to the economy is about three percent (Mainil, Eijgelaar, Klijs, Nawijn, & Peeters, 2017).

The number of tourists participating in health tourism in Turkey and the share of health tourism revenues in total tourism revenues are increasing. The demands of patients for treatment in Turkey are increasing day by day. It can

be said that the preference of private hospitals is mainly because they have the JCI-Joint Commission International accreditation document that certifies the quality in health institutions, in other words, the services they provide are certified in terms of quality.

When the results of the Health Tourism Climate Questionnaire (2016) are evaluated, the factors affecting the preference of a health facility are, in order of importance, the expertise and competence of the physicians, the cost of the treatment, the accommodation standards of the health facility, whether the facility is accredited, the opinions of other patients receiving services, and the health service provided in the facility, data on health outcomes, the ability of employees to speak the patient's language fluently, post-treatment services offered in the country, accommodation standards of the hotel, pre-treatment consultation services, written guarantee, travel time in terms of distance to the place of residence, transportation service to the facility, cultural and religious harmony, tourism and travel opportunities.

It is stated that while health tourism revenues in Turkey cover 1.5 percent of the share obtained from tourism as 170.237.000 dollars in 2012, it is 1.6 percent of its share in tourism with a health tourism income of approximately 180 million dollars in 2013 (TUIK). , 2013). The share of health tourism in total tourism is 1.9% with an annual standard deviation of 0.35% (Koyuncu, Gözlü, & Aıcı, 2016). According to the report prepared in line with the 10th Development Plan, it is aimed to increase revenues 3 times more (T.R. Ministry of Development, 2014).

The Health Tourism Development Program Action Plan was published by the Ministry of Development in line with the main purpose of supporting other fields of activity by creating service awareness by eliminating the deficiencies and malfunctions of other tourism areas carried out in coordination with health facilities in line with the Tenth Development Plan. The targets and indicators for the development of health tourism in Turkey and the standard schemes to be created for the stakeholders who will be in the market in this regard are included in this plan. Priority targets are listed as follows (T.R. Ministry of Development, 2014).

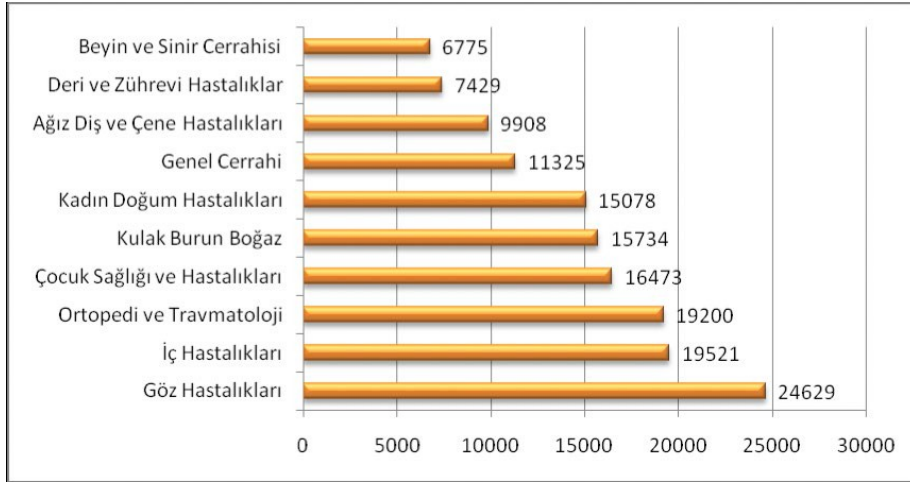
- Serving 1.5 million patients within the scope of thermal tourism, creating a trade volume of 3 billion dollars within the scope of activities,
- To be among the top five in the market as medical tourism with quality, cost and trust factors,
- Treating seven hundred and fifty thousand patients within the scope of medical tourism, creating a trade volume of 5.6 billion dollars within the scope of its services,
- Reaching one hundred and fifty thousand patients in old age tourism and reaching a transaction volume of seven hundred and fifty million dollars

Turkey has proven itself in health tourism and is preferred in the market. Health investments and structural regulations that the country has shown regarding health can be counted among the reasons for preference. There are quality and qualified health facilities in the regions both in the public and private sectors. In addition to these, there are health care providers, physicians with the necessary equipment, auxiliary personnel and intermediaries (Topuz, 2012).

Within the scope of health tourism, it can be said that Turkey has advantages especially in some areas of health tourism. It is seen that patients who come to Turkey within the scope of health tourism often come to receive services within the scope of eye diseases treatment. This is followed by the services provided in the branches of internal diseases, orthopedics and traumatology, pediatrics, otolaryngology, obstetrics, general surgery, oral and maxillofacial surgery, treatment of skin and venereal diseases, and neurosurgery.

Graphic 7. Distribution of Medical Tourists to Turkey by Branches

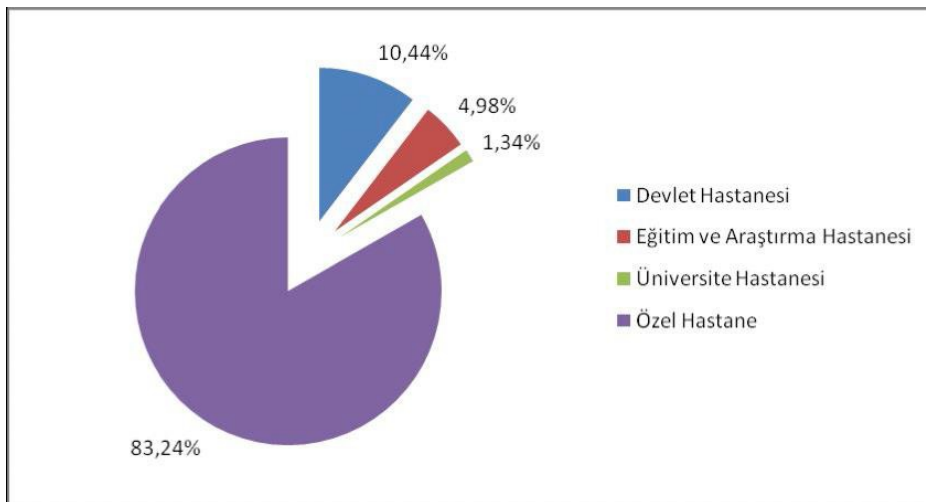




Source: (T.R. Ministry of Health, 2013).

The research carried out by the Ministry of Health reveals that the types of hospitals applied by health tourists differ. When we look at Figure 1, it is seen that tourists prefer private hospitals to receive service in a distinctly different manner. It can be said that this is because the number of private hospitals authorized by the Ministry of Health to serve within the scope of health tourism is higher than other types of hospitals. In addition, the number of private health institutions accredited in terms of the services they provide is relatively high in Turkey.

Graphic 8. Types of Hospitals Applied to Turkey within the Scope of Health Tourism



Source: (T.R. Ministry of Health, 2013).

When it comes to health tourism, although only the therapeutic-medical dimension of health comes to the fore, it also has a preventive, protective, health-promoting and rehabilitative dimension. For this reason, health tourism basically includes thermal tourism as a type of tourism, which includes medical tourism aimed at eliminating the disease and symptoms, and services that integrate mental well-being and fitness to rehabilitate. Traditionally, thermal tourism gathers demand for different purposes such as health benefits, relaxation and physician advice (physiotherapy and rehabilitation).

There are different approaches to spa (thermal) tourism, thermal tourism is a type of tourism that occurs with the formation of supportive treatments such as thermal baths, physical therapy, psychotherapy, etc.

While the number of tourists who came to benefit from thermal tourism services in Turkey was 63,999 in 1981, this number increased to 375,606 in 1998, decreased to 284,250 in 2009 and 262,506 in 2010 (Çetin, 2011). The number of thermal tourists for treatment is around 10%. (Koyuncu and others 2016). They revealed that health tourism revenues are significantly related to total tourism revenues, therefore health tourism revenues can be estimated by presenting them as a percentage of total annual tourism revenues. Table 1 includes the targets and indicators for the development of health tourism in Turkey. Accordingly, it is aimed to increase the thermal tourism bed capacity by 238%, the number of thermal tourism tourists by 300%, the number of medical tourists by 243% and the health tourism revenues by 340% in the last five years.

According to the data of the Ministry, while the number of tourists participating in thermal tourism was 64 thousand in 1981, it reached 375 thousand in 1998. In 2009, this figure is stated to be 285 thousand people. (T.R. Ministry of Health, 2013). Thermal tourism in Turkey is mostly preferred for the purpose of resting and being beneficial to health. In addition, it is stated in the study that thermal tourism in Nevşehir is preferred for the purpose of resting 28.5% because 32.6% is beneficial for health, and 10% of the 144 participants come with the advice of a physician.

With the urbanization trend in Turkey, especially the increase in metropolitan municipalities and the fact that approximately 90% of the population is urban based on the Law No. 6360, health problems arise due to environmental problems. It is stated that there are infrastructure services in choosing to live in the rural area as an alternative to the city, and there are values formed with natural life and cultural structures (Orhan, 2014).

Although Turkey has sufficient underground resources in thermal tourism, it has not been able to gain advantage in terms of European countries due to the lack of high-standard facilities, cure park, cure centers, and insufficient quality and quantity (T.R. Ministry of Culture and Tourism, 2021).

In this context, it is planned to increase the interest in thermal tourism with facilities that meet the demands of quality and standards in relation to thermal tourism. With the development of Thermal Tourism, tourism opportunities will be created throughout the year, regardless of season, so that high occupancy rates will be achieved in the facilities and therefore permanent employment opportunities will be created. In this way, inequalities of opportunity between regions in tourism will be eliminated. Especially in the centers for the elderly, employment opportunities should be created for the students at the secondary school level who provide vocational training for patient and elderly care in the region, both during and after their education. In addition, within the framework of school-industry cooperation for gaining the competencies required by the service in vocational education, the possibilities of creating a regional and need-based curriculum in vocational education should be utilized.

#### **2.4. Health Tourism Planning and Organization in Turkey**

Starting from the First Five-Year Development Plans to the Tenth Development Plan, which covers the present, the goals set for both health and tourism and directly for health tourism and to what extent these goals are realized have been examined.

When the current situation in the field of health in the First 5-Year Development Plan 1963-1967 was examined, it was stated that the number of patient beds in 1961 was around 62 thousand, including military hospitals,

and there were 21 beds for 10 thousand people. It was determined that the number of beds was insufficient and the distribution among the provinces was not balanced. It has also been revealed that the number of health personnel is very low (Physician 6.900; nurse and assistant 2.050; health officer 3.040; midwife 3.140) and it is not evenly distributed among the provinces. In this context, it is planned to increase the number of high-level health personnel to 2.5 times the current level and the number of auxiliary health personnel to 6 times the current level in 15 years (T.R. Ministry of Development, 1962). In the field of health tourism, health tourism is mentioned in the tourism investments and propaganda expenditures to be made between 1963-1967 in the First Five-Year Development Plan. It has been stated that a total of 55.5 million Turkish Liras will be invested for five years, 11.1 million Turkish Liras each year, in health tourism (T.R. Ministry of Development, 1962).

In the Second 5-Year Development Plan 1968-1972, it is seen that the targets for especially health tourism were not included in the second development plan, the planned investment of 1.173 million TL in the field of health was realized as 860 million TL in 1965, and the planned 725 million TL in the tourism field was 889 million TL. (TC Ministry of Development, 1967). It is seen that there was no planning for health tourism in the Third Five-Year Development Plan 1973-1977 and the Fourth Five-Year Development Plan 1979-1983. However, it is seen in the fourth five-year development plan that the realization of fixed capital investments in the field of health and tourism for the first, second and third periods fell behind the plan targets. When the second 5-year plan is finished, it is stated that it did not reach the plans and the resources allocated were directed to the industry (Büyüksalvarcı, Şapcılar, & Bayrakcı, 2016). In addition, among the reasons for this, the economic problems that started in the world in 1973, energy problems, international markets, such as tourism activities in the country decreased. However, the sector was affected negatively by the Cyprus peace operation that started in the country (Coşkun, 2010). The distribution of fixed capital investments for the first, second and third plan periods is presented in Table 2.

Table 5. Distribution of Fixed Capital Investments in the First, Second and Third Plan Periods (Percent)

	First Plan Period		Second Plan Period		Third Plan Period	
	Target	Conclusion	Target	Conclusion	Target	Conclusion
Tourism	1.4	1.3	2.3	2.1	1.6	1.0
Health	2.3	1.7	1.8	1.5	1.4	1.1

Source: (T.C. Ministry of Development, 1977).

Although targets related to investments in health tourism were included in **the Fifth Five-Year Development Plan 1985-1989** and in the first five-year development plan, it is seen that health tourism-related targets were not included in the second, third and fourth five-year development plans. However, starting from the fifth five-year development plan, targets related to health tourism have been included. At the point of the need for manpower in the field of health, which is also important for the development of health tourism, "training the workforce competently and adequately at every stage of health processes to carry out work and operations will create appropriate employment with supports." (T.R. Ministry of Development, 1984). "Improvements will be made in infrastructures related to public tourism areas, and projects such as the South Antalya Project will be worked on." In other words, it is seen that there is a goal of developing thermal tourism.

**In the Sixth Five-Year Development Plan 1990-1994**, "Winter sports, youth activities, thermal tourism, golf tourism, hunting sports, festivals, old age tourism and water sports will be made more popular and support policies will be created in tourism." (T.R. Ministry of Development, 1989). Although health tourism was planned in the first development plan, it is seen that there was no direct planning for health tourism until the sixth development plan, except that thermal tourism was mentioned in the fifth development plan. It is noteworthy that in the sixth development plan, health, thermal and 3rd age tourism are handled separately.

**In the Seventh Five-Year Development Plan 1996-2000**, "Winter tourism,

highland tourism, ski tourism, golf, yacht tourism, cruise, mountain tourism, thermal tourism as new tourism activities, taking into account the demands of people in the developing and changing world by improving the existing structure of tourism. tourism will continue to be developed into congress and entertainment tourism. With this expression in the development plan, it is seen that the goals related to the development of health tourism continue in the seventh five-year development plan (T.R. Ministry of Development, 1995).

**Eighth Five-Year Development Plan 2001-2005**, "developed by improving the current structure of tourism and changing world, people's demand for winter tourism as a new tourism activities in mind, mountain tourism, ski tourism, golf, yacht tourism, cruising, mountain tourism, thermal tourism will continue to be developed into congress and entertainment tourism. The expression in the seventh development plan is also stated in the eighth development plan (T.C. Ministry of Development, 2000).

**In the Ninth Five-Year Development Plan 2007-2013**, "Winter tourism, highland tourism, ski tourism, golf, yacht tourism, cruise, mountain tourism, thermal tourism, as new tourism activities, considering the demands of people in the developing and changing world by improving the existing structure of tourism. Tourism will continue to develop into congress entertainment tourism. It is stated that the country is supported within the scope of health tourism by looking at its competitive advantages in terms of quality, cost and service. It has been emphasized that our country is advantageous in terms of price and service quality in terms of health tourism. In addition, attention was drawn especially to thermal tourism with its competitive advantage in terms of geothermal resources. The investment amounts, incentive certificates and employment numbers in the health and tourism sector between 2001-2013 are presented in Table 3 (T.R. Ministry of Development, 2006).

Table 6. Investment Amounts and Incentive Certificates Issued in Health and Tourism Sector at Country Level between 2001-2013 (Million TL)

Sector	Capital Type	Number of Investments	Investment Amount (Million TL)	Employment	Average Investment	Average Employment
Tourism	Foreign Capital	95	2.143	10.340	22.557	108
	Domestic Capital	2.354	27.832	180.875	11.823	76
	Grand Total	2.449	29.975	191.215	12.239	78
Health	Foreign Capital	28	1.704	4.851	60.857	173
	Domestic Capital	920	6.129	94.366	6.661	102
	Grand Total	948	7.833	99.217	8.262	104

Source: (T.R. Ministry of Economy, 2017).

When Table 3 is examined, it is seen that approximately 30 million Turkish Liras have been invested in the tourism sector and 8 million Turkish Liras in the health sector. It is seen that the number of employments per document (health 104, tourism 78) and average investment amounts (health 8.26, tourism 12.2). It is seen that the health sector provides more employment than the tourism sector, and the average investment amount in the tourism sector is higher than the health sector.

**In the Tenth Five-Year Development Plan, 2014-2018**, before examining the targets for health tourism, public fixed capital investments made in the field of tourism and health, which are important for the development of health tourism in the ninth plan period, and the targets determined in the tenth development plan period are presented in Table 4.

Table 7. Developments and Targets in Total Public Fixed Capital Investments (Million TL)

	9. Plan Period (Conclusion) (2007-2013) <sup>1</sup>		10. Plan Period (2014-2018)	
Tourism	2.087	% 0.5	2.504	% 0.6
Health	21.887	% 5.6	21.287	% 5.1

(T.R. Ministry of Development, 2013)

It is stated that the demands will continue to increase due to factors such as

the expectation of an increase in health expenditures at the point of health tourism, the increase in the production of materials used in health, and the intensive use of technology.

The increase in the quality of health facilities brings along the quality of service. In this context, health tourism demands will increase rapidly due to the elderly population and high health expenditures in developed countries. In addition to these, it is stated that it will have a direct impact on the economy and employment.

Health tourism in Turkey has gained an increasing momentum together with other areas it interacts with. Due to the geographical structure of the country, alternatives created by sports and seasonal tourism areas besides medical treatment are the reasons for preference. Thus, the development in these areas will be supported. In the tenth five-year development plan, important goals were set for the development of health tourism under the title of the development program of health tourism, supporting its expression, especially health tourism.

**The purpose and scope of the Tenth Five-Year Development Plan 2014-2018 Health Tourism Development Program** is “Health tourism, which has developed with the idea that people can do treatment and other fields together, with the search for new ones such as medical treatment, thermal resources, rehabilitation services, It creates opportunities with its wide infrastructure. With the program, it is aimed to increase the competitiveness of our country by increasing the service quality in medical tourism, thermal tourism, elderly and disabled tourism activities.

#### **Eleventh Development Plan (2019-2023)**

Within the scope of health tourism, it is expected that the sector will grow by reaching more easily with information and communication technologies, along with service quality and cost advantage,

To increase the market share of health tourism by making health tourism important with the aging of the population and the increase in the burden of



disease, which will affect the costs, quality service and technological developments,

Supporting investment and promotion activities at the point of spreading tourism to the whole year with its impact on areas such as accommodation, since the duration of stay in health tourism is longer than in normal tourism,

In order to increase the market share of health tourism, it will be developed in quantitative and qualitative aspects by supporting it with sector-specific promotion and other activities,

Accreditation and inspection activities within the scope of health tourism will be increased, legal regulations will be made,

Coordination and integrated processes between health tourism fields will be ensured,

In the activities related to health tourism, the recognition of the country will be increased and marketing activities will be carried out.

(T.R. The Presidency of Strategy and Budget, 2019)

## **2.5. Health Tourism in the Scope of Turkey Tourism Strategy 2023**

Within the scope of the Tourism strategy 2023, it was emphasized that health tourism is among the planned tourism types, stating that although it has very good opportunities in terms of many types of tourism together with coastal tourism, it cannot be used optimally (T.R. Ministry of Culture and Tourism, 2007). In this context, it is stated that it is aimed to increase the tourism diversity and to increase the tourism incomes to the country's economy, and to achieve 63 million tourists and 86 billion dollars tourism income in 2023.

Under the name of visionary principles, “alternative tourism types according to regions, with the coordination between them, various tourism opportunities, health, education, etc. The expression “creation of tourism cities such as alternative tourism-oriented health tourism, nature tourism, winter tourism that can be presented together with different fields of activity” (T.R. Ministry of Culture and Tourism, 2007).

Under the heading of 2023 targets, "supports will be organized in health tourism types according to the development in the sector." The incentive target for health tourism is included (T.R. Ministry of Culture and Tourism, 2007).

For the third age tourism, one of the health tourism types, under the title of promotion and marketing strategy, "Promotions and activities for advanced age tourism will be directed according to the population situation in societies." strategy is included (T.R. Ministry of Culture and Tourism, 2007).

Under the name of the differentiation of country tourism, it is stated as a strategy, as the differentiation of tourism types, as well as health tourism and its types, as well as the development of coastal tourism, ecotourism, winter tourism, highland tourism, golf tourism, fair and congress tourism (T.R. Ministry of Culture and Tourism, 2007). In this context, the targets for 2023 in alternative tourism types planned to be developed have been evaluated separately.

Within the framework of the policies created, it is aimed to grow the health tourism sector with the increase in quality cost advantage and information and communication technologies in health (T.R. Presidency of Strategy and Budget, 2019). In this context, it is stated that health costs will increase with the aging of the population, and our health tourism potential comes to the fore by transforming quality service and technological progress into an opportunity.

Table 8. Targeted Health Tourism Performance Table

<b>Performance Indicator</b>	<b>2023 Target</b>
Number of Health Tourism Patients (Thousand)	2.000
Health Tourism Transaction Volume	20 Billion

(Dollar)	
International Accredited Health Facility	10
Free Health Zone	10

(T.R. Ministry of Health, 2021)

## **2.6. Health Tourism under the Thermal Tourism Master Plan**

As health tourism, it is planned to create thermal tourism regions by combining the existing rich underground resources with natural riches and cultural riches, with the aim of meeting the demands in the field of thermal tourism, catching new markets, and becoming competitive. It is aimed to develop the infrastructure in the planned thermal tourism regions, to increase the quality and number of accommodation services, to direct the investors to invest, to examine the health systems and insurance systems in developed countries and to establish joint cooperation (T.R. Ministry of Culture and Tourism, 2007).

Within the scope of Turkey Tourism Strategy 2023 and Action Plan 2007-2013, four regions were determined as the first stage of the Thermal Tourism Master Plan (2007-2023), working with the experiences of these regions as the second stage, declaring tourism centers and developing the 1/25.000 scale environmental plans of these areas. studies are carried out to evaluate the thermal tourism potential throughout the country (TC Ministry of Culture and Tourism, 2017).

## **2.7. Economic Structures of Health Tourism**

Health tourism is economically classified and evaluated as micro-economic structures and macro-economic structures.

### **2.7.1. Microeconomic Structures**

It is stated that health tourism, as a sector, is more inclined to be carried out with liberal economic theories,

Due to the nature of health tourism, it cannot be replaced by one another due to the cooperation with other tourism fields

In health tourism, it is very effective for the development of the sector with a price-cost and quality-oriented marketing.

The number of demands will increase gradually with the marketing strategy of reducing the price and increasing the quality in producing health tourism services,

As a sector, it is mentioned that the supply and demands differ due to the fragile nature of the service items provided in health tourism compared to market prices.

### **2.7.2. Macro Economic Structures**

While supporting the fields such as transportation, accommodation, food and beverage, which is called the health tourism service sector as a sector, it becomes complementary with them and spreads to a wide range,

Health tourism will expand and develop not only with the most developing medical tourism, but also with the protection and development of environmental and natural areas, finding additional resources to thermal resources and establishing modern and functional new facilities,

Investments in health tourism are mostly made with public supports and initiatives of sector professionals.

As a result of the increase in the commercial volume of health tourism and its contribution to the country's economy and employment, it is mentioned that the quality of a large sector will be formed (Özkurt, 2007).

### **2.8. Effects of Health Tourism on Economic Development**

When we examine health tourism from different perspectives, it will be possible to examine it as a foreign currency input to the global budget. The aim should be to increase the foreign exchange left per person with qualified treatments. Input can be seen according to the payment methods of the patients who come for planned treatment. There will be different payment types such as private health insurance, travel insurance, government payments, financing by local governments or paying directly by the patient.

It has been determined because of research that each patient who comes to Turkey for planned treatment spends between 1,500-100 thousand dollars.

The expenditures made are estimated to be 5-6 thousand dollars on average according to the treatment branch. Apart from treatment, transportation, accommodation, companion, and other tourism expenses also provide an extra foreign currency income. Since the service export income from health tourism will affect the development of the country, the economic impact that will arise due to the increase in employment and the increase in the use of all local products, including agriculture, will spread to the entire population (Özkurt, 2007).

### **2.8.1. Economic Effects of Health Tourism**

The health tourism sector is constantly growing. Health personnel who provide services to international patients have good working conditions and high wages.

In the competitive environment in the health tourism market, new businesses are entering the sector every day. Increasingly, service providers have sought to recruit patients from rival countries. Health facilities supported by foreign investors are expanding their treatment potential and newly established health facilities are creating new and attractive employment for specialist health personnel who plan to leave the country (WTO & WHO, 2002).

The health tourism service sector has developed and grown rapidly in the last ten years in the world. Those traveling to receive medical treatment in a planned manner exceeded 10 million and reached an annual volume of 100 billion dollars (T.R. Ministry of Health, 2017).

Countries such as India, Thailand and Jordan continue to serve as centers of attraction that attract health tourists, which will enable the development of the health sector, foreign exchange inflow and new job opportunities (WTO & WHO, 2002).

In Southeast Asia, Thailand ranks first for health tourists and maintains its brand claim in this regard. Many health facilities that provide health tourism services in Thailand attract attention with their quality service provision and warm and friendly communications with JCI accreditation certificate (Noree, 2015).

When the Thailand example, which has proven its success in health tourism, is examined, positive and negative effects of health tourism on the economy are observed. The positive effects of health tourism on the economy can be said to be the added value it creates to the gross national product and the income increase it creates in many sectors, especially in the health and tourism sector. We can count the negative effects as the weakening of accessibility to quality health services due to the insufficient number of health personnel, which remains constant despite the constantly increasing number of therapeutic visitors, and increased health care fees for its own citizens living in Thailand (Naranong & Naranong, 2011).

Some developing countries, such as Cuba, India, and the Philippines, export their doctors and nurses, earning remittances and filling the host country's supply shortages (WTO & WHO, 2002).

Income from the health tourism sector will directly affect the health sector, helping to improve the citizens of their own country and to raise the capital infrastructure of the facilities (Pourkhaghan, Faez, Pourkhaghan, & Ghahrieh, 2013).

In countries where many citizens do not have private health insurance, such as the United States, many of these people go to India to seek medical services from overseas. They also provide these services by including entertainment and leisure activities in the health service packages offered to the tourist. Entrepreneurs can create unique group travel packages to meet the needs of the tourist and their accompanying family and friends. If the tourists do not want to return to their countries before they are sufficiently healed, accommodation businesses also have an opportunity to provide medium-term accommodation packages and opportunities to the tourist. Since the medical tourist is likely to stay longer than the average tourist stays, encouraging methods are followed to extend the stay, especially with accommodation packages. In the near future, different destinations that offer similar services will start to compete in order to generate more income from health tourism (Lee, 2006).

In addition to the positive economic effects of health tourism, it can also have negative economic effects by carrying some risks. Increasing brain drain as health personnel in developing countries leave their country to work in developed countries will cause shortage of healthcare personnel in developing countries. This situation may negatively affect the quality of healthservices as well as cause problems in accessing these services (WTO & WHO, 2002).

For example; Pakistani doctors move to the UK, UK doctors to Canada, and Canadian doctors to the United States. 600 South African physicians work in New Zealand, one of the richest countries in the world, and the South African taxpayer's estimate of the cost of this situation is around 37 million dollars (Bundred & Levitt, 2000).

Despite the macro and micro economic benefits of medical tourism, there is a lack of systematic records that accurately reflect the contribution of medical tourism to economic development and regional development. However, the growth rates or revenues provided by medical tourism are seen as positive, and the indicators also show that medical tourists spend more than other tourists (Sarantopoulos & Demetris, 2015).

### **2.8.2. The Effect of Health Tourism on the Promotion of the Country**

Patients who come for planned treatment in that country or region during the treatment process;

- Human characteristics
- Transportation opportunities
- Its historical and natural riches
- Cultural features and activities
- Gastronomy
- The potential of the health facility and physician they are treated
- Relevance of safety, quality and cost in the treatment process
- Shopping diversity

- They will have experienced many parameters such as the existence and success of other treatment branches.

They will return to their country as the promotion ambassador of the country and region of all the services they have experienced and are satisfied with. The international popularity of the country, which will be promoted locally for both treatment and touristic purposes, will increase, which will increase the flow of tourists and patients.

### **2.8.3. Supports Benefited by Health Tourism Entrepreneurs**

Countries that have achieved success in health tourism have developed incentive systems in order to enter new entrepreneurs in the sector with different scaling and to support existing investors. Thus, it is foreseen to use resources efficiently and to ensure their return. With the incentives given, small or large investors have added mobility to the sector and the economic input created by the provision of new patient flow has reached dimensions that support the necessity of the incentive system.

The tourism sector provides economic and social contributions to the region served. For this reason, new tourism investments bring employment and economic vitality to the region where the investment is made. It also contributes to the social life, entertainment culture and working life of the people living in that region. For this reason, new entrepreneurs are needed to make investments (Aydemir, Saylan, & Özdemir, 2011).

In order to reach the targeted foreign currency inflow and number of patients in health tourism, new investments and improvement of existing facilities are needed. For this reason, the development of health tourism is very important, and according to the 10th Development Plan (2014-2018), new policies will be developed within the framework of the cooperation to be established by the Ministry of Culture and Tourism and the Ministry of Health, and action plans will be created in line with these policies. The development of health tourism and the creation of incentives specific to health tourism in order for new entrepreneurs to enter the sector are among these action plans (T.R. Ministry of Development, 2014).



Making an investment in the region is the incentive given to the relevant sectors as a factor affecting the functionality of previous investments. Some incentives are also given to health tourism. Domestic and foreign businesses operating in Turkey benefit from all support. In this context, T.C. The Ministry of Economy gives incentives to businesses that are at the investment stage and in established positions.

The supports to be given by the state within the scope of incentives should be in the direction of the identified problems in order for the country to act more professionally in the international health tourism market. The participation of healthcare facilities that provide services to international patients to b2b meetings with patient providers abroad, participation in fairs, advertisements to be made through the media abroad, workshops and events that allow them to promote the prominent features of the facility should be included in the scope of support.

The interest of foreign investors in the health sector is great, and the investment of these investors and their partnership with existing structures have started to increase. With the entry of foreign investors into the sector, the human resources that took an active role in health tourism returned to the country and created new employment opportunities.

Turkey's foreign exchange earning service sectors are supported by the state and these sectors are determined as health tourism, informatics, film sector and education. The aim of the supports is to increase the international competitiveness and service revenues in these service sectors, to open up to new foreign markets and to brand them. Operating expenses incurred by the foreign exchange earning service sectors in Turkey are supported at different rates within the scope of incentives. Some of the activities of companies in the health tourism sector have started to be supported by the Ministry of Economy as grants.

Support is given in the field of health tourism in the country, and the incentives given in accordance with the decision on supporting the foreign exchange earning service trade numbered 2015/8 were reviewed (T.R. Ministry of Trade, 2021).

In order to strengthen the competitiveness in health tourism, the activities of health facilities and intermediary institutions engaged in health tourism are supported.

It is aimed to meet the supports from the Support and Price Stabilization Fund by the Ministry within the scope of the Decision on Supporting the Foreign Exchange Earning Service Trade numbered 2015-8

Within the scope of the decision, the supports given to the health tourism service sector;

#### **2.8.4. Product and Service Registration Support**

Support up to 50 percent of the expenses related to the registration and protection of trademarks registered in the country abroad, and a maximum of 50 thousand dollars per year.

#### **2.8.5. Consultancy Support for Overseas Company Acquisition and Reporting**

Within the scope of health tourism, under the control of the Ministry, support up to 60 percent and maximum 200 thousand dollars per year in consultancy activities in the acquisition of foreign companies, with reports focusing on international law studies, market and sector research, data collection and evaluation.

#### **2.8.6. Documentation Support**

Within the scope of health tourism, there will be a pre-diagnosis center, office opening and operation in accordance with the regulation; Providing a maximum of 50 percent support for document expenses and a maximum of 50 thousand dollars per document, including licenses and permits, obtaining quality, hygiene and environmental documents, training and consultancy regarding the documents required for market entry,

These documents supported for health facilities; International Joint Commission Accreditation (JCI), TEMOS Certificates, QHA Trent Accreditation, Accreditation Canada (AC), Australian Health Standards International Council (ACHSI) and TÜV documents.

### **2.8.7. Promotion, Marketing and Advertising Support**

In order to reach the target audiences within the scope of health tourism, it is necessary to support the selection of the organization location, marketing and effective promotion organizations in order to give the message by using appropriate communication channels. Supporting expenditures to be made only in foreign languages through communication channels, and domestic promotional activities made in Turkish except in a foreign language are not within the scope of the support. Support is supported at a maximum of 60 percent and up to a maximum of \$400,000 per year.

### **2.8.8. Overseas Unit Support**

Lease contracts, payment documents, documents belonging to the foreign unit, expenditures made to the team, which are drawn up outside the country that health tourism professionals should benefit from, are approved by trade consultancy offices and attaché offices. A maximum of 60 percent and a maximum of \$120,000 per unit per year are supported as support.

Within the scope of health tourism and education, expenditures made to intermediary institutions for the operation of the product abroad in the field of patients and students from abroad, in the cinema and information technology sectors, a maximum of 50 percent and a maximum of 100 thousand dollars per year are given.

### **2.8.9. Consulting Support**

In order to increase the health tourism market, consultancy services on marketing activities should be supported and pre-approval should be obtained from those operating in the sector.

### **2.8.10. Agency Commission Support**

The quality of the organization must be measurable in expenditures within the scope of agency activities in health tourism, otherwise the expenditure will not be supported. Support can be paid at a rate of 50 percent and up to a maximum of \$100,000 per year.

Table 9. Support and Amounts in Health Tourism

<b>Elements of Activity to be</b>	<b>Support Rate (%)</b>	<b>Amount</b>	<b>(US</b>
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<b>Supported</b>	<b>Dollars)</b>
Registration and protection of the trademark registered in the country%50 abroad	50.000
Consultancy support for reports and foreign company acquisition %60	200.000
Documentation support (Per document) %50	50.000
Advertising, promotion, marketing support %60	400.000
Overseas unit support %60	120.000
Consultancy support on issues determined by the Ministry %50	200.000
Agency commission payments %50	100.000

*It has been prepared by taking data from the decision numbered 2015-8 and the relevant circular.*

#### **2.8.11. Supporting Translation Services**

The facility, which provides health services in order to ensure correct communication with international patients in their own language, is provided with a monthly gross salary of 50 percent and a maximum of 25 thousand dollars per person per year, provided that they are employed in Turkey. In the procurement of translation services by the health facility, 50 percent of the expenditures and a maximum annual support of 50 thousand dollars can be obtained.

#### **2.8.12. Patient Travel Support**

In order to increase patient flow, patient road support is provided for economy class flight expenses. If the patient brought to Turkey is brought with scheduled flights, 50 percent of the flight expenses and a maximum of one thousand dollars per patient are paid, provided that it does not exceed 200 dollars per patient if they are brought by charter flights.

### **2.8.13. Supporting Promotion and Training Activities Conducted Exclusively for Abroad**

In order to increase the quality and standards from other countries at the point of development of health tourism, pre-approval must be obtained at least one month before the event date for effective marketing and promotion organizations such as experts in the field, academic staff or institution representatives, but held domestically. If the support is the representative of the institution participating in the organization, 50 percent of the expenses and a maximum of 50 thousand dollars per program. If the support is an expert or academic staff, 50 percent of the expenses and a maximum of 100 thousand dollars per program.

### **2.8.14. Incentives Provided by the Decision on State Aids in Investments**

Investments are supported by the Council of Ministers numbered 2012/3305 and the "Decision on State Aids in Investments" published in the Official Newspaper dated 19 June 2012 and numbered 28328.

In the General Incentive System determined by the state, investment zones were created and minimum investment amounts were determined in incentives according to the regions. Planning was made according to the size of the investment, its sector, its region, the province where the investment was made and whether it was strategic or not. According to this; I and II. 1 million TL in regions, III., IV., V. and VI. It is necessary to make a minimum fixed investment of 500 thousand TL in the regions. For much larger investments, which differ according to the investment sector, the minimum fixed amount is determined as 50 million TL. The minimum fixed investment amount for Strategic Investments is determined as 50 million TL, and for regional incentive applications, starting from a minimum of 500 thousand TL, for a sector and each province. There is no minimum investment required for call centers and data centers to be established in provinces within the scope of the Attraction Centers Program (T.R. Ministry of Economy, 2017).

The incentives made by the state to new sectors and enterprises have been differentiated and a more dynamic incentive system, which is thought to be

more effective and efficient, has been developed. In this system, the areas where incentives will be given are divided into regions according to parameters such as investment priority, return to be received and value added to the sector. The incentives to be given in these regions are broad and advantageous incentives for high-budget investments. With the yen incentive system, incentives have been differentiated for strategic and priority investments (Gökmen & Kartaloğlu, 2012).

Within the framework of this information, when Turkey's health and tourism sectors benefit from state supports in investments, incentive certificates, investment amounts and employment numbers issued from 2001 to 30 June 2017 are presented in Table 17. When Table 17 is examined, it is seen that an investment of approximately 50 million Turkish Liras in the tourism sector and approximately 28 million Turkish Liras in the health sector. It is seen that the number of employment per document (health 102, tourism 67) and average investment amounts (health 21.0, tourism 13.2). It is seen that the average investment amount and employment rate of the health sector is higher than the tourism sector.

Table 10. Incentive Certificates, Investment Amounts (Million TL) and Number of Employment Issued in the Health and Tourism Sector at Country Level between 2001-2017

Sector	Capital Type	Investment				
		Number of Documents	Amount (Million TL)	Employment	Average Investment	Average Employment
Tourism	Foreign Capital	138	3.492	13.009	25.304	94
	Domestic Capital	3.585	46.009	237.798	12.833	66
	Grand Total	3.723	49.501	250.807	13.295	67
Health	Foreign Capital	52	9.932	11.697	191	224
	Domestic Capital	1.306	18.720	126.820	14.333	97
	Grand Total	1.358	28.653	138.517	21.099	102

(T.R. Ministry of Economy, 2017)

## **CHAPTER 3**

### **THE CONCEPT OF EMPLOYMENT AND ITS EFFECTS OF HEALTH TOURISM**

#### **3.1. The Concept of Employment**

When employment is considered as a concept, it is related to the fact that people operate with an effective workforce in all production factors in the field of economy. If the labor force is used in all areas of the economy, it has reached the maximum level of production, which is attributed as the employment-based national income level. In this context, if employment activities are carried out in some areas, not in all areas of production, reduced employment is used as income level. If we express it this way, we can only express employment in a narrow sense at the point of participation with labor and workforce.

When employment is perceived as directly proportional to production, the bond between labor and economy shows the distinction between developing and developed countries. Developing countries exhibit labor-intensive work, and production increases depending on employment and its impact on the economy follows accordingly. On the other hand, developed countries have a low level of labor intensity. This low level reveals the fact that it is lower in developed countries. Underdeveloped countries strive to industrialize themselves. However, at this point, the inability to provide a solution at the point of employment with progress is encountered as a serious handicap. Accordingly, developing countries cannot solve the unemployment problem at the desired level (İlkin & Dinçer, 1991).



Tourism, together with the financial effects it creates, is an employment-based sector at the point of development, and it has a labor-intensive structure (Korzay, 1992). On the other hand, tourism and health tourism have a very high impact on general employment in the country in terms of contributing directly to employment (Coltman, 1989).

Since service-intensive sectors such as tourism carry out most of their activities through individuals, the workforce has an important place, but factors such as the quality of the workforce, whether it is skilled or unskilled, are concentrated in developing countries. As a result of this, tourism has a high impact on creating employment. Each extra tourist in a country creates a business volume in more than one area and provides an opportunity to earn income (Özgüç, 1998).

In addition to these, it is stated that the impact of tourism on many sectors such as transportation, accommodation, entertainment, health, which is directly affected, is very serious, and it affects sectors that seem to have nothing to do with tourism, although not directly, but indirectly. As a result of these, although it is seen that the tourism sector contributes positively to employment, it is difficult to measure clearly (Vellas & Becherel, 1995).

It is seen that health tourism, like tourism, is a very useful area among countries that struggle with unemployment, such as our country, with the employment and employment areas it creates.

## **3.2. The Relationship between the Concept of Employment and Health Tourism**

### **3.2.1. The Birth of Health Tourism as a Sector**

Due to the intensity of demand created by the development of countries with global development, people have also brought a search and movement, and health tourism has been one of the sectors that benefited most. Health tourism has a direct economic impact on the place where it is located. With health tourism, economic input is provided, which triggers many sectors, and as an output of these, employment demands increase and need arises. The increasing demand, together with the search for health, prompts the marketer to develop continuously.

In response to this increasing demand for health services, the opportunities to provide services began to narrow and become insufficient, and with the increase in costs, waiting times began to increase in response to the increasing demand. However, while each country is structuring its own health system, the limited economic opportunities of the countries have limited access to health services.

At this stage, cheaper healthcare services have come to the fore in the world's countries. With the increase in waiting times in the field of health, the increase in costs, the fact that many health services are not covered by the insurance system, the countries of the world have started to develop new strategies. However, it has become preferable to receive health services abroad.

Responding to people's desire to see different cultures and geographies, to travel, to have fun as well as to receive the health service they need abroad at cheaper costs and with the same quality; The health tourism sector was born with the understanding of high quality and low cost to improve and develop people's health levels (İGEME, 2011).

### **3.2.2. Employment Relations of Health Tourism**

#### **3.2.2.1. Direct Employment**

Tourism includes direct employment in health tourism, which is an important part of tourism, and the activities carried out by people at all levels by the service providers of the sector. In this, it consists of services such as agencies, service enterprises, hotels in tourism, as well as companions, patient caregivers, protective and complementary medical service personnel in health tourism (Tutar & Tutar, 2004).

#### **3.2.2.2. Indirect Employment**

It provides employment opportunities in different sectors as a type of employment, which does not cover direct activities at the point of tourism or health tourism, which are necessary and important for them, these are of a nature that support each other, the expenditures made in those sectors will also have an effect on the related sectors, as an example, will work in the construction of a health facility. workers, materials to be used, and people to

be employed in areas such as the production and transportation of materials include indirect employment (Mathieson & Wall, 1982).

### **3.2.2.3. Induced Employment**

Stimulated employment, in another sense, is defined as the type of employment that emerges as a result of increased income level as a result of the effects of tourism and health tourism, and the increase in employment in other sectors, which is formed by the orientation of the society to shopping as a result of this development of the country's economy. The economic development that will occur with health tourism will increase people's income levels and increase their welfare levels. (Karagöz, 2006).

### **3.3. Policies for Employment and Development in Health Tourism**

In the framework that societies bring together with their lifestyles and create with the whole of these actions, structures such as tourism should become an attraction and should be maintained in mobility.

Since tourism is a sector that requires continuous improvement and development, the sector needs to be supported and protected accordingly. Often this should be carried out through public policies. Health tourism should be approached in a similar way as a type of tourism, and investments, improvements and marketing activities should be subsidized by effective incentive systems.

At this point, in terms of tourism and health tourism, although the domestic and foreign policies of the countries play an important role in the progress and return of the sector, they should both pave the way and act as a catalyst on the way.

While health tourism, as a sector, develops and renews itself as a private sector, and in order to ensure continuity with the increase in circulation, it will be realized by establishing legal grounds and enacting laws by making legal arrangements, making the sector supportive, protective and encouraging.

#### **3.3.1. Structural Features in Health Tourism Policies**

Tourism and health tourism policies are possible by producing long-term, permanent, and rational policies for the growth of the sector, its continuous

development, and high returns. Otherwise, the development and sustainability of the sector, and accordingly, it will have very serious effects on many sub-sectors. In other words, the sector includes sensitivity and meticulousness in relation to people's preferences and satisfaction. Policies should be produced and developed in this way. All these are structurally closely linked to each other like the link of the chain and affect each mechanism.

In health tourism policy, we can define it as a series of measures, roadmaps to be followed, and interventions in case of disruptions in order to improve the sector and increase the number of patients and ensure its continuity.

In addition to this, health tourism policy can also be expressed as the protection of the sector in a holistic way, making it effective and sustainable, with the approaches and targets created by establishing the practices and supervision mechanisms at the point of providing services.

Health tourism, as in the tourism sector, creates many social and cultural events along with it. Due to the high return of health tourism, it is a locomotive for other tourism areas, policy makers should be prepared more carefully at this point, and progress should be made by considering equivalence with other economic and development policies and should be prepared in the form of sustainable health tourism in the form of sustainable health tourism with the protection and improvement of existing resources.

The aim of the health tourism policy can be described as opening new ways to the sector in order to increase the quality of life and welfare of people by becoming the focus of developed countries with high quality and effective health systems and economic return.

### **As the basic characteristics of health tourism policy;**

In work with business professionals within the industry, it is about the decision-making process of people in work. Policy is about the decision-making process for a group of people.

It is also about the new approaches and methods that make a difference that affect the decisions about the policies made.

It is also about who will ensure the formation of policies, by whom the decisions will be made, and to what extent the decisions will affect the implementers.

It is concerned with the implementation of policies and through which institutions at the point of control.

How and how these policies will be implemented is also related to their social effects.

### **3.3.2. Goals of Health Tourism Policy**

Health tourism policy targets differ in proportion to their countries' potentials. At the point of health tourism, countries set targets and develop strategies by considering the health infrastructure and geographical features. These are directly proportional to the development levels of the countries. As a matter of fact, while developed countries aim their policies at the point of general use, taking into account their economic and social policies, developing countries set targets and produce policies that are more outward-oriented only on the subject.

However, while determining the health tourism policy, it is necessary to determine the targets and conditions by considering the social and social infrastructures. We list them under the following headings:

Contributing to the economies and development of countries. It has been determined that the incomes obtained from health tourism have a very good effect on the development of the country, first within the sector and then with all the areas in which it interacts

Providing the necessary support for the creation of employment,

It can ensure that a standard is formed on the axis of quality, cost and price, and that it moves on an axis in the economy.

The sector has a regulatory effect on the balance of payments in domestic and foreign trade by creating its own balances in the economy.

Health tourism contributes to the development of societies by creating an impact on all segments and creates the function of health tourism that provides positive interactions for people.

Health tourism creates various investment areas by providing direct foreign exchange input from different countries, creating production opportunities and employment areas.

With health tourism, high income is obtained and the investments and developments created by this create employment areas and create a labor balance, and in this case, contribute to social equality.

While carrying out health tourism activities, it should not be handled as in industrialization without considering it only as income, in this context, it should be considered at the point of protecting the natural and cultural environment and interacting.

In line with health tourism activities, it is ensured that a synergy is created with the participation of the people of the country, providing direct contribution and providing the material and moral benefits in the society as a result of their involvement in the business.

### **3.3.3. Factors Requiring Incentive and Legal Arrangements for Health Tourism**

The importance of health tourism, with the transaction volume it creates day by day, is important in promoting the sector that affects the economy and development of the country, and in carrying out protective and improving studies with some legal regulations;

Health tourism, as a people-oriented sector, has factors that create employment,

Having a positive contribution to the economic development of the country with the high return of the sector,

At the same time, the sector also contributes to the positive effect of the country's current account balance,

Contribution to the historical and cultural structure with other sectors working in integration with health tourism,

Added value created by health tourism investments,

### **3.4. Intermediary Institutions in Health Tourism and Certificate**

Intermediary institutions in health tourism are among the most important stakeholders of the sector. People first try to carry out their search for health tourism with intermediary institutions.

It will be a more meaningful process in terms of patients and health facilities if the treatment and wage studies prepared by the sector and the intermediary institutions enrich it with other tourism activities. In addition, it is important that the patients receive information beforehand and provide assurance by making some contracts by professional intermediary institutions.

In addition, intermediary institutions appear as structures that represent patients and health facilities at the point of bringing together.

#### **Types of health tourism intermediary institutions;**

**Consulting Firms;** In health tourism, consultancy firms are the representatives of the patients, who accompany them in all their processes, from sharing information to both parties between the patients and the health facilities, and accompanying them in all their processes. Consulting firms need to be ready for the competencies to carry out functions such as information about the countries patients will go to, the problems and difficulties they may encounter, the legislation and rules to be followed, the characteristics of the regions and the areas where they are strong.

**Travel Agencies;** In health tourism, travel agencies have the qualifications to guide the sector with their organizations and their experience and knowledge in the field. In addition, they are travel agencies that guide patients in terms of orientation and health facility selection. Travel agencies determine the working conditions and commissions mutually with the facilities that make health tourism.

**Assistant Organizations and Service Providers;** In health tourism, assistant organizations act as representatives of insurance companies in the

world and act as the first intermediary at the contract stage. Service providers, on the other hand, are defined as the units that establish a connection between the health facilities in the countries and the health facilities of the destination country.

#### **3.4.1. Business and Transactions of Health Tourism Intermediary Institutions**

Intermediary institutions in health tourism are responsible for directing people accurately and effectively within the framework of demand.

Intermediary institutions are obliged to act in line with people's preferences,

Intermediary institutions have to employ knowledge and necessary equipment in the field of health tourism,

It is important for reliability that the intermediary institution directs people who request health tourism to the accreditation criteria of the country they are in and to facilities with internationally valid accreditation certificates,

The intermediary institution that directs health tourism should be equipped with all kinds of communication channels so that the patients can use the communication channels easily. Accordingly, it should provide employment.

Intermediary institutions should convey all kinds of information and technical infrastructure related to the service areas provided by health tourism facilities to the patients who request it,

The intermediary institution needs to employ sufficient personnel for interpreters and international patient follow-up at the point of managing and monitoring the referral processes to the relevant health facility in accordance with the patient's request,

The intermediary institution should create an appropriate and understandable follow-up list that the patients can follow up and control from the beginning to the end of the process.

Health tourism patients should inform in advance about the costs within the framework of the treatment plans, and the cost differences in case of possible changes in the processes,



In addition, the intermediary institution should inform the patients as necessary about the information flow with the health facility regarding the treatment, the collection of data, and treatment alternatives in possible cases,

It should be documented by obtaining consent regarding the treatments agreed with the health tourist,

It should provide separate information for each of the other tourism activities where the patient will spend time apart from treatment and present the whole planning in a booklet.

It should provide the employment of relevant personnel in order to provide all necessary support by acting in coordination in all kinds of transfer, accommodation and other service items,

After the treatment, the intermediary institution must provide the necessary documentation to the insurance company, if any, or to the relevant institution,

With the definition of services, the feedback about the patients should be collected and shared with the relevant health facility and other health tourism affiliated institutions.

#### **3.4.2. Qualification Criteria for Health Tourism Intermediary Institutions**

According to the health tourism regulation, intermediary institutions are obliged to fulfill the following criteria.

To have the "A group travel agency" operating certificate obtained within the scope of the Travel Agencies Union Law No. 1618 dated 14/09/1972.

To document that it has made an agreement with at least 3 health facilities with health tourism authorization certificate. This agreement will come into effect after the intermediary institution receives the international health tourism authorization certificate.

Establishing a structure that will provide a service 24 hours a day, seven days a week, in a minimum of two languages, to meet incoming calls. Knowledge of English is mandatory for foreign language knowledge

The intermediary institution is required to employ at least two people who speak a foreign language, apart from the employment that will meet the incoming calls.

The personnel working in the intermediary institution must have received a minimum score of 65 from YDS or a document with international validity corresponding to this score by OSYM.

Having a certificate showing that he is a translator or interpreter at the university level

The working personnel must have English grammar or other language skills at the B2 level in the European language portfolio.

The health tourism intermediary institution should also make a written commitment on the following issues. Whether it fulfills these issues is taken into account in the audits.

It is compulsory to create a website in at least three languages in Turkish and English, and the necessary explanations and information about the health facilities agreed on this website should be included,

To provide the health tourist with detailed information about the health facility where he will receive treatment,

To provide a health insurance covering all travel processes for patients,

Informing the patients coming for health tourism about the treatment fees and payment conditions of the intermediary institutions,

To inform patients in detail about travel within the country,

Carrying out the arrival and all the activities that will take place inside the company accompanying the patient,

Within the scope of health tourism, it is stated as to follow up, guide, provide necessary information about all kinds of needs of the patient, to follow up before and after the treatment, to keep the documents related to their activities within the periods determined in the legislation.

### **Optimum features that a brokerage firm should have**

To act as a bridge between health tourism partners

Ensuring the expectations of patients and service providers with information security

Being in effective communication with service providers

To have extensive knowledge of civilizations and cultures

Organizational skills and experience

Advanced language skills to communicate comfortably with providers and patients

To create a web site and social media channels that can be understood and easily accessed by everyone.

### **Benefits of Intermediary Institutions for Health Tourist Patients**

Patients are the channels through which the intermediary institutions can see many information such as health facility information about the sector, their certificates and accreditation documents, branches, references, wagepolicies, physical characteristics, and health facilities on a single platform and make their choices accordingly.

In addition, patients provide access to information not only about health facilities, but also about social and cultural differences, time differences, climate and geographical conditions, belief structures of the region to be visited, thanks to intermediary institutions.

Furthermore, patients ensure that they are mentally prepared for the questions they want to ask about treatment before travel, by making use of the documents prepared with the information received from the health facilities in the form of frequently asked questions and answers from the intermediary institutions regarding the treatment packages.

The scope of medical tourism is stated as following-up the patient's needs, providing guidance and necessary information, tracking pre- and post-treatment related documents, storing the documents related to their activities

within the periods determined in the legislation.

### **Optimum features required in an intermediary agency**

Establishing the connection between medical tourism partners

Meeting the expectations of patients and service providers within the information security

Communicating effectively with service providers

Must have extensive knowledge of civilizations and cultures

Must have employees with advanced language skills to communicate comfortably with providers and patients

Must have an accessible and easy to understand websites and/or social media channels for communication.

### **Benefits of Intermediary Agencies to Medical Tourists**

Intermediary agencies are channels where patients can access many medical facilities and informations obtained by the intermediary agency such as the sector, medical facility information, their certificates and accreditation documents, branches, references, payment policies, physical conditions and can make their preferences according to these information.

Also, patients can access to information about social and cultural differences, time differences, climate and geographical conditions, belief structures of the region through intermediary agencies.

In addition to these, patients can find answers to their questions about the treatment, from the "Q&A" section of the treatment packages which created with the information obtained previously by intermediary agencies and thus they can prepare themselves psychologically before the treatment.

### **3.5 Accommodation and Support Services in Health Tourism**

#### **3.5 Accommodation Activities**

Pleasant and comfortable environments in healthcare facilities are one of the factors that makes not only the patients but also the employees feel happy and motivated. It is very important to create clean, peaceful and high quality environments for patients to make them feel at home where they will spend their time for so long. For these reasons, besides the technical equipments, ambient conditions of health facilities are also a necessity for patient satisfaction. In addition, it is equally important to ensure the comfort of patient's companions and assistants. Also the medical facility should be well planned and organized in terms of functionality. Finally, accommodation services should be well-planned and coordinated regarding hygiene and sanitation in order to prevent any unsatisfactory experiences for patients during and after the treatment.

##### **3.5.1. Communication and Coordination Activities with Patients**

Patients first contact with the health facility occurs at the easily accessible reception or consultation points, where all kinds of information and guidance can be provided. Employees at these points must be presentable and respectful to all. In addition, they must have sufficient communication and language skills. After patients arrival to the medical facility, waiting times and the necessary paperwork should be kept minimal with an on-site coordination.

The patient and their companions should be welcomed as guests, and necessary information about the structure and operation of the health facility must be presented to them. Employees must be smiling, well-groomed, young and dynamic. Number of employees should be sufficient enough depending on the area of the medical facility. Employees must have enough medical and technical knowledge. Patients should be well informed about the treatment processes and durations also the post-procedural side-effects they may encounter. During the discharging phase, performed procedures should be fast and practical also patient should be informed about the post-

treatment recovery period. Before the discharge, patient should be provided with a short digital survey where they can express their feelings, thoughts and overall satisfaction about all processes.

### **3.5.2 Housekeeping Services in Medical Facilities**

One of the most important services in a medical facility is the housekeeping service. Housekeeping refers to the provided room services for the patient's long term treatments. These are the whole of the activities that need to be regularly clean and in place, clean the environment, all of the products are usable and in working condition, well-maintained and there are no missing materials, and these should be checked frequently at certain periods. Along with health tourism, professional housekeeping activities in health facilities have been better understood and at this point, the necessary sensitivity has begun to be shown in both newly built facilities and existing facilities.

Housekeeping services in health facilities are much more sensitive and important than hotel services in other tourism activities. Although the length of stay varies according to the nature of the treatment, the patients spend almost all of their time in their rooms. In addition, unlike other accommodation services, it requires much more attention and meticulousness. Because the success of the treatment and not being affected by hospital infections are related to the quality of housekeeping. Preventing hospital infections is possible with quality and hygiene studies. These studies directly affect the image and prestige of the health facility.

The quality of housekeeping is important in terms of health facilities so that patients do not get infected. Nosocomial infections reduce the success of the treatment of patients, impair their quality of life, cause other diseases and increase the length of stay. These possible events increase facility costs, lead to legal processes, and reduce patient circulation.

For housekeeping services in health facilities, the infection committee formed in the facilities and the housekeeping unit should work in coordination. Systematic controls should be made and these units should

hold review meetings periodically.

Although housekeeping services in health facilities are outside of medical services, the process should be carried out jointly with industry professionals. In addition to administrative training, vocational training should be given to the personnel in housekeeping and practices should be carried out. Housekeeping staff should be strictly followed under the control of health personnel and it should be ensured that their work is carried out within the framework of quality standards through control charts. Housekeeping staff, as well as health personnel, are responsible to the facility management for the damages arising from their mistakes, deficiencies and disruptions. The organizational structure of housekeeping units in health facilities differs according to the size of the facility. While they work under the administrative services in small facilities, they work under the patient services directorate and hotel services directorate in large facilities.

#### **3.5.2.1 Duties and Responsibilities of the Housekeeping Unit**

Staff working in housekeeping have a wide range of duties and responsibilities. Some of them are as follows.;

Management of housekeeping personnel, regular training, job follow-up and job planning to keep their motivation high,

Within the framework of the work plan, implementation, control, selection of equipment and materials suitable for the job. Preparation and implementation of efficient working methods,

Collection and separation of wastes according to the procedure and disposal under appropriate conditions,

Arrangement, maintenance and repair of the goods in the health facility, using them in accordance with their purpose,

To work to ensure that the heating, cooling and ventilation systems of the health facility work effectively and efficiently,

To carry out works that require repair and maintenance in the building by taking the necessary precautions inside and outside the health facility.

Working in cooperation with other affiliated units in the health facility,

It is the duty of the housekeeping unit to prepare the environments that will enable all the personnel working in the health facility to do quality and qualified work. It is also responsible for being in good communication with the personnel working in housekeeping, healthcare personnel and patients, showing that they are working with a good-humored job and preparing a reliable working environment.

### **3.5.2.2 Cleaning Service in Health Facilities**

In healthcare facilities, cleanliness is at the forefront of everything. Microbes are more common in environments where people are concentrated, hospitals being one of them. Cleaning in healthcare facilities is not only spatial cleaning, but also needs to be done under appropriate conditions and with appropriate methods regarding the products used.

Cleaning is important in terms of protecting employees, patients and their relatives from infection and providing efficient and quality service.

Sections in healthcare facilities should be classified according to risk areas, cleaning and maintenance of these sections should be done correctly and regularly, and in accordance with disinfection and sterilization standards..

Health facilities are divided into five areas in terms of contamination risk; very high risk areas (operating room, dialysis units, intensive care units, etc.), high risk areas (emergency services, sterilization unit, etc.), medium risk areas (clinics, kitchens, laboratories, public areas, etc.), low risk areas (administrative departments, support departments, etc.), least risky areas (archive, technical service, etc.).

High-risk and high-risk areas are very important from these areas defined in health facilities, it is vital to clean these areas with due diligence



and periodic controls in accordance with the procedure.

### **3.5.2.3 Laundry Service in Health Facilities**

One of the important support services in healthcare facilities is laundry services. Laundry services are the timely washing, drying and ironing of all textile materials. The services performed here are important as they are works that directly affect the patient.

Although the services in the laundry are seen as back support services, there is an aspect that touches every point of the facility in terms of employment and satisfaction. Its follow-up and control should be kept with a certain service schedule, and the necessary processes in process management should be applied meticulously.

These services are provided within the health facilities as well as outsourced. In both methods, it is necessary to perform works and processes in accordance with the specification within a standard. The materials used and their contents must also comply with quality standards. (Tengilimoğlu & Işık, 2021).

Health tourism is among the sectors that are making progress. With the progress of the sector, employment and employment areas are created both within the sector and in line with the demands coming from other sectors. Employment is an important problem for developing countries. The crises experienced in the world in recent years have clearly demonstrated this. For these reasons, the creation of new employment areas is of great importance. Although industrialization reduces a significant burden at this point, it is not sufficient. At this point, health tourism provides support in terms of offering new alternative solutions.

With the development of health tourism, it not only treats patients, but also contributes to the economy by offering alternatives so that health tourists can benefit from other service areas depending on the length of treatment periods. These, in turn, provide the creation of new employments with the increase in demand.



## **CHAPTER 4**

### **PANDEMIC AND AFTER HEALTH TOURISM**

#### **4.1. Pandemic Concept**

Pandemics are epidemic diseases that spread and spread globally. (Wikipedia, 2020).

Pandemic, by the World Health Organization (WHO); It is declared in the conditions of the course of the disease seen for the first time on individuals and the spread of the disease to people, causing dangerous diseases and the rapid spread of the disease. In order for a pandemic to be declared, the disease must be transmitted from person to person and be transmitted very quickly. (Wikipedia, 2020).

For a disease to be defined as an epidemic; It should be seen globally, the disease effect should have a continuous and collective effect on people in the region where it is seen, and be fatal.

#### **4.2. Pandemic in the World**

As with the covid-19 pandemic, which has affected the whole world, many pandemics have been taken before. We can give examples of epidemics such as swine flu, bird flu, Hong Kong and Spanish flu, black plague, typhoid and cholera, which have been experienced in the recent past and continue to show its effect, which can be treated thanks to its effective medicine and vaccine. Pandemics have caused very effective events such as the fall of empires and the displacement of people between continents in

many periods of history. Plague, cholera, and typhoid are the most affecting epidemics that people have to fight. (Erbil, 2020).

According to the term of epidemic diseases seen throughout human history are presented below;

**Antoninus (Galen) epidemic:** Antoninus plague, which was seen in the Roman Empire between 165-180 AD and brought by the soldiers returning from the expedition, is one of the first known great plague epidemics that caused the death of 2 thousand people a day.

**Plague of Justinian:** It started to appear in Europe in 541, and was seen during the reign of Emperor Justinian. 40 percent of the population of Constantinople, which was one of the most crowded cities of the period, lost their lives. The epidemic first spread to Egypt, then Palestine, Syria and then Anatolia.

**Black Plague (Black Death):** The black plague, which started to appear in the 14th century, was effective in Europe and Central Asia, and the most deaths occurred between 1346-1353. The last epidemic, which spread very quickly from person to person, was detected between 1860-1960. The epidemic, which affected London the most, also showed its devastating effect in France and Marsia. It is said that between 50 and 60% of the European population die from this disease. It is estimated that 75-200 million people die from the disease worldwide.

**Cholera:** Cholera, which spread as an epidemic to Southeast Asia, the Middle East, East Africa and the Mediterranean coast, showed its severe effect between 1817-1824. It is an intestinal infection caused by the bacterium *Vibrio Cholerae*, with a sudden onset of profuse watery diarrhea. Some epidemiologists say it first started spreading from India. The approximate number of deaths cannot be estimated.

**First Flu Pandemic:** It is said to have been seen in Greenland, Bukhara and Canada in 1889 and it is estimated that there are millions of deaths.

**Spanish Flu:** It is known that the Spanish Flu pandemic, which was seen severely between 1918-1920, infected 500 million people and caused the death of more than 50 million people in a period of 18 months.

Asian Flu: The epidemic, which was seen between 1956-1958, started in Singapore and it is estimated that 116 thousand people died in the United States due to the epidemic. It is said that there are about 2 million lost in the world.

**Hong Kong Flu:** The disease was first seen in Hong Kong and continued its course between 1968-1969. It is known that in this epidemic, which spread to Europe and Asia, approximately 1 million people lost their lives and 15% of the population of Hong Kong was affected by the epidemic.

Table 11. Characteristics of Pandemics Throughout History

	<b>Spanish Flu</b>	<b>Asian Flu</b>	<b>Hong Kong Flu</b>	<b>İnfluenza A(H1N1) 2009</b>
<b>Year</b>	1918	1957- 1958	1968-1969	2009-2010
<b>Outbreak Area</b>	Unknown	South China	South China	North America
<b>İnfluenza A Virüs</b>				
<b>Sub Type (Genetic Animal Origin/Mutation)</b>	H1N1 (Bilinmiyor)	H2N2 (Bird)	H3N2 (Bird)	H1N1 (Pig)
<b>Temel Vaka Üreme Sayısı</b>	1,2-3,0	1,5	1,3-1,6	1,1-1,8
<b>Estimated Fatality Rate</b>	%2-3	<%0,2	<%0,2	<%0,02
<b>Estimated Worldwide Mortality</b>	20-50 M	1-4 M	1-4 M	100-400 K
<b>Affected Age Groups</b>	Young Adults	All Ages	All Age	Kids & Young Adults

(T.C. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü, 2019).

**1981-... HIV / AIDS:** The disease was reported in 1981 in the US states of New York and California. It has been determined that 20 million people died between 1981 and 2008. The AIDS virus, which spread to the world, caused more than 1.5 million deaths according to 2010 data. In the United Nations 2020 report, it is said that 75.7 million people are infected with HIV and 32.7 million people die. (Atila, 2020).

Coronavirus (Covid-19) was first identified in patients with cough, high fever and shortness of breath symptoms in late December 2019. Covid-19 disease was first discovered on January 13, 2020 in Wuhan Province of the People's Republic of China. (COVID-19 Yeni Koronavirüs Hastalığı, 2020).

The pandemic was detected in people working in the wild animal market in Wuhan Province, where seafood is sold, and then spread from person to person and spread to other cities in Hubei and other provinces of

China Covid-19 comes from a large family of diseases in animals and humans. The virus is known to affect the lungs and respiratory tract such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). (COVID-19 Yeni Koronavirüs Hastalığı, 2020).

According to the 2020 report of the World Tourism Organization (UNWTO), the United Nations' statement was made as cautious optimism. Covid-19 has had a devastating effect on health, economy and social life in the countries it has been under its influence since December 2019. According to the calculations made in the first 3 months of 2020, arrivals in the tourism sector decreased by 67 million and a loss of 80 billion dollars was observed in revenues. Asian countries affected by the pandemic experienced the most loss of visitors at 35% compared to the previous year. This loss, which was 19% in European countries, was 15% in the USA.

For this year, the World Tourism Organization (UNWTO) draws very negative scenarios for the tourism ecosystem. According to the three estimated scenarios drawn, it is interpreted that there will be a 58%-78% decrease in tourism arrivals in 2020, which will directly endanger 120 million people working in tourism and cause a loss of 910 billion dollars in tourism income.

All of this comes in the context of the economic 'red flags' featured in the International Monetary Fund's (IMF) World Economic Outlook (WEO). In January, it was estimated that the world's annual economic growth for 2020 would be 3.3%; this figure is now drastically reduced, a dizzying drop and in just a few months to -3.0% in the pandemic, far worse than the -0.1% drop for the Great Financial Crisis (GFC). A predictive scenario with warnings of the possibility of a global recession approaching the Great Depression.

The pandemic has been devastating for many areas such as the Health Tourism market in the world. A large part of the medical tourism market is driven by demand for cosmetic and elective surgery, although some health treatments and priorities are delayed and consumers seek cheaper medical treatment. As a result of Covid-19, many trips to seek

medical treatment have been canceled and many more will be canceled or delayed until 2021. Assuming the outbreak is successfully contained and consistent with the flattening of the Covid-19 curve, Summer 2020 will mark the beginning of a new normal for medical tourism in both demand and supply countries.

Policies developed with the pandemic are rapidly disrupting the global trade flow. At this point, even strong economies such as China, Europe and the United States are badly affected.

The COVID-19 pandemic has pushed the boundaries of national and local health care systems beyond the capacities of medical facilities. Many areas with the highest infection rates experienced shortages of health personnel. This is despite the fact that countries or regions (for example, the Lombardy region in Italy or New York City in the USA) have some of the most advanced healthcare systems in the world. The healthcare trade can therefore help relieve pressure from local healthcare systems.

Countries that restrict the work of foreign health workers risk cutting off the important human resources needed to respond to the pandemic. However, very few countries are likely to have sufficient medical personnel to deal with sudden cases. Collaboration between countries on both the import and export of healthcare services will help mobilize a pool of healthcare professionals to combat emerging health challenges and ease capacity constraints on local healthcare systems, especially given that the outbreak is not affecting every region at the same time.

For example; When the epidemic began to peak in Italy, but after it subsided in China, it was China that sent 300 intensive care doctors. Also, following the COVID19 pandemic, the state of New York has issued a directive temporarily allowing mutual recognition of suitably qualified medical and nursing degrees, both from abroad and from different states. Visas of nearly 3,000 migrant doctors, nurses and paramedics and their family members in the UK have been extended for one year to help combat COVID-19 (Gillson & Muramatsu, 2020).



The World Tourism Organization (UNWTO) predicted a 3% - 4% growth in world tourism entries in 2020. (UNWTO, 2017). With the n global measures taken within the scope of the pandemic in 2020, an expected decrease of 74% in international arrivals was experienced. This great decrease in tourism entries shows that there is a loss of 730 billion dollars in income from international tourism. (Tengilimoğlu, COVID-19 Pandemi Sürecinin Sağlık Turizmine Etkisi, 2021).

### **4.3. Pandemic and After Health Tourism in Turkey**

Pandemic, which rapidly affected the world, In our country, the first case was detected on March 11, 2020, and the first death on March 15, 2020, with the official statement of the Ministry of Health. Since then, both Covid-19 transmission cases and the number of deaths have continued to increase. The Ministry of Health has started to take measures on epidemic management before a case has been seen in our country, and the Pandemic Science Board has been established. At the entrances from the airports, thermal cameras have been placed and scans have been started at the entrances from the countries with cases, especially the People's Republic of China. In case of detection, these people were placed in dormitories and quarantined. According to the data of the Ministry of Health, a total of 54,139,309 tests were carried out, 5,249,404 cases were seen, and 47,527 people died from the day the pandemic began until May 31, 2021. In the same date range, 5,114,624 cases recovered and regained their health. It was also announced that approximately 30 million doses of vaccine were administered in the same date range.

The Ministry of Health has started active work on the effective, fast and accurate management of the epidemic, and all public, private and university hospitals in the country have been planned as pandemic hospitals. Test centers have been established according to the number of population in each province and free testing has begun in all private and public health facilities. In the context of the emergency health services pandemic, all

measures have been taken to prevent transmission related to the transport, examination and treatment of the patient. Antiviral drugs have been purchased to be used in the treatment of Covid-19 and they have started to be produced especially in order to avoid problems in protective consumables. Again, national production respirators were started to be used, and new hospital productions were accelerated and put into service during the epidemic in order to avoid any problems.

Guidelines and algorithms have been published, which are constantly updated and will provide unity of practice on epidemic management throughout the country. Some of these guides are; Covid-19 Outbreak Management and Study Guide, Study Guide in Health Institutions and Infection Control Measures, General Information Epidemiology and Diagnosis, Adult Patient Treatment, Pediatric Patient Management and Treatment, Severe Pneumonia ARDS Sepsis and Septic Shock Management, Anticytokine-Anti-Inflammatory Treatments and Coagulopathy Management, Contact Follow-up, Outbreak Management Patient Monitoring at Home Filiation. Patients who were found to be infected with Covid-19 were followed up and treated at home or in the hospital according to the doctor's examination.

Particularly during the periods when the pandemic was attacking, the healthcare delivery of the pandemic continued to be managed in a controlled and transparent manner, thanks to invaluable practices such as patient follow-up at home, home visits of the filtering teams, drug and test facilities, and immediate quarantine of those who had contact with the patient. In order to prevent contamination, warnings were given by the Ministry of Health not to go outside and to stay at home unless it is necessary. As of March 2020, distance education has been started by suspending education in secondary schools and universities in all provinces. Considering the overtime and attrition of healthcare professionals, additional payments were made to the personnel working in active covid treatments.

Measures taken to keep the increasing number of Covid-19 infections and cases under control with the recommendations of the Scientific

Committee:

- Suspending secondary, high school and university education and switching to online education, postponing the exams determined before the pandemic by ÖSYM
- Bringing regulations to urban and intercity public transportation vehicles,
- Cancellation of flights to 68 destinations, especially to the countries with the highest number of cases,
- • The obligation to wear a mask when getting on the shopping mall, market, marketplace, public transport, which is thought to be crowded and contagious
- Imposing curfews for individuals over the age of 65, the age group that will be most affected by the pandemic, and restrictions on going out for those under 20 years old,
- Limiting congregational prayers in mosques in order to avoid a crowded environment,
- Temporary closure of places such as all parks, picnic areas, sports halls, swimming pools, cafeterias, coffee houses, entertainment venues,
- Public institution flexible working and working from home system alternately,
- Launch of the “Life Fits Home” application by the Ministry of Health. Displaying the case status at the person's location with colors on the map with the application and launching the HES Code application, which will be used in many areas.
- Start of production of two new pandemic hospitals in Istanbul,
- Activation of state dormitories for those who will be quarantined,

Closing the 30 most risky metropolitan and Zonguldak city entrances and exits for 15 days according to the daily case numbers (Gürleyen & Çınar, 2021).

#### 4.4. Effects of Covid-19 on Health Tourism

With the pandemic, all social life has been negatively affected, and problems have begun to be experienced in the economy. Along with the pandemic, all production and service sectors were affected, as well as health tourism. Before the health tourism sector, which was under a sudden, severe and dramatic effect, all plans for patient flow came to a halt. Budgets allocated for planned treatment, purposeful treatment and travel were canceled and directed towards urgent needs and expenditures for survival. With the pandemic that created uncertainty, panic and fear on individuals all over the world, health tourism trips planned for the first 6 months of 2020 have been canceled or postponed to an indefinite date. Individuals are in a hurry to be protected, treated and maintain their life dynamics in their own country. For this reason, the treatment of non-emergency health problems has also been postponed.

The negativities in the process of the health tourism sector with the pandemic;

- With the epidemic, the pace of medical tourism was cut off abruptly.
- The record decline in airline demand, the closure of medical tourism intermediaries and agencies, and the financial difficulties that have arisen as many sectors have affected the medical tourism industry very negatively.
- According to the International Air Transport Association (IATA), air traffic revenue loss has reached \$314 billion worldwide.
- 42 airline companies went bankrupt.
- In May 2020, Air France KLM announced that it would retire its entire Airbus A380, Airbus A340 and Boeing 747-400 fleet and reduce flight capacity by 70-90%.

China Airlines, the national carrier of the People's Republic of China, has announced plans to decommission its Boeing 747-400 with no plans to replace its entire fleet. Some experts suggest that the airline industry will be affected by these negative effects for a long time to come.

With the start of the vaccine studies for Covid-19 and the emergency

vaccine approval given by the World Health Organization, vaccine applications have started, which has been promising for the future of the medical tourism industry, which seems uncertain. With the pandemic, many life and trade parameters have evolved in the world, so countries need new plans and changes in many subjects in order to get a share from the health tourism sector after the pandemic. Many factors such as how countries manage and control the Covid-19 pandemic process, the quality and success of the health care they provide are monitored. What kind of strategies countries follow in health services and life parameters during and after the pandemic will constitute an important component of being a brand in health tourism. In order to be a center of attraction in health tourism and to ensure the flow of patients, a serious competition will begin in changes in country policies and effective promotion. Health tourism market will be shaped depending on strategies and pandemic safe models (Magazine.medicaltourism, 2021).

Turkey has shown a relatively successful performance in the fight against Covid-19, especially in the health sector, compared to other countries in general. In this process, it can be said that it has proven its power with health service power, pandemic management, potential. It is expected that Turkey will take its place in health tourism to the top by turning the advantageous situation after the pandemic in its favor. In the pandemic management process; It focuses on areas such as financing and effective management of health manpower in health service delivery, sustainability in health care, vaccine production, supply and production of drugs and medical devices, health service delivery, filtration, contact tracing and surveillance, HES code implementation and health tourism. The "Safe Tourism Certificate" program was launched by the Ministry of Culture and Tourism with the participation of relevant stakeholders for domestic and foreign tourists to receive services such as accommodation, transfer, food and beverage in a safer way and for domestic and international tourism mobility. The "safe tourism certificate" program was launched. It has received this certificate by providing many touristic business criteria and it is a first in the world in the application sector. Pandemic safe facility

accreditation is provided with the certificate.

Throughout the history of the world, crises and the risks arising from these crises have presented both threats and opportunities for countries. With the pandemic process, countries should know their weak and threatening elements well and determine new strategies to turn the crisis into an opportunity by taking measures in this regard. The situation will be the same in the health tourism sector. Countries that take the measures will benefit from the opportunities with the new treatment packages they will offer by making plans specific to the pandemic.

Undoubtedly, the tourism sector is one of the sectors most affected by the pandemic in the economic arena. It is thought that the tourism sector will be the most important sector that will add value to the economy, especially after the end of the pandemic. Have not traveled for a long time. Individuals who are bored and bored with their city or even staying at home are looking forward to seeing new places and experiencing different tourism activities. Parameters such as pandemic-safe countries, facilities, transportation will be decisive in the preferences of individuals.

In health tourism, which Turkey has determined as a country policy with its development plans, it was aimed to take 1 million patients for 2020 by the Ministry of Health. The target set for 2023 is 1.5 million patients and 10 billion dollars foreign currency inflow. However, in the first 10 months of 2019, it was determined that there were 650 thousand patient flows. Due to the disruptions experienced in health tourism with the pandemic, strategies and targets need to be reworked and revised.

Health tourism is evaluated positively by the experts of the sector thanks to its non-seasonal and 12 months of the year feature and the added value it creates for other tourism and service sectors. It is promising that when effective and correct planning is made, health tourism has the power to play a leading role in the tourism sector and, in connection with it, the economy.

Turkey is potentially strong in health tourism, which covers areas such

as oncology, bariatric surgery, cardiology, cardiovascular surgery, physical therapy and rehabilitation, in vitro fertilization, orthopedics, thermal tourism, SPA-wellness tourism, 3rd age and disabled tourism. Especially at the end of the pandemic, Turkey will take the place it deserves in the world ranking in health tourism, with the provision of safe services to the visitors for planned treatment. With the pandemic, the mobility of individuals has decreased and obesity has increased. For this reason, facilities with thermal water capacity, which have taken precautions regarding the pandemic, have both physically set the hygiene rules and completed their epidemic-safety work in service provision, have become advantageous. Expert opinions draw attention to the fact that individuals over the age of 65 will prefer thermal health tourism facilities in order to relieve their discomfort in the pandemic period and to relax psychologically and socially at the same time. (Euronews, 2020).

## **CHAPTER 5**

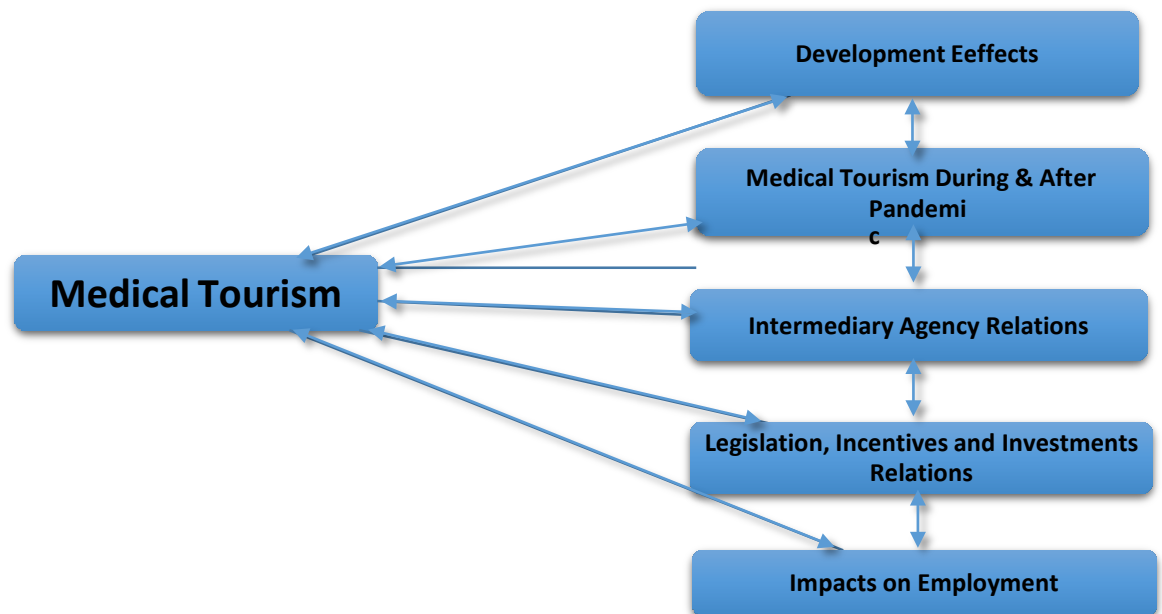
### **METHOD**

#### **5.1 Model of the Research**

Mixed method was used in this study. In the first stage of the research, using the descriptive survey method, one of the quantitative methods, the "Questionnaire Form on the Role of Health Tourism in the Development of the Country and Its Effects on Employment" was applied to the managers serving in the health tourism sector. After the obtained data were analyzed, the second part of the research was started. In the second part of the research, a semi-structured interview form was prepared from qualitative methods and face-to-face interviews were conducted with five industry professionals. The data obtained from the semi-structured interview form were classified by the content analysis technique and the findings were added as the qualitative data of the research.



Figure 3. Research Model



### Universe Sample

In the first stage of this study, in order to collect the data on the quantitative method, the universe of which has received an international authorization certificate from the Ministry of Health, which serves in the health tourism sector in Turkey (<https://shgmturizmdb.saglik.gov.tr> / announced on 05.03.2021) It consists of 802 health tourism sector managers and representatives operating in Istanbul, Ankara, Izmir, Antalya and Bursa, which are the first five provinces with high potential. To 802 managers and representatives serving in the sector; Questionnaire forms were delivered via e-mail, telephone and other communication tools. 200 people from these 802 sector managers and representatives answered the survey by filling out the measurement tool completely.

In the second part of the research, qualitative data were collected by applying a semi-structured interview form to five managers selected by random sampling method among 200 health tourism sector managers who fully responded to the questionnaire "The Role of Health Tourism in the Development of the Country and Its Effects on Employment".

## **5.2. Measurement Tools and Techniques Used in the Research**

In order to increase the validity and reliability of the study, both qualitative and quantitative research methods were applied in the study.

### **5.2.1 Reasons for Using Qualitative and Quantitative Research Methods Together**

Although it is difficult to give a universally accepted definition of qualitative research, Glaser (1978) defines qualitative research as "a qualitative process, in which qualitative data collection methods such as observation, interview and document analysis are used, to reveal perceptions and events in a realistic and holistic way in a natural setting. stated that it can be defined as "the research followed by (Yıldırım & Şimşek, 2013) With the qualitative research method, the whole picture is reached by completing the missing cells with different information and findings to be obtained from different people. Due to the flexible nature of qualitative research methods, it is possible to delve deeper into the information or findings obtained with questions such as why and how. Each question to be asked means descending to a separate data layer and approaching the result. (Kozak, 2015).

In this study, interview technique, one of the qualitative research methods, was used. Interview is a data collection technique through verbal communication. (Karasar, 2011)

In another definition, interview is the process of getting answers to the questions prepared in accordance with the purpose of the research, by asking the people whose opinions are needed by the researcher. When the advantages of the interview technique are examined, the interviewee is given the opportunity to talk more about the subject, more information can be obtained, and more explanations can be made on incomprehensible issues (Ural & Kılıç, 2013). The fact that it is easier to reveal the cause and effect relationship with the more comprehensive information to be obtained and that it is easier to intervene in the parts that are not understood are also shown

among the superior aspects of the interview technique. (Kozak, 2015).

In the study, since it is thought that it is necessary to use qualitative and quantitative research methods together, the quantitative research method was also applied and the questionnaire technique was used. Mixed method, in which qualitative and quantitative methods are used together, is defined as research in which researchers collect data, analyze and integrate findings using both qualitative and quantitative approaches or methods in a single study. (Tashakkori & Creswell, 2007).

Every event and phenomenon has both qualitative and quantitative dimensions. Events and phenomena are not simple and one-dimensional, and multiple methods must be used to detect them. It is necessary to use different methods together, especially in order to understand the problems of social sciences. If we want to understand reality in a holistic and rich framework, we need to examine both its qualitative and quantitative dimensions. (Yıldırım & Şimşek, 2013) In other words, the main reason why the use of both methods together is a necessity is minimizing the validity and reliability problems encountered in studies carried out with the help of a single method. (Kozak, 2015).

When researchers combine both quantitative and qualitative research, the strengths of both approaches are combined to provide a better understanding of research questions from a single approach. (Creswell & Garrett, 2008).

### **5.3 Personal Information Form**

It was developed by the researcher to determine the personnel qualifications of the health sector managers who participated in the research in terms of duty, gender, education status, age, city of residence, income status, working time, type of facility and foreign language knowledge.

### **5.3.1 Questionnaire on the Role of Health Tourism in Country Development and Its Effects on Employment**

While developing the "Survey Form on the Role of Health Tourism in Country Development and Its Effects on Employment", theses and articles written in the field of health tourism in the world and in Turkey were examined. An item pool was created from the data obtained by examining these theses and articles. In addition, thirty professionals who are active in the field of health tourism were asked to write compositions on the general problems, needs and solution proposals of the sector. The data obtained by analyzing the opinions of health tourism sector managers were converted into questionnaires and added to the item pool. Fifty-four questions were created in the item pool at the first stage. These questions were examined by seven field experts and the number of questions was reduced to forty-eight. The questionnaire form "The Role of Health Tourism in the Development of the Country and Its Effects on Employment", which was examined by a language and field expert, was applied again to twenty health sector workers. By evaluating the data obtained from the application, similar items were combined, items that were not understood were removed from the questionnaire and a five-point Likert-rated questionnaire with thirty-four questions was created. The validity of the questionnaire was ensured by consulting the expert opinion and based on the sample group application answers. The reliability coefficient of the questionnaire was calculated as Cronbach's Alpha 0.83. After the obtained data and expert opinions were evaluated, it was concluded that the "Survey Form on the Role of Health Tourism in the Development of the Country and Its Effects on Employment" is sufficient to measure the views of health tourism sector managers.

### **5.4 Semi-Structured Interview Form**

A semi-structured interview form was applied to five managers selected by random sampling method among 200 managers who filled out the measurement tool completely from the health tourism sector managers and representatives who participated in the research. The development

stages of the "Semi-structured Interview Form on the Role of Health Tourism in the Development of the Country and Its Effects on Employment" are as follows: First of all, when the answers given to the "Questionnaire Form Concerning the Role of Health Tourism in the Development of the Country and Its Effects on Employment" are analyzed, it is seen that health tourism managers have a high level of participation. Secondly, these items were evaluated with field experts and "Semi-Structured Interview Form on the Role of Health Tourism in Country Development and Its Effects on Employment" was created in order to gather broader and in-depth information. In addition, the last item was left blank and the managers of the health tourism sector participating in the research were asked to freely express their personal views on the field. The obtained data were classified by content analysis method.

### **5.5 Statistics Used in the Research**

In order to analyze the quantitative data constituting the first stage of the research, descriptive statistics, comparison of the differences between the groups, correlation analyzes regarding the determination of the relations between the variables were performed. Content analysis technique was used to analyze the qualitative data that constitutes the second stage of the research.

## CHAPTER VI

### RESULTS

The Role of Health Tourism in the Country Development and Employment Effects of Health Tourism Managers on the Role of Health Tourism in the Development of the Country and its Effects on Employment The results of the reliability analysis, demographic characteristics of health tourism managers and the significance tests are included. In addition, the content analysis of the semi-structured interview form of health managers on the role of health tourism in the development of the country and its effects on employment is included.

#### 6.1 Reliability Analysis

In the research, the reliability of the scales was retested by repeating the internal consistency analysis of the scales. Accordingly, the Cronbach's Alpha values, in which the internal consistency coefficients of the data obtained from the sample group of the scales are indicated in the overall scale and its sub-dimensions are given below.

Table 12. Reliability Analysis of the Questionnaire on the Role of Health Tourism in Country Development and Its Effects on Employment

<b>Cronbach's Alpha</b>	<b>Cronbach's Alpha Based on Standardized Items</b>	<b>N of Items</b>
,830	,864	34

The reliability analysis coefficient made in the preliminary application of the Questionnaire on the Role of Health Tourism in the Development of the

Country and Its Effects on Employment shows that the measurement tool is reliable.

### **Descriptive Statistical Analysis Results on Demographic Characteristics of Health Tourism Managers**

Table 13. Distribution of Health Tourism Managers Who Participated in the Questionnaire on the Role of Health Tourism in Country Development and Its Effects on Employment by Duty

<b>Health Tourism Managers</b>	Frequency	%
General manager	21	10,5
Dentist	10	5,0
International Patient Department Manager	20	10,0
Other	25	12,5
deputy general manager	11	5,5
Chief Physician	16	8,0
Deputy Chief Physician	4	2,0
Responsible Manager	15	7,5
Hospital Manager	37	18,5
Hospital Deputy Director	3	1,5
Instructor	6	3,0
Physician	32	16,0
Total	200	100,0

According to medical tourism managers, the data from The Role of Medical Tourism in Development of The Country and its Effects on Employment survey suggests that 18,5% of medical employees are hospital directors, 16,0% physicians, 12,5% other staff, 15,5% general manager, 10,0% manager of the international patient department, 8,0% chief physician, 7,5% responsible manager, 5,5% assistant general manager, 5,0% dentist, 3,0% of them works as prelectors, 2,0% as assistant chief physicians and 1,5% as assistant managers for the hospital.

Table 14. Gender Percentages

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Female	81	40,5	40,5
Male	119	59,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that: the male gender employee rates are 59.5% higher than the females with 40.5%. The female manager ratio is higher compared to many sectors.

Table 15. Percentages by Educational Degrees

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
High school	3	1,5	1,5
College	72	36,0	37,5
Post- Graduate	125	62,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 62,5% of the employees are graduates, 36,0% college degrees and 1,5% have high school diplomas. Main target of this survey was managers and physicians in training that is why education levels has been observed that high.



Table 16. Percentages by Age Differences

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
25-34	40	20,0	20,0
35-44	91	45,5	65,5
45+	69	34,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; most of the workers are between 35-44 with the percentage of 45,5, 34,5% of them are 45 or above and lastly 20,0% of them are between ages of 25-34. 35-44 was the expected highest result and is the most efficient age period.

Table 17. Highest Medical Employee Percentages of Turkish Cities

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Bursa	66	33,0	33,0
İstanbul	48	24,0	57,0
Ankara	37	18,5	75,5
İzmir	28	14,0	89,5
Antalya	21	10,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; Bursa had the highest employment rate with 33,0%, followed by İstanbul with 24,0%, İzmir with 14,0% and last but not least Antalya with 10,5%.

Table 18. Years of Experience in the Medical Sector

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
1-10	60	30,0	30,0
11-20	76	38,0	68,0
20+	64	32,0	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; most of the employees have high experience in the field with 11-20 years at 38,0% and 20 years or above with 32,0% ratios. 30,0% of the survey takers are experienced between 1-10 years.

Table 19. Percentages of Medical Facilities Types

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
University Hospital	17	8,5	8,5
Public Hospital	25	12,5	21,0
Private Hospital	66	33,0	54,0
Private Medical	31	15,5	69,5

Center			
Special			
Outpatient	19	9,5	79,0
Clinic			
Private Oral			
and Dental	17	8,5	87,5
Health Clinic			
Private Practice	10	5,0	92,5
Other	15	7,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; highest percentage of medical facilities are private hospital with 33,0%, followed by private medical centers with %15,5, public hospitals comes next with 12,5%. Special outpatient clinics with 9,5%, private oral and dental health clinics and university hospital with %8,5 ratios, other with 7,5% and finally private practices with 5,0% follows.

Table 20. Percentages of Foreign Language Speakers

Frequency	Percentage	Cumulative
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			<b>Percentage</b>
Yes	169	84,5	84,5
No	9	4,5	89,0
Partially	22	11,0	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 84,5% of the employees knows foreign languages, 11,0% of the has partial knowledge and 4,5% of them does not know any foreign languages. Knowledge of a foreign language in an international service sector, which is medical tourism in this case, is a must.

Table 21. Percentages of Foreign Languages Known by Employees

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
English and variables	146	73,0	73,0
Arabic	6	3,0	76,0
Russian	1	,5	76,5
German	24	12,0	88,5
French	17	8,5	97,0
Other	6	3,0	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated

in shows that; English, the most spoken language in the world, has a rate of 73,0%. Followed by non other than German with 12,0% as second, and French with 8,5% as third. These results proves the importance of establishing communications with the European market. Rest of them are; Arabic and other languages with 3% and Russian with 0,5%. It is well known that knowledge of a foreign language in medical sector is a necessity.

Table 22. Income Percentages of Employees

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
0-5500	17	8,5	8,5
5501- 15000	104	52,0	60,5
15001+	79	39,5	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 52,0% of the employees have higher income than 5.501-15.000 TL 39,5% of them earn 15.000 TL and above monthly. Only 17% of them have less than 5500 TL income.

Table 23. Employee Percentages of Foreign Medical Departments

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
1-10	167	83,5	83,5
11-20	27	13,5	97,0
21+	6	3,0	100,0
<b>Total</b>	<b>200</b>	<b>100,0</b>	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 83,5% of the facilities have between 1-10 employees, 13,5% of them have 11-20 workers and 3,0% of them have 21 or above. These numbers are considered normal when the size of the facility, number of beds and active disciplines (specialty in a single or multidisciplinary services), years since international patients started visiting (the facility) number of patients visited per year has been taken into account.

Table 24. Percentages of Medical Personnel (doctor, nurse etc.) who Speaks Foreign Languages

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
1-10	<b>138</b>	<b>69,0</b>	<b>69,0</b>
11-20	<b>41</b>	<b>20,5</b>	<b>89,5</b>
21+	<b>21</b>	<b>10,5</b>	<b>100,0</b>
<b>Total</b>	<b>200</b>	<b>100,0</b>	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 69% of the medical facilities have between 1-10 personnel, 20% of them have 11-20 and %10,5 have 21 or above personel who can

speak foreign languages. In terms of effective communication of international patients and correct perception of their health-related complaints, it is very important to employ language-speaking health personnel who work in the treatment processes. In terms of effective communication with foreign patients and to be able to understand patients needs it is important to have healthcare professionals who can speak a foreign language.

Table 25. Percentages of Different Disciplines in Medical Tourism

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
1-10	118	59,0	59,0
11-20	46	23,0	82,0
21+	36	18,0	100,0
Total	200	100,0	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 49,0% of the medical facilities serves 1-5 disciplines, 23,0% in 6-10 and 18% of them in 11 or more disciplines. These percentages are related to facilities capability of having single or multidisciplinary services.

Table 26. Medical Facilities' Percentages of Medical Tourist Visitors per Different Countries

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
1-10	94	47,0	47,0
11-20	68	34,0	81,0
21+	38	19,0	100,0
<b>Total</b>	<b>200</b>	<b>100,0</b>	

The results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in shows that; 47,0% of the facilities have visitors from 1-5 different countries, 34% of them 6-10 countries and 19,0% of them have 11 or above. These numbers are normal depending on facility types.

Table 27. Ratio of the Foreign Income to the Total Income of the Medical Facility

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Valid	7	3,5	3,5
0-5	80	40,0	43,5
6-10	46	23,0	66,5
11-15	36	18,0	84,5
16-20	21	10,5	95,0
21+	10	5,0	100,0
<b>Total</b>	<b>200</b>	<b>100,0</b>	

According to The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated the ratio of the foreign currency income of the facility to the total income of the



hospital is important in terms of envisioning the foreign exchange volume and the contribution to the economy. Ratio of the foreign income which gained from medical tourism is 40% for 0-5% of the total facilities, 23% for the 6-10% of the facilities, 18% for the 11-15% of the them, 10,5% for the 16-20% and 5% for the %21 or more. As the medical tourist numbers rises, income will rise as well.

Table 28. Distribution by Annual Promotional Budget Variable Used to Increase Patient Flow within the Scope of Health Tourism (Dollars)

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Valid	9	4,5	4,5
0-5000	69	34,5	39,0
5001-15000	67	33,5	72,5
15001-30000	33	16,5	89,0
30001-50000	15	7,5	96,5
50001+	7	3,5	100,0
Total	200	100,0	

According to The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated the annual promotional budget variable used to increase patient flow; 0-5 thousand dollars at 34.5%, 5.001-15.000 dollars at 33.5%, 15.001-30.000 dollars at 16.5%, 30.001-50,000 dollars at 7.5% and 50.001 and above at 3.5% Promotional expenditures are made in the range of USD. Promotional activities are very important in order to capture the active changing patient mobility and to maintain the competition.

Table 29. Distribution by Foreign Liaison Office Variable within the Scope of Health Tourism

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Yes	45	22,5	22,5
No	130	65,0	87,5
Partially	25	12,5	100,0
Total	200	100,0	

According to the results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey, it has been determined that 22.5% of the facilities are liaison offices abroad, according to the foreign liaison office variable.

Table 30. Distribution by Competent Personnel Employment Variable within the Scope of Treatment Packages in Health Tourism

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Yes	127	63,5	63,5
No	39	19,5	83,0
Partially	34	17,0	100,0
Total	200	100,0	

According to the results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey, within the scope of treatment packages, 63.5% of the facilities stated that they employ competent personnel.

Table 31. Distribution by Variable of IT Service Procurement Specific to Health Tourism

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Yes	90	45,0	45,0
No	79	39,5	84,5
Partially	31	15,5	100,0
Total	200	100,0	

According to the results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey, according to the private IT service procurement variable, 45% of the personnel are employed.

Table 32. Distribution by Variable of Provision-Billing Service Personnel Recruitment from International Insurance Companies within the Scope of Health Tourism

	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Yes	59	29,5	29,5
No	107	53,5	83,0
Partially	34	17,0	100,0
Total	200	100,0	

According to The Role of Medical Tourism in Development of The Country and its Effects on Employment survey which 200 people participated in the distribution according to the provision-billing service personnel recruitment variable from international insurance companies, it was determined that 53.5% was not employed, 29.5% was employed, and 17% was partially answered. It is known that provision-invoicing service personnel are needed when facilities have an agreement with insurance companies.

### 3. The Results of Significance Tests for the Role of Health Tourism in the Development of the Country and the Effects on Employment of Health Tourism Managers Participating in the Research

1. Is there a significant difference in the role of health tourism in the development of the country and employment according to the duties of the health tourism sector managers participating in the research?

Table 33. Kruskal Wallis Test Results on the Role of Health Tourism in Country Development and Its Effects on Employment According to the Task Distribution Variables of Health Tourism Managers Participating in the Research

Sub-dimension	N	S	$\chi^2$	p	
Evaluation of the pandemic and its aftermath	200	4,24	0.49	22,193	0,023
Relationship of health tourism with intermediary agencies	200	4.01	0.62	33,458	0,000
Development and economic effects of health tourism	200	3.90	0.41	17,543	0,093
The relationship of health tourism with legislation, incentives and investments	200	4.17	0.50	12,513	0,326
The effect of health tourism on employment	200	4.28	0.42	16,992	0,108

According to the results of The Role of Medical Tourism in Development of The Country and its Effects on Employment survey, when the pandemic and post-pandemic sub-dimension of health tourism was examined ( $\chi^2 = 22,193$  p ,023) has been calculated. Evaluation of health tourism managers during and after the pandemic was found to be significant

according to the task variable. The Role of Health Tourism in the Country's Development and the Effects on Employment according to the task variables of health tourism managers, when the sub-dimension of the health tourism's relationship between health tourism and intermediary institutions was examined ( $\chi^2 = 33.458$  p ,000). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was found to be significant according to the task variable. According to the task variables of health tourism managers, the Role of Health Tourism in the Country's Development and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 17,543$  p ,093) when the sub-dimension of the health tourism's development and economic effects of health tourism. Evaluation of health tourism managers' development and economic effects of health tourism was not found significant according to the task variable. According to the task variables of health tourism managers, the Role of Health Tourism in the Country's Development and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 12,513$  p ,326) when the sub-dimension of the relationship between health tourism and health tourism with legislation, incentives and investments. The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the task variable. According to the task variables of health tourism managers, the role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 16,992$  p ,108) when the sub-dimension of health tourism's effect on employment was examined. Evaluation of the effect of health tourism on employment of health tourism managers was not found significant according to the task variable.

**2. Is there a significant difference between the genders of health tourism sector managers participating in the research, the role of health tourism in the development of the country and employment?**

Table 34. Mann Whitney U test results on the Role of Health Tourism in Country Development and Its Effects on Employment by Gender Variable of Health Tourism Managers

Variable	Gender	N	Average rank	Rank total	Z	U	p																																												
Pandemic and beyond evaluation	Female	81	102,06	8267,00	-,317	4693,000	,751																																												
	Male	119	99,44	11833,00				The tool of health tourism relationship with organizations	Female	81	106,60	8634,50	-	4325,500	,217	Male	119	96,35	11465,50	Development of health tourism and its economic effects	Female	81	101,67	8235,00	-,237	4725,000	,813	Male	119	99,71	11865,00	Legislation of health tourism relationship with incentives and investments	Female	81	95,07	7701,00	-	4380,000	,271	Male	119	104,19	12399,00	The effect of health tourism on employment	Female	81	96,54	7819,50	-,805	4498,500	,421
The tool of health tourism relationship with organizations	Female	81	106,60	8634,50	-	4325,500	,217																																												
	Male	119	96,35	11465,50				Development of health tourism and its economic effects	Female	81	101,67	8235,00	-,237	4725,000	,813	Male	119	99,71	11865,00	Legislation of health tourism relationship with incentives and investments	Female	81	95,07	7701,00	-	4380,000	,271	Male	119	104,19	12399,00	The effect of health tourism on employment	Female	81	96,54	7819,50	-,805	4498,500	,421	Male	119	103,20	12280,50								
Development of health tourism and its economic effects	Female	81	101,67	8235,00	-,237	4725,000	,813																																												
	Male	119	99,71	11865,00				Legislation of health tourism relationship with incentives and investments	Female	81	95,07	7701,00	-	4380,000	,271	Male	119	104,19	12399,00	The effect of health tourism on employment	Female	81	96,54	7819,50	-,805	4498,500	,421	Male	119	103,20	12280,50																				
Legislation of health tourism relationship with incentives and investments	Female	81	95,07	7701,00	-	4380,000	,271																																												
	Male	119	104,19	12399,00				The effect of health tourism on employment	Female	81	96,54	7819,50	-,805	4498,500	,421	Male	119	103,20	12280,50																																
The effect of health tourism on employment	Female	81	96,54	7819,50	-,805	4498,500	,421																																												
	Male	119	103,20	12280,50																																															

When the sub-dimension of the health tourism's development and economic impacts of the Health Tourism's Role in Country Development and Employment Effects questionnaire form according to the gender of health tourism managers was examined ( $U=4693.0$   $p,751$ ). This value shows that health administrators have similar views on post-pandemic evaluation according to their gender. According to the gender of the health tourism managers, when the sub-dimension of the relationship of health tourism with intermediary institutions was examined ( $U=4325,5$   $p,217$ ). This value shows that health managers have similar views on the relationship of health tourism with intermediary institutions according to their gender. According to the gender of the health tourism managers, when the sub-dimension of the health tourism's development and economic effects of health tourism was examined ( $U=4725.0$   $p,813$ ) it was found This value shows that health managers have similar views on the development and economic effects of

health tourism according to their gender. According to the gender of health tourism managers, when the sub-dimension of the relationship between health tourism, legislation, incentives and investments was examined (U=4380.0 p ,271). This value shows that health managers have similar views on the relationship of health tourism with legislation, incentives and investments according to their gender. According to the gender of health tourism managers, when the sub-dimension of the effect of health tourism on employment was examined (U=4498,5 p,421). This value shows that health managers have similar views on the effect of health tourism on employment according to their gender.

### **3. Is there a significant difference between the educational status variable of health tourism sector managers participating in the research, the role of health tourism in the country's development and employment?**

Table 35. Kruskal Wallis Test Results on the Role of Health Tourism in Country Development and Its Effects on Employment According to Educational Status Variables of Health Tourism Managers Participating in the Research

Variable	N	S	X <sup>2</sup>	p	
Evaluation of the pandemic and its aftermath	200	4,24	,497	4,112	,128
Relationship of health tourism with intermediary institutions	200	4,01	,628	7,285	,026
Development and economic effects of health tourism	200	3,90	,416	5,409	,067
The relationship of health tourism with legislation, incentives and investments	200	4,17	,503	7,662	,022
The effect of health tourism on employment	200	4,28	,420	,602	,740

According to the education variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on

Employment questionnaire form was found to be ( $\chi^2 = 4.285$  p ,128) when the sub-dimension of health tourism during and after the pandemic was examined. Evaluation of health tourism managers during and after the pandemic was not found to be significant according to the education variable. According to the education variables of health tourism managers, when the sub-dimension of Health Tourism's Role in the Development of the Country and Effects on Employment survey form's relationship between health tourism and intermediary institutions was examined, it was found as (852 =7.285 p ,026). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was found to be significant according to the education variable. According to the education variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 5,409$  p ,067) when the sub-dimension of the health tourism development and economic effects of health tourism. The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the education variable. According to the education variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form was examined, the relationship between health tourism and health tourism legislation, incentives and investments was found ( $\chi^2 = 7.662$  p .022). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was found to be significant according to the education variable. According to the education variables of health tourism managers, when the sub-dimension of the effect of health tourism on employment of Health Tourism in the Role of Health Tourism in Country Development and Its Effects on Employment was examined ( $\chi^2 = 0.602$  p ,740). Evaluation of the effect of health tourism on employment by health tourism managers was not found significant according to the education variable.



#### 4. Is there a significant difference between the age variable of health tourism sector managers participating in the research, the role of health tourism in the country's development and employment?

Table 36. Kruskal Wallis Test Results on the Role of Health Tourism in Country Development and Its Effects on Employment by Age Variable of Health Tourism Managers Participating in the Research

Variable	N	S	$\chi^2$	p	
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	0,743	0,690
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	5,119	0,077
Development and economic effects of health tourism	200	3,9010	,41661	5,422	0,066
The relationship of health tourism with legislation, incentives and investments	200	4,1783	,50334	18,116	0,000
The effect of health tourism on employment	200	4,2850	,42057	7,510	0,023

According to the age variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 0.743$  p 0.690) when the sub-dimension of health tourism during and after the pandemic was examined. Evaluation of health tourism managers during and after the pandemic was not found to be significant according to the task variable. According to the age variables of health tourism managers, when the sub-dimension of Health Tourism's Role in Country Development and Its Effects on Employment survey form's relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 5.119$  p 0.077). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was found to be significant according to age variable. According to the age variables of health tourism managers, the Role of Health Tourism in the Country's Development and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 5.422$  p 0.066) when the sub-dimension of the health tourism's development and economic effects of health tourism. The evaluation of the development and economic effects of

health tourism by health tourism managers was found to be significant according to the age variable. According to the age variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment survey form, the relationship between health tourism and health tourism with legislation, incentives and investments was examined ( $\chi^2 = 18,116$  p0.000). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was found to be significant according to the age variable. According to the age variables of health tourism managers, when the sub-dimension of Health Tourism's Effects on Employment and Health Tourism's Role in the Development of the Country and the Effects of Employment survey form was examined ( $\chi^2 = 7.510$  p 0.023). Evaluation of the effect of health tourism on employment of health tourism managers was not found significant according to the age variable.

**5. Is there a significant difference in the role of health tourism in the country's development and employment in the variable of the city where the health tourism sector managers participating in the research live?**

Table 37. Kruskal Wallis Test Results on the Role of Health Tourism in the Country's Development and Its Effects on Employment by City Variable of Health Tourism Managers Participating in the Research

Variable	N	S	$\chi^2$	p	
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	8,728	,068
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	6,055	,195
Development and economic effects of health tourism	200	3,9010	,41661	,459	,977
The relationship of health tourism with legislation,	200	4,1783	,50334	24,300	,000

incentives and investments					
The effect of health tourism on employment	200	4,2850	,42057	9,630	,047

The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the city variables of the health tourism managers, when the sub-dimension of the health tourism during and after the pandemic was examined ( $\chi^2 = 8,728$  p, 068). Evaluation of health tourism managers during and after the pandemic was not found to be significant according to the city they lived in. The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the city variables of the health tourism managers, when the sub-dimension of the health tourism's relationship between health tourism and intermediary institutions was examined ( $\chi^2 = 6,055$  p, 195). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was not found significant according to the city they live in. According to the city variables of health tourism managers, the Role of Health Tourism in the Development of the Country and its Effects on Employment questionnaire form was found to be ( $\chi^2 = 4,459$  p, 977) when the sub-dimension of the health tourism's development and economic effects of health tourism was examined. The evaluation of the development and economic effects of health tourism by health tourism managers was not found significant according to the variable of the city they live in. The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the city variables of the health tourism managers, when the sub-dimension of the relationship between health tourism and health tourism with legislation, incentives and investments was examined ( $\chi^2 = 24,30$  p, 000). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was found to be significant according to the city they live in. According to the city variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form, when the sub-dimension of the effect of health tourism on employment of health tourism was examined ( $\chi^2 = 9.63$  p, 047). The evaluation of the effect of

health tourism on employment by health tourism managers was found to be significant according to the variable of the city they live in.

**6. Is there a significant difference between the years of service variable of health tourism sector managers participating in the research, the role of health tourism in the country's development and employment?**

Table 38. Kruskal Wallis Test Results on the Role of Health Tourism in the Country's Development and Its Effects on Employment by Year of Service Variable of Health Tourism Managers Participating in the Research

Variable	N	S	$\chi^2$	p
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	0,928
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	8,765
Development and economic effects of health tourism	200	3,9010	,41661	5,780
The relationship of health tourism with legislation, incentives and investments	200	4,1783	,50334	15,353
The effect of health tourism on employment	200	4,2850	,42057	6,683

The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the variables of years of service of health tourism managers, when the sub-dimension of health tourism in the pandemic and post-pandemic form was examined ( $\chi^2 = 0.928$  p 0.629). Evaluation of health tourism managers during and after the pandemic was not found to be significant according to the variable of years of service. The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the variables of the years of service of the health tourism managers, when the sub-dimension of the health tourism's relationship between health tourism and intermediary institutions was

examined ( $\chi^2 = 8.765$  p 0.012). The evaluation of the relationship between health tourism managers and intermediary institutions of health tourism was not found significant according to the variable of years of service. The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the variables of the years of service of the health tourism managers, when the sub-dimension of the health tourism development and economic effects of the health tourism was found ( $\chi^2 = 5.780$  p 0.056). The evaluation of the development and economic effects of health tourism by health tourism managers was not found significant according to the variable of years of service. According to the variables of years of service of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form, the relationship between health tourism and health tourism with legislation, incentives and investments was examined ( $\chi^2 = 15,353$  p 0.000).

**7. Is there a significant difference in the role of health tourism in the development of the country and employment of the facility type variable of health tourism sector managers participating in the research?**

Table 39. Kruskal Wallis Test Results on the Role of Health Tourism in the Development of the Country and Its Effects on Employment According to the Variable of the Type of Facility Worked by Health Tourism Managers Participating in the Research

Variable	N	S	$\chi^2$	p	
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	3,598	0,825
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	11,474	0,119
Development and economic effects of health tourism	200	3,9010	,41661	17,712	0,013
The relationship of health tourism with legislation, incentives and	200	4,1783	,50334	9,467	0,221

investments						
The effect of health tourism on employment	200	4,2850	,42057	10,143		0,181

The Role of Health Tourism in the Development of the Country and the Impact on Employment according to the variables of the type of facility worked by the health tourism managers, when the pandemic and post- pandemic sub-dimension of health tourism was examined ( $\chi^2 = 3,59$  p,825). Evaluation of health tourism managers during and after the pandemic was not significant according to the type of facility studied. The Role of Health Tourism in the Development of the Country and the Effects of Employment on Employment According to the variables of the facility type of health tourism managers, when the sub-dimension of the relationship between health tourism and intermediary institutions of health tourism was examined ( $\chi^2 = 11,474$  p ,119). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was not found significant according to the type of facility studied. The Role of Health Tourism in the Development of the Country and the Impact on Employment according to the variables of the facility type of health tourism managers, when the sub-dimension of the health tourism's development and economic effects of health tourism was found (inceleendiğinde  $\chi^2 = 17,71$  p ,013). The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the type of facility studied. The Role of Health Tourism in the Development of the Country and the Effects of Employment survey form according to the variables of the type of facility worked by the health tourism managers, when the sub-dimension of the relationship between health tourism and health tourism with legislation, incentives and investments was examined ( $\chi^2 = 9,46$  p ,221). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the type of facility studied. The Role of Health Tourism in the Development of the Country and the Effects of Employment survey form according to the variables of the facility type of health tourism managers, when the sub-dimension of the effect of health tourism on

employment of health tourism was examined (102 = 10.14 p ,181). Evaluation of the effect of health tourism on employment of health tourism managers was not found significant according to the variable of years of service.

**8. Is there a significant difference between the foreign language proficiency variable of health tourism sector managers participating in the research, the role of health tourism in the country's development and employment?**

Table 40. Kruskal Wallis Test Results Regarding the Role of Health Tourism in the Country's Development and Its Effects on Employment According to the Variable of Foreign Language Knowledge of Health Tourism Managers Participating in the Research

Variable	N	S	$\chi^2$	p	
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	9,211	0,010
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	9,198	0,010
Development and economic effects of health tourism	200	3,9010	,41661	8,990	0,011
The relationship of health tourism with legislation, incentives and investments	200	4,1783	,50334	6,283	0,043
The effect of health tourism on employment	200	4,1783	,42057	11,205	0,004

The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the foreign language proficiency variables of health tourism managers, when the health tourism sub- dimension of the health tourism during and after the pandemic was examined(  $\chi^2 = 9.211$  p 0.010). Evaluation of health tourism managers during and afterthe pandemic was not found significant according to the variable of knowing a foreign language. .According to the variables of knowing a foreign languageof health tourism managers, when the sub-dimension of Health Tourism's Role in Country Development and Its Effects on Employment survey form's relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 9.198$  p 0.010). The evaluation of health



tourism managers' relationship between health tourism and intermediary institutions was not found significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of the health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 8,990$  p 0.011) when the sub-dimension of the health tourism development and economic effects of health tourism was examined. The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form was examined, the relationship between health tourism and health tourism legislation, incentives and investments was found ( $\chi^2 = 6.283$  p 0.043). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the foreign language proficiency variable. According to the foreign language proficiency variables of the health tourism managers, when the sub-dimension of Health Tourism's Role in the Development of the Country and the Effects on Employment questionnaire form was examined, the effect of health tourism on employment was found as ( $\chi^2 = 11,205$  p 0.004). Evaluation of the effect of health tourism on employment by health tourism managers was not found significant according to the foreign language proficiency variable.

According to the foreign language proficiency variables of health tourism managers, the Role of Health Tourism in the Development of the Country and its Effects on Employment questionnaire form was found to be ( $\chi^2 = 9.211$  p 0.010) when the sub-dimension of health tourism during and after the pandemic was examined. Evaluation of health tourism managers during and after the pandemic was not found to be significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of health tourism managers, when the sub-dimension of Health Tourism's Role in the Development of the Country and Its Effects on

Employment survey form's relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 9.198$  p 0.010). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was not found significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of health tourism managers, when the sub-dimension of the Health Tourism's Role in the Development of the Country and the Effects of the Health Tourism on Employment questionnaire was examined ( $\chi^2 = 8.990$  p 0.011), it was found that the sub-dimension of the health tourism. The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form was examined, the relationship between health tourism and health tourism legislation, incentives and investments was found as ( $\chi^2 = 6.283$  p 0.043). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the variable of knowing a foreign language. According to the foreign language proficiency variables of health tourism managers, when the sub-dimension of health tourism's role of health tourism in the development of the country and effects on employment of the questionnaire form was examined, the effect of health tourism on employment was found as ( $\chi^2 = 11,205$  p 0.004). Evaluation of the effect of health tourism on employment by health tourism managers was not found significant according to the variable of knowing a foreign language.

**9. Is there a significant difference between the income variable of health tourism sector managers participating in the research, the role of health tourism in the development of the country and employment?**

Table 41. Kruskal Wallis Test Results on the Role of Health Tourism in the Country's Development and Its Effects on Employment According to the Income Variable of Health Tourism Managers Participating in the Research

Variable	N	S	X <sup>2</sup>	p	
Evaluation of the pandemic and its aftermath	200	4,2425	,49728	5,456	0,065
Relationship of health tourism with intermediary institutions	200	4,0100	,62888	6,883	0,032
Development and economic effects of health tourism	200	3,9010	,41661	6,567	0,037
The relationship of health tourism with legislation, incentives and investments	200	4,1783	,50334	24,049	0,000
The effect of health tourism on employment	200	4,2850	,42057	7,441	0,024

According to the income variables of health tourism managers, the Role of Health Tourism in the Development of the Country and its Effects on Employment questionnaire form was found to be ( $\chi^2 = 5.456$  p 0.065) when the sub-dimension of health tourism during and after the pandemic was examined. Evaluation of health tourism managers during and after the pandemic was not found significant according to the income variable. The Role of Health Tourism in the Development of the Country and the Effects of Employment according to the income variables of the health tourism managers, when the sub-dimension of the health tourism relationship between health tourism and intermediary institutions was examined (  $\chi^2 = 6.883$  p 0.032). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was not

found significant according to the income variable. According to the income variables of health tourism managers, the Role of Health Tourism in the Country's Development and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 6.567$  p 0.037) when the sub-dimension of the health tourism's development and economic effects of health tourism. The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the income variable. According to the income variables of health tourism managers, when the sub-dimension of Health Tourism's Role in the Development of the Country and Effects on Employment survey form's relationship between health tourism and health tourism legislation, incentives and investments were examined, it was found as ( $\chi^2 = 24,049$  p 0.000). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the income variable. According to the income variables of health tourism managers, when the sub-dimension of Health Tourism's Effects on Employment and Health Tourism's Role in Country Development and Employment was examined, it was found as ( $\chi^2 = 7.441$  p 0.024). Evaluation of the effect of health tourism on employment by health tourism managers was not found significant according to the income variable.

### 10. Are the relationship levels of the sub-dimensions of the health tourism's role in the development of the country and employment of the questionnaire significant?

Table 42. Results of Spearman Brown Rank Differences Correlation Analysis Regarding the Sub-dimensions of the Questionnaire Form for Health Tourism Managers Participating in the Research on the Role of Health Tourism in Country Development and Its Effects on Employment p .01 ... p .05

		1	2	3	4	5
Evaluation of the pandemic and its aftermath	r	1,000	,258**	,169*	,340**	,256**
	p	.	,000	,017	,000	,000
	N		200	200	200	200
Relationship of health tourism with intermediary institutions	r		1,000	,411**	,044	,129
	p		.	,000	,539	,069
	N			200	200	200
Development and economic effects of health tourism	r			1,000	,103	,206**
	p			.	,148	,003
	N				200	200
The relationship of health tourism with legislation, incentives and investments	r				1,000	,473**
	p				.	,000
	N					200
The effect of health tourism on employment	r					1,000
	p					.
	N					

It has been determined that there is a very strong relationship (0.653) between health tourism and development-economy, and the positive effect of health tourism on development with the foreign exchange volume it brings to the economy and the value it adds to many service sectors other than the health sector. It has been observed that there is a very strong relationship (0.638) between health tourism and intermediary institutions, and that intermediary institutions that provide patients are an important stakeholder in the whole service. The opinion that there is a very strong relationship (0.617) between health tourism and the pandemic and that health tourism will gain momentum after the pandemic has become stronger. It has been determined that the relationship between health tourism and legislation, incentives and

investments is very strong (0,571); It has emerged that there will be a need for legislative arrangements, an effective incentive system and new investments for the development of health tourism. The relationship between health tourism and employment is very strong (0.580), and it has been determined that the acceleration in health tourism will reflect positively on employment. The correlation between the pandemic and the intermediary institutions (0.258) was determined and the importance of the intermediary institutions was emphasized according to the increasing demand after the pandemic. A moderate relationship (0.340) was found between the pandemic and legislation-incentive-investments. The emphasis on legislation, regulation of the incentive system and the need for new investments can be seen here as well. It is thought that the medium level relationship between the pandemic and employment (0,256) may be an advantage for our country after the pandemic and the patients who are likely to increase after the pandemic will have a positive impact on employment. It has been observed that there is a strong relationship (0.411) between intermediary institutions and development-economy, and it has been adopted that there will be positive reflections on economy and development as intermediary institutions provide more patients. It has been determined that there is a strong relationship between legislation-incentive-investments and employment, and the opinion that the regulations to be made and new investments will increase employment has been strengthened. The least relationship (0.044) was determined between the intermediary institution and the legislation- incentive-investment dimensions, and the participants did not think that the intermediary institutions would be related to these sub-dimensions.

Table 43. The Pandemic and Post-Pandemic Evaluation Sub-Dimension of Health Tourism

<b>Pandemic and After</b>	<b>I strongly disagree</b>	<b>I do not agree</b>	<b>I'm undecided</b>	<b>I agree</b>	<b>I strongly agree</b>
<b>Global health problems will increase due to the pandemic</b>	0,5	3,0	6,5	33,0	57,0
<b>With the pandemic, health tourism will gain momentum.</b>	3,0	15,0	17,5	40,5	24,0
<b>Due to the pandemic, chronic diseases will increase.</b>	0,5	3,5	6,5	47,0	42,5
<b>Special studies should be carried out for international patients on a pandemic safe facility.</b>		1,5	3,5	31,5	63,5
<b>It is necessary to invest in the treatment of international patients after the pandemic.</b>		2,0	4,0	42,5	51,5
<b>After the pandemic, an advantage arises for our country in health tourism.</b>		5,0	14,5	49,	31,5

Considering the results of the questionnaire made to 200 people on the Role of Health Tourism in the Development of the Country and its Effects on Employment;

- The sub-dimension that global health problems will increase due to the pandemic; 57% of the managers stated that they absolutely agree, 33% agreed, and 90% of the participants answered positively.
- The sub-dimension where health tourism will gain momentum with the pandemic; 40.5% agree, 24% strongly agree answer was given and 64.5%

opinion was stated that it would gain momentum. It is thought that 17.5% is undecided, 18% will not gain momentum.

- The sub-dimension where chronic disease will increase due to the pandemic; It has been observed that 47% agree, 42.5% strongly agree, and a total of 89.5% positive answers were given.
- In the sub-dimension, special studies should be carried out for international patients on a pandemic safe facility; 63.5% strongly agree and 31.5% agree answer, 95% positive opinion was given to the data.
- In the sub-dimension, it is necessary to invest in the treatment of international patients after the pandemic; 51.5% strongly agree, 49% agree answer was given, 14.5% are undecided, 5% disagree.
- In the sub-dimension, an advantage arises for our country in post-pandemic health tourism; A positive answer was given with a total rate of 80.5%, with a 31.5% absolutely agree, 49% agree answer. It was observed that 14.5% gave the answer as undecided and 5% disagreed.

Table 44. Sub-Dimension of Health Tourism Associated with Intermediary Institutions

<b>Intermediary Institutions</b>	<b>I strongly disagree</b>	<b>I do not agree</b>	<b>I'm undecided</b>	<b>I agree</b>	<b>I strongly agree</b>
<b>Travel agencies should be worked with abroad to ensure international patient flow.</b>		9,5	10,5	50,5	29,5
<b>In order to ensure international patient flow, it is necessary to work with health tourism companies abroad.</b>		0,5	9,0	58,5	32,0
<b>It is their work with healthcare facilities to ensure international patient flow.</b>		2,0	7,5	61,0	29,5



In order to ensure international patient flow, foreign insurance companies should be worked with.	9,0	10,5	46,5	34,0	
In order to ensure international patient flow, it is necessary to work with intermediary institutions in the country.	12,5	12,0	47,0	28,5	
In order to ensure international patient flow, domestic insurance companies should be worked with.	1,0	16,5	16,5	44,5	21,5

Considering the results of the questionnaire made to 200 people on the Role of Health Tourism in the Development of the Country and its Effects on Employment;

- In order to ensure international patient flow, it is necessary to work with travel agencies from abroad; 29.5% strongly agree, 50.5% agree, 10.5% undecided, only 9.5% disagree and negative opinion was expressed.
- In order to ensure international patient flow, it is necessary to work with health tourism companies from abroad; A total of 90.5% positive answers were given with the answer of 32% strongly agree and 58.5% agree, and only 0.5% disagreement was used.
- To ensure international patient flow, it is necessary to work with health facilities from abroad; A positive opinion was reported at the rate of 90.5% with the answers of 61% agree and 29.5% strongly agree. 7.5% undecided, 2% disagree response was observed.
- In order to ensure international patient flow, it is necessary to work with insurance companies from abroad; 34% strongly agree, 46.5% agree with the

answer was given. It was observed that 10.5% of the answers were undecided and 9% disagreed.

- In order to ensure international patient flow, domestic intermediary institutions should be worked on. 28.5% absolutely agree, 47% agree answers were given and 75.5% positive answers were given. 12.5% of the participants did not agree, 12% answered undecided.

- In order to ensure international patient flow, domestic insurance companies should be worked on; The answers were 21.5% strongly agree, 44.5% agree, 16.5% undecided, 16.5% disagree and 1% strongly disagree.

When the sub-dimensions were evaluated in general, it was seen that the opinion that the facilities would receive more patients from abroad-oriented patient providers emerged.

Table 45. Sub-Dimension of the Effect of Health Tourism on its Role in Country Development

<b>Development and Economic Impacts</b>	<b>I strongly disagree</b>	<b>I do not agree</b>	<b>I'm undecided</b>	<b>I agree</b>	<b>I strongly agree</b>
<b>The role of health tourism in the development of the country is very influential.</b>		1,0	4,5	40,0	54,5
<b>Investments made by the private sector are sufficient for health tourism to be effective in the development of the country.</b>	6,5	41,5	28,0	19,0	5,0
<b>Health tourism contributes to the country's economy.</b>	0,0	0,5	6,0	36,0	57,5
<b>Health tourism contributes to cultural and historical tourism.</b>	0,5	1,0	4,5	58,0	36,0
<b>Health tourism contributes to gastronomy tourism</b>	0,5	4,0	7,0	57,0	31,5
<b>Health tourism contributes to transportation services.</b>		2,5	5,5	55,0	37,0
<b>Health tourism contributes to accommodation services</b>			4,0	58,0	38,0
<b>Health tourism contributes positively to the international promotion of the country.</b>		1,0	1,0	36,5	61,5
<b>Local governments play an active role in the development of health tourism.</b>	6,0	36,5	19,5	28,5	9,5
<b>Universities are working effectively in the development of health tourism.</b>	4,5	47,5	28,5	15,	4,0

Considering the results of the questionnaire made to 200 people on the Role of Health Tourism in the Development of the Country and its Effects on Employment;

- The sub-dimension of health tourism's role in the development of the country is very high; With the answers of 54.5% strongly agree, 40% agree, it is stated that health tourism has an impact on the development of the country at a rate of 94.5%. It was observed that 4.5% were undecided and only 1% disagreed.
- Investments made by the private sector are sufficient for health tourism to be effective in the development of the country; 5% strongly agree, 19% agree and 28% undecided. With the answers of 41.5% disagree and 6.5% strongly disagree, the investments made by the private sector at the rate of 48% were not found sufficient.
- Health tourism contributes to the country's economy sub-dimension; I strongly agree with a high rate of 57.5% and I agree with a rate of 36%, and it is generally thought that it contributes with a rate of 93.5%. Only 6% were undecided and 0.5% disagreed.
- Health tourism contributes to gastronomy tourism sub-dimension; With the answers of 31.5% I agree and 57% I agree, it is stated that it contributes to gastronomy tourism.
- Health tourism contributes to transportation services sub-dimension; With the answers of 37% strongly agree and 55% agree, it is thought that health tourism contributes to transportation services at a rate of 92%.
- Health tourism contributes to accommodation services sub-dimension; With the answers of 38% strongly agree and 58% agree, it was determined that it contributed to the accommodation services by giving a positive answer of 96% in general. Only 4% of the participants stated that they were undecided and no negative opinion was reported.
- Health tourism contributes positively to international promotion; 61.5% strongly agree and 36.5% agree, they thought that 98% of them contributed positively.
- Local governments play an effective role in the development of health tourism sub-dimension; 4% of the participants strongly agree, 28.5% agree, 19.5% undecided, 36.5% disagree and 6% strongly disagree. When we look

at the ratios, it is seen that the local administrations play an effective role and they remain undecided and negative.

- Universities are working effectively in the development of health tourism sub-dimension; 4% strongly agree, 15.5% agree, 28.5% undecided, 47.5% disagree and 4.5% strongly disagree, and stated that they do not think that universities carry out effective work.

In general terms; The effect of the role of health tourism on the development of the country (94.5% positive response), its contribution to the country's economy (93.5% positive response), culture-history tourism (94.5% positive response), gastronomy tourism (88.5% positive response) It was observed that positive response was given with very high rates regarding the positive contribution to international promotion (98% positive response), transportation services (92% positive response), accommodation services (96% positive response), and international promotion. This has been evaluated as an indicator of the added value that health tourism creates in other service sectors.

Table 46. Sub-Dimension of Health Tourism Related to Legislation, Incentives and Investments

<b>Intermediary Institutions</b>	<b>I strongly disagree</b>	<b>I do not agree</b>	<b>I'm undecided</b>	<b>I agree</b>	<b>I strongly agree</b>
<b>Travel agencies should be worked with abroad to ensure international patient flow.</b>		9,5	10,5	50,5	29,5
<b>In order to ensure international patient flow, it is necessary to work with health tourism companies abroad.</b>		0,5	9,0	58,5	32,0
<b>It is their work with healthcare facilities to ensure international patient flow.</b>		2,0	7,5	61,0	29,5
<b>In order to ensure international patient flow, foreign insurance companies should be worked with.</b>		9,0	10,5	46,5	34,0
<b>In order to ensure international patient flow, it is necessary to work with intermediary institutions in the country.</b>		12,5	12,0	47,0	28,5
<b>In order to ensure international patient flow, domestic insurance companies should be worked with.</b>	1,0	16,5	16,5	44,5	21,5

The results of the questionnaire form applied to 200 people on the Role of Health Tourism in the Development of the Country and Its Effects on Employment;

- Health tourism legislation is sufficient sub-dimension: 3% strongly agree, 16.5% agree and 29% undecided. 35% disagree and 16.5% strongly disagree, giving a negative response with a rate of 51.5% in general and it was stated that the legislation of health tourism was insufficient.
- A more effective incentive system should be brought to the sub-dimension to increase the market share of health tourism; With the answer of I agree

with 50%, I agree at the rate of 46%, it is of the opinion that an effective incentive system should be introduced to the health tourism sector in order to get the deserved share from the market, generally 96%.

- There are bureaucratic obstacles that negatively affect the development of health tourism. With the answer of 28.5% strongly agree, 49.5% agree and 17% undecided, it was stated that there are generally 78% bureaucratic obstacles.

- In order for health tourism to be effective in the development of the country, new policies should be produced; With the answer of 55% strongly agree, 41% agree, 3% undecided and 1% strongly disagree, 96% generally think that there is a need to develop new policies for development. Developing new policies, setting targets, supporting and following these targets are inevitable in competition.

- In order for health tourism to be effective in the development of the country, the promotion activities made by the state in the international market should be increased; 61% strongly agree, 36% agree, 3% undecided answer was given, and it is expected that publicity efforts will be increased by the state for development, generally at the rate of 97%.

In order for health tourism to be effective in the development of the country, the facilities that make health tourism should be rearranged by introducing physician staff constraint criteria; The answer was 41% strongly agree, 35% agree, 16% undecided, and it was stated that there was a need for and regulation of new physician staff with an international patient flow of 76% in general.

Table 47. Sub-Dimension of Health Tourism Effects on Employment

Employment	I strongly disagree	I do not agree	I'm undecided	I agree	I strongly agree
In order to increase the patient flow in health tourism, it is necessary to employ personnel with international marketing experience.		0,5	3,0	49,5	47,0
Sectoral training on health tourism is sufficient.	14,0	54,0	22,5	5,5	4,0
Health tourism creates new employment areas.		0,5	5,5	56,5	37,5
There is a need for new occupational groups in health tourism.		3,0	9,0	51,5	36,5
Competent personnel are needed for legal problems that may arise in health tourism.		2,0	3,0	44,5	50,5
Professional personnel should be trained in order to increase employment in health tourism.		0,5	0,0	35,0	64,5

The results of the questionnaire form applied to 200 people on the Role of Health Tourism in the Development of the Country and Its Effects on Employment:

- In order to increase patient flow in health tourism, personnel with international marketing experience should be employed. The answer was I absolutely agree with 47%, I agree with 49.5%. In general, 96.5% of the staff with international marketing experience is required to be employed.



- Sector training given in health tourism is sufficient for its sub-dimension; 4% strongly agree, 5.5% agree, 22.5% undecided, 54% disagree and 14% strongly disagree, and it has been observed that sectoral trainings are generally inadequate at the rate of 68%.
- New occupational groups are needed in health tourism sub-dimension; The answer was 36.5% absolutely agree, 56.5% agree. Only 5.5% disagree and 0.5% strongly disagree, and the contribution of health tourism to employment was generally determined with a rate of 94%.
- In order to increase patient flow in health tourism, personnel with international marketing experience should be employed. The answer was I absolutely agree at the rate of 47%, I agree with the rate of 51.5%. In general, the need for new occupational groups was stated with a positive opinion rate of 98.5%.
- In the sub-dimension, there is a need for competent personnel regarding the legal problems that may arise in health tourism; I agree with 50.5%, I agree with 44.5%, and the need for personnel to solve legal problems is indicated with a rate of 95%.

In order to increase employment in health tourism, professional personnel should be trained. The response of 64.5% strongly agree, 35% agree was given, and the effect of the need for trained personnel at a high rate of 99.5% on employment was revealed.

### **Semi-Structured Interview Form Question and Answers on the Role of Health Tourism in Country Development and Its Effects on Employment**

The answers given by the health managers on the Role of Health Tourism in the Development of the Country and its Effects on Employment were classified by content analysis technique. Of these managers;

1. As a health tourism manager; What are your views on the impact of the role of health tourism in the development of the country?

C.A. : "Health tourism has become a branch of foreign trade in the world, and the economy it has created compared to other service sectors has attracted the attention of countries. Especially in the last 10 years, countries that have

invested in health tourists have started to get the share they deserve from the emerging market. The common features that stand out in the leading countries are; successful treatment, good process management, well- equipped health facility and specialized manpower. Although it has been observed that some of these countries, which follow different policies, receive patients for political reasons, there is a constant flow of patients in countries that have achieved service continuity, satellite costs, quality, speed and reliability. The economic volume created in countries that have gained continuity in patient flow has been reflected in all parameters of development. Health facilities for health tourists only, investments in preferred branches gained momentum and all relevant service sectors started to take their share. In countries that realize the importance of the subject, health tourism has been made a country policy and health tourism has taken its place in the development goals.

M.Y. : “Health tourism, when effective marketing and strategic planning is carried out, causes not only foreign currency inflows, but also serious economic inputs for the promotion of the country, all tourism diversities, and expenditures made outside the health facility in that region. When the patient flow is increased, it will create employment as new manpower will be needed. Assuming that an average of 5-10 thousand dollars is spent per patient, the size of the added value can be calculated. This will lead to mobility in all relevant sectors.”

M.E. : “There are 1514 hospitals in our country, 70 of which are university, 560 are private, 874 are training and research hospitals. We have all our specialty branches to treat qualified health tourists. Considering our geographical location, I think we have strategic importance in our region with features such as cultural proximity, communication and trust. It will reflect its current potential to many service sectors such as health facilities, accommodation facilities, tourism agencies, informatics, gastronomy, transportation, shopping, with promotion and incentive activities, and will provide foreign currency input to the tradesmen of that region. Thus, it is inevitable for health tourism to be the leading sector in the development of the region.

E.M.: “The role of health tourism in the development of the country is around 2% according to 2021 data. Its share in general tourism is around 17%. As a result of these data and my personal experiences, I can comment as follows; In order to increase our share in the health tourism sector around the world, first of all, departments should be established within vocational schools and universities that train qualified personnel in this field. I think that we can achieve the development of the country we deserve by first training qualified personnel. Its impact on the current country's development is very insufficient.”

S.O.: “The costs vary according to the treatment characteristics of each patient we receive, the length of stay in our country and the number of accompanying persons. Our patients and their companions, who are under treatment, also have requests such as cultural and historical tours, shopping, visiting nearby cities. For accommodation, we have home, hotel alternatives or vip packages. Some of our patients prefer thermal accommodation facilities and want to benefit from the possibilities of thermal waters. When we consider all these demands, there is foreign exchange inflow not only to our facility but also to other sectors that we receive service from. During their stay, patients spend in many areas other than treatment and contribute to the economy. More patients means more development of our city.”

**2. As a facility manager engaged in health tourism; Do you find government incentives effective for the development of health tourism? What are your views and suggestions on this subject?**

C.A. : “The development of health tourism is not possible with individual investments and studies. Incentives to be given in all parameters for the growth of the sector are very valuable both for investors who will enter the sector and for service providers with existing potential. I do not find the incentives given in our country sufficient. I don't think it's used effectively either. Considering health tourism as a local service export sector, introducing new and effective incentives will accelerate the sector.”

M.Y. : “I think that the incentives given are far behind the needs of the sector and are not used effectively. A new incentive system should be developed,

and these studies should be carried out by taking into account the needs of those who do this work in the field. For example, I can list many topics such as insurance policy incentives for health tourists that will only cover the treatment they receive, VAT reduction, success incentives for organizations that take more patients in health tourism, employment incentives for personnel to be employed in health tourism, language training incentives.”

M.E. : “Many incentive systems have been advanced for the development of service sectors in the world. Among the service sectors, incentives in many areas such as tourism, health tourism, educational tourism are taken to increase the service quality and provide faster mobility. In our country, under the responsibility of the Ministry of Commerce; Incentives for health, informatics, education and film sectors have started to be given. These incentive applications, which are presented under different headings, are evaluated and finalized very late. I find the contribution of these incentives are very little which also have a lot of bureaucracy. I think that the incentives given to authorized health facilities and intermediary institutions with regular patient flow that have invested in health tourism should definitely be restructured.”

E.M. : “Only 20% of the incentive applications we have made at our facility have been responded to so far. We have to employ personnel or take consultancy services for the application of incentives, preparation and follow-up of documents. As private organizations, it is obligatory to make our applications to IMIB and non-member organizations do not receive incentives. However, I believe that the authorization certificate we have received from the Ministry of Health should be sufficient. Incentives are given only in the titles such as promotion, marketing, certification, patient road support during the service process. However, I should point out that the incentives for our health tourism investments should definitely be restructured.”

S.O. : “Current incentives are not enough. As a health tourism sector manager, we have not been able to make effective use of it until today. Due

to the late returns and insufficient incentives, we generally make investments and employment with our own means. Incentives need to be revised for the development of the sector and the effective use of resources by working in coordination with legislators and industry professionals, we are ready to do our part in this regard. ”

**3. As a facility manager engaged in health tourism; Do you think that health tourism is effective in creating new employment and employment areas?**

Ç.A.: “Health tourism is effective both in the existing professions and in the employment of new professions. In health tourism, which is a multi-stakeholder service sector, many professional groups who speak foreign languages and are educated in their fields are involved in the service process. Apart from health personnel such as physicians, nurses, medical technicians who only provide treatment, patient reception-directing, billing, and provisioning, hospital hotel management service managers, translators, overseas marketing and promotion personnel, personnel managing IT processes, transportation services, patient treatment and cultural characteristics. It provides employment in many areas such as food and beverage services to be provided. Personnel such as patient call center, patient consultant, tour operator, welcoming staff and patient companion are also employed in intermediary institutions. All these show that health tourism creates new employment areas and increases employment.

M.Y. : “In our facility, we employ personnel with strong communication skills who know the language and culture of that country in accordance with the patient profile we receive from each country. In particular, we recruited personnel who could do online marketing and promotion abroad. Since the preparation of patient packages requires medical knowledge, we receive special translation services. We carry out our flight, accommodation, and transfer services with contracted travel agencies. Agencies carry out our transfers within the city, and we strive to select the most trained personnel in order to avoid communication problems. In addition to medical treatment in

thermal health tourism, we have recruited extra health personnel to accompany them in thermal pools, masseurs and masseuses who carry out our massage services. These areas I mentioned show that many new employment areas have been created with health tourism and employment has been provided as needed.”

M.E. : “We may need new personnel changing in order to provide better quality service to patients. If more patients come, new recruitment will be inevitable. In addition to the IT staff in our current facility, we need staff with international marketing and branding training. New employment will be needed in all processes of health tourism. I can say that as health tourism gains momentum, it will be inevitable to open new employment areas and increase employment.”

E.M.: “Since we are a large health facility, we employ a separate clinic for health tourism patients and health personnel who speak foreign languages in that clinic. I think communication is very important. For this reason, we employ friendly, trustworthy and smiling patient reception staff. We make separate plans for each of our patients who will come to our facility in a planned manner. In our health tourism unit, there are representatives of every country we receive patients from and they meet the demands. Many jobs such as private insurance transactions, billing and purchasing other tourism services are handled by this team. We recruit an average of 10 personnel per year for health tourism patients. As can be seen in these developments I mentioned, as health tourism gains speed, demand will increase, and as demand increases, employment will increase, which is a pleasing situation for us because new job opportunities are provided and employment is increasing.”

S.O. : “We were able to carry out all the work of our health tourism patients with our existing staff during the periods when we received fewer patients. As the number of our patients increased, we needed new physicians and nurses. Now, we have health-trained patient companions who carry out all

the needs, requests and complaints of each patient until the treatment begins and ends. The satisfaction of our patients, who are far from their home and culture, is very valuable to us. Because every satisfied patient that we treat and send to their country refers us to other patients. In other words, satisfaction-oriented marketing is a kind of marketing, and as a result of this marketing, the sector is growing, and the growth of the sector creates demand diversity, which opens up new areas and creates new employments, I think.”

**4. As a facility manager engaged in health tourism; Which organizations should be cooperated with to ensure international patient flow in health tourism?**

Ç.A.: “The most important event in health tourism is to provide patients. It is imperative that you have patient provider partners with whom you cooperate. You need to have intermediary institutions in order to open up to different destinations and to provide treatment in different branches. Both national and international intermediary institutions, insurance companies, health tourism companies, tourism companies bring patients. It is absolutely necessary to make contracts with intermediary institutions, in which the convictions of the parties are clearly written and the legal infrastructure is completed. The rights of the parties should be protected in case of a negative situation. I think that the most important partners in health tourism are intermediary institutions, or in other words, patient providers. I see health tourism as the whole of service brought together by the service sectors and everyone to carry out their own professional field.”

M.Y.: “One of the most important stakeholders in health tourism is intermediary institutions. Intermediary institutions define the patient to the health service provider and the health service provider to the patient. It is the intermediary institutions that will introduce you abroad on your behalf. In our country, the authority of intermediary institution within the scope of health tourism legislation is given only to Class A travel agencies. This understanding causes some disruptions in the sector. Existing health tourism

companies that bring patients either have to work unofficially or have to obtain a class A agency certificate in order to obtain a certificate of authorization. For this reason, some hospitals, health tourism companies and assistance companies had to enter the tourism sector. Again, within the scope of our legislation, we can only receive service from authorized institutions. Our facility works with 5 authorized intermediary institutions and 1 foreign insurance company. We also receive patients from international intermediary institutions and tourism companies.”

M.E.: “We work with both domestic and foreign intermediary institutions and some healthcare facilities abroad. In some countries, committees and public institutions that send patients send patients. I find even a patient very valuable when we consider the investment and personnel expenditures, we make in health tourism. In order to ensure financial continuity, the continuity of patient arrivals is very important. For this reason, we meet with all institutions that bring patients and make agreements with safe institutions that comply with our company policies.”

E.M.: “It is very important to be professional in the channels that bring the patient as well as the quality of the health service we provide in our facility. There are some non-professional intermediaries in the health tourism sector, which has a significant income volume. We do not prefer to work with them. Sometimes it can take months for us to deal with an organization. It is very important to be able to respond to their expectations through mutual negotiations and to communicate our demands. We are working with approximately 18 intermediary institutions. I think that both patients and healthcare facilities intermediary institutions should examine their work dominance, work experience and background.”

S.O.: “As we provide boutique treatment, patients prefer us in our branch, especially because of high costs and unsuccessful treatments. The



mediators that patients reach vary from country to country. Domestic intermediary institutions from the Middle East and Gulf countries bring more patients. Generally, tourism companies and health institutions that we cooperate with send patients from Turkic Republics. We work with international intermediary institutions and insurance companies for European and Balkan countries.”

**5. What trends do you think will be in health tourism after the pandemic and after the pandemic?**

ÇA: “It is obvious that there will be an increase in lung, auto-immune system, cardiological, many newly added chronic diseases in millions of people who have experienced the Covid-19 disease, which was seen for the first time in December 2019 and became a global epidemic, and were affected by millions. In this regard, I believe that the flow of patients to countries with ready infrastructure and fast moving will move very quickly. Countries that prepare holistic approach treatment packages for these people whose mental and physical health are affected and that make effective marketing to the right destinations will gain serious momentum in health tourism.”

M.Y. : “Based on my industry experience in health tourism for the last 10 years, I believe that therapeutic trips will increase rapidly in elective cases pending after the pandemic. We have started our planning work in this regard. We can say that active demands have started to come for the products we will create by combining the attractive features of the tourism sector with treatment packages. I think we are strong enough to respond to this, both in terms of rehabilitation diversity and with the strength of our medical infrastructure. I believe that sales will increase rapidly with the right promotions with state and private cooperation to act quickly to turn the pandemic into an opportunity.”

M.E. : “When we look at the pandemic struggle of all the countries of the world, our country has become advantageous in terms of the adequacy of

health facilities, patient beds and intensive care beds. As of March 2020, when the first patient was seen, private and public inpatient health facilities were organized as pandemic hospitals and plans were made according to possible scenarios. Home visits were made with the filiation teams formed according to the population of each province, and Covid-19 patients who did not require hospitalization were given medication, their treatment was explained, tests were performed, and quarantine processes were started and followed up regularly. In addition to psychosocial support, food aid was provided through District Governorates. The speed and success of Covid-19 in diagnosis and treatment has also been followed by WHO. Vaccination studies, which are still being carried out, are carried out by determining priority groups. I believe that with these studies, we have announced the speed, power and success of our country's health services. I think that with the effective and active health tourism marketing we will do at this point, we will get health tourists with a faster acceleration compared to our competitor countries.”

E.M.: “After the pandemic process, I think we should plan not only disease treatment but also preventive health services with original and effective digital marketing. Sincere, trustworthy marketing tools will eliminate the anxiety of the people who will come. In the therapeutic research of people, the success of the treatment will be directed to the countries that provide different service besides the searches such as brand physicians, optimum cost, technological infrastructure. As Turkey, I think we have this power, and we will get the results of the work we have started. We started our advertising efforts in this regard to our target countries and started to take good actions. Especially in countries with a high vaccination rate and a well-managed pandemic process, the course of the disease will be reduced, so people will prioritize this in their therapeutic research. Now, with the pandemic, health care has evolved, as there have been changes in all our lives. Countries that manage this point well will turn the epidemic into an opportunity.”

S.O.: Countries that provide “pandemic-safe” services after the epidemic will go one step ahead. The concepts of safe health facilities, safe accommodation facilities, safe food and beverage services, safe flights, and transfers, which have taken all hygiene measures and completed their personnel training, have now become important parameters of our service process. This issue covers not only the health facility but also a wide service sector such as tourism agencies, hotels, restaurants, airport companies. The priority of everyone who will go to other countries for health tourism purposes that are affected or not infected by the pandemic will be pandemic safe service delivery. I believe that there will be at least 200% increase in patient flow compared to previous years in countries with a strong health infrastructure and proven treatment success. Our feasibility studies and statistics support this.

## **DISCUSSION AND CONCLUSION**

In this part of the research, the findings obtained from the research will be discussed with the information in the literature.

The Role of Health Tourism in the Development of the Country and Effects on Employment according to the task variables of health tourism managers, when the sub-dimension of health tourism in the pandemic and post- pandemic form was examined ( $\chi^2 = 22,193$  p ,023). Evaluation of health tourism managers during and after the pandemic was found to be significant according to the task variable. When the literature is examined, global key players will struggle to attract millions of medical tourists to their destinations, and the medical tourism market will develop depending on newer strategies and different models (Magazine.medicaltourism, 2021). Studies on this finding show similarities. After the pandemic, health tourism managers stated that many new opportunities will emerge in terms of development and employment.

When the sub-dimension of the relationship of health tourism with intermediary institutions was examined, it was found as ( $\chi^2 = 33.458$  p ,000).

The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was found to be significant according to the task variable. Health Tourism managers consider the activities of intermediary institutions important in the development of health tourism. Tengilimoğlu & Işık (2021) stated in their research that intermediary institutions are one of the most important building blocks in the activities carried out in the field of health tourism. This finding supports the result of the research.

When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 17.543$  p .093). The evaluation of the development and economic effects of health tourism by health tourism managers was not found significant according to the task variable. Health tourism managers think that the distribution of duties will not have a significant effect on the development and employment of the country. Considering the studies on this subject, it is thought that when competence and qualification are considered in the distribution of tasks, problems in this regard will be prevented.

When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 12,513$  p ,326). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was not found significant according to the task variable. They stated that when the legislation in the field of health tourism is updated according to the needs of the sector (Aydemir, Saylan, & Özdemir, 2011), the problems of the sector will be adequately answered. It is thought that the creation of legislation in accordance with current and international standards will have a positive effect on the country's development and employment.

When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 16,992$  p ,108). Evaluation of the effect of health tourism on employment of health tourism managers was not found significant according to the task variable. He stated that the tourism sector in the health tourism sector affects the total employment in the country as it

directly contributes to employment and provides indirect employment opportunities to other sectors that provide input to this sector (Coltman, 1989). However, assigning duties according to personnel qualifications and training shows that it will not adversely affect employment in the field of health tourism

When the sub-dimension of the health tourism's development and economic impacts of the Health Tourism's Role in Country Development and Employment Effects questionnaire form according to the gender of the health tourism managers was found ( $U=4693.0$   $p,751$ ). This value shows that health administrators have similar views on post-pandemic evaluation according to their gender. Health tourism managers; Variables such as the higher rate of female employees in the sector compared to the industry and manufacturing sector and the high interaction of employees with international cultures are considered to be effective factors in the emergence of this positive perception (Tekin, 2017). This result supports the research finding.

When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found ( $U=4325,5$   $p,217$ ). This value shows that health managers have similar views on the relationship of health tourism with intermediary institutions according to their gender. In studies conducted with health tourism managers, it is seen that there is no significant relationship between gender and the effects of intermediary institutions in terms of the role of health tourism in the development of the country and its effects on employment.

According to the gender of health tourism managers, when the sub- dimension of the development and economic effects of Health tourism of Health tourism was examined ( $U=4725.0$   $p ,813$ ). This value shows that health managers have similar views on the development and economic effects of health tourism according to their gender. In terms of the role of health tourism in the development of the country and its effects on employment, it is seen that health tourism managers have a mutually supportive effect on gender and development and economic effects, as researches support this.

When the sub-dimension of the effect of health tourism on employment was examined ( $U=4498,5$   $p,421$ ) it was found. This value shows that health managers have similar views on the effect of health tourism on employment according to their gender. According to a calculation made by the World Tourism and Travel Council (WTTC), which defines the tourism sector as “the world's largest industry, the largest employer that creates welfare and employment” in the literature survey, the tourism sector creates a job opportunity every three seconds (Özgüç, 1998). . As in the tourism sector, service has a very important place in health tourism and the service is carried out only by people. In our study, health tourism managers reveal the reality of labor efficiency in terms of the effects of health tourism on employment.

According to the education variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 =4.285$   $p ,128$ ) when the sub-dimension of health tourism during and after the pandemic was examined. In this context, it is stated in the literature review that it is necessary to restructure health tourism services in accordance with the hygiene rules that gained importance after the epidemic, to improve the cleaning standards in the facilities and to prioritize these efforts in the promotion of the country (Euronews, 2020). In the answers given by health tourism managers, it is stated that the issues that service providers should pay attention to after the pandemic gain vital importance.

According to the education variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form was examined, the relationship between health tourism and intermediary institutions was found to be ( $\chi^2 =7.285$   $p .026$ ). The evaluation of health tourism managers' relationship between health tourism and intermediary institutions was found to be significant according to the education variable. Along with developments, factors such as technology, economy, demographics and people's lifestyles affect the development of health tourism diversity. In addition, the long waiting times seen in the health systems of the countries they come from, the restrictions in the insurance

coverage of intermediary institutions such as insurance companies, and the problems in accessing health services provide an important impetus in the health tourism mobility (Garcia-Altes, 2005). As seen in the research, the positive effects of the studies to be carried out with intermediary institutions in terms of health tourism and some improvements to be developed will be realized in every field.

According to the education variables of health tourism managers, when the sub-dimension of the Health Tourism's Role in the Development of the Country and the Effects on Employment of Health Tourism and the sub- dimension of Health Tourism's Development and Economic Effects of Health Tourism was examined, it was found as ( $\chi^2 = 5.409$  p, 067). The evaluation of the development and economic effects of health tourism by health tourism managers was found to be significant according to the education variable. Despite the effects of health tourism on economy and employment, there are deficiencies in statistical records that accurately reflect its contribution to economic development and development. Despite this, positive effects are seen on growth rates or revenues provided by health tourism, and indicators also show that health tourism spends more on health tourism than other tourists (Sarantopoulos & Demetris, 2015). Within the framework of the study conducted with health tourism managers, it was seen that answers were given in support of the research and it was stated that health tourism yielded several times more than other tourism revenues.

According to the education variables of health tourism managers, when the sub-dimension of the Role of Health Tourism in the Development of the Country and the Effects on Employment of the questionnaire form was examined, the relationship between health tourism and health tourism legislation, incentives and investments was found ( $\chi^2 = 7.662$  p .022). The evaluation of health tourism managers' relationship between health tourism, legislation, incentives and investments was found to be significant according to the education variable. Incentives vary by region. The minimum fixed investment amount in the General Incentive System; I and II. 1 million TL in regions, III., IV., V. and VI. It is 500 thousand TL in regions. Although the minimum fixed investment amount for Large-Scale Investments differs

according to the investment subject, it is determined as minimum 50 million TL. The minimum fixed investment amount determined for Strategic Investments is 50 million TL. For Regional Incentive Practices, on the other hand, it has been determined separately for each supported sector and each province, starting from a minimum of 500 thousand TL. It benefits from the regional incentives of the region planned to be established for the call centers and data centers planned to be established in the provinces within the framework of the Attraction Centers Program, without requiring any minimum investment amount (T.R. Ministry of Economy, 2017). As stated by the Ministry, incentives vary according to the location and quality of the facility to be built in health tourism. In the study, while the health tourism managers support the applications made regarding the incentives given, opinions on improvement and development emerge.

According to the age variables of health tourism managers, the Role of Health Tourism in the Development of the Country and the Effects on Employment questionnaire form was found to be ( $\chi^2 = 0.743$  p 0.690) when the sub-dimension of health tourism during and after the pandemic was examined. When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 5.119$  p 0.077). When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 5.422$  p 0.066). When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 18,116$  p 0.000). When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 7,510$  p 0.023). (Buzcu & Birdir, 2019), it is seen that significant incomes are obtained in health tourism. Considering the reasons for this, the fact that the country has a young population and its strong service quality has a large share. If the weaknesses and threats are turned into opportunities in order to exist as a stronger country after the pandemic, it will be more preferable around the world. Although the study seems to support the results at this point, it is obvious that its impact will increase gradually.



The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the city variables of the health tourism managers, when the pandemic and post-pandemic sub-dimension of health tourism was examined ( $\chi^2 = 8.728$  p, 068). When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 6.055$  p.195). When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = .459$  p, 977). When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 24.30$  p, 000). When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 9.63$  p, 047). In addition to the tangible benefits of health tourism on the basis of regions and cities, it has the effects of strengthening social sharing and cultural relations by creating intangible benefits, sharing global information and technologies, strengthening the image, providing competitive advantage in cities and regions, and increasing patient satisfaction (Annette & Arellano, 2007). 2007). As seen in the researches, it is seen that the effects of cities and regions are high at the point of development and preference of health tourism, and the development status of the preferred regions and cities is accordingly.

The Role of Health Tourism in the Development of the Country and the Effects on Employment according to the variables of years of service of health tourism managers when the sub-dimension of health tourism during and after the pandemic was examined ( $\chi^2 = 0.928$  p 0.629). When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 8.765$  p 0.012). When the sub-dimension of health tourism's development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 5.780$  p 0.056). When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 15,353$  p 0.000). When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 6.683$  p 0.035). It is seen that the effect of qualified and experienced qualified personnel in the field of

service quality and preference at the point of sector experience of health tourism managers is high. In addition to this (Reisman, 2010), the demand for high-level, that is, qualified and experienced specialists in health tourism will increase; In particular, a reverse brain drain will be achieved thanks to well-equipped hospitals and clinics that provide competitive salaries for citizens studying and living abroad. Parallel to this situation, citizens of the country will also benefit from better treatment conditions. The researches and the answers given by the sector managers confirm it.

The Role of Health Tourism in the Development of the Country and the Impact on Employment according to the variables of the type of facility worked by the health tourism managers was found to be ( $\chi^2 = 3.59$  p ,825) when the sub-dimension of health tourism was examined in the pandemic and post-pandemic form. When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 11,474$  p ,119). When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 17.71$  p .013). When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 9.46$  p .221). When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 10.14$  p .181). It is stated in the study that health tourism managers create diversity in terms of health tourism diversity and preference, the specialization areas of the facilities and the differences in their integrated work, which has positive effects in terms of alternatives in choosing health tourists in research (T.R. Ministry of Health, 2017).

The Role of Health Tourism in the Development of the Country and its Effects on Employment according to the foreign language proficiency variables of health tourism managers, when the pandemic and post-pandemic sub-dimension of health tourism was examined (  $\chi^2 = 9.211$  p 0.010). When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 9.198$  p 0.010). When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 8.990$  p 0.011). When the

sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2= 6.283$  p 0.043). When the sub-dimension of the effect of health tourism on employment was examined, it was found ( $\chi^2= 11,205$  p 0.004). According to the researches (Lee, 2006), it is more preferable for the tourists coming for health tourism to communicate comfortably and to express themselves technically directly by the experts of the sector without the intermediary of the sector, as it increases the feeling of trust. As this study supports this, it is seen that the ability to directly communicate and express oneself directly between the health tourist and the doctor at the point of knowing a foreign language for health tourism managers is a positive factor in terms of service quality and customer satisfaction.

According to the income variables of health tourism managers, the Role of Health Tourism in the Development of the Country and its Effects on Employment questionnaire form was found to be ( $\chi^2 = 5.456$  p 0.065) when the sub-dimension of health tourism during and after the pandemic was examined. When the sub-dimension of the relationship between health tourism and intermediary institutions was examined, it was found as ( $\chi^2 = 6.883$  p 0.032). When the sub-dimension of the development and economic effects of health tourism was examined, it was found as ( $\chi^2 = 6.567$  p 0.037). When the sub-dimension of the relationship of health tourism with legislation, incentives and investments was examined, it was found as ( $\chi^2 = 24,049$  p 0.000). When the sub-dimension of the effect of health tourism on employment was examined, it was found as ( $\chi^2 = 7.441$  p 0.024). Health tourism managers are of the opinion that this will continue to increase as long as the sector brings serious income with quality and on-site service, by making the necessary investments and providing continuity to human resources and other areas of influence.

Considering the opinions of health tourism managers on the impact of the role of health tourism in the development of the country; one of the directors C.A. He stated that “the economic volume formed in countries that have gained continuity in patient flow is reflected in all parameters of development”. In addition, another manager on the subject, M.Y. He stated

that "health tourism, when effective marketing and strategic planning is done, causes not only foreign currency input, but also country promotion, tourism diversity and serious economic input with expenditures made outside the health facility in that region". Regarding M.E. "Our current potential will be reflected in many service sectors such as health facilities, accommodation facilities, tourism agencies, informatics, gastronomy, transportation, and shopping through promotion and incentive activities, and will provide foreign currency input to the tradesmen of that region." It has been stated as. Also, another executive, E.M. "In order to increase our share in the health tourism sector worldwide, departments should be established within vocational schools and universities that train qualified personnel in this field." He also emphasized education in development. S.O. to the subject "Our patients and their companions, who are still under treatment, also have demands such as cultural and historical tours, shopping, visiting nearby cities. Considering these demands, foreign currency inflows are not only for our facility but also for other sectors that we receive service from. During their stay, patients spend in many areas other than treatment and contribute to the economy." He expressed it as According to the researches, it is known that a health tourist who comes to Turkey spends between 1,500 and 10,000 dollars for treatment only. On average, this figure can be considered as 5,000-6,000 dollars. Apart from treatment, transportation, accommodation, companion and other tourism expenses also provide an extra foreign currency income. Since the service export income from health tourism will affect the development of the country, the economic impact that will arise due to the increase in employment and the increase in the use of all local products, including agriculture, will spread to the entire population (Özkurt, 2007). In the study, the discourses of health tourism managers and researches support each other and contribute significantly to the effects of health tourism on the country's development and economy.

In terms of the effect of government incentives for the development of health tourism and within the framework of their views on the subject; C.A. "I do not find the incentives given in our country sufficient. I don't think it's used effectively either." He expressed it as However, M.Y. "I think that the

incentives given are far behind the needs of the sector and are not used effectively. A new incentive system should be developed and these studies should be carried out by taking into account the needs of those who do this work in the field..." Another manager, M.E. "These incentive applications submitted under different headings are evaluated and finalized too late. I find the contribution of these incentives, which also have a lot of bureaucracy, very little." It is in his statement. In the same context, E.M. "As private institutions, it has been made obligatory to make our applications to IMIB and no incentives are returned to non-member organizations. However, I believe that the authorization certificate we have received from the Ministry of Health should be sufficient. In support of these, S.O. "Existing incentives are not enough. As a health tourism sector manager, we have not been able to make effective use of it until today." health tourism managers express that they cannot get the necessary support in terms of legislation and incentives. In researches, it is necessary to improve the current situation of health facilities and new investments in order to reach both the targeted number of tourists and the income to be obtained from health tourism. For the development of health tourism; During the 10th Development Plan period (2014–2018), the Ministry of Culture and Tourism and the Ministry of Health will develop various policies in cooperation and work in accordance with them. "Activating the incentive system related to health tourism" is among these actions. However, an important detail is this: Institutions working in health tourism (medical and thermal facilities, intermediary institutions, etc.) will be required to have an accreditation document in order to benefit from incentive applications (T.R. Ministry of Development, 2014). As stated by the Ministry on the subject, it expresses what the incentives are and how they can be obtained, but since there is no joint work with industry professionals, the expectations of the sector are seen to be different.

Considering the views of health tourism managers on whether health tourism is effective in creating new employment and employment areas, health manager Ç.A. "Health tourism is effective both in the existing professions and in the employment of new professions. In health tourism, which is a multi-stakeholder service sector, many professional groups who speak foreign

languages and are educated in their fields are involved in the service process. He expressed it as However, M.Y. "We employ staff with strong communication skills who know the language and culture of that country in accordance with the patient profile we receive from each country in our facility. In particular, we recruited personnel who could do online marketing and promotion abroad" and showed his perspective on the subject by giving examples from his own practices in terms of the impact of health tourism on employment. Yet another industry manager, M.E. "We may need new personnel changing in order to provide more qualified service to patients. If more patients come, new recruitment will be inevitable." He expressed it. Regarding E.M. "As health tourism gains momentum, demand will increase, and as demand increases, employment will increase, which is a pleasing situation for us because new job opportunities are provided and employment increases." expressed his opinion. Health tourism manager S.O. "So satisfaction-oriented marketing is a kind of marketing. As a result of this marketing, the sector is growing, and the growth of the sector creates demand diversity, which opens up new areas and I think it creates new employments." Researches show that health tourism has important contributions to increase employment and create new employment areas. At this point (Tutar & Tutar, 2004), direct employment in the tourism sector is the whole of the activities of the people working in the main and sub-branches created within the sector itself. These include accommodation businesses, food and beverage businesses, travel agencies, tourist guides, entertainment businesses, passenger transportation businesses, souvenir shops, and miscellaneous services (post, telephone, banking, car rental, etc.). It is seen that his statement and the statements of health tourism sector managers support each other.

At the point of cooperation of health tourism sector managers with organizations in order to ensure international patient flow in health tourism, sector manager Ç.A. In short, "The most important event in health tourism is to provide patients. It is imperative that you have patient provider partners with whom you cooperate. You need to have intermediary institutions in order to both expand to different destinations and provide treatment in different

branches.” It was found in his statement. Another manager, M.Y. “One of the most important stakeholders in health tourism is intermediary institutions. Intermediary institutions define the patient to the health service provider and the health service provider to the patient. It is the intermediary institutions that will introduce you abroad on your behalf.” He stated. Again, the director on the subject, M.E. “We work with both domestic and foreign intermediary institutions and some health facilities abroad,” he said. Regarding E.M. “It is very important to be professional in the channels that bring the patient as well as the quality of the health service we provide in our facility.” Found in his speech. Another executive, S.O. “The mediators that patients reach vary from country to country. Domestic intermediary institutions from the Middle East and Gulf countries bring more patients.” Although the sector managers who were interviewed expressly expressed a positive opinion about working with intermediary institutions, it is mentioned that the quality and experience of the intermediary institution are important. As (Tengelimoğlu & Işık, 2021) stated, intermediary institutions are the first gates to health tourism. Patients enter the country through gates called intermediary institutions. The first point of contact between policyholders and foreign insurance companies is intermediary institutions. This shows that although the researches and the statements of health tourism sector managers are compatible, it is seen that the influence of intermediary institutions in the development of health tourism is great.

Within the framework of the thoughts of health tourism sector managers about what trends will be in health tourism after the Pandemic and the Pandemic, the manager Ç.A. “I believe that the flow of patients to countries that have a ready infrastructure and move fast in this regard will move very quickly.” It was found in his statement. The relevant manager, M.Y. “Based on my industry experience in health tourism for the last 10 years, I believe that therapeutic travel will increase rapidly in elective cases pending after the pandemic. We have started our planning work on this issue.” It has been stated as. The relevant manager, M.E. “When we look at the pandemic struggle of all the countries of the world, our country has become advantageous in terms of health facility, patient bed and intensive

care bed adequacy.” He expressed his opinion. The relevant manager, E.M. “After the pandemic process, I think we should plan not only disease treatment but also preventive health services with original and effective digitalmarketing.” He stated. In this context, at the point of health tourism during and after the pandemic, the manager S.O. Countries that provide “pandemic-safe” services after the epidemic will go one step ahead. The concepts of safe health facilities, safe accommodation facilities, safe food and beverage services, safe flights and transfers, which have taken all hygiene measures and completed their personnel training, have now become important parameters of our service process. By making their statements, all of the health sector managers stated that health tourism will gain momentum during and after the pandemic, and this may be the result of some studies. At this point, although the literature studies on the subject are new; The discovery and implementation of the vaccine is promising for the future of health tourism, which seems uncertain. How countries manage the Covid-19 pandemic process, what strategies they follow can become an important component of the medical tourism destination brand and what is certain is, however, what is certain is that global key players will struggle to attract millions of health tourists, the medical tourism market has more new strategies and strategies. will develop depending on different models (Magazine.medicaltourism, 2021). By making statements, it is stated that the sector can grow faster in the same way as the managers of the health tourism sector.

### **Suggestions**

With the pandemic affecting the world since December 2019, there have been radical changes in the business and functioning of many sectors. The health sector suffered the most from these changes, which were also reflected in the service sectors. In countries with strong infrastructure and human resources, the rate of transmission and mortality rates have been managed more controlled in the management of the effective process of the



pandemic, the treatment of the disease, post-treatment care, and vaccination.

During the pandemic process, people postponed many health problems due to the fear of contagion and the occupancy of health facilities during the peak periods of the pandemic. For this reason, in terms of health care delivery, patients who are waiting for treatment due to diseases that have been postponed during the pandemic period, and patients who were born with an increase in the immune system, heart diseases, obesity, coronal diseases and rehabilitation-required diseases that will occur after covid-19 in recovered patients. This will have a reflection on the health tourism mobility of the patients.

In order to turn this situation into an advantage, it is obvious that the countries that have planned for the possible diseases that may occur after the pandemic, have created their packages and are able to provide pandemic-safe services will have a larger share from the market. When the literature review conducted in the study and especially the survey results are evaluated, it has been determined that there is a need for fast and effective pandemic-safe international treatment plans and new legislative arrangements in this regard. In this context, it is suggested that in order to gain this advantage in health tourism as a country, it is necessary to plan the service delivery, the quality of the service and the pandemic-safe health service as a whole, and to start effective marketing studies and to develop tele-medicine.

### **Legislation and Intermediary Institution Recommendations;**

When the countries that make health tourism effective and make it a country policy and provide serious foreign currency inflow with qualified treatments; It has been observed that many factors are planned together, such as geographical location, cultural proximity, easy transportation, optimum costs, strong health infrastructure, communication, trust, treatment success, and patient flow from the market is ensured with effective promotional activities.

Physicians and clinics who have announced the completion of branding studies and treatment success in the world have taken their place in the sector. It has been determined in the study that health tourism adds value to many other sectors besides the economic input it provides.

In this context, it is suggested that the health tourism regulation should be renewed, that not only TÜRSAB-certified travel agencies but also health tourism companies should be authorized in the intermediary institution authorization criteria, that it is very important in the services provided within the scope of tourist health services, and separate certification of assistance companies should be made.

In addition, it is recommended to regulate the doctor staff constraint, which is subject to planning by introducing a criterion system to health facilities that make health tourism effective and patient flow is regular.

#### **Incentive System Suggestions;**

Both ensuring the rapid return of incentives and monitoring whether the given resources are used effectively will add added value to health tourism. Investment support, branding support, multilingual staff employment support, marketing and promotion support come to the fore.

In order for health tourism to gain momentum and new entrepreneurs to enter the sector, it is recommended to restructure the incentive system given by the Ministry of Commerce and to ensure the effective use of incentives.

#### **Suggestions for Human Resources to Work Actively in Health Tourism;**

In the study, it has been determined that there is a need for trained and competent personnel in health tourism according to the results of the national and international literature review and survey. He received vocational training in health tourism; It is recommended to carry out necessary infrastructural studies in many areas such as patient companion, orientation-welcome personnel, international marketing personnel, provision-invoicing personnel, personnel competent in product-packaging, translators.

It is very important for the development of the sector to train intermediate staff by giving health tourism certified trainings or associate degree trainings to these people who have completed their vocational training. The fact that educated personnel can find jobs more easily will also support employment.

For the legal problems that may occur during or after the treatment of international patients, there is a need for people who are active in health tourism with legal education. It is recommended that necessary studies be carried out in a way that affects both the reliability of the perception of the country and the preferences of the patients.

### **Suggestions to Researchers Who Will Work in This Field;**

Conducting studies on international effective marketing and branding techniques in health tourism will be beneficial in terms of guiding the sector.

In health tourism, statistics are kept only in the field of medical tourism, and it is recommended to carry out statistical studies in other health tourism varieties.

In countries that have proven their success in health tourism, it is recommended to examine models like USHAŞ and to investigate their efficiency.

More statistical studies are recommended for researchers on health tourism. It is seen that there is still serious confusion in the data sets in this area.

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## ATTACHMENTS

### SURVEY FORM ON THE ROLE OF HEALTH TOURISM IN THE DEVELOPMENT OF THE COUNTRY AND ITS EFFECTS ON EMPLOYMENT

Pandemic in the world; It made it possible to understand how important the reliability, speed, infrastructure, equipment and coordination of health service delivery are. It is obvious that health tourism activity will gain momentum within the scope of many diseases that will increase after such a big pandemic. I believe that examining the effects of health tourism, which has become a state policy in our country and where investments are made, on development and employment will shed light on policy makers, those who will make new investments and the development of existing investments.

This questionnaire has been prepared to be used in the doctoral thesis titled "The Role of Health Tourism in the Development of the Country and Its Effects on Employment". The answers to the questionnaire will be used only for this study and will be kept strictly confidential, personal evaluations will not be made and will not be used for purposes other than the study. If you have any questions about the survey, you can contact me at the e-mail address below. Thank you very much in advance for your interest and help in the survey.

Hasan ERDEM

Near East University / TRNC

Email: [herdem@btso.org.tr](mailto:herdem@btso.org.tr)

#### 1) Your Job

- |                            |  |
|----------------------------|--|
| a) General Manager         | h) Instructor                                      |
| b) Deputy General Manager  | i) Doctor  |
| c) Chief Physician         | j) Dentist   |
| d) Deputy Chief Physician  | k) International Patient<br>Department responsible |
| e) Responsible Manager     | l) Others.....                                     |
| f) Hospital Manager        |  |
| g) Deputy Hospital Manager |  |

- 2) Your gender**  
a) Female b) Male
- 3) Your Education Status**  
a) High School b) University c) Postgraduate
- 4) Your age**  
a) 25-34 b) 35-44 c) 45 and above
- 5) City where you live:** .....
- 6) How many years have you been working in the health sector?**  
a) 1-10 b) 11-20 c) 20 and above
- 7) The facility where you work**  
a) University Hospital f) Private Oral and Dental Health Polyclinic  
b) Public Hospital g) Private Practice  
c) Private Hospital h) Other .....  
d) Private Medical Center  
e) Private Polyclinic
- 8) Do you know a foreign language?**  
a) Yes b) No c) Partially
- 9) 8. If yes, which languages do you know ?**  
a) English c) Russian e) French  
b) Arabic d) German f) Other.....
- 10) Your average monthly income? (TL)**  
a) 0-5.500 c) 15.001 and above  
b) 5.501-15.000
- 11) How many people work in your overseas department serving in Health Tourism ?**  
a) 1-10 b) 11-20 c) 21 and above
- 12) What is the the number of health personnel (doctor, nurse, etc.) who speak foreign language on Health Tourism?**  
a) 1-10 b) 11-20 c) 21 and above
- 13) How many different branches do you provide services within the scope of Health Tourism?**  
a) 1-5 b) 6-10 c) 11 and above
- 14) How many countries do you receive patients from within the scope of Health Tourism?**  
a) 1-5 b) 6-10 c) 11 and above

- 15)** What percentage of the hospital's turnover does your current foreign currency input constitute?
- d) % 0-1                      f) % 4-5                      h) % 11 and above  
e) % 2-3                      g) % 6-10
- 16)** What is your annual promotional budget (in dollars) used to increase patient flow in your institution's Health Tourism?
- i) 0 - 5.000 \$                      l) 30.001 -50.000 \$  
j) 5.001 – 15.000 \$                      m) 50.001 \$ and above  
k) 15.001-30.000 \$
- 17)** Do you have a liaison office abroad for Health Tourism?
- n) Evet                      o) No                      p) Partially
- 18)** Are competent personnel employed within the scope of treatment packages on Health Tourism?
- q) Yes                      r) No                      s) Partially
- 19)** Is IT service procurement specific to Health Tourism?
- t) Yes                      u) No                      v) Partially
- 20)** Have you recruited provision-invoicing service personnel from Health Tourism international insurance companies?
- w) Yes  
x) No  
y) Partially

Sequence No.	Please indicate your degree of participation in the factors for measuring the contribution of health tourism to the development and employment role of health tourism in Turkey by putting an "X" sign.  1=Strongly Agree, 2=Agree, 3=Undecided, 4=Disagree, 5=Strongly Disagree	PARTICIPATION LEVEL				
		Strongly Agree (1)	I agree (2)	I'm undecided (3)	Disagree (4)	Strongly Disagree (5)
1	Global health problems will increase due to the pandemic.	(1)	(2)	(3)	(4)	(5)
2	With the pandemic, health tourism will gain momentum.	(1)	(2)	(3)	(4)	(5)
3	Due to the pandemic, chronic diseases will increase.	(1)	(2)	(3)	(4)	(5)
4	Special studies should be carried out for international patients on a pandemic safe facility.	(1)	(2)	(3)	(4)	(5)
5	It is necessary to invest in the treatment of international patients after the pandemic.	(1)	(2)	(3)	(4)	(5)
6	In the post-pandemic health tourism, an advantage arises for our country.	(1)	(2)	(3)	(4)	(5)
7	Travel Agencies should be worked with abroad to ensure international patient flow.	(1)	(2)	(3)	(4)	(5)
8	It should work with Health Tourism Companies abroad to ensure international patient flow.	(1)	(2)	(3)	(4)	(5)
9	In order to ensure international patient flow, overseas health facilities should be worked with.	(1)	(2)	(3)	(4)	(5)
10	It should work with Overseas Insurance Companies to ensure international patient flow.	(1)	(2)	(3)	(4)	(5)
11	It should work with Intermediary Institutions in the country to ensure international patient flow.	(1)	(2)	(3)	(4)	(5)
12	In order to ensure international patient flow, domestic insurance companies should be worked with.	(1)	(2)	(3)	(4)	(5)
13	The role of Health Tourism in the development of the country has a great impact.	(1)	(2)	(3)	(4)	(5)
14	Health Tourism regulations are sufficient.	(1)	(2)	(3)	(4)	(5)
15	More effective incentive systems should be introduced in order to increase the market share in Health Tourism.	(1)	(2)	(3)	(4)	(5)

16	There are bureaucratic obstacles that negatively affect the development of Health Tourism.	(1)	(2)	(3)	(4)	(5)
17	In order for Health Tourism to be effective in the development of the country, it is necessary to produce new policies.	(1)	(2)	(3)	(4)	(5)
18	In order for Health Tourism to be effective in the development of the country, the promotional activities carried out by the state in the international market should be increased.	(1)	(2)	(3)	(4)	(5)
19	In order for health tourism to be effective in the development of the country, the facilities that make health tourism should be rearranged by introducing physician-limited criteria.	(1)	(2)	(3)	(4)	(5)
20	Investments made by the private sector are sufficient for Health Tourism to be effective in the development of the country.	(1)	(2)	(3)	(4)	(5)
21	Health Tourism contributes to the country's economy.	(1)	(2)	(3)	(4)	(5)
22	Health Tourism contributes to cultural-historical tourism.	(1)	(2)	(3)	(4)	(5)
23	Health Tourism contributes to gastronomic tourism.	(1)	(2)	(3)	(4)	(5)
24	Health Tourism contributes to transportation services.	(1)	(2)	(3)	(4)	(5)
25	Health Tourism contributes to accommodation services	(1)	(2)	(3)	(4)	(5)
26	In order to increase the patient flow in Health Tourism, it is necessary to employ personnel with international marketing experience.	(1)	(2)	(3)	(4)	(5)
27	Sectoral training on Health Tourism is sufficient.	(1)	(2)	(3)	(4)	(5)
28	Local governments play an active role in the development of Health Tourism.	(1)	(2)	(3)	(4)	(5)
29	Universities are working effectively in the development of Health Tourism.	(1)	(2)	(3)	(4)	(5)
30	Health Tourism creates new employment areas.	(1)	(2)	(3)	(4)	(5)
31	There is a need for new occupational groups in Health Tourism.	(1)	(2)	(3)	(4)	(5)
32	It contributes positively to the international promotion of Health Tourism in the country.	(1)	(2)	(3)	(4)	(5)
33	There is a need for competent personnel regarding the	(1)	(2)	(3)	(4)	(5)

	legal problems that may arise in Health Tourism.					
34	Professional personnel should be trained in order to increase employment in Health Tourism.	(1)	(2)	(3)	(4)	(5)

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### 1) Your Mission

a) General Manager

b) Deputy General Manager

c) Chief Physician

d) Deputy Chief Physician



- e) Responsible Manager      f) Hospital Manager
- g) Hospital Deputy Director      h) Instructor
- i) Physician      j) Dentist
- k) International Patient Department Staff      l) Other Health Personnel

**2) Your gender**

- a) Female   b) Male

**3) Your Education Status**

- a) Secondary Education      b) Associate Degree      c) University Degree
- d) Master Degree      e) Ph.D.

**4) Your age**

- a) 25-30      b) 31-35      c) 36-44
- d) 45-55      e) 56 and above

**5) City where you live: .....**

**6) How many years have you been working in the health sector?\***

- a) 1-5      b) 6-10      c) 11-15      d) 16-20
- f) 21-25      f) 26 and above

**7) Health Facility where you work**

- a) University Hospital      b) Public Hospital
- c) Private                      d) Central
- e) Private Polyclinic        f) Private Oral and Dental Health Polyclinic
- g) Private Practice

**8) As a health tourism manager; What are your views on the impact of the role of health tourism in the development of the country?**

**9) As a facility manager engaged in health tourism; Do you find government incentives effective for the development of health tourism? What are your views and suggestions on this subject?**

**10) As a facility manager engaged in health tourism; Do you think that health tourism is effective in creating new employment and employment areas?**

**11) As a facility manager engaged in health tourism; Which organizations should be cooperated with to ensure international patient flow in health tourism?**

**12) What trends do you think will be in health tourism after the pandemic?**

## **CURRICULUM VITAE**

### **Hasan Erdem**

0532 732 83 11

e-mail: herdem@btso.org.tr

Date of Birth: 10.07.1980

Marital Status : Married

Military Status : Completed

### **EDUCATIONAL INFORMATION**

2021 Near East University / Ph.D., Business Management

2012 Okan University / MA, International Relations

2002 Uludag University / Undergraduate, Department of Business Administration

### **JOB EXPERIENCE**

- Sefa Furniture – Production and Quality Consultancy (1 YEAR)
- Şahinoğulları Forest Products / Mobipan – Quality Officer (2 YEARS)
- Aktif Metal / Onural Office Furniture - Production and Personnel Manager (2 YEARS)
- İhsan Aluminum Ltd. Sti. – Quality and Public Relations Officer (2 YEARS)
- Bursa Metropolitan Municipality – BUSMEK (Vocational Training Courses) Assistant Coordinator Responsible for Education, Organization and Personnel (2 YEARS)
- Turkish Grand National Assembly (TBMM) - Consultancy (2 YEARS)
- Bursa Chamber of Commerce and Industry - Deputy Secretary General (2013 - )

## **SEMINAR AND COURSES**

- Mediation Training – Uludag University
- Mediator Education – Uludag University
- Total Quality Management Trainings (2 Years)
- ISO 9001 – 2008 Quality Management System Specialization Training (2 Years)
- ISO 1400 Environmental Management System Training (1 Month)
- Internal Auditor Training (8 Weeks)
- Sales and Marketing Training (4 Weeks)
- Project Preparation and Presentation (4 Weeks)
- Written and Oral Presentation Techniques (6 Weeks)
- Effective Speaking and Diction (3 Months)
- Foreign Trade Expertise Training - UİB (4 Months)
- Effective Body Language Training (4 Weeks)
- CRM – Customer Relations Training (4 Weeks)
- Oratory Training, Preparing Speech Text (6 Weeks)
- Survey Preparation and Evaluation (1 Week)
- Communication, Leadership, Motivation Training (1 Week)
- Process Management (16 Hours)
- Speed Reading and Learning to Learn Training (8 Hours)
- Finding and Developing Export Markets Seminar (8 Hours)
- Entrepreneurship Training (8 Hours)

## PLAGIARISM REPORT

### THE ROLE OF HEALTH TOURISM IN THE DEVELOPMENT OF THE COUNTRY AND ITS IMPACTS ON EMPLOYMENT

Hasan ERDEM

PhD THESIS

#### ORJİNALLİK RAPORU

% <b>11</b>	% <b>11</b>	% <b>4</b>	% <b>7</b>
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

#### BİRİNCİL KAYNAKLAR

<b>1</b>	<b>dergipark.org.tr</b> İnternet Kaynağı	% <b>2</b>
<b>2</b>	<b>en.eurasiatourismcongress.com</b> İnternet Kaynağı	<% <b>1</b>
<b>3</b>	<b>adudspace.adu.edu.tr:8080</b> İnternet Kaynağı	<% <b>1</b>
<b>4</b>	<b>iksadyayinevi.com</b> İnternet Kaynağı	<% <b>1</b>
<b>5</b>	<b>www.scribd.com</b> İnternet Kaynağı	<% <b>1</b>
<b>6</b>	<b>docplayer.biz.tr</b> İnternet Kaynağı	<% <b>1</b>
<b>7</b>	<b>auzefkitap.istanbul.edu.tr</b> İnternet Kaynağı	<% <b>1</b>
<b>8</b>	<b>www.researchgate.net</b> İnternet Kaynağı	<% <b>1</b>
<b>9</b>	<b>Submitted to Beykent Üniversitesi</b> Öğrenci Ödevi	<% <b>1</b>

## ETHICS COMMITTEE REPORT



### SCIENTIFIC RESEARCH ETHICS COMMITTEE

22.08.2017

Mr. Assoc. Dr. Oğuz ÖZYARAL,

**The project proposal titled ” The Role Of Health Tourism In The Development Of The Country And Its Impacts On Employment** you've applied to Scientific Research Ethical Committee with the project no YDÜ/SB/2017/59 has been evaluated by our board and has been found ethically appropriate. With this letter, you can start your research by not going beyond the information you have specified in your application form.

Assistant Professor Dr. Direnç Kanol

Scientific Research Ethics Committee Reporter

(signature)

**Note:** If you want to submit an official acceptance letter to an institution, you can apply to the Near East University Scientific Research Ethics Committee with this letter and obtain an official letter signed by the committee chairman.