NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
BUSINESS ADMINISTRATION PROGRAMME

EVALUATION OF HEALTH SERVICE QUALITY PERCEIVED BY RESIDENT FOREIGNERS IN ALANYA IN TERMS OF HEALTH TOURISM

YAVUZ YILDIRIM

PhD THESIS

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ACCEPTANCE/APPROVAL

This study titled "Evaluation Of Health Service Quality Perceived By Resident Foreigners in Alanya in Terms Of Health Tourism" prepared by YAVUZ YILDIRIM " was considered as successful as a result of the defense examination conducted on the date of 04/01/2021 and accepted as Doctoral Thesis by our Jury.

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To my Father…

ACKNOWLEDGEMENTS

ABSTRACT

EVALUATION OF THE SERVICE QUALITY PERCEIVED BY FOREIGN RESIDENTS IN ALANYA IN TERMS OF HEALTH TOURISM

Many people all over the world decide to settle, permanently or temporarily, in places by the sea with mild climate and great deal of sunshine sometimes to travel and some other time for reasons to maintain a better health. With 8.124 foreign residents from 99 countries, Alanya is one of the most prominent tourist destinations in Turkey.

Comparing the healthcare services foreign residents receive in Alanya and their country and their satisfaction level, the study aims to provide insights into the contribution of the healthcare services received into health tourism in terms of preference, further recommendation and payment types. This is the first study ever undertaken in this respect. The study employed Servqual service quality model and 2 different scales to measure satisfaction level. For analyses, SPSS 22.0 package programme was used.

The study found that the foreign residents in Alanya have high expectations for the healthcare service quality they receive both in Alanya and their own country, though with a higher expectation for services they receive in Alanya. The results show that residents of German origin have a higher perception of healthcare services delivered in Alanya than those coming from Russia and other countries. On the other hand, the study found, in terms of services delivered in their own countries, that Germans and residents from other countries have a lower perception compared to Russian nationals.

The results indicate that the foreign residents are more satisfied with the services they receive in Alanya than those in their own countries. The study found a highly significant positive relationship between the service quality levels both in Alanya and the origin countries of the foreign residents. The study confirms that the service quality perceived by foreign residents and their satisfaction have an effect on the preference, recommendation and payment types, thus contributing to health tourism.

Given the fact that 40% of the foreign residents living in Alanya are over 65 years of age, the study recommends promoting investments to establish healthcare, rehabilitation and geriatric centres both by public and private sector to serve people of third and old age.

Key Words: Foreign Residents, Servqual, Alanya, Quality, Health Tourism, Satisfaction.

ÖZ

ALANYA'DAKİ YERLEŞİK YABANCILARIN ALGILADIKLARI SAĞLIK HİZMET KALİTESİNİN SAĞLIK TURİZMİ AÇISINDAN DEĞERLENDİRİLMESİ

Dünyanın farklı ülkelerdeki binlerce insan bazen turizm bazen de sağlıklarını uzun süre korumak ve geliştirmek için ılıman iklim, deniz ve güneşin bol olduğu yerlere kalıcı veya geçici olarak yerleşmeye karar vermektedirler. Alanya'da dünyanın 99 ülkesinden 8.124 yerleşik yabancının yerleştiği Türkiye'nin en önemli turizm destinasyonlarından biridir.

Bu çalışma ile ilk defa yerleşik yabancıların hem Alanya hem de kendi ülkelerinden aldıkları sağlık hizmet kalite ve memnuniyetleri iki taraflı olarak karşılaştırılmış ve alınan sağlık hizmetinin tercih, öneri ve ödeme çeşidinin sağlık turizmine katkılarının ortaya konması amaçlanmıştır. Çalışmada Servqual hizmet kaliteli modeli ve memnuniyet için 2 farklı ölçek kullanılmıştır. Analizler SPSS 22.0 paket programı ile yapılmıştır.

Çalışma sonucunda Alanya'da yaşayan yerleşik yabancıların beklentilerinin hem Alanya hem de kendi ülkelerinde aldıkları sağlık hizmet kalite düzeylerine göre yüksek olduğu, Alanya beklentisinin ise kendi ülkelerine göre daha yüksek olduğu ortaya çıkmıştır. Alman vatandaşlarının Alanya sağlık hizmeti algı düzeylerinin Rus ve diğer ülke vatandaşlarına göre daha yüksek olduğu, kendi ülkeleri açısından ise Alman ve diğer ülke vatandaşlarının sağlık hizmeti algı düzeylerinin Rus vatandaşlarına göre daha düşük olduğu görülmüştür.

Çalışma sonucunda yerleşik yabancıların Alanya ve kendi ülkelerinde aldıkları ayaktan ve yatan hasta memnuniyet düzeylerinin Alanya lehine yüksek olduğu görülmüştür. Yerleşik yabancıların hem Alanya hem de kendi ülkelerinin hizmet kalite boyutları arasında pozitif yönde, yüksek düzeyde ve anlamlı bir ilişkinin var olduğu ortaya çıkmıştır. Çalışmada yerleşik yabancıların algıladıkları sağlık hizmet kalite ve memnuniyet sonucunun sağlık hizmeti tercih, öneri ve ödeme çeşidini etkilediği ve sağlık turizmine katkıları olduğu görülmüştür.

Çalışma ile birlikte Alanya'da yaşayan yerleşik yabancıların %40'ının 65 yaş üstü ileri yaş grubu olduğundan ileri yaş veya üçüncü yaş olarak sağlık turizmi açısından değerlendirilerek sağlık bakım ve rehabilitasyon merkezleri veya geriatri merkezleri açılarak ilgili özel ve kamu kuruluşlarına yatırım yapması önerilebilir.

Anahtar Kelimeler: Yerleşik Yabancılar, Servqual, Alanya, Kalite, Sağlık Turizmi, Memnuniyet.

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ABBREVIATIONS LIST

EU	: European Union
ADNKS (TR)	: Address Based Population Registration System
ALTSO	: Alanya Chamber of Commerce and Industry
BAKA	: Western Mediterranean Development Agency
Co. Alpha	: Cronbach Alpha
EOQ	: European Organization of Quality
Hk	: Hectare
KMO	: Kaiser Meyer Olkin
İİBF Sciences	: Faculty of Economics and Administrative
SERVQUAL	: Service Quality Model
SPA	: Salus Per Aquam
SPSS	: Statistical Package for the Social Sciences
Sshaa	: Servqual Health Service Alanya perception
Ssha	: Servqual Health Service Alanya
Sshb	: Servqual Health Service expectation
TÜRSAB	: Turkey Travel Agencies Association
UNWTO	: United Nations World Tourism Organization
Resident Foreigners	: Russian, German and Other Country Citizens
WHO	: World Health Organization

INTRODUCTION

People decide to leave the places they live for a variety of reasons in certain period or periods and settle in countries elsewhere in the world. These reasons may include temperate climate, sea, sun, cheapness, marriage, trade. The movement to visit other parts of the world, which began with tourism, has revealed the demand for second housing in places where people want to stay longer in short-term destinations, with the factors such as increased economic well-being of people, developments in transportation, especially in the airline, and prolonging life span. Thanks to having a second residence, people have also gained the freedom to go to the newly settled countries at any time and stay as long as they want.

Due to such positive factors that Turkey is cheaper than other European countries, hot climate conditions and sea-sand-sun, it is seen that the citizens of Europe and other countries have settled mostly on the Mediterranean and Aegean coasts. Due to these positive factors, Alanya is also one of the places frequently preferred by Europeans and citizens of other countries. Although there are other factors, the reasons for choice show that foreigners who settled in Alanya decide to settle for their health together with holidays and tourism. Temperate climate, sun, sea, fresh air, stress-free environment is known to positively affect human health. It is known that retired people over the age of 65, especially those who are considered to be advanced or third, prefer Alanya to protect and improve their health. Foreigners settled in Alanya thus enter into health tourism and constitute the health tourism movement.

For health tourism, "travel to get their health" can now cease to be temporary and sometimes permanent. Moreover, this permanence is not entirely a settlement, but they also travel to their own countries at certain time intervals. Therefore, foreigners residing in Alanya can get any health service they need from their own countries, outside of Alanya or Alanya or any other country in the world, besides positive effects on their health such as climate, sun and hot sea. Apart from insurance coverage, the health care received or paid in advance from outside Alanya or Alanya or from any country of the world falls

within the scope of health tourism. Therefore, the quality and satisfaction of the health care received by residing foreigners in health tourism is important. Satisfaction is indicative of quality. When the expectations, perceptions and satisfactions of established foreigners are positive, it is assessed that they will receive the health care they need from Alanya or any other health care organization in Turkey, recommend relatives and friends in their country, do not want to go to other countries, and thus become a health tourism movement.

This research consists of four parts. In the first part, information about health tourism in Turkey and around the world, and especially the definition of health tourism, varieties, international health and international patient concept is given with the definition and varieties of tourism.

In the second part, the definition of health, classification of health services, characteristics, health care providers and classification were made and then quality, quality of service, quality of health services and dimensions are explained. Servqual, one of the service quality measurement models, explained in detail and examined its superior and weaknesses. The factors affecting satisfaction and satisfaction in health care services are explained in detail again.

In the third section, general information about Alanya and Alanya is explained and detailed information about migration, foreigners and residing foreigners in Alanya are given.

In the fourth chapter, the purpose, significance, scope and limitations, assumptions and methods of the research are explained. In this section, which describes the study models and hypotheses, information about the data collection tools used during the implementation phase of the study is included. The socio-demographic characteristics of residing foreigners and health services and information are given in detail. The expectations, perceptions and satisfactions of residing foreigners are examined both in terms of Alanya and their own countries and the relations between them are taken into account. Servqual service quality sizes and satisfactions of residing foreigners are examined according to socio-demographic characteristics and Servqual

service quality dimensions are evaluated for Alanya and their countries. In addition, the reasons of residing foreigners settling in Alanya, the reason they prefer health services in Alanya, their recommendation of health services in Alanya to their relatives and friends, and their relationship with health tourism are compared with the payment method. The final part of the study consists of the results obtained from the study and the suggestions presented.

CHAPTER 1
TOURISM AND HEALTH TOURISM

1.1 Tourism

Tourism activities are as old as human history and have reached a very large extent today. Tourism, defined as attracting tourists, serving tourists, science, art and trade; has gained a quality that develops investments and business volumes at national and international level, generates income, provides foreign exchange, opens employment areas, achieves important social and humane functions affecting social and cultural life (Küçükaslan, 2006: 2).

Today, developing countries see tourism as a tool to gain foreign currency, increase employment and revenue creation opportunities and thus gain their economic independence. In such a case, tourism has become an important economic activity, especially since the end of the 20th Century. On the other hand, the effects of tourism are not only economic, but also socio-cultural and environmental (Cooper et al., 2008: 125).

In 1905, the first tourism definition was revealed by Guyer-Feuler. Accordingly, tourism; increasing the need for change and rest, the willingness to recognize the eye-catching beauties fed by nature and art; a modern-day event based on the belief that nature gives happiness to people, especially as a result of the development of trade and industry and the impeccable transportation tools (Kozak et al., 2001: 1).

Tourism is a holiday trip from a permanent place of residence. In addition to the holiday concept based on sea, sand and sun trilogy for a long time in tourism, behavioral changes have now emerged. However, tourism, along with the trilogy of sea, sun and sand within its new conceptual structure, began to

be considered as a phenomenon that integrates with recreational entertainment, leisure evaluation and alternative activities (Oruç, 2004: 17).

According to another definition, travel and temporary accommodation activities, which are carried out to meet the needs of holiday, recreation, entertainment, culture, etc. as a consumer, are called tourism. (Sezgin, 1995: 4).

According to the definition of the United Nations World Tourism Organization (UNWTO) in 1993, tourism, for the purpose of an event, is the activities of the person who travels to a place outside of his/her usual environment for a certain period of time, and thanks to these activities, income is left to the visited place. These travels may be for many different reasons, such as leisure time, holidays, visits to friends and relatives, work, health treatment or religious belief within a specified year. The definition of tourism was re-evaluated by UNWTO in 2008 and updated as a social, cultural and economic phenomenon related to people's movements to places other than normal residences (Inkson and Minnaert, 2018: 24-25).

1.2. Types of Tourism

In Turkey Tourism Strategy 2023 study prepared by the Ministry of Culture and Tourism, it is stated that the spreading of the tourism season to a whole year depends on the diversification of tourism products, and in this context, the tourism types selected as targets will be supported primarily. These are; health and thermal tourism, winter tourism, golf tourism, sea tourism, eco-tourism, congress and fair tourism. http://yigm.kulturturizm.gov.tr/TR,11699/turkiye-turizm-stratejisi.html (access date: 15.04.2018).

Types of tourism according to the purpose can be considered as; social tourism, mountain and winter tourism, youth tourism, third-age tourism, yacht tourism and religious tourism/ faith tourism, hunting tourism, eco-tourism, rafting tourism, sea tourism, congress and meeting tourism and health tourism (Yalçın, 2006: 7).
Some of the types of tourism will be explained below:

1.2.1. Mountain and Winter Tourism

People who are engaged in an industrialization and rapid urbanization process and who are fleeing the tiredness and boredom of city life in Turkey, who do not have the opportunity to holiday in the summer season, or who want to get rid of the stifling atmosphere of big cities by continuing their habit in the winter season, have revealed mountain and winter tourism, a tourism activity that focuses mainly on the centers where winter sports practices are developed in snowy areas. Mountain and winter tourism has many social and economic benefits. It accelerates development in mountainous and forested areas with insufficient development, contributes to natural environmental protection and the spread of the tourism season to all months of the year, and ensures year-round employment of skilled personnel who are unemployed during the summer season (Özdemir, 1998: 75-77).

The fact that Alanya is surrounded by the Taurus mountains is important for mountain and winter tourism. The efforts of preparing Akdağ ski resort, which is 30 km away from Alanya and at an altitude of 2300 m, to winter tourism are ongoing.

1.2.2. Faith Tourism

It is a whole of events and relationships arising from the fact that tourism businesses demand the goods and services they produce during their travels and their temporary accommodation during their travels in order to satisfy their religious beliefs, outside the places where people constantly reside, work and meet their usual needs (Kaya, 1996: 5). There are churches such as Aya Yorgi from the Byzantine period in Alanya.

1.2.3. Hunting Tourism

This variety of tourism services are offered for people travelling for hunting. Sometimes the animals that will be hunted are fed on hatchery and left to nature for their hunting, and then hunting tourism is carried out for these animals. Hunting tourism is an event of hunting only animals that have reached maturity, based on conscious and specific education, without damaging nature (Kozak, 2012: 31). Alanya has its climate characteristics, rich vegetation, with

different types of hunting animals and creating a suitable environment for hunting tourism.

1.2.4. Congress and Fair Tourism

Congress tourism contributes to the tourism economy with its quality to be organized in the off-season. Congress tourism, which is an important promotional tool for countries, also positively affects the general tourism sector. Congress tourism also contributes to employment by creating side sectors. Since congress tourism needs a strong infrastructure in terms of technical equipment and other elements, it is especially carried out through businesses that are experts in the field of regulations and other support activities for congresses. Since it includes both the ability to extend the season and the various services of tourism, one of the most revenue-generating types of tourism is congress tourism (Yildiz, 2010: 21).

In addition to its contributions to businesses, fair organizations also contribute significantly to the economies of the country and region. In addition, fair tourism is a very effective type of tourism in the development of trade and tourism around the world. Fair destinations have the potential to significantly increase revenues from tourism. (State Planning Agency, 2001: 16).

There are mansion congress center, which is one of the largest congress centers in Turkey for congresses and numerous hotels for congress tourism in Alanya.

1.2.5. Sea Tourism

It is the most demanding form of tourism in Turkey. In this type of tourism, people benefit from sea or coastal tourism, which is considered as a trio of sea-sand-sun. Turkey has made quite a development in this type of tourism due to its long shores, clean sea, suitable beaches, natural and historical beauties as well as suitable climatic conditions (Tunç ve Saç, 1998: 19-20). Alanya is famous for its large sandy and blue flag beaches. These world-famous beaches are 36 km to the west of Alanya and 24 km to the east.

1.2.6. Yacht and Cruise Tourism

In recent years, yacht tourism has improved rapidly within the world tourism sector. In the rapid development of yacht tourism, the desire to make holiday-sports duo together, as well as love for nature, plays an important role. Turkey has carried out conscious practices in yacht tourism since 1975, making Turkey's Aegean and Mediterranean beaches one of the preferred destinations of yachts (Akat, 2000: 22).

Cruise tourism is included in the category of sea-based tourism. It also includes port visits, visits and shopping near the port. The ports where cruise ships are visited and the tourist services offered to Cruise tourists in these ports are mainly the places where the host countries invest (İncekara and Yılmaz, 2002: 9).

There are two marinas in Alanya. One of them is "Alanya Yat Limanı", which hosts daily tourist tours boats and is located in Alanya city center. The other is Alanya Marina at the western entrance of Alanya. There are about 100 large and small boats in the port. In addition, Alanya Yat Limanı is a port with special piers and shelter for touristic cruise ships.

1.2.7. Health Tourism

Health and tourism are two concepts that have a very important place in human life. Health tourism is closely related to both of these concepts; but it is a whole of activities that are independent of them and have unique characteristics. The place of health tourism in human life is increasing day by day (Swain and Sahu, 2008: 475).

It should be noted that tourist trips are not exactly considered to be moving away from daily life when health and tourism are associated. People also carry their illnesses wherever they go, if any. Sometimes they want to take their illnesses with them on their travels and leave them there on their way back. People want to get better and recover with the treatments they see where they go, visiting the spa halls of hotels or resting. Health tourism is shown as a sector that comes to the rescue of people in these and similar situations.

Health tourism is not a new phenomenon, it is one of the years of search for solutions (Connell, 2006: 1093-1100).

The health tourism industry is in a position that contributes directly to both the tourism and health sectors in general. Health tourism can mainly be considered as a sub-sector consisting of the integration of health and tourism areas. Health tourism will depend largely on health and tourism developments. In this context, the tourism sector should be examined in the context of health tourism. Looking at a more general context, health tourism is divided into three classes; wellness tourism, health care tourism and medical tourism. (Barca et al, 2013: 66).

The main idea in health tourism is to get treatment in a comfortable and different environment by moving away from the daily routine or receiving health-supporting services. On the one hand, while enjoying the pleasure of integrating with nature, on the other hand, it provides benefiting from health services. It is also possible to treat this as a spiritual, emotional and body-like regeneration. Health tourism, a rapidly growing sector as a result of the globalization process, problems in the country's health systems (e.g. long waiting lists and rising costs, quality problems in services), and the awareness of consumers, has been a concept that includes both holiday and treatment elements in general (Tonkuş, 2016: 8).

The movement of people aiming to be treated by staying outside of their place of residence by traveling has revealed health tourism, a specific type of tourism. The health tourism target audience consists of people who are impaired in health and who are sensitive to health protection (Ministry of Tourism, 1993: 11).

Health tourism can be defined as traveling from the place of residence to another for the purpose of health protection, promotion and treatment of diseases, and to stay at least 24 hours in the destination and benefit from health and tourism opportunities (Kaya et al., 2013: 5).

Health tourism is defined as going from one country to another for any reason to receive health care. In other sense, the travels people make to get to their health are considered health tourism (Medical Tourism Research, 2011: 9).

Baukute (2012: 6) also called health tourism as receiving health care in the time spent outside home or country, noting that this period should be more than 24 hours. Health travel made in less than this period for health purposes is not counted as health tourism. Apart from that, every trip that is more than 24 hours is not health tourism as it is known.

Bennett, et al. (2004:123) described the tourism activities that relax people, help them cope with stress and naturally result in satisfaction as health tourism.

Health tourism is expressed by Carrera and Bridges (2006) as a travel that individuals travel from their local environment to other environments to increase their levels of well-being both spiritually and physically. Health tourism combines the common denominator between tourism and medicine, two service sectors, and health tourism, which emerges as a niche market, enables individuals to travel between countries (Medhekar, 2013: 205-207).

According to Magablih (2001), who brings a different perspective in identification initiatives for health tourism, there is a period of travel within the scope of health tourism. Health tourism is defined as the fact that patients are treated for regaining their health or traveling to another country for the purpose of maintaining their health, provided that they do not stay less than a day or more than a year. The main idea in health tourism is to get treatment in a comfortable and different environment by moving away from the daily routine or receiving health-supporting services. On the one hand, while enjoying the pleasure of integrating with nature, on the other hand, it provides benefiting from health services. It is also possible to treat this as a spiritual, emotional and body-like regeneration (cited by; Barca et al, 2013: 66).

According to Mueller and Kaufmann (2001: 5-17), health tourism is the sum of all events and relationships that arise as a result of some people changing their residency to feel and support themselves as an approach to correcting their physical, mental and social status while using health care, where some people

are temporarily staying for work or accommodation. Health tourism in another definition is a type of trip to the place or facilities where one or more of the applications for the purpose of protecting and treating human health are performed with natural ways such as taking an airing, sand, sun, mountain, cave, spa, spring, mud, or by respiratory or using methods similar to massage and physical education using mechanical and electrical equipment under the supervision of a physician, if necessary. (Aydin, 1990: 143).

Gonzales, Brenzel and Sancho (2001: 20) evaluate the services offered in health tourism in three main topics and outline their characteristics as follows;

1- Health development services (spa, herbal treatment, massage, etc.),

2- Treatment services (plastic surgery, heart surgery, eye surgery, etc.),

3- Rehabilitation services (such as dialysis, addiction and geriatric care program).

When the purpose of travel for those who participated in health tourism is evaluated, many different types of visitors may be encountered. Cohen (2006: 24-37) divides tourists and visitors into 5 groups in terms of health tourism. These are;

Tourist only: They are tourists or visitors who do not benefit from any medical services in the country they travel to.

Tourist treated on holiday: It is the use of medical and treatment services for tourists who encounter any illnesses or accidents during their travels. They are also included in the emergency patient group.

Tourists for holiday and treatment purposes: These tourists do not make their visits for medical reasons in full sense. However, having treatment opportunities for some ailments in the region they go to is a priority. In other words, they are tourists for both leisure and treatment purposes.

Patients taking vacations: These tourists make their travels for therapeutic purposes. However, they go on vacation wherever they go after recovery or treatment.

Patients only: The travel goal of tourists in this group is to be treated or operated. They don't have a purpose like a vacation.

Today, while tourism types have become increasingly enriched by innovations in different fields, with great variety according to purpose, demand and people's tastes and hobbies, health tourism has started to serve modern people who care about soul and body beauty and has made staying fit as a way of life (Koyuncu, 2003: 15).

The main reasons for health tourism are:

1.   Lack or absence of high-tech health care and professional human resources in their country,

2.   The desire to take a holiday with treatment,

3.   The fact that health services are expensive in their own countries,

4.   Wanting to receive much better quality health care,

5.   Not wanting to reveal the surgery for any reason in their own country (Aesthetic Surgery, Infertility treatment, etc.),

6.   Tourism mobility (going to countries with woodland, plateaus, historical and cultural richness) in countries where there is limited opportunities for climate and geographical holidays is mostly the demand to holiday in a country where thermal facilities and thermal tourism facilities are high,

7.   The desire of chronic patients, the elderly and the disabled to go to other environments and be treated,

8.   The desire of people with drugs and different addictions to be in different or more appropriate environments,

9.   One's desire to hold on to life and live.

http://www.saglikturizmi.org.tr/tr/saglik-turizmi/genel-bilgi, (access date: 22.03.2018).

Health tourism is a form of global service trade. Within the scope of health tourism, people cover all or a significant part of their expenses. The primary reasons that lead people to receive health care in another country are cost

savings and perceived quality of service. In addition, the fact that the person cannot access the health care s/he needs in the country where s/he lives is also an important factor in making the decision to go abroad when it comes to treatments requiring advanced technology and specialization (Taş, 2010: 231).

1.2.7.1. Health Tourism Types

In the past, when it comes to health tourism, the first thing that comes to mind would be thermal tourism. People from the rich upper social class began traveling a long time ago to get their health through hot springs, mineral waters, innovative therapies and healthy climate of the Mediterranean (Gray and Poland, 2008: 1).

Until recently, health tourism, which is seen only as thermal/spa tourism, has increased the diversity thanks to the increasing demands in social, economic, cultural, technology and transportation that have developed today. When the types of health tourism are taken into account, it is seen that a quadruple classification path is reached mainly, including medical tourism, thermal/SPA/wellness tourism, tourism for elderly and disabled (Kaya et al., 2013: 5).

1.2.7.1 Medical Tourism

People's attempts to be healthier through rest, exercise and going to hot springs during their holidays have led to the emergence of a new and different area within the tourism industry in the form of "medical tourism" (Connel, 2006: 1093).

Medical tourism is an event that requires a multidisciplinary perspective in terms of hospitality, agency, promotion, marketing, environment, architecture, economy, etc. along with medical diagnosis and treatment methods, rehabilitation practices. Van Sliepen, on the other hand, describes medical tourism as travels for leisure purposes, provided that they resides outside the home (Harahsheh, 2002: 23-24).

Another name of medical tourism is iatrical tourism. Accordingly, medical tourism is defined as people traveling to long distance countries to get medical

treatment. Medical tourism is the fact that patients travel to countries due to high standards of medical practices and high prices of health care in developed countries and long waiting times. Although the primary goal is treatment, patients also benefit from the services provided by the tourism industry such as accommodation, food and beverage, transportation and travel programs (Tengilimoğlu, 2013: 59).

Carrea and Bridges (2006: 447) expand the definition of medical tourism a little further, describing it as "a planned trip to the area where a person is located for improving, developing and maintaining mental health", while adding recognition to mental health and emphasising "planned" travel.

In tourism, the theme of getting away from the business environment rather than entertainment and getting health in warm water and warm climates stands out. While the concept of health tourism generally covers all concepts aimed at staying healthy and fit, medical interventions and treatment purposes have begun to be understood with the concept of medical tourism (Kiremit, 2008: 8).

Within the scope of medical tourism, people travel to medical health centers to buy health care from many branches of medicine from their own countries or other countries. Medical treatment trips made under the influence of many factors such as time quality and cost constitute an important part of health tourism (Gençay, 2007: 178).

Tourism and health sectors' working together can be defined as medical tourism in order to meet the economic activities involving international service trade as a result of medical tourists traveling out of their countries to receive surgical or specialist treatment services that are not available in their own country or because of length of waiting time and cost. While the main point of medical tourism is a medical intervention for the elimination of a disease, health tourism is a concept that also includes medical tourism, but also includes efforts to stay healthy and cosmetic (Kahveci, 2014: 24-39).

 Medical tourism is a global industry that is developing with a range of key stakeholders for commercial purposes, including conference and media,

suppliers, websites, insurance procurement, healthcare provider suppliers and agency services (Lunt et al., 2011: 18).

1.2.7.1.2. Thermal and SPA-Wellness Tourism

Thermal tourism stems from a series of relationships arising from the use of mineral waters containing molten minerals for the purposes of relaxation, recovery, treatment, etc., which are evaluated in health tourism. The idea of people using thermal water resources to address various ailments for centuries has become a tradition, and today this tradition, which is being carried out in more modern and medically appropriate environments, concerns millions of people in terms of health tourism (Çavuş, 1994: 50).

Thermal tourism "is a type of tourism that emerges with the use of thermal waters for purposes of recreation and recreation, in addition to various types of methods such as thermomineral water bath, mud bath, drinking, inhalation, combined with therapeutic treatments such as climate cure, physical therapy, psychotherapy, exercise, rehabilitation, diet" (Özdemir, 2015:5-12).

According to the Ministry of Tourism (1993:13), thermal tourism is a tourism movement performed in combination with mineralized thermal waters and muds, environmental and climatic factors in the region of the source, in order to contribute positively to human health, in specialist physician supervision and program, for cure applications coordinated with physical therapy, rehabilitation, exercise, psychotherapy, supportive treatments such as diet.

Since thermal tourism can easily be used in a region with four seasons of tourism opportunities, high occupancy rate in touristic places, employment increase, other alternative tourism types, it provides diversification in touristic activities and profit is made as businesses with cure center facilities meet their costs quickly (Sandıkçı and Özgen, 2013: 54).

Thermal tourism has some types of tourism. These are (Ozer and Sungur, 2012: 72):

➢ Climatism; is applied on the seacoasts and mountain stations. The purpose of this type of tourism is to treat people with the influence of open and clean air.

➢ Uvalism; is a treatment method made by the use of famous products of certain regions (such as fruits and vegetables).

➢ Thermalism; is the use of beneficial water sources such as hot springs, spas and mineral springs for therapeutic purposes.

➢ Balneotherapy; is a treatment with natural mineral waters.

➢ Talassotherapy; is a treatment with seawater and values.

➢ Hydrotherapy; is a treatment with fresh water at a temperature of 20 ºC.

➢ Speleotherapy; is a treatment in caves.

➢ Peloidotherapy; is a treatment with mud.

The concept of SPA varies according to countries around the world and for its purposes of use. The term SPA "Salus Per Aquam" means "health coming with water" or "Health-goodness from Water". Acronyms were not used in classical times that appeared in the 20th Century. This health-bringing water, mineral hot water, Balneotherapy with geothermal water use, sea water Talassotherapy or other applications are according to their purpose and usage. Wellness is an activity that aims to gain health, vigor and maintain healthy, quality life (Özbek, 2008: 101).

The concept of being healthy is defined not only physically, but also spiritually and socio-culturally. This changing health paradigm creates the concept of SPA & Wellness. Spa & Wellness centers are the name given to water therapies applied from the Romans to date. Today's human being wants to reach scientific and technological developments in modern medicine not only for health and treatment purposes, but also for beauty and "staying young". This desire makes health tourism important in the world as a new tourist trend (Başa, 2009: 207).

1.2.7.1.3 Elderly Tourism (Eld - 3rd Age Tourism)

Tourism for elderly and disabled is a type of health tourism that includes care treatments with increasing age averages, especially in the last twenty-thirty years of people aged 65 and over. The increase in the total population of the elderly population, which can be seen especially in western European countries, is remarkable in terms of this type of tourism. In fact, in some countries, the ratio of the group over 65 to the total population rises above

25%. This development brings different healthcare spending and different treatment processes for elder people (Aydin et al., 2011: 5).

This type of health tourism created by choosing places such as clinical hotel, nursing homes, resorts and recreation area can be done in forms such as tourism for elderly (sightseeing tours, work therapy), geriatric care services (care centres or rehabilitation services), rehabilitation services at the clinical hotel, special care and sightseeing tours for disabled people (Özcan and Aydın, 2015: 88-89).

The continuous development of health opportunities today and the prolongation of life expectancy of individuals, especially in European countries, decreased fertility and with it, the increase in the proportion of the elderly population compared to the young population, have been the reasons that make this tourism attractive (Zengingönül et al., 2012:13).

New developments in the field of health and the rise in people's living standards have extended the average life expectancy. The prolonged life expectancy and decreased fertility rates caused an increase in the elderly population. This has become a major problem in EU countries. EU countries are trying to provide affordable housing, care and health care for their growing elderly populations while looking for ways to reduce rising costs (Ahmadov and Orhan, 2008: 367-368).

Especially in developed western countries, the period of rapid population growth after World War II has now been replaced by a low birth rate and the weight of an aging population. Today, the population over the age of 65 is close to 20-25 percent in developed countries and is estimated to reach 50 percent by 2050 (Selvi, 2008: 275-295).

Researches show that the preferences of elderly tourists vary, such as cultural trip, health trip, walking, fresh air, enjoying nature, finding peace and resting. Elderly tourism has its advantages. These are; choosing long-term holidays, spending more than other tourists, paying great attention to quality and comfort, constantly customer phenomenon, coming back to their favorite places every year for holidays (Gümüş, 2012: 59-61).

When it comes to the participation of the eld group in tourism, not only marine tourism should come to mind. Turkey, which is richer in underground resources, has various values suitable for health tourism, especially thermals and hot springs. Due to the increase of health problems such as rheumatic diseases, bronchitis, asthma etc. of elderly people, health tourism can be developed and made attractive. Turkey is a country close to Europe as a destination. This closeness is an advantage in terms of benefiting from third-age tourism from European countries. Turkey's climate is available for the elderly and pensioners and it is possible to take advantage of the sea even in spring and autumn (Yıldırım, 1997: 79-80).

Due to the increase in the elderly population in the world, there is also an increase in the health expenditures of countries. Elderly (eld, 3rd age) tourism has led patients, especially from European countries and USA where health care is expensive, with over-65s to travel to countries where health care cost is lower and prices are more affordable.

1.2.7.1.4 Disabled Tourism

WHO (World Health Organization) has expressed the concept of disability as "some of physical, mental and spiritual features cannot be used in a certain amount and functionally or possess visually or partially absent organs and this problem prevents life in normal living conditions." (Zengin and Eryılmaz, 2013: 53).

Today, disabled tourism is an important niche market that is growing for the tourism sector (Bizjak et al., 2011: 842).

In the context of increasing tourism diversity, it is a fact that the tourism revenues of the countries that are going to improve their tourism services for disabled people will increase gradually. Providing the necessary structural and service elements in order to ensure that individuals with disabilities can easily engage in tourism activities without any difficulties, such as other healthy individuals, are a prerequisite for the countries to benefit from disabled tourism in the tourism sector. Therefore, it is projected that individuals with disabilities have an important market share in the tourism sector and that countries

wanting to take a share of this market zone in the coming centuries will be competing with each other (Bulgan, 2014:163).

In the study titled OSSATE (One-Stop-Shop Accessible Tourism in Europe) conducted by the University of Surrey, England, it has been observed that there are nearly 46 million disabled people with physical or mental problems in Europe. According to the research results, about 70 percent of this population travels. Considering that these people usually travel with the accompany of one or more people, the potential figure traveling in Europe is 130 million people and their approximate tourism expenditure is more than 80 billion Euros. https://www.tursab.org.tr/tr/engelsiz-turizm/dunyada-ve-turkiyede-engelsiz-turizm-pazari_487.html, (access date: 23.03.2018).

Since disabled tourism is seen as an accessible tourism branch, applications within the scope of disability tourism can also be evaluated for other tourists such as health tourists, third-age tourists, tourists carrying strollers and suitcases. Considering that the elderly population in the world is increasing day by day and the travels for health purposes are increasing, it is clear that the necessity of these practices is at an undeniable level. Increasing elderly population, increasing number of disabled tourists around the world and increasing travel for health purposes require investment in the scope of disabled tourism (Baş, 2016: 168).

1.3 International Health Services And International Patient Concept

The international production, consumption of health services and the international circulation of patients in this context has always been a phenomenon that has existed throughout history. However, especially in recent years, with the globalization process, which is mainly sourced by information and communication technology, this circulation has increased further and a serious market has been created with a focus on the health tourism label. It is possible to identify an international patient as the person who benefits from health care while in another country, outside the country of residence or by going to another country. Instead of the concept of international patients, concepts such as cross border patient, cross border health tourist, health tourist, health of tourist can also be used although there

are differences in the meaning details instead of the international patient concept (Kaya et al., 2013: 11).

In the Ministry of Health Turkish Medical Tourism Evaluation Report prepared by Kaya et al. (2013: 11),

1)   The concept of international patients is to travel from where the patient is resident in the scope of Medical tourism (medical tourist); usually second and third-line health institutions and organizations to take advantage of the treatment applications performed by physicians.

1)   Patients under tourist health; The health of the tourist is that people who participate in tourism activities for a purpose other than health, benefit from the health services where they are as tourists if they need during the tourism movement.

2)   Patients who receive services under bilateral agreements in the field of health; An important application area and mechanism of international relations are International Bilateral Agreements on Health. In this sense, the Turkish Ministry of Health has bilateral agreements with some countries in many health related areas. A certain number of patients from these countries come to Turkey within the scope of the relevant protocol and treatment is planned by the Ministry of Health. Turkey has bilateral agreements with Sudan, Afghanistan, Yemen, Albania, TRNC, Kosovo, Azerbaijan.

3)   Patients receiving services under the agreement with the Social Security Institution; countries are able to take advantage of each other's health care facilities under the agreement between social security organizations. In this context, Turkey can provide health services if needed to the citizens of the contracted country (diaspora/expatriates) who have the right to receive health assistance under the Social Security Agreements signed. Countries which Turkey has made Social Security Contracts as of the end of 2012 are; Germany, Austria, the Netherlands, Belgium, France, TRNC, Macedonia, Romania, Albania, Bosnia and Herzegovina, Czech Republic, Azerbaijan, Luxembourg and Croatia.

1.4. Health Tourism In Turkey

Health care for international patients has created a global sector of health tourism. Turkey has the potential to be a leader in this global sector with high added value. Turkey is a country that can create supply for all varieties of health tourism, which constitute a rapidly developing trend in the health industry (Sügür, 2016: 46).

Health tourism, which is a rapidly growing sector as a result of the globalization process in the world, problems in country health systems (such as long waiting lists, high costs and quality problems in services), awareness of consumers and dynamics such as the European Union (EU), is a concept that includes the elements of the holiday and treatment in a very general sense. Turkey has a unique location in terms of hosting these two elements together.https://docplayer.biz.tr/2154695-Turkiye-nin-saglik-turizmi-potansiyeli-ve-guclukler-turkiye-nin-saglik-turizmi-potansiyeli-ve-guclukler-dr-hasan-huseyin-yildirim-umran-altunkaya.html, (access date: 04.09.2018).

Turkey is an important SPA-Wellness and Thermal tourism destination country due to its thermal resources, favorable climatic conditions and geographical closeness to European and Middle Eastern countries. It ranks first in Europe in terms of geothermal resource wealth and potential and ranks among the top seven countries in the world (BAKA, 2013: 9).

There are also variations in the area where foreign tourists, who come to Turkey to protect and improve their health, want to receive services like the countries in which they come from. In other words, all health tourists coming to Turkey come not only for eye surgery or for a cosmetic procedure, but also for a range of service products that include these branches. Before the medical procedures that attract the attention of health tourists in Turkey on the subject, it is also worth mentioning that the number of health tourists coming to Turkey for the main types of health tourism such as thermal tourism, geriatric tourism, disabled tourism, SPA tourism are not at all low (Kiremit, 2008: 50).

Turkey has been one of the most popular destinations of health tourism in recent years in the '2014 Health Tourism Report' prepared by the Association

of Travel Agencies of Turkey (TÜRSAB). Turkey, which offers both price advantage, travel opportunity and quality technological infrastructure, is one of the preferences of international patients. Moreover, treatment in Turkey in some areas is up to 60 percent cheaper than in many European countries. For example, the heart by-pass operation ranges from $39,000 to $43,000 in Spain, while in Turkey, this figure ranges from $8,500 to $21,000. In this case, health tourism in Turkey is growing day by day. According to the latest data, the number of people coming to Turkey for health tourism in 2013 exceeded 300,000. When the operations performed in health centers are added to this figure, the number increases to 480,000. Revenue from health tourism is $2.5 billion as of 2013. Turkey's goal is to treat 2 million international patients in Turkey in 2023 and the studies are underway in both tourism and health sector. Highlights in the report include:

➢ In 2013, the number of people coming to Turkey for health tourism is 300,000. For 2014, the target is 400,000 people. However, the figure reached 480,000 even in 2013 when people who came to health centers such as hair transplantation and plastic surgery were added with their own initiatives.

➢ Revenue from health tourism is $2.5 billion. The goal is to increase that number to $20-25 billion by 2023.

➢ Turkey saves close to 60 percent in medical operations costs compared to other countries. For example, the bill for having a heart by-pass is between $8,500 and $21,000 in Turkey, while in Spain it is between $39,000 and $43,000. In Germany, it is possible to have spinal fusion surgery for $29,000, while in Turkey it is for $7,000.

➢ Turkey is a popular destination not only for compulsory medical operations, but also for hair transplantation and aesthetics. Hair transplantation is an average of 5,000 TL in Turkey, while this figure is 10,000 Euros in Europe and $30,000 in the United States.

➢ Turkey ranks 9th in the world with 1,200 surgeons in terms of the number of plastic surgeons.

➢ The majority of patients who come for treatment in Turkey prefer July. Antalya ranks first among the most visited cities. This shows that health and

tourism are moving forward in parallel. Income per patient starts from $2,000, and in medical tourism, this figure averages up to $12,000.

Table 1:

Number of Foreign Patients Coming to Turkey

Year	Number of Patients*	Year	Number of Patients*
2008	74,093	2011	176,000
2009	91,961	2012	261,999
2010	109,678	2013	300,000

*The number of patients covers those registered in public and private hospitals. It does not cover those who come for touristic purposes and have operations such as hair transplantation and aesthetic intervention in private hospitals or health centers.

https://www.tursab.org.tr/dosya/12186/saglikturizmiraporu_12186_5485299.pdf, (access date: 26.03.2018).

Oncological treatments, cardiovascular surgery, orthopedics, neurosurgery, pediatric surgery, aesthetic surgery, high-tech health services in the eye and teeth are provided in many hospitals in Turkey. Cyberknife, robotic surgery, MRI services, bone marrow and organ transplantation can be performed in these hospitals. Within the Ministry of Health, Department of Health Tourism, translation services are available in Arabic, English, German and Russian languages, 24 hours a day, on line 112 for emergency cases and on line 184 in case of complaints. All doctors must have professional obligation insurance and in the event of any medical errors or malpractice, the patient is paid instantly by insurance. All hospitals serve according to national accreditation criteria and are audited twice a year. All procedures and coordination related to health tourism are the responsibility of the Ministry of Health as required by law. Medical tourism, SPA&wellness and SPA tourism in Turkey, which has relative advantages in terms of climate, price, security and transportation, are in an exceptionally advantageous position in terms of elderly and sports tourism and have the qualifications that can appeal to all segments.

http://www.saglikturizmi.org.tr/tr/saglik-turizmi/genel-bilgi, (access date: 22.03.2018).

With the 2014-2018 program, which is the Tenth Development Plan of Turkey, it is aimed to increase the competitiveness of Turkey by improving the quality of service in the fields of medical tourism, thermal tourism and elderly-disabled tourism, which Turkey is a rising market in the world. Program targets are as follows (Kaya et al., 2013: 5);

➢ Creating 100,000 bed capacity in thermal tourism,

➢ Providing services to 1,500,000 (600,000 therapeutic) foreign thermal tourists in thermal tourism,

➢ Generating $3 billion revenue in thermal tourism,

➢ Being in the top 5 destinations of the world in medical tourism,

➢ Treatment of 750,000 medical foreign patients,

➢ Generating $5,6 billion revenue in medical tourism,

➢ 10,000 bed capacity in elderly tourism,

➢ 150,000 foreign tourists visit our country in elderly tourism,

➢ Generating $750 million revenue in elderly tourism,

50% tax exemption was introduced to the revenues from Health Tourism through the legal arrangements made in 2012. Up to $300,000 a year financial support has been provided for the promotion of health care organizations abroad. In addition to this, financial support is given to the airline tickets of health tourists who come to our country for research, reporting, advertising and treatment in the field of health tourism. With the law issued by the Ministry of Finance (no. 6322 and dated 31.05.2012), a 50% tax deduction has been introduced from the income obtained from the delivery of health care in Turkey to people who have individually signed up abroad in private health institutions licensed from the Ministry of Health. The Ministry of Finance and Economy and Turkish Airlines give incentives to individuals and institutions to revitalize health tourism in Turkey. Health Free Zones legislation work is ongoing. The line 444 47 28 (International Patient Support Unit) provides 24-hour interpreter in German, English, Arabic and Russian for Health Tourism patients. In order to get a large share of health tourism, some factors stand out. When potential

health tourists do research to get treatment, the answer to the question "Why Turkey" is given in Figure 1:
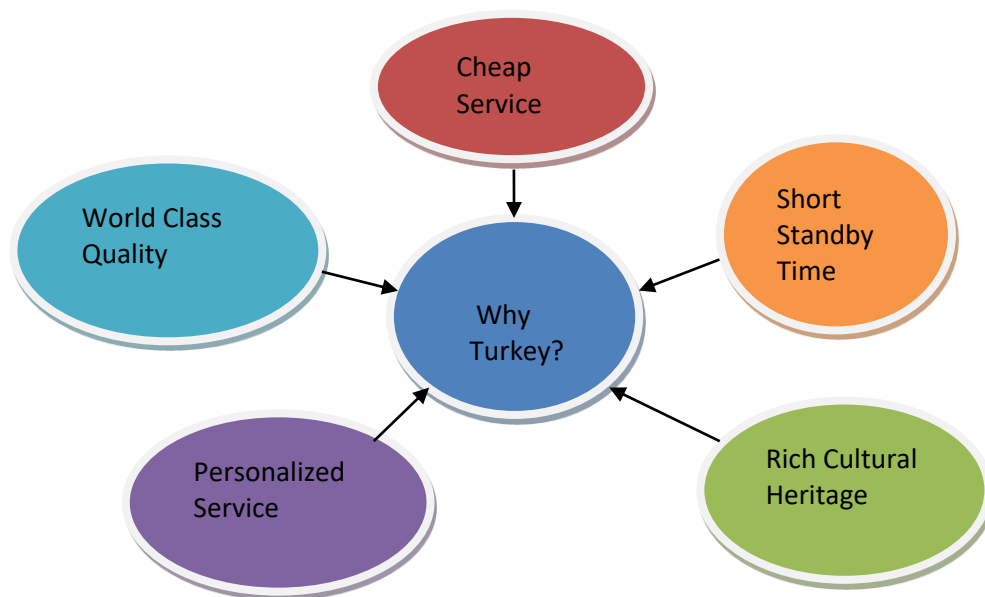
Figure 1: Competitiveness in Health Tourism in Turkey

Source: Ministry of Health (2012:27), http://www.saglik.gov.tr, (access date: 14.02.2018).

50 health organizations in Turkey have Joint Commission International (JCI) accreditation. Compared to other countries, it is seen that Turkey ranks fourth with this number. Before Turkey, there are the United Arab Emirates (80), Saudi Arabia (64) and Brazil (54), followed by Thailand (48), South Korea (35), China (30), Ireland (25), India (23), Italy (23), Taiwan (23) and Singapore (22), respectively (Aydın and Aydın, 2015: 5).

Today, Turkey is among the important countries for patients who want to go abroad especially for cosmetic, eye and dental operations. For example, it is known that the prices of cosmetic surgeries are very high especially in England and Canada and a long waiting period is required for surgery. Turkey is also at the forefront of eye and tooth services in medical tourism with high technology, reasonable price and short waiting time. Turkey is increasing its share in the sector day by day offering patients the opportunity to get their health in a sunny warm climate and provide treatment opportunities for every budget at affordable prices, as well as accommodation, cultural activities, rest,

entertainment, quality time and holiday. The fact that travel agencies organizing medical tours organize tours from almost every part of the world, including America, also plays an important role in the revival of the sector. That Turkey offers services cheaper than European countries cannot be shown as the only reason for being chosen in the field of medical tourism. For example, one of the reasons to prefer Turkey for the purpose of in vitro fertilization treatment is that the rate of success in the first attempt in Turkey is higher than in European countries. International patients from Middle Eastern countries and Eastern Europe are known to prefer Turkey for IVF treatment as well as cancer treatment in particular (Tengilimoğlu, 2013: 117).

Turkey is one of the few countries in the world in terms of price advantage especially in health tourism and medical tourism. The following table shows some medical procedures compared to the price on a country basis (BAKA, 2011: 14):

Table 2:

Distribution of Medical Service Fees by Some Countries ($)

Medical Procedures/ Countries	USA Patient Paid	USA Insurance	Turkey	India	Thailand	Singapore
Angiography	98,618	44,268	3,500	11,000	13,000	13,000
Bypass	210,842	94,277	12,000	10,000	12,000	12,000
Heart Valve Surgery	274,395	122,969	12,000	9,500	10,500	13,000
Hip Surgery	75,399	31,485	13,000	9,000	12,000	12,000
Knee Surgery	69,991	30,358	15,000	8,500	10,000	13,000
Spine	108,127	43,576	15,000	5,500	7,000	9,000
Mastectomy	40,832	16,833	9,000	7,500	9,000	12,400

Source: BAKA (2011: 14).

The comparison of some of the medical and dental transaction prices between Turkey and the UK shows that the average saving is by half or more.

Table 3:

Cost Comparisons of Some Medical and Dental Operations in Turkey and the UK($)

Medical Procedures	United Kingdom	Turkey	Average Savings (%)
Coronary Angioplasty	13,000-15,000	5,000-6,000	60-65
Knee Replacement	16,000-17,000	7,000-8000	50-60
Hemorrhoids	3,000-4000	1,500-2500	45-55
Face Lift (Stretching)	11,000-12,000	3,000-4,000	65-75
Liposuction	5,000-6,000	2,000-3000	55-65
Cataract	4,000-5,000	1,000-2000	55-65
Teeth Whitening	900-1,200	400-500	50-60
Implant	3,000-4,000	900-1,500	70-75

http://www.turizmtatilseyahat.com/en/medical-tourism-to-turkey-at-its-zenith-4549.htm, (access date: 27.03.2018).

Especially in the United States and European countries, operations at high prices can be carried out at much more affordable prices in Turkey. For example, IVF treatment cost between $15,000 and 16,000 in the United States, Turkey attract international patients at a reasonable price, such as $2,600. Furthermore, while lasik operations in European countries are 4.000 and 8.000 Euros, they are 600 Euros in Turkey; and open heart surgery in European countries costs 25,000 Euros, while $10,000 in Turkey (İçöz, 2009: 2271).

A different type of medical tourism is transnational retirement. Care centers for the elderly in other countries attract tourists in this category. Countries like Kenya allow elderly patients to stay in the country for a long time. Turkey is also working on providing services to pensioners from Northern European countries in this category. In some countries, such as Germany, the implementation of the care insurance system since 1995 has been an important source of funding for health care for the elderly and disabled. SPA-

Wellness applications are applied by professional teams in hotels and health centers located in Antalya. Tours and programs prepared for elderly and disabled individuals brought from abroad stand out as important advantages in spreading tourism in the region for 12 months. In 2008, a project was launched for Norwegian pensioners to live in Turkey, and for the first trial of this project, 1,400 pensioners were brought to a five-star hotel in Antalya, Belek for eight months from January. It is estimated that the number of pensioners to live in Norwegian villages, which will be established in ten different regions of Turkey in a short time, will be 25,000. It is hoped that this project will bring new blood to Antalya and Turkish tourism. Especially in Gazipaşa district, the public domains are considered suitable for geriatric care and rehabilitation and are considered to be invested (BAKA, 2011:15-22).

Turkey Medical Tourism Development Council Founding Chairman Emin Çakmak has stated that health tourism is not just about medical tourism, but SPA&Wellness, thermal tourism, 3rd age pensioner tourism, disabled tourism, healthy eating and advanced active life are also segments of health tourism. https://www.memurlar.net/haber/743416/saglik-turizmi-icin-turkiye-yi-tercih-ediyorlar.html, (access date: 21.03.2018).

1.5. Health Tourism In The World

Today, people can easily access more information about alternative medicine facilities and cheap and quality health care in other countries, together with the development of tourism, internet, transportation and other mass media. Therefore, conscious patients can evaluate many alternatives for their treatment and get their treatment by choosing the most suitable country and hospital for them (Özgül, 2014: 23).

Looking around the world, especially in the last 10-15 years, it is seen that some countries have maintained their place in the sector as health tourism destinations. It is possible to specify countries such as India, Singapore, Thailand, USA, United Arab Emirates, South Korea, Malaysia, Mexico, Turkey, Hungary, Argentina, Cuba, Germany, Brazil, South Africa, Poland, Italy, Spain, France and Greece (Ministry of Health, 2013: 6).

Health tourism has improved rapidly in the last 10 years. Health tourism is moving towards rapid diversification, growth and becoming an important alternative tourism. If we look to the states concerned with health tourism, India, Costa Rica, Hungary, Turkey, Lithuania, Israel, Jordan, Thailand, Malaysia, South Africa and Cuba comes first. Market choice is also very important in health tourism. The customer expectations of the United States, Europe, the Middle East, the Turkic Republics, Iran, Iraq or Syria are different. For this reason, global health tourism varies according to the expectations of country groups and customers. The most important region in the world for medical tourism is the Asian continent. The region attracts 1.3 million medical tourists a year, and the scope of medical tourism with countries such as Thailand, Singapore, India, South Korea and Malaysia has reached staggering proportions (BAKA, 2011: 9).

The most important factors affecting health care in another country are the length of cost and waiting times. The waiting periods for the treatment services of some EU countries preferring other countries within the scope of health tourism to be shown in the table below (Tengilimoğlu, 2005: 90):

Table 4.

Treatment Service Waiting Times in Some EU Countries

Treatment Type/Countries	United Kingdom		The Netherlands		Denmark	
Treatment Type	Waiting Time (day)	Patient Waiting (person)	Waiting Time (day)	Patient Waiting (person)	Waiting Time (day)	Patient Waiting (person)
Cataract	221	128,000	144	32,000	215	27,000
Coronary Artery Disease	252	60,000	100	-	146	-

Lumbar Disc	43	11,000	41	-	32	-
Hernia Repair	755	85,000	245	-	214	-
TUR	76	44,000	49	-	40	-

Source: Tengilimoğlu, (2005: 90).

In some EU countries, especially in the UK, waiting times are very long and the number of patients waiting is also very high. When looking at the health tourism market, Asian countries are leading the way in terms of service. Considering the countries that send mostly tourists to the health tourism market and the reasons for sending tourists, while the main reason for the underdeveloped countries such as Libya, Somalia, Sudan, Afghanistan, Pakistan, Syria and Iraq is the insufficient personnel and health services, in developed countries such as America and European countries, it is high costs and long patient waiting lists. In countries where the elderly population is dense, staff shortages and high care costs are the main reason (Barca et al., 2013: 64).

While demand in the medical tourism market is concentrated in three regions as North America, Western Europe and the Middle East, in terms of the distribution of demand in these regions to destinations, the favorite countries of European medical visitors are India, Malaysia and Thailand. Malaysia dominates the Middle East market due to its halal food and Islamic reference. Singapore is the main destination of the Japanese market. Cuba naturally turned to the Central American market. The most important region in the world for medical tourism is undoubtedly the Asian continent. The region attracts 1.3 million medical tourists annually and the scope of this activity has reached a staggering extent with countries such as Thailand, Singapore, India, South Korea and Malaysia. Medical tourism movements in Thailand began with gender reassignment operations in the 1970s and later oriented to plastic surgery. India is now recognized as the center of medical tourism and has renewed its technology to become the most important global hub in this field, adapted western medical methods, and highlighted its advertising for low costs and rapid care. There are European and American patients living in both Malaysia and Singapore. Dubai has established a new health city to prevent

Middle Eastern tourists from going to Asia. In addition, countries specialize in the treatment of certain diseases or in the operation of surgeries. For example, Eastern European countries such as Poland and Hungary specialize in dental treatment; South Africa in plastic surgery (Connel, 2006: 1093-1096).

Medical tourism is an industry that has continued its effectiveness with increasing efficiency every year. Instead of being active within the borders of a single country, Medical Tourism has attracted the attention of many countries and regions around the world. A country may turn to medical tourism for many purposes such as economic growth, drawing a positive image for the country in the international market and spreading the country tourism to the seasons as an alternative tourism option. However, today, the medical tourism sector is not limited to a single country, and with its support from the tourism sector, which is also known as the service industry, it is mentioned as an important sector in many parts of the world. In Table 5 below, the names of the countries most frequently researched for the medical tourism sector and the regions that contain these countries are given (Muzaffar ve Hussain, 2007: 217).

Table 5.

Top Places To Be Quoted as A Medical Tourism Destination in Internet Searches and Literature

Asia/Middle East	America	Europe	Africa	Other
China	Argentina	Belgium	North Africa	Australia
India	Barbados	Czech Republic	Tunisia	
Israel	Brazil	Germany		
Jordan	Canada	Hungary		
Malaysia	Colombia	Italy		
Singapore	Costa Rica	Lithuania		
North Korea	Cuba	Latvia		
Philippines	Ecuador	Poland		
Taiwan	Jamaica	Portugal		

Turkey	Mexico	Romania		
United Arab Emirates	USA	Russia		
		Spain		

Source: Muzaffar, F. and Hussain, I. (2007:218).

Germany is one of the medical tourism destinations preferred by patients, especially from the Netherlands, France, Austria, Poland and Belgium. Patients mostly prefer Germany in terms of cardiology, oncology and orthopedic treatments. For example, patients coming from abroad for hip dislocation, heart surgery and cancer treatment in Germany are examined within two weeks and their treatment begins (Demirer, 2010: 22).

Governments, especially in Asian countries, are leading the development of this sector. The Malaysian government has successfully demonstrated its leadership in encouraging and facilitating the growth of the sector through the establishment of the National Committee for the promotion of medical tourism. As the Hong Kong government begins to assess its ability to market its skills in traditional Chinese medicines in the region, Singapore is also working closely with government agencies to market its world-class medical skills (Teh et al., 2005: 307).

Table 6 shows cost comparisons between some countries around the world for medical operations and types of treatment as of 2016. These prices are not actual but approximate prices and do not include airfare or accommodation costs for the patient and companion. Prices may vary depending on hospital, doctor experience, accreditation, exchange rates and many other factors.

Table 6.

Comparative Medical Operation Cost Table Among Leading Countries in the World (2016- $)

Medical Process/Country	USA	India	Israel	Thailand	Malaysia	Poland	Singapore	Turkey
Heart Bypass	123,000	7,900	28,000	15,000	12,100	14,000	17,200	13,900
Angioplasty	28,200	5,700	7,500	4,200	8,000	5,300	13,400	4,800
Hip Prosthesis	40,364	7,200	36,000	17,000	8,000	5,500	13,900	13,900
Dental Implantation	2,500	900	1,200	1,720	1,500	925	2,700	1,100
Sleeve Gastrectomy	16,500	6,000	20,000	9,900	8,400	9,400	11,500	12,900
Hysterectomy	15,400	3,200	14,500	3,650	4,200	2,200	10,400	7,000
Rhinoplasty	6,500	2,400	4,600	3,300	2,200	2,500	2,200	3,100
Face Lifting	11,000	3,500	6,800	3,950	3,550	4,000	440	6,700
Abdominoplasty	8,000	3,500	10,900	5,300	3,900	3,550	4,650	4,000
Cornea (Per Eye)	17,500	2,800	-	2,800	-	-	9,000	7,000
Cataract Treatment (Per Eye)	3,500	1,500	3,700	1,800	3,000	750	3,250	1,600
IVF Treatment	12,400	2,500	5.500	4.100	6.900	4.900	14.900	5.200

Source:http://medicaltourism.com/Forms/price-comparison.aspx,

(access date: 22.03.2018).

The United States offers the most expensive health care in the world. Poland and Turkey from European countries are almost close to each other. Asian countries, India, Thailand, Malaysia and Singapore, are among the countries that offer cheap medical treatment in the world in treatments and operational costs.

CHAPTER 2
QUALITY IN HEALTH SERVICES

2.1. Definition of Health

The concept of health in the definition developed by the World Health
Organization (WHO) is defined not only as a state of health, but also as a state
of complete kindness in terms of physical, spiritual and social aspects.
According to this definition, health is a multidimensional concept and many
factors associated with each other directly and indirectly affect the health
condition (Kavuncubaşı, 2000: 18).

Health services, which are one of the four main factors affecting the concept
of health and are provided for meeting the health needs of the society, include
comprehensive studies for the protection of health and the treatment of
diseases in general. In addition, since it aims to create a healthy environment
and ultimately raise the level of health of society, there are great benefits in
examining the content of health care according to other factors affecting health
(Kavuncubaşı, 2000: 17).

2.2. Health Services

In addition to the diagnosis, treatment and rehabilitation of diseases, health
services mean a whole of activities related to the prevention of diseases and
the development of the health level of society and the individual (Kavuncubaşı,
2000: 34).

The World Health Organization (WHO) describes health services as "a
permanent system organized nationwide to achieve the objectives that vary
according to the needs and wishes of society by taking advantage of different
types of health care personnel in certain health institutions, thus providing the

health care of individuals and society with all kinds of preventive and therapeutic activities". In short, health services can also be defined as all efforts carried out by different types of health care personnel to protect the health of people through the diagnosis and treatment of diseases in various health institutions (Akar and Özalp, 2002:190).

Health services cover all services offered directly and indirectly to the individual and family. Purpose of health services are as follows (Sözen and Özdevecioğlu, 2002: 35);

➢ To ensure health demand,
➢ Raising the standard of health of society,
➢ Taking the necessary measures to ensure that people are not sick,
➢ To ensure that the sick get healthy as soon as possible,
➢ To ensure the adaptation of the sick and disabled after recovery.

2.2.1. Classification of Health Services

Health services can be classified in four groups: preventive health services, therapeutic health services, rehabilitative health services and health-enhancing services (Figure 2).
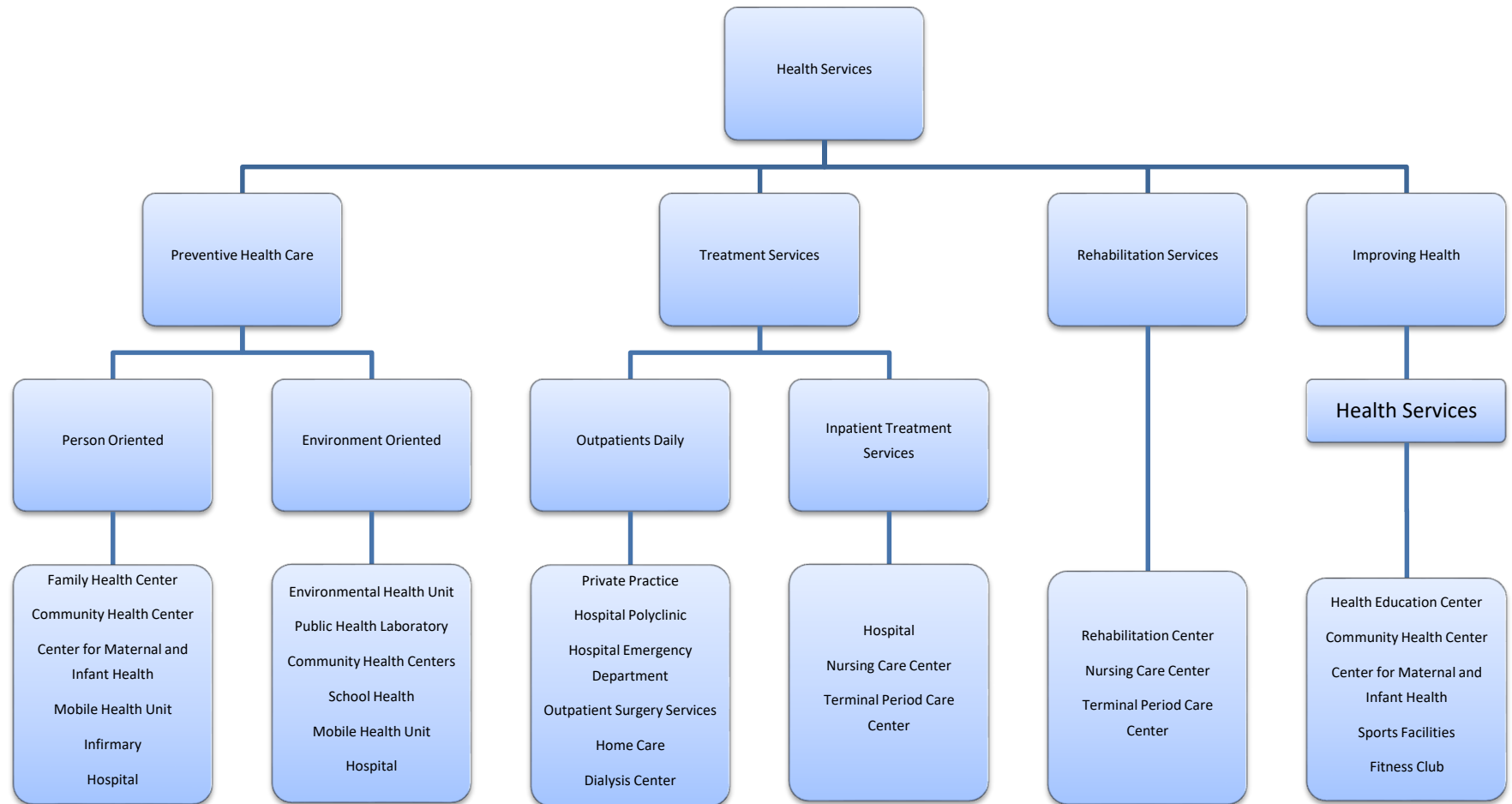
Figure 2: Classification of Health Services

Source: Kavuncubaşı, (2000: 34).

2.2.1.1. Preventive Health Care

Preventive health services are divided into two as environmental and personal services. The aim of the environmental services is to make the environment positive by eliminating biological, physical and chemical factors that negatively affect health in the environment, or by preventing these factors from affecting people. These services are called environmental health services. These services are provided by engineers, chemists, veterinarians, biologists, environmental health technicians and similar professionals who have been trained in this regard. Personal preventive health services are ones carried out by members of health professions such as physicians and nurses (Kavuncubaşı, 2000: 36).

Preventive health services are a form of struggle against the risks without the occurrence of disease or disability. Since the purpose of such services is to reduce the risk of disease in society and create a society with a higher health level, it should be presented to the whole community regardless of solvency. All services provided to protect people before diseases occur are collected under the heading of preventive health services (Tengilimoğlu et al., 2009: 44).

2.2.1.2. Treatment Services

Therapeutic health services are the ones provided to ensure that the patients whose health status is impaired reach the old health levels. Therapeutic health services are mainly the responsibility of physicians and take place with the participation of other health professionals (Kavuncubaşı, 2000: 39).

Therapeutic Health Services are classified as primary, secondary and tertiary health services. Primary health services usually cover outpatient services, while secondary health services are the ones provided to treat diseases that require intensive medical knowledge and technology within the scope of treatment services. Tertiary health services include services offered by staff with different levels of expertise in high-tech health care organizations (branch hospitals, university hospitals) (Cıvdı, 2014:12).

2.2.1.3 Rehabilitation Services

Rehabilitation services include health services provided to prevent permanent disorders and injuries due to illnesses and accidents from affecting daily life or minimizing this effect and ensuring that the person lives physically and spiritually without being dependent on others. Rehabilitation services aim to provide as high functional skills as possible to people who are injured as a result of accidents and illness through coordinated and integrated medical, social, educational and professional activities. There are two types of rehabilitation:

a) Medical rehabilitation: It is the correction of physical injuries as much as possible.

b) Social (professional) rehabilitation: It covers all kinds of services for teaching, finding and adapting to a job for those who cannot do their old jobs due to their injuries or who cannot work in a particular job (Kavuncubaşı, 2000: 45).

2.2.1.4 Health Improvement

Health improvement services are services provided to raise health care institutions to a higher level for healthy people. The main responsibility for health improvement services belongs to individuals (Kavuncubaşı, 2000: 46). Today it is known that many diseases are caused by individuals' lifestyles and habits. By developing their own lifestyle, people can increase their health status. For instance, doing sports, not smoking and using alcohol, avoiding the consumption of refining refined foods and providing personal hygiene may contribute to the increase in health level (Tengilimoğlu et al., 2009: 49).

2.3. Features of Health Services

Health services carry all the features that can be said for the concept of service, but also includes a number of unique features. The main features of health services are (Shortell and Kaluzny, 1983: 13-14):

➢ Health services are complex and variable,

➢ Specialization in health services is at a high level,

➢ Health services are urgent and irrecusable,

➢ Failure to make mistakes in health services cannot be tolerated,

➢ It is difficult to identify and measure output in health services,

➢ Functional dependence is very high in the provision of health services and coordination is required at each stage of the service,

➢ There is a dual authority in the provision of health services, which leads to problems of coordination, supervision and conflict,

➢ It is difficult to establish an effective control mechanism that will supervise the activities of the doctor, such as the type and amount of service in health care,

➢ Consumption of health services is random,

➢ There is no substitute for health services,

➢ Health services are very sensitive to uncertainties,

➢ Consumer behavior in health services is irrational,

➢ There is a lack of information from the consumer regarding the service requested in health services.

2.4. Health Services Providers

When health care systems, which we call health services, are examined, it is seen that three major sectors provide health service in almost every country of the world. These are (Hayran, 1997: 15-16):

1. Folk Sector

This sector consists of people who have not received an official education and study on health care and disease, but are considered social experts because of their various characteristics and are applied to remedy health problems. Bonesetters, healers, midwives are examples of those who serve in this sector. The folk sector is an illegal sector rejected by scientific medicine and official health organizations. However, it is found in almost every society and such applications have increased in recent years, when scientific development has also increased. Although the scientific and official medical sector ignores it, this sector needs to be well examined because it continues to exist or even grow stronger. It is seen that some applications in the folk industry can have

thousands of years of history, for example, an application such as acupuncture can be adopted by the professional sector one day.

2. Popular Sector

People who have not seen any training in health and disease, so they do not have expertise, but who are consulted because of their age or knowledge of life constitute the popular sector. Almost every person, when s/he sees an abnormal situation in his/her body, either takes a precaution, medication or mentions it to a person s/he trusts. This person may be the mother, father, an elderly person in the family or any friend. Often, the answers received from these consultations are found satisfactory and put into practice.

3. Professional Sector

It is the sector of health care personnel who are experts by having special education and training and whose expertise are accepted and documented by the authorities. Physicians, nurses, pharmacists, dentists, physiotherapists, and many other professional groups are involved in this sector and provide health services within the limits set by the legislation. Few of the total health service produced and consumed within societies is provided by this sector.

We can examine the health enterprises by dividing them into two groups as inpatient and outpatient health enterprises according to the types of health services they provide. (Akar and Özalp, 1997: 43-57):

2.4.1. Inpatient Health Organizations (Hospitals)

The hospital is defined as "the institution where patients and the injured, those who doubt the disease and those who want to control their health status are monitored by outpatient or inpatient monitoring (observation), examination, diagnosis(diagnosis), treatment and rehabilitation at the same time". http://www.mevzuat.gov.tr/Metin.Aspx?MevzuatKod=3.5.85319&MevzuatIlisk i=0&sourceXmlSearch=yatakl%C4%B1%20tedav, (access date: 01.03.2018). World Health Organization (WHO), on the other hand, defines hospitals as health institutions with organized medical and other professional staff and inpatient treatment and providing service 24 hours a day, 7 days a week. They

provide a variety of acute, healing and thermal care services using diagnostic and healing services. http://www.who.int/hospitals/, (access date: 01.04.2018).

Hospitals are a type of institution with economic, technical and legal characteristics where treatment services are carried out, which is the basic function of health services. Although it is a service institution, these institutions, which have the quality of being a social institution, are generally not intended for profit. However, this does not mean that hospitals cannot be managed by business rules like economic institutions (Tengilimoğlu, 2001: 27).

Hospitals are among the complex and dynamic institutions in society. The hospital is considered as the center of the health and care system. Hospitals play an important role in improving public health as well as being the centers where patients and wounded are treated. Services outside the treatment of patients and injured are also important and also have a big impact on the health of individuals and the community. Hospitals are systems with feedback mechanisms that give a significant portion of their output to the same environment by transforming inputs in a dynamically variable environment. The inputs of a hospital consist of financial and human resources (Özgülbaş, 1995: 21).

2.4.2. Outpatient Health Organizations (Organizations providing outpatient treatment)

Outpatient health care businesses are organizations that provide basic health service. The most common of outpatient health care businesses are health care centers. These are health houses, health centers, dispensaries, Maternal and Child Health Family Planning Centers and laboratories. The main features of these businesses are to protect people from diseases by taking the necessary precautions without sickness, and to fight the diseases that are the most common, the most killing and cause the most economic losses in the society as a public health problem (Sözen and Özdevecioğlu, 2002: 35).

2.4.3. Classification of Hospitals

Hospitals can be classified according to various criteria. These criteria are (Kavuncubaşı and Yıldırım, 2010: 115);

1- It can be classified according to which institutions or organizations the property belongs to or the nature of the institutions.

2- Educational Status; It is divided into non-educational and educational hospitals.

3- Service Type; It is divided into two groups as general and private branch hospitals.

4- By their size; The main criteria used in determining the size of hospitals are the number of beds, the number of staff, the number of patient days. It can be classified as inpatient hospitals with 25, 50, 100, 200, 400, 600 and above.

5- According to the Duration of Hospitalization of Patients; Hospitals are also divided into two groups, namely acute care hospitals and chronic care hospitals, according to the average length of hospitalization of the patients treated by hospitalization.

6- According to the Accreditation Status; Hospitals are also classified as accredited and unaccredited hospitals according to their accreditation status.

7- Vertical Integration Step; The location of the hospital on the vertical integration steps or its place in a comprehensive health services plan. Hospitals are divided into three groups as primary, secondary and tertiary hospitals.

2.5. Quality-Quality Of Service- Quality In Health Services - Satisfaction

2.5.1. Quality

Quality is a very complex concept with dimensions that are difficult to understand and are not easily distinguishable from each other (Parasuraman et al., 1985: 41).

Quality is a concept that affects our lives in social, economic, political and cultural areas today. While we come across as a lifestyle in the triangle of

individual, organization and society, it is also seen as the key to sustainable success (Aslantekin et al., 2007: 56).

Very different definitions are made on the concept of "quality", which we often use in all aspects of our lives. Quality is a subjective concept that can have different meanings according to individuals. The reason is that quality is perceived differently according to individuals due to personal values, beliefs, attitudes and behaviors. The American Health Organizations Accreditation Committee defines quality as "the degree of increasing the desired results of the care given and reducing the potential for unwanted consequences" (Yılmaz, 2001: 70).

Juran, an American quality expert, described quality as "compliance with use", while the European Quality Organization (EOQ) described it as "the degree of conformity of a product or service to the consumer's wishes" (Ersen, 1997: 25).

In 1994, the European standardization committee stated that quality is "a whole of all characteristics based on the ability to meet the open and hidden needs of a quality asset" (Helminen, 2000: 9).

Quality is a measure of a brand's ability to see its functions. The degree at which a particular product is expected to perform the intended purposes that are expected to be realized, depending on the reason for its existence. Quality is the durability, reliability, accuracy, appearance, completeness and other given features of the product (Tek, 1999: 360).

When you look at the concept of quality from a marketing perspective; customer expectations and perceptions are taken to the focus and are defined as meeting customer requests and expectations. In order for the service offered to the customer to be considered quality, it must please the customer who receives the service (Kavuncubaşı and Yıldırım, 2010: 453).

2.5.1.2. Quality of Service

Since the service is labor intensive, it varies from one service provider to another. In the quality and content of the service, it is natural to see large fluctuations and changes depending on people, time and environment. It is

impossible to standardize services. It is not possible to store and stock services (Malhan and Özgülbaş, 1999: 116).

For many years, quality of service has been the primary target of all sectors in terms of accelerating and sustaining their development. Quality of service is one of the most studied topics in service marketing. Studies have shown that the quality of service is associated with the performance of the business and customer satisfaction and purchasing decision (Dursun and Çerçi, 2004: 2).

It is expressed as a measure of how much the service provided to the customer meets the customer's expectations (Parasuraman et al., 1985: 42).

It arises as a result of the service provided to the patient in a realistic way, by measuring the improvement in the patient's health, that is, on the basis of technical quality. This is actually an indication of the degree of compliance of quality to the scientific standards of the service provided. However, no matter how scientific the quality service delivery is, if the wishes, expectations and requirements of the beneficiaries of the service are underestimated and ignored, the goal of quality service will be insufficient to achieve (Kavuncubaşı and Yıldırım, 2010: 453).

The fact that the consumption of the services is abstract, non-durable, variable, heterogeneous and production and consumption at the same time makes it difficult for customers to evaluate the quality of the service they will receive before purchasing. Parasuraman and his colleagues noted three important issues related to the concept of quality of service (Parasuraman et al., 1985: 42):

1- It is much more difficult for customers to evaluate the quality of service than to evaluate the product quality. It is possible to evaluate the quality of a product with its physical characteristics (such as raw material, appearance, freshness). However, since services are abstract, their quality is much more difficult to assess because they vary from person to person. Since the services are abstract, they cannot be evaluated with concrete and numerical data, such as the concrete product that emerges at the end of the production process.

2- Service quality perceptions are the result of comparing consumer expectations with real service performance. Providing quality service means being compatible with customer expectations. Quality of service is evaluated by comparing customer expectations and service performance. If performance is better than expectations, it can be mentioned that the quality of service is high.

3- Quality assessments include not only the result of the service, but also the process of the service offered. Service performance is provided with the physical features of the service, the equipment used and the service provided by the attendants. Since the services are consumed at the time of production, they are considered as a whole process, not as the product that emerges at the end of the production process.

The fact that the service provided is abstract requires the quality of the service to be abstract. In this respect, the concept of perceived quality of service is expressed when considering the quality of service. The perceived quality of service is customer perceptions or intuitions for quality of service. The high quality of service that customers perceive from the service they have received is considered to be the most important determinant of customer satisfaction (Top et al., 2011:106).

2.5.1.3 Quality in Health Services

According to some historians, quality in health services begins with Florence Nightingale. Nightingale helped lay the foundation of quality programs by proposing the establishment of a system that includes the collection and evaluation of statistics in order to improve the health services provided in hospitals in England in the late 19th Century (Graham, 1995: 5).
Quality is often defined as realizing the requests and needs of patients by using hospital resources efficiently and with minimum consumption (Holthof, 1991: 32).

When evaluated in terms of health, quality can be understood as meeting the expectations of the patients and providing a long-term satisfaction by the service provided. Here, it becomes important what patient expectation is. The

ability of patients to make preferences and assessments about what type of medical care should be received is almost non-existent compared to other services. The patient can only make an assessment of the care environment and the behavior of health professionals. Measuring quality based solely on these assessments can give misleading results (Kavuncubaşı and Esatoğlu, 1998: 270).

The complex structure of health enterprises and the direct nature of the service are related to human life, making it difficult to define quality in terms of health. Since there is no compensation for the mistakes to be made, it is possible that even a small decrease in quality will cost human life. Therefore, health care providers must provide services with no mistakes. The concept of quality in the provision of health services "may be defined as meeting the expectations and needs of patients in all service processes, as well as diagnostic, treatment and care services in accordance with the standards in indicators with international validity" (Değer, 2012: 28).

Making a quality definition in health services is a more difficult task than the service sector in general. However, the concept of quality in the provision of health care services can be defined as "fully meeting the expectations and needs of patients in all service processes, as well as diagnostic, treatment and care services in accordance with standards in internationally valid indicators" (Zorlutuna, 1997:185).

Tengilimoğlu (2011: 316) defines quality in health service as the quality of the health service as a result of the judgment of the benefits and harm balances laid out by the units that constitute the institution during the health service presentation as the difference between the quality level expected by the customer (expected quality) and the level of perceived quality (perceived quality).

In order to talk about a quality health service, it is necessary to distribute and use the necessary resources efficiently, to provide the service effectively, to pay fair attention to the access of the target audience to the services, and to

ensure the satisfaction of those who use the service during and after service delivery (Hayran and Sur, 1996: 121).

Quality in health care according to Tükel et al. (2004: 206) can be considered as shortening the waiting time for a surgical intervention, giving real emergency care in the emergency department, minimizing differences in clinical applications, eliminating insufficient or incorrect clinical practices, applying the scientific truths of the day and using the technology of the day, having a certain level of physician patient relations and working patient relationships, or improving the health of the community.

According to another definition, quality in health services is the continuous and stable elimination of the importance of patients' needs. This can be achieved by carrying out activities that are facing the happiness of the patient such as 'accurate diagnosis and treatment, service provided with smiling face without waiting, clean and hygienic environment, affordable price' which are elements of quality in health (Torun, 2009: 33).

According to Avedis Donabedian, one of the experts who shapes the understanding of quality in health services, "quality" in health care is a very difficult, perhaps an impossible concept to explain completely. However, he suggests that six characteristics, defined as effectiveness, efficiency, optimality, acceptability, legality and fairness, cover most of the quality concept (Donabedian, 1992: 22).

Since so many different features are included in the definition of quality, it can be wondered what to include and not, and the relative priority or recognition to be given to each of these features. According to Donabedian, there is no general answer to this question. The answer depends on what is purposeful, why the person is responsible, or what s/he can control (Kaya, 2005: 12).

2.5.1.4. Quality Dimensions in Health Services

In order to understand and manage the quality of health service, it is necessary to divide the quality of service into various components. Thus, it may be possible to make a case more concrete. There are different opinions on how to evaluate the quality of service. However, the difference between these views

should be perceived not as discrepancy, but as richness and different evaluation (Günal, 2007: 25). The researchers identified different approaches to the size of the quality of service. These are seen in Table 7 (Uyguç, 1998: 36).

Table 7:

Service Quality Dimensions

Authors	Service Quality Dimensions
Sasser, Olsen, Wyckof (1978)	a. Quality of materials used in production b. Technical facilities such as physical atmosphere, tools, equipment, etc. where the service is created c. Attitude and behavior of staff
Lehtinen (1983)	1. Three-dimensional approach a. Physical quality b. Quality of interaction c. Company quality 2. Two-dimensional approach a. Process quality b. Output quality
Gronross (1983)	a. Technical quality b. Functional quality c. Company image
Parasuraman, Zeithaml and Berry (1985)	a. Reliability b. Eagerness c. Ability d. Accessibility e. Courtesy f. Dialog g. Credibility h. Security i. Get to know/understand a customer j. Service environment (Physical properties)
Norman (1988)	Features of the service pack: a. Changeable (soft) features b. Stable (hard) features

Source: Uyguç, (1998: 36).

When table 7 is examined, it is seen that the most comprehensive service quality dimensions are developed by Parasuraman, Zeithaml and Berry. The quality dimensions that are divided into ten categories by Parasuraman, Zeithaml and Berry (1985: 46) are as follows;

1- **Reliability;** requires consistency in performance and reliability. This means that a business performs the service correctly for the first time and accepts the promises it has made as honor. In particular, it includes

billing accuracy, keeping records accurately and performing services at the specified time.

2- **Enthusiasm;** explains the readiness and willingness to serve. Determines the timely and appropriate response rating of the vendor to the customer. It covers activities such as immediate service, assisting the customer, and returning on time.

3- **Ability;** the degree of professional knowledge and ability required by the service providers. Requires a minimum margin of error in employees' relationships with the customer. Employees' expertise, talents, training, ability to follow and research innovations can be given as examples.

4- **Access (Accessibility);** includes accessibility and ease of communication. Therefore, access means that the service is easily accessible by phone (lines are not busy and keep people on standby), the waiting time required to receive the service (e.g. in a hospital outpatient clinic) is not long, processing times and the facility where the service is offered is appropriate.

5- **Courtesy;** requires kindness, respect, attention and friendship of communication personnel. Careful treatment of the customer's goods and the clean and proper appearance of the personnel who provide services can be evaluated in this context.

6- **Communication;** means that customers are informed in a language they can understand and listen to. This requires the business to communicate with a language that different customer groups can understand.

7- **Credibility;** is that employees show a sincere interest in the customer they serve and make the customer believe in them. Business image created with integrity and personal characteristics of employees are factors that increase business reputation and credibility.

8- **Safety;** is to choose without danger, risk or doubt. It covers physical security, financial security and privacy.

9- **Understanding/Knowing the Customer;** requires effort to understand customer needs. Therefore, it involves learning the consumer's specific

needs, paying attention to individualized service delivery and recognizing the customers who come regularly.

10- **Embodiment (Physical Features);** includes physical evidence of the service. These are physical facilities, staff appearance, equipment and tools used in service delivery.

2.6. Service Quality Measurement Models

Although many methods are used in measuring quality of service, the first model for measuring service quality from these models used in health care is the Perceived Quality of Service Model developed by Grönross (1984). The SERVPERF model was developed by Parasuraman, Zeithaml and Berry, (1988) and Servqual, and Cronin and Taylor (1992) based on customer perceptions only in the measurement of service quality. Here, these three models will be explained.

2.6.1. Perceived Quality of Service Model of Grönroos

According to Grönroos, the technical results of the service presentation process relate to what the customer received from the service. However, customers are interested not only in what they receive from the service process, but also the process itself. Therefore, it is important how the customer receives the technical output functionally. This dimension, in which the customer functionally receives technical quality, is called functional quality (Grönross,1984: 39). Grönroos (1984: 40), who developed the model, collected the quality of the services in three components as technical quality, functional quality and company image (Figure 3).
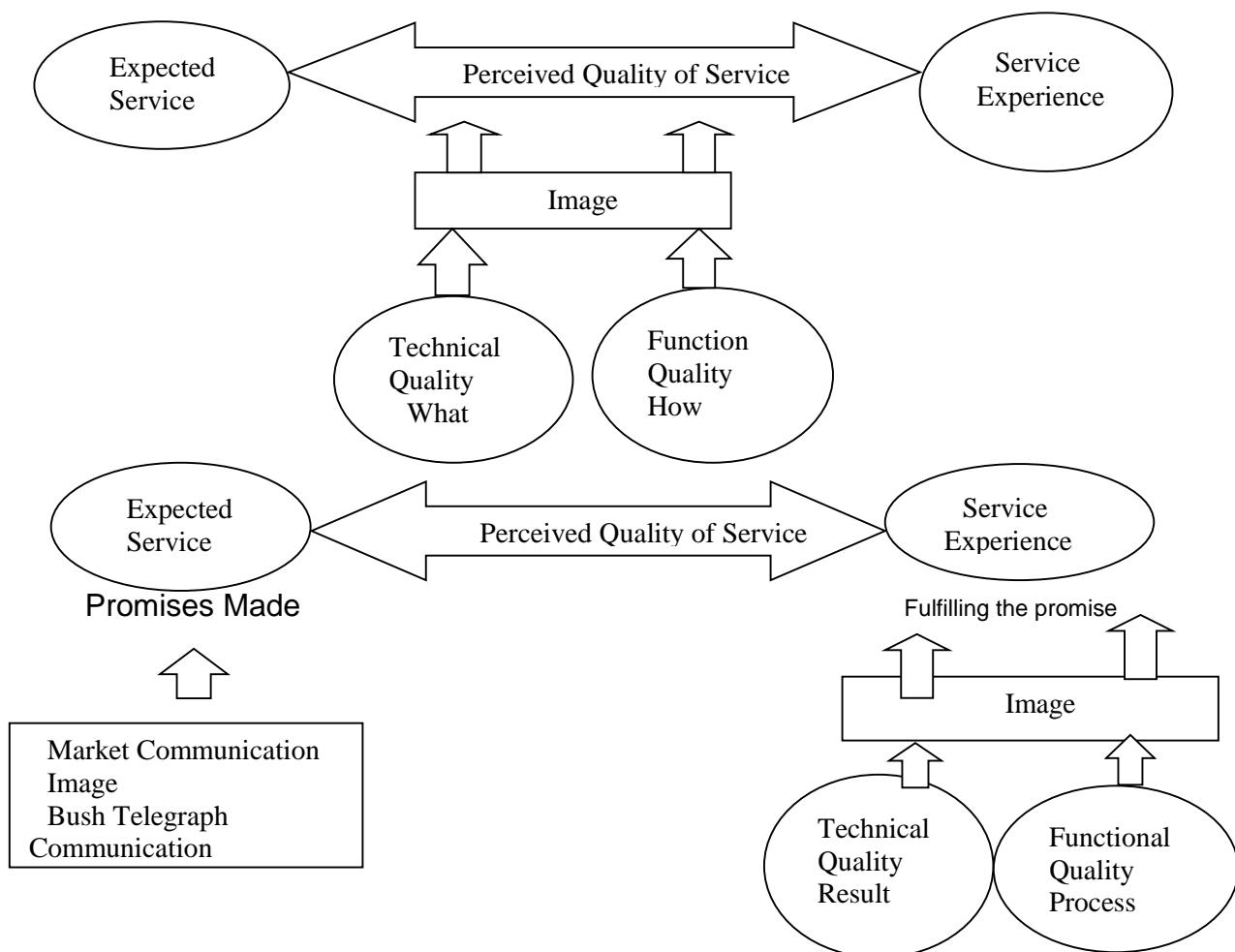
Figure 3: Perceived Quality of Service of Grönroos

Source: Grönross, (1998:322).

The technical quality size constitutes the technical output of the process. For example, the result of an interaction with a service company is what the customer receives. This is important for the customer and his service assessment. The customer is affected not only by what he obtains, but also how it is transferred. Functionally, how the customer obtains technical quality of technical output creates the functional quality dimension. In summary, there are two quality dimensions; Technical quality answers the question of what the customer achieves, and functional quality is the answer to the question of how s/he gets it. While technical quality is evaluated objectively, functional quality is subjectively evaluated. The study illustrated the company's image as a third dimension. For most service companies, the company's image is very important. The company's image is the result of how customers perceive the

company. Image usually occurs as a result of the technical and functional qualities of services (Ayhan, 2009: 38). According to Grönroos, functional quality (1984:40) is described as a dimension of how personnel behavior is in service, i.e. how it is served to the customer, while the image is a result of how the service-producing business is perceived by consumers.

The perceived service quality model is not designed to be a functional model in the measurement of service quality. The model was introduced and developed as a theoretical structure to help academics and practitioners understand the cause of the loss of production of service businesses (Grönroos, 1998: 329).

2.6.2. Servqual Service Quality Model

The Servqual measurement method developed by Parasuraman, Zeithaml and Berry is the most commonly used model by researchers for service quality measurement. Since the services are abstract, the quality of service is also abstract. Therefore, the term "perceived quality of service" is used instead of the quality of service by researchers (Akdu, 2014: 56).

The perceived quality of service is a result of the direction of customers' expectations of the service and the perceptions of the service for performance during service delivery. According to this approach, which is based on the comparison of customers' expectations from service and their perceptions about service, if the expected service is greater than the perceived service, perceived quality will not be satisfactory. If the expected service is equal to the perceived service, the perceived quality will be satisfactory. In order to ensure that the quality perceived by customers is considered ideal quality; the expected service must be less than the perceived service (Parasuraman et al., 1985: 48-49).

Determinants of Quality of Service	Word Used in Verbal Communication	Personal Needs	Past Experiences
1.Reliability 2.Enthusiasm 3.Ability 4.Access 5.Courtesy 6.Communication 7.Credibility 8.Security 9.Understanding/ Knowing The customer 10. Concreteness	Expected Service	Perceived Service	Perceived Service Quality
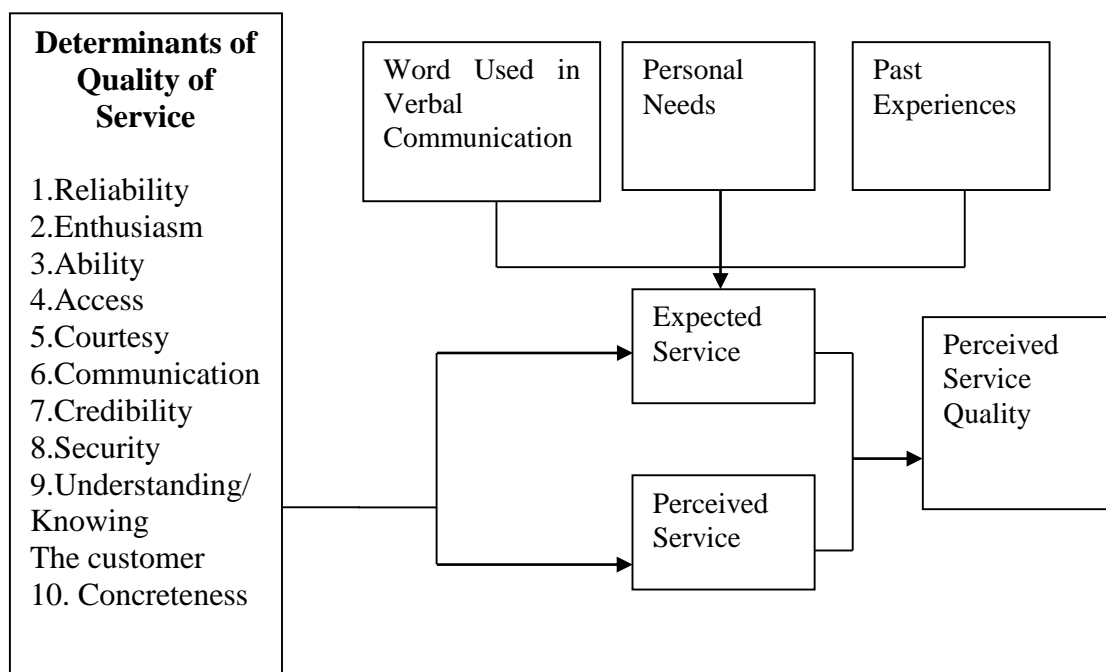
Figure 4: Perceived Quality of Service Determinants

Source: Parasuraman et al., (1985:48).

The researchers argued that the quality of service perceived by the customers will be as shown in figure 4 in the continuation of the studies on the determining factors listed above. Accordingly, "perceived quality of service" emerges by comparing the service expected by the customers with the service they perceive within the specified dimensions. In addition, the service expected by customers is under the influence of bush telegraph communication, personal needs, past experiences and external communications. The person will have a number of expectations based on the ideas s/he acquired in these ways before purchasing the service (Yalkın, 2010: 54).

Relationships between expected service and perceived service can be listed as follows (Parasuraman et al., 1985: 48-49);

a. If expected service> perceived service, perceived quality is far from satisfactory and an unacceptable level of quality will occur.
b. If expected service = perceived service, perceived quality will be satisfactory.

c. If the expected service <perceived service, perceived quality will be higher than satisfactory and an ideal level of quality will occur.

As a result of interviews with managers in the categories of banking, credit card services, securities brokerage and repair and maintenance services by Parasuman et al. (1985: 43), the issues of how managers perceive the service quality and what the managers should do in the delivery of a service that will be evaluated by the customers as quality. As a result, some gaps have been found both between the quality understandings of the service providers and their applications, as well as between the expectations of customers from the service and the actual service they receive. According to Parasuman et al., these gaps are of great importance enough to prevent the services to be offered from being perceived as high quality by customers. The following are the factors that cause these gaps and these gaps (Figure: 5):

Quality of Service Model
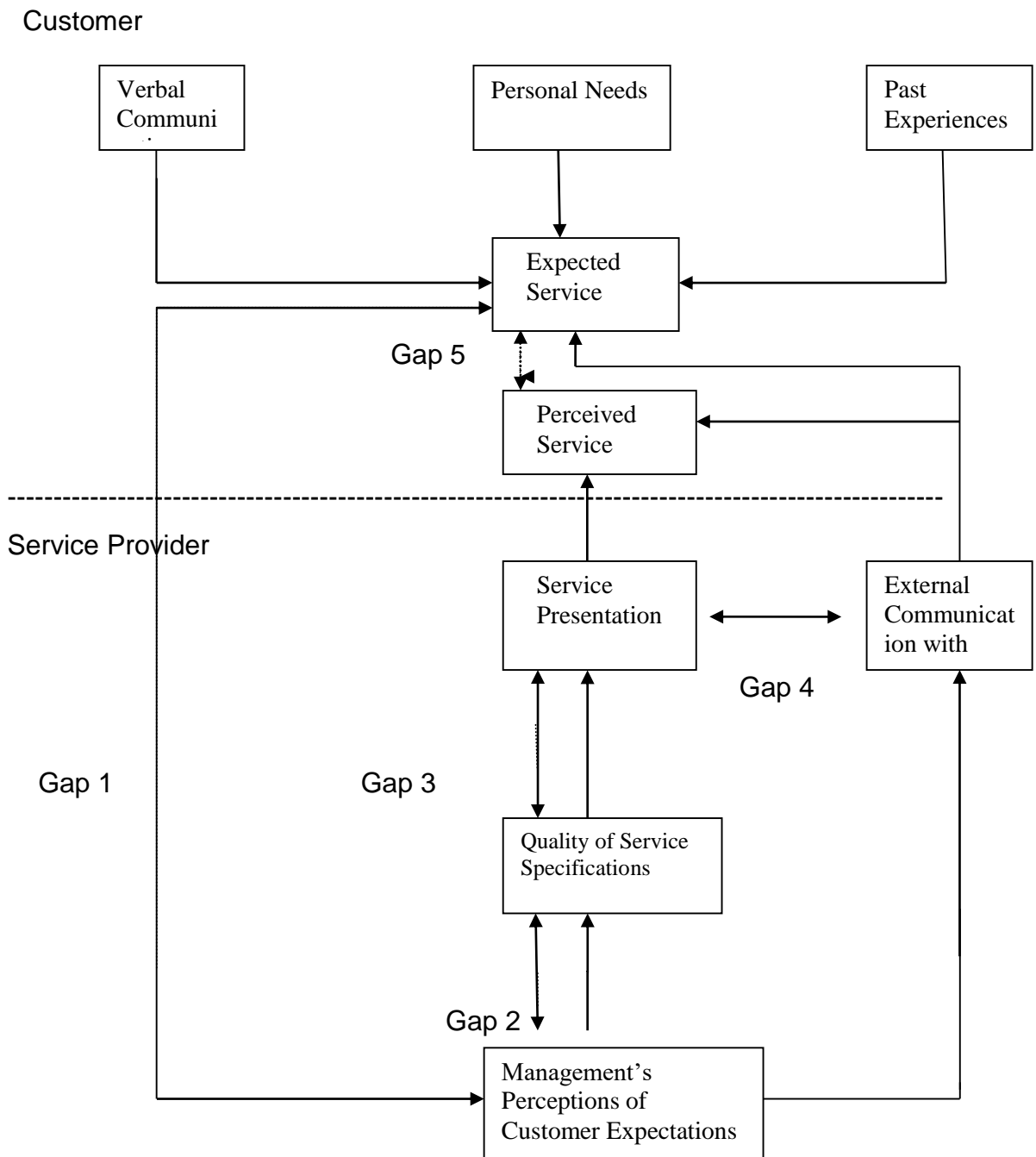
Customer

Figure 5: Quality of Service Model

Source: Parasuman et al.,(1985: 44).

Figure 5 includes the first four gaps from service servers that cause customer dissatisfaction at the bottom of the model expressed as a quality of service model, and the fifth gap at the top expressed as a customer gap. These gaps are (Parasuman et al., 1985: 44-46, Chowdhury, 2008: 134-135);

Gap 1: Perceptions of management against the expectations of customers: Management may not always be able to accurately understand what customers want.

The discrepancies between management's perceptions and customers' expectations can be explained by the following examples (Parasuman, Zeithaml, Berry, 1985: 44):

➢ In each bank and securities brokerage customer group, priority and privacy are considered as key quality qualifications in their activities during their transactions. However, these concepts are rarely expressed in executive interviews.

➢ Discussions in the customer group created by credit card customers expressed dangers regarding the physical and security characteristics of the credit card,(e.g. the possibility of credit card being used by others), while the executive interviews found that this was not considered a critical issue.

➢ In the customer group discussions on repair services, customers stated that big repair companies are not always considered to be high quality service companies, and independent small repair companies can provide high quality services. Contrary to that, the interpretation of many managers in the executive interviews is that the size of the company is a sign of power in the context of quality.

Gap 2: Characteristics of the service against management perceptions: Management perceives customer requests correctly, but sometimes cannot provide service standards to meet the customer's needs. In the interviews of Parasuman et al. (1985: 44) with the managers of the service companies, the managers, based on their experience, talked about the difficulty of serving the service equivalent to or exceeding their expectations, and the limitations that prevent them from providing the service they expect.

Gap 3: Service delivery against the new service design and standard: Staff can be poorly trained, inadequate or reluctant for standard service delivery. Staff can sometimes be lazy and inadequate in listening to customers and serving them quickly. This gap is a gap in the failure of the business to demonstrate the desired service performance, even though it has correctly

perceived and enacted the appropriate standards. This gap between service quality features and service performance is due to the inability of employees to perform the service at the desired level or to be reluctant to do so. It may not always be possible to expect the same performance from all of the service businesses employees and to standardize it (Parasuman et al., 1985: 44).

Gap 4: External communication against service delivery: Comments and advertisements made by business representatives affect customer expectations. This gap is mainly due to the fact that the service is different from the service offered by the service businesses, which are announced to their customers through written and visual media. Businesses' advertisements affect customer expectations. In this context, in order for the customer's sense of quality for the service offered to him/her to be positive, the service must be presented as expressed in the advertisements. If the advertisements are unrealistic, customers with high expectations will have low sense of quality for those services (Parasuraman et al.,1985: 45).

Gap 5: Expected service against the perceived service: The fifth gap, which is the result of interviews with managers and the result of the above four gaps affecting customers' perceptions of quality, is the result of comparisons between the service customers expect to receive from businesses. In other words, perceived quality of service can also be defined as the direction and degree of difference between customers' expectations and perceptions. The perceived quality of service depends on the size and direction of the fifth gap. The fifth gap can also be expressed as a function of the other four gaps (Parasuraman et al.,1985: 46).

For services that can be described as "quality" in the Servqual model, possible features that must be available in a service have been investigated and 22 variables have been obtained. According to the model; consumers have various expectations about these variables determined before receiving service, after receiving services, they compare their expectations and the service they receive. If the service received meets expectations, it is concluded that it is of quality, if it cannot be met there is a gap and thus dissatisfaction. For this reason, Servqual is also called the "Gap" model (Şarbak, 2009: 41).

As a result of the factor analysis by Parasuraman, Zeithaml and Berry, quality dimensions are combined. Physical assets, reliability and enthusiasm dimensions are preserved, ability, courtesy, credibility and security dimensions are included in the assurance dimension, accessibility, communication and customer understanding are discussed in empathy dimension (Watch, 1999: 114).

Parasuraman, Zeithaml and Berry (1988:23) and Zeithaml, Parasuraman and Berry (1990:25) have reduced these ten basic dimensions to five basic service sizes that can be applied to different markets with their work. These five key dimensions that define the Servqual scale applied in this study are:

Table 8:

Combined Service Quality Dimensions

	Physical Properties	Reliability	Eagerness	Assurance	Empathy
Physical Properties	■				
Reliability		■			
Eagerness			■		
Ability Courtesy Credibility Security				■	
Accessibility Dialog Understanding Customer					■

   Source: Zeithaml et al., (1990: 25).

1.Physical Properties/ Tangibles : Issues such as physical properties, equipment and appearance of staff, the accuracy of the predictions of physicians on disease diagnosis and treatment methods in terms of health services, providing services on time, having tests and examinations in the hands of patients on time can be considered within this framework (Rahman et al., 2007: 40).

2.Reliability: The ability to perform the promised service in a reliable and accurate manner. Issues such as the accuracy of the predictions of physicians on disease diagnosis and treatment methods in terms of health services, providing services on time, having tests and examinations in the hands of patients on time can be considered within this framework (Rahman et al., 2007: 40).

3.Responsiveness/Enthusiasm: To help the customer and be willing to provide fast service. In terms of health care, enthusiasm is directed towards patients' perceptions about the extent to which they give themselves to their jobs, and how volunteer to help patients. Responsiveness/enthusiasm (doctor, nurse, laborant, etc.) is willing to provide services and provide fast service. In a service area requiring urgency and speed, such as health, the easy and less bureaucratic procedures of hospitalization and discharge operations will increase patient satisfaction (Demir, 2008: 31).

4.Assurance : Courtesy and knowledge of employees so that they can inspire trust. Trust in terms of health services is the trust that hospital staff give to patients in terms of knowledge and skills (Rahman et al., 2007: 40).

5.Empathy: Special interest in the business's own customers.

In terms of health services, empathy can be considered as the ability of the hospital staff to complete their work in the shortest time by putting them in the patients' place, helping them in different places of the hospital such as polyclinic and service (Rahman et al., 2007: 40).

2.7. Servqual In Health Services

When the literature is examined about the perceived quality of service in health enterprises, it is seen that the Servqual scale is used as a standard in measuring the quality of service perceived by health care business customers (Devebakan and Aksaraylı, 2004: 43).

Validity and reliability studies have been carried out for the use of Servqual in health care businesses, and these studies have indicated that the Servqual scale is also available and reliable in health institutions (Rahman et al., 2007: 43).

In terms of health care businesses, Servqual also provides hospital managers with the ability to be a tool in measuring functional quality in their own organizations. For this reason, one of Servqual's biggest contributions to the health care industry is to develop the industry's ability to identify the symptoms in advance and create a starting point for examining problems that prevent quality service delivery. Health care managers will have the chance to shape the service provided in accordance with these expectations and therefore meet the expectations of patients in this way when they are aware of the areas where their expectations are high. Similarly, it will be useful for managers to know the perceptions of patients about service quality, to see how their expectations and perceptions are balanced in order to quickly identify and correct service quality problems (Babakuş and Mangold, 1992: 780-781).

The Servqual scale developed by Parasuraman and his colleagues has been used in many studies aimed at measuring the quality of health care with customer perception in the field of health. Some of these studies are briefly described below. In the studies of Kilbourne et al. (2004: 524-533) covering the United States and England, the usability of the Servqual scale has been revealed, and they concluded that Servqual includes the dimensions of tangibles, responsiveness, reliability and empathy.

In a study by Babakuş and Mangold (1992:767-786), they evaluated the suitability of the Servqual scale to the hospital environment. The data has been provided from academicians and hospital management staff. The research found that Servqual was valid and reliable in the hospital sector as well as other service sectors.

In the study conducted by Anderson (1995: 32-37), the quality of service of the University of Houston Health Center was measured using the Servqual scale adapted to health care enterprises. The results of the research were used to analyze the gap between expectations and perceptions. According to the results of the research, it was determined that the perceptions of the patients towards the service provided by the health center were lower than the expectations, the gap between the expectations and perceptions in the dimensions of empathy and physical characteristics was the lowest and the

gap in the confidence dimension was the largest. Gaps in the dimensions of reliability and enthusiasm have been found to be close together.

Rohini and Mahadevappa (2006: 81) investigated how much the service quality dimensions of the hospitals meet the expectations of the patients, the level of perception of the hospital management and the importance of the quality of the patient's expectations, over 500 patients in five hospitals in Bangalore. As a result of the study, it was determined that patients define the quality of health care in terms of material assets, reliability, responsiveness, assurance and empathy.

In the researches of Lim and Tang (2000: 290-299) in which the perceived service quality of the hospitals in Singapore are measured, it was observed that none of the quality dimensions of the hospitals that make up the Servqual scale meet the patient expectations. In the research, although the scores of the quality dimensions that make up the Servqual scale are all negative, the scale determined that the hospitals in Singapore are close to and unable to meet patient expectations. In addition, the quality scores of the importance and confidence dimensions are determined as the lowest two dimensions, while confidence, enthusiasm and reliability have been the most important quality dimension that patients have found, respectively. The size of physical characteristics has been evaluated by patients as the least important dimension.

In the study conducted by Devebakan and Aksaraylı (2003: 38-54) to measure the level of service perceived in a private hospital with Servqual, the quality of service that the patients involved in the study found most important are reliability, assurance, instant service, physical characteristics and empathy, respectively.

A survey of over 490 people using the Servqual scale to compare the quality of service of organisations providing different health care providers, including five medical centres and twelve maternal and children's health centres in Australia, assurance, tangibles, empathy, reliability and responsiveness have been identified in four stable dimensions (Dean, 1999: 10).

2.8. Superior Aspects of Servqual

Rohini and Mahadevappa (2006: 60) listed the advantages of the Servqual scale, which is used in many areas of the service sector, as follows:

➢   It is considered a standard for evaluating different dimensions of service quality.

➢   It is shown as valid for a large number of service situations.

➢   It is known as reliable.

➢   It provides savings because it is a tool of a limited number of items. Scale achieves simple and understandable results by determining the differences between customers' expectations and the business's service performance. Servqual is widely accepted by researchers and business managers for combining ease and flexibility with a simple theory.

➢   There is a standard analysis procedure that helps with comments and results.

➢   Servqual can be easily applied to old and new customers at specific time intervals. Thus, changes in customer expectations can be monitored over time, as well as the extent to which the business's efforts to improve service quality are determined.

2.9. Criticism Towards Servqual

The Servqual scale, which is used in many service quality measurements, has also criticized aspects as well as its superior aspects. One of these criticisms is as follows by Stauss and Weinlich (1997: 34-35);

Data collected on the Servqual scale does not fully reflect the customer's quality perceptions because comprehensive listing of all quality elements will be broader than a survey that a normal customer willingly respond. Therefore, the customer is unable to convey many positive and negative experiences regarding the service s/he receives. At the same time, the fact that the evaluation is made from a single point will bring difficulties in making the right assessment of the person.

The expected or desired level of service is often higher than service perception. This means that the difference values show little variability for the respondents who qualify the service as quality. On the other hand, when the respondents are asked their thoughts about the overall service quality and satisfaction level with a single question, the relationship between their answers and the difference scores is stated to be inconsistent. For example; Although the difference scores are generally negative in studies using Servqual, it is criticized that the respondents are able to answer the question "how is the service quality of this business in general according to you?" as "very good" (Smith, 1995: 264- 265).

Babakuş and Boller (1992: 9-26) concluded that Servqual scale dimensions should change from service to service, mixed questions, positively and negatively, affect the result of factor analysis negatively, and that it creates problems in practice despite the fact that it is theoretically acceptable to define the quality of service as the difference between expectation perception.

As a result of negative assessments against the Servqual scale, Parasuraman, Zeithaml and Berry defended the model in an article they wrote and argued that their previous work supported this model conceptually and experimentally, and stated that there were no misconceptions about Servqual (Parasuraman et al., 1994: 111-121).

Due to the unique characteristics of health care services, measuring the quality of the service offered is not as easy as in concrete products. The presence of two different aspects of the quality of health care services in particular, technical and functional quality, and consumers' perceptions of the attitudes of health care providers expressing the functional quality makes this situation more difficult. Different perspectives on the quality of service of consumers also vary in the measurement models in this regard. Although there are many methods used in health care quality assessment, the most common use of these is the Servqual method, which expresses the quality of service that consumers make between expectations of the service and their perceptions. Servqual method, which is considered an important tool in measuring service

quality, can be said to be an important tool used in measuring health care quality despite many criticisms made (Işık, 2011: 58).

2.10. Servperf Service Quality Model

The model developed by Cronin and Taylor used the performance element instead of the expectation element stated in Servqual scale. The scale of success, which is a variant of the Servqual scale and includes a perceived performance element, contains only 22 parts. Higher perceived performance means higher quality of service and is known as the Servperf model. Article 22 of the Servperf scale is classified and analyzed in dimensions of tangibles, reliability, responsiveness, assurance and empathy (Cronin and Taylor, 1994: 125-126).

Cronin and Taylor (1992: 56) evaluated the performance only by criticizing the Servqual scale that makes customer satisfaction more complex.

The Servperf scale has tried to eliminate expectation/perception problems by taking a different approach from the Servqual scale. The performance-based model argues that purchasing intentions are influenced by customer satisfaction, not service quality. Servperf equals quality of service to performance (quality of service= performance) through a fairly simple formula. In addition, Servperf practitioners obtain information about performance by directly asking customers simple questions to value the performance of their business processes (Türk, 2009: 402).

Servperf measures only the customer's perception, based on the five dimensions of Servqual. The fact that the Servperf model only measures customer perceptions has enabled this model to be supported by various researchers as a practical and easily applicable tool. Despite the difference, it has been a long time for researchers to use both models. However, there is little consensus on which model is universally optimal, and therefore choosing the most suitable model is up to each researcher's own judgment (Yıldız, 2009: 1216).

2.11. Patient Satisfaction In Health Services

From the perspective of health services, we can say that patient satisfaction is one of the main steps that constitutes quality. With the development of quality understanding in health enterprises, the concept of "patient satisfaction", which is one of the most important indicators of service quality, has also started to gain importance. Health care businesses are trying to ensure patient satisfaction by paying attention to the quality of service (Cıvdı, 2014: 28).

In addition to the medical needs of their patients, health organizations have had to be able to respond to aesthetic, emotional, cultural needs and expectations because the success of a health institution is the continuation and conclusion of the treatment as a patient satisfaction. A dissatisfied patient can interrupt treatment or apply to other health care facilities. In this case, there is an unsuccessful production of services for the health care enterprise. Therefore, the success of health care businesses is to implement and conclude treatment with the participation of the satisfied patient (Bowers, 1987: 35).

Patient satisfaction is an important part of quality service. Determining the level of satisfaction of patients is important in terms of increasing the quality of service and providing more qualified service in line with the expectations of the patients (Söylemez, 2009: 110).

Patient satisfaction is one of the main outcomes of health care organizations. Patient satisfaction can be explained in general as meeting the wishes and expectations of patients (customers) or serving above these requests and expectations (Kavuncubaşı, 2000: 292-293).

According to Thompson, patient satisfaction is a complex issue that is affected by hospital care quality perceptions, demographic features, personal features, past experiences, attitudes, expectations, care results, hospital physical resources, organizational management, remembering quality, hospital stay, institutional features and disease features. Patient satisfaction, which has been involved in the evaluation of health care over the past decade, has been seen as a necessary element to decide the correct use of existing resources due to the increasing cost of health care (Williams, 1994: 509-516).

Patient satisfaction is a basic criterion used in evaluating the quality of service in health institutions and is affected by the socio-demographic characteristics of patients and factors related to the treatment process (Özer and Çakıl, 2007: 3).

Customer satisfaction in health care institutions varies according to the services offered and service delivery processes. For example, the patient admitted to a hospital may be dissatisfied with bureaucratic procedures or cafeteria services, while being extremely satisfied with the laboratory and other medical services. The primary goal of the health institutions manager aiming to increase customer satisfaction is to examine the service or service process of dissatisfaction (Tengilimoğlu, 2011: 326).

The quality and how the services provided in health care are evaluated only by the patient and patient relatives. Therefore, health care businesses can provide quality health care by making measurements that will determine patient satisfaction. It is no longer sufficient to carry characteristics such as prevalence, diversity, continuity, accessibility and even quality in the eyes of those who receive services. It has become important how much patients are satisfied with these services, whether they are satisfied and how their expectations are met (Polat, 2016: 118).

2.11.1. Importance of Patient Satisfaction in Health Services

In recent years, the concept of "satisfaction" has become an important issue in quality studies in health service delivery. Among the studies carried out in this context, the most important concept is "patient satisfaction" (Taşlıyan and Akyüz, 2010: 61).

Patient satisfaction is considered as an important indicator in improving and evaluating quality in health services. Therefore, patient satisfaction is a tool widely used by health care organizations around the world to capture the personal evaluation of patients. Patient satisfaction is important in recommending health care to others and maintaining a relationship with the health care provider (Hekkert et al., 2009: 68).

Health care administrators have responsibilities to ensure patient satisfaction both as their own employees and as customers. Therefore, patient satisfaction has become an important issue for health managers (Devebakan, 2006: 126-127).

Measurement of service satisfaction in health care provided to patients is important for us to determine whether patients are satisfied with the service they receive, as well as to evaluate the health care business's own performance (Varinli and Çakır, 2004: 49).

While patient satisfaction is seen as a criterion used to evaluate service quality in health care institutions, Leebov and Scott argue that patient satisfaction in health care institutions is important for four reasons. (cited by Kavuncubaşı and Yıldırım, 2010:477-478). These are;

1. Humanitarian Causes,
2. Economic Reasons,
3. Marketing
4. Clinical Effectiveness.
1. Humanitarian Causes
In order to receive health care, patients who come to health institutions must be served in a humane manner. In addition to being technically and scientifically sufficient, the services provided during the health care procurement of patients who come to the health care facility with pain, anxiety, tension and stress should be presented with respect to the personality, thoughts, values and attitudes of the patients receiving the service.

2. Economic Reasons
When the conditions in which the patients are the recipients of the service are taken into consideration, it is seen that they are more careful about the service provided to them compared to the customers in other sectors. At this point, patients determine their preferences for health care procurement more seriously and as a result, expect the provision for the money they pay.

3. Marketing

Health care businesses have to pay attention to patient satisfaction in order to increase their customer potential and increase their market share as a return. Foreign customers who are satisfied with the health service received share their satisfaction and positive opinions with other people and most importantly, they advertise the hospital. In this case, it can be said that the patients who are satisfied as a result of the service received share their satisfaction with other people and give positive opinions about the health care business, which will lead to the development of the health care company's market share.

4. Clinical Effectiveness

Patients who are satisfied with the health care received exhibit more positive behaviors throughout their treatment and follow the recommendations of physicians and other medical personnel. Adherence to the treatment plan significantly determines the effectiveness of treatment. Ensuring patient satisfaction is one of the most sensitive and difficult issues for a healthcare business. The reason for being so sensitive is the necessity to be a harmonious match between the perceived values and the expected values (Alban et al., 2011: 183). Measurement of service satisfaction in health care provided to patients is important for us to determine whether patients are satisfied with the service they receive, as well as to evaluate the health care business's own performance (Varinli and Çakır, 2004: 49).

2.11.2. Factors Affecting Patient Satisfaction

Patient satisfaction is affected by many factors. Therefore, it is a complex concept. Factors related to patient satisfaction may vary depending on the patient, staff, physical and environmental characteristics. As sociodemographic characteristics of the patient, factors such as age, educational background, gender, language, religion, race, income, profession and family order can lead to differences in the patient's satisfaction degree. These factors vary from person to person and are closely related to the degree of satisfaction with health services. Patient satisfaction element is one of the important factors in measuring the quality delivery of health service (Yıldız and Yıldız, 2011: 127).

The multidimensional concept of patient satisfaction makes it difficult to determine the dimensions or factors that affect it. Individually and socially, there are discussions in the literature about what the dimensions of patient satisfaction should be, which is a complex concept associated with many factors that include lifestyle, past experiences, future expectations and values (Yanık, 2000: 48).

Meterko and his colleagues examine satisfaction in six dimensions; nursing and daily care, hospital environment and other services, medical care, information, admissions procedures, discharge procedures and costs (Meterko et al., 1990: 23-26).

As a result of examining the dimensions of patient satisfaction research, it is observed that the following dimensions are frequently used in the evaluation of the satisfaction of the patients in the literature (Esatoğlu, 1997: 56, Yanık, 2000: 51, Kavuncubaşı, 2010: 480).

a. Patient-Doctor Relationship,
b. Patient-Nurse Relationship,
c. Patient-Other Hospital Personnel Behavior,
d. Information
e. Nutrition Services,
f. Physical and Environmental Conditions,
g. Bureaucracy
h. Assurance
i. Fee/Care Cost.

2.11.2.1. Patient-Physician Relationship

Doctors' relationships with patients are among the most important factors affecting patient satisfaction. Patients are more likely to evaluate the doctor's knowledge of expertise when evaluating the quality of the service provided by them, so s/he considers behaviors such as listening, being sensitive, taking enough time, courtesy and respecting (Taşlıyan and Gök, 2012:77).

In a study aimed at measuring patient satisfaction, it is found that the doctor's communication with the patient, the doctor's explanation of the patient's

illness, the doctor's knowledge level, etc. are significantly effective on the perceived quality and patient satisfaction (Varinli and Çakır, 2004: 35).

2.11.2.2. Patient-Nurse Relationship

In inpatient institutions, the group of staff with which the patients interact most during the treatment process is nurses. Therefore, the behaviour of nurse staff has a significant impact on patient satisfaction. A study on patients discharged from the hospital also found that the overall satisfaction levels of patients who were satisfied with nurse behavior were also high (Kavuncubaşı and Yıldırım, 2010: 482).

2.11.2.3. Patient-Other Hospital Personnel Behavior

Another factor affecting patient satisfaction is other health care workers who provide services in different departments of the hospital, except for doctors and nurses. Patients interact less with this group than doctors and nurses. However, the services offered by other medical personnel are very decisive in the health of patients and the effectiveness of the service. If there is a disruption or irregularity in a part of the service or in one of the group providing the service, patients' perception of these disruptions also affect other decisions and affect the hospital image (Tatarlı, 2007: 56).

2.11.2.4. Information

It is known that the patient, his family and relatives should be informed by the doctor or nurse in order to be more understanding of the condition of the disease. The patient is curious and worried about his/her illness, procedures and treatment processes, recovery time. This condition is even more important for patients with chronic or long-term treatment. The patient, his family and relatives ask for information about the condition of the disease and the treatment process (Mowen et al., 1993: 26-33): Information is also one of the basic patient rights. According to the patient rights regulation in our country, patients have the right to request oral or written information about their health conditions, medical procedures to be applied to them, their benefits and possible drawbacks, alternative treatment opportunities, if treatment is not

accepted, possible results, course of the disease, and the consequences (Kavuncubaşı, 2000: 300).

2.11.2.5. Nutrition Services

Another factor affecting patient satisfaction is nutrition services. Many studies have shown that patients have a great place in nutrition services in their statements and evaluations regarding health services (Kavuncubaşı and Yıldırım, 2010: 483). In addition, the patients who were discharged from the hospital after treatment stated that they remember a lot about food in their explanations about the time they stayed in the hospital (Tengilimoğlu, 2011: 330).

2.11.2.6 Physical and Environmental Conditions

The physical and environmental conditions of the hospital and patient rooms are emerging as one of the satisfaction dimensions that individuals are interested in and caring about. A neglected hospital, irregular and inadequate patient rooms, uncomfortable environment is the cause and dissatisfaction factor of patients, and negatively affects their preference (Yanık, 2000: 68).

2.11.2.7. Bureaucracy

One of the important factors affecting patient satisfaction is the bureaucracy procedures in the hospital. Time losses during bureaucratic procedures in the hospital, long waits during the processes affect satisfaction. It is a problem for patients and their relatives to be kept for a long time in the services provided during the hospitalization and discharge from the hospital (Esatoğlu, 1997: 64).

2.11.2.8. Assurance

Patients want to believe that the service they receive is adequate and accurate. Hospital management can do this with patients reassuring the hospital. If the patient is informed in a way that s/he can understand before all procedures and his/her participation in the treatment decision is ensured, a sense of trust in the patient can be ensured. The most important criterion for creating the feeling of trust is to pay attention to the privacy of the patient. Privacy is the protection of the confidentiality of all kinds of information about the patient. In addition, privacy is one of the rights of patients (Kavuncubaşı, 2000: 297).

2.11.2.1.9. Fee/Care Cost

Another important factor affecting patient satisfaction is the cost of the services provided. The issue of fee is of great importance for patients who do not have a social security or health insurance at the point of receiving health service. Patients want to receive quality health service at the lowest rate. One of the issues that increases the dissatisfaction of patients in terms of fee is high hospital bills (Kavuncubaşı and Yıldırım, 2010: 485).

In addition to the above factors affecting patient satisfaction, the patient's age, gender, educational background, social security status, settlement, diagnosis, treatment and hospitalization time affect patient satisfaction (Özer and Çakıl, 2007: 140). It also affects the socio-cultural and psychological characteristics of patients, service expectations and levels of satisfaction. These characteristics are personality, perception, motivation, attitudes and beliefs, level of innovation, social class, culture and family relations (Tatarlı, 2007: 58).

CHAPTER 3
ALANYA AND RESIDENT FOREIGNERS

3.1. History of Alanya

Alanya is located on a small peninsula with the Taurus Mountains to the north and the Mediterranean to the south. Since it was located on the line between Pamphylia and Cilicia in ancient times, it was sometimes referred to as Pamphylia and sometimes Cilicia. There is no definitive information about Alanya's initial settlement. The researches of Prof. Kılınç KÖKTEN in Kadıini Cave, which is 12 km away from the city center, in 1957, show that the history of the region dates back to the upper Paleolithic (20,000-17,000 BC).

It is not yet known when or by whom Alanya was founded for the first time. The city's oldest known name is Korakesium. In the Byzantine period, the name Kalanoros was given. In the 13th century, Alaaddin Keykubat I (1200-1237), one of the Anatolian Seljuk Rulers, took the fort and changed the name of the city to Alaiye. Atatürk, who visited the city in 1935, named it Alanya. It is Scylax, one of the ancient geographers of the 4th century BC, who first mentioned Korekesium. During this period, the region is dominated by Persians who invade an important part of Anatolia. Later, the famous ancient writer Strabon, Piri Reis, Seyyep, İbn-i Batuta and Evliya Çelebi are travelers who travel the region and talk about the city in their works. There is not much information about the early ages of the region and the Byzantine period. During the Arab raids in the 7th century AD, the city's defense became more important and castle constructions were given priority in order to protect against raids. For this reason, many castles and churches in and around Alanya date until the 6th and 7th centuries BC.

Alaaddin Keykubat I, one of the Anatolian Seljuk Rulers, defeated Kyr Vart, one of the Christian families, who reigned in Alanya castle and took over the castle in 1221. The ruler built a palace here in his name. Seljuks, as well as the capital Konya, have made development activities by using Alanya as a second capital and winter center. The Mongol attacks in 1243 and the entry of the Egyptian Mamluks into Anatolia in 1277 put Seljuks in trouble, in 1300, the Seljuk State was destroyed and the region was sold to the Mamluk Sultan by the Karamanoğulları for five thousand gold coins, and later in 1471, it was taken within the borders of the Ottoman Empire during the time of Mehmet the Conqueror (Mehmed II). Alanya was connected to the province of Cyprus in 1571 with Tarsus, and became the sanjak of Konya province in 1864. It was connected to Antalya in 1868 and in 1871, became the district of this province. www.alanya.bel.tr, (access date: 11.03.2018).

3.2. Geographical Location and Structure of Alanya

Alanya is located on the Mediterranean coast within the borders of Antalya, 135 km. from the city center and covers an area of 175.658 hectares between 36°30'07" and 36°36'31" northern latitudes and 31°38'40" and 32°32'02" eastern longitudes. Located in the mountainous and plateauing part of the Taurus mountains in the north of Alanya, the height of the highland section is around 1000 meters above the sea. In the south, there is Alanya peninsula covered with 6500 meters long walls. The peninsula is separated from the Taurus Mountains by the plains. It is possible to pass through the Dim and Alara valleys, which take their names from Koçdovat Pass, Kuşyuvası, Yelköprü, Dim and Alara Rivers from Taurus that does not allow passage from the sea to the north. The fact that its connection with Central Anatolia is difficult and that it has a natural harbor in the east of the Alanya peninsula, which rises with a very steep profile, has led to the development of maritime transportation in the region. Transportation to Alanya from national and international centers by both road and air is usually provided by road through Antalya (ALTSO Report, 2016: 54).

3.3. Mountains and Streams of Alanya

It is surrounded by the coastal ranges consisting of hills and plateaus whose heights exceed the 1000 meters of Geyik and Akçalı mountains, which are part of the Taurus Mountains, north of Alanya. Here, there are places where the local people live as highlands in the summer. In the lower parts of the mountains, plains along the shore have formed. The Alanya peninsula is separated from Taurus with such a plain. Alanya has many streams with irregular regimes. Flows of streams vary by season. Due to the warm and dry summer, the flow of streams decreases in late summer, and some even dry. As the rains begin in the autumn, the water level gradually rises. In the spring, they find their final caps with the melting of the snow in the Taurus Mountains. While the rivers and streams, whose sources are Taurus, descend to the sea, due to the excessive slope of the land, it strengthens the erosion event by making flood. The most important of these streams, which are used for more or less irrigation purposes, are Alara River, Kargı River, Serapsu River, Oba River and Dim River. Alara River draws the boundary between Manavgat and Alanya districts. The small regulator plant Dim river is also used as a recreation area. Studies on Dim Dam, which is still in the project phase, continue (ALTSO Report, 2016: 55).

3.4. Vegetation of Alanya

According to 2016 data, Alanya's total area is 1,879 km$^{2.}$ 26.129 hectares of which 16% are agriculture, 33.004 hectares of which 21% are meadows and pastures, 100.666 hectares of 63% are forests and other areas. Alanya is a region with the most fertile land of the Mediterranean Region with its climate and location. Therefore, the growing plant species are quite high. The largest forest wealth of the Mediterranean region is within the borders of Antalya province. In order to increase this rate, an average of 750 hectares per year are forested. In the high parts of the mountains there are larch and cedar forests, and red pine forests in coastal areas. Citrus groves and banana gardens in the coastal area give the region a vibrant greenery, while new species of trees, such as loquat, avocado and kiwi, which are good agricultural products for the region, are increasing. Cold-resistant fruit types such as apple, pear, walnut and quince are grown in mountainous and plateau areas.

Eucalyptus trees brought in years ago to rehabilitate swamplands adorned the roadsides as an ornamental plant after completing their mission (ALTSO Report, 2016: 57).

3.5 Climate of Alanya

A typical Mediterranean climate is dominant in Alanya, where summers are hot and dry, winters are mild and rainy. In this region where winters often go like summer, the effect of the summer heat decreases in the afternoon with the breeze blowing from the sea to land. Alanya is a city with all the positive conditions for tourism with its warm climate as well as its beauties and historical values. Climatic conditions such as sunbathing times, seawater and air temperatures are one of the most important features that enable the development of the tourism sector. Temperature data for 2016 is; highest temperature 38.2, lowest temperature 2.1, average highest temperature 29.9, average highest sunbathing time (day/hour) 10.3, rainy days 80.2, average seawater temperature is 24.5 (ALTSO Report, 2016: 56).

3.6 History and Tourist Attractions of Alanya

Some of the historical and touristic places of Alanya are; Alanya Castle, Mint, Akşebe Sultan Masjid and Tomb, Alaaddin Keykubat Palace, Aya Yorgi Church (Hagios Georgios), Red Tower, Seljuk Shipyard, Seljuk Armoury , Alara Castle, Hidirellez Church, Alara Han, Kargı Han, Syedra Ancient City, Leartes Ancient City, Iotape (Aytap) Ancient City, Selinus Ancient City, Nephelis Ancient City, Lada Antiocheia Ad Gragum Ancient City, Hamaxia (Fly Castle), Colybrassus (Hagia Sophia) Ancient City, Pisarissos Ancient City, Marassos Ancient City, Justinianopolis Ancient City, Ptolemaios Ancient City, Augae Ancient City, Damlataş Cave, Dim Cave, Alanya Archaeological Museum, Red Tower Ethnography Museum, Ataturk Museum and Ataturk House (ALTSO Report, 2016: 58).

3.7 Tourism of Alanya

As of 2016, a total of 662 tourist facilities are available in Alanya, and 86,437 rooms and 190,320 beds are available in these facilities. Alanya provides 26.3% of Antalya and 11.36% of Turkey in terms of tourism facilities and

revenues. In terms of the number of foreign tourists coming to Alanya in 2015, it constitutes 8.40% of foreign tourists coming to Turkey and 28.03% of tourists to Antalya. Foreigners coming to Alanya both bring foreign currency and provide services to economic development through their investments in production, trade and other services sectors. Companies with foreign capital mostly operate in real estate, construction, accommodation, tourism, trade and food sectors (ALTSO Report, 2016: 51-58).

3.8 General Information About Alanya

Table 9:

General Information about Alanya

HISTORICAL AND GEOGRAPHIC FEATURES	Hour	Gmt +02:00
	Area	1879 Km²
	Forest Land Area	178.971 Hectare
	Farmland	26.129 Hectare
	Coast to the Mediterranean	70 km
	Number of Neighborhoods	102
	Urban Population	294,558
	Number of Foreigners Receiving Residence Permit in Alanya in 2016	8,124
	Number of Foreigners Acquiring Real Estate in Alanya in 2016	3,535
	Number of Foreign Countries Acquiring Real Estate in Alanya in 2016	60
	Number of Foreigners Acquiring Real Estate in Alanya to date	38,252
EDUCATIONAL BACKGROUND	Number of Schools	197
	Number of Teachers	3,554
	Number of Students	55,663
	Literacy Ratio	% 99,7
CULTURAL STATUS	Number of Museums	3

HEALTH STATUS	Number of Hospitals	4
	Number of Hospital Beds	532
	Number of People Per Bed	584.2
	Number of Physicians in Hospitals	415
	Number of People Per Physician	7036
	Dialysis Center	3
	Number of Family Health Centers	22
	Number of Doctors in Family Health Centers	89
	Public Health Center	1
	Community Health Center	1
	Number of Pharmacies	137
	112 Station	5
	Number of Dispensaries	1
	Oral and Dental Health Center	1
	Dentist	135
	Nurse	385
	Midwife	142
	Ambulance	Public: 7 Private: 15
	Total Number of Medical Personnel	1,661
TOURISM STATUS	Number of Touristic Accommodation Facility	662
	Number of Touristic Beds	190,320
	Number of Touristic Rooms	86,437
	Number of Local Visitors (Tourists) (2015)	1,684,138
	Income From Domestic Visitors (Dollar) (2015)	1,633,613,000
	Number of Foreign Visitors (2015)	3,046,338
	Income From Foreign Visitors (Dollar) (2015)	2,178,131,670
	Total Visitors (2015)	4,730,476
	Total Tourism Revenue (Dollar) (2015)	3,576,239,856
MEDIA STATUS	Local Daily Newspaper	4
	Local Television Channel	2
	Local Radio Station	3

Considering the tourism, agriculture, trade, industry, construction and real estate sectors, Alanya is seen to leave behind 35 provinces in Turkey with its current economic structure, level of development and population (ALTSO Report, 2016: 58).

Alanya Alaaddin Keykubat University, founded in 2015, is one of the first universities established in a district of Turkey. The Faculties of Medicine, Dentistry, Health Sciences, Sports and Tourism are some of the faculties. The Faculty of Medicine serves together with Alanya Education and Research Hospital (Public) as an affiliation. There is also Hamdullah Emin Paşa University in Alanya, founded in 2011 by the Hamdullah Emin Paşa Foundation.

Alanya Education and Research Hospital (Public), Başkent University Hospital (Foundation), Anadolu Hospital (Private) and Yaşam Hospital (Private), which are the four hospitals in Alanya, have foreign patient departments and serve to foreigners and patients who come within the scope of health tourism.

3.9 Resident Foreigners In Alanya

It would be useful to explain the concepts of migration, foreign and resident foreigners before addressing resident foreigners in Alanya.

3.9.1. Migration Concept

Individuals who leave the country where they live or are citizens and start carrying the title of 'foreigner' first, and then 'resident foreigners' by settling in the country they go to, acquire their status in the society by 'immigration'. The first stage before people or groups are called 'resident foreigners' is the concept of 'migration' (Özgüneş, 2017: 39).

Migration refers to the event of changing the residence permanently or for a long time by crossing an administrative limit. This change can occur in any scale or direction from intercontinental, international, interregional, countryside to city or from city to country, as seen now. It is a very important geographical

phenomenon that people migrate from one place to another. Migrations result in the redistribution of the population (Tümertekin and Özgüç, 2004: 236).

Migration is a geographical, social and cultural displacement movement for economic, political, ecological or individual reasons, from one place to another, which aims for short, medium or long-term reversal or continuous settlement (Yalçın, 2004: 13).

The migration of the elderly population to holiday areas in developed countries has been among the remarkable international migration movements, which are not dependent on economic hardship but on the contrary, due to economic convenience, which have emerged for arbitrary reasons and have grown in size in recent years. This migration movement, which is directly linked to tourism, demonstrates a very different structure from the migrations mentioned so far, both in terms of the causes and consequences of migration, as well as the age and economic situation of migrants. First of all, this type of migration is observed in societies with high levels of welfare. High living standards play a fundamental role in the emergence of this population movement. In addition, the immigrant population is the elderly, especially pensioners. The direction of migration is from north to south, especially from the cold zone to the temperate zone. In other words, climate is one of the factors that reveal this migration movement (Südaş, 2005: 27).

In retirement migration, which is a new form of international migration, the reasons such as the temperate and warm climate, the possibility of reaching the middle and high living standards easily, more favorable economic opportunities than the country of origin are in the first place. Preferred by retired immigrants, especially the coastal regions, in these regions, which are more temperate (warm) in terms of climate, there is a high density of settlements through the purchase of property. Countries with a temperate climate, whose living standards seem easier, seem attractive to western pensioners. Other attractive factors for retired migrants include the availability of geographical characteristics for healthy living, close relationships with local people and visits of many tourists in these regions (Tuna, 2012: 5-34).

Most of the migrants from the European Union have settled in our country on a free and will-free basis. These groups, which come as pioneers, live today in the center of Antalya province and mostly in Alanya through mass migration. In fact, they affect social life both in the region where they live and in their own countries through the various non-governmental organizations they establish (Aydın, 2009 : 18).

Every year, December 18 is celebrated by the Governorship of Antalya as International Day of Migrants. http://www.antalya.gov.tr/antalya-cok-kulturlu-bir-sehre-donusuyor, access date: (18.12.2017).

3.9.2. Foreigner and Resident Foreigner

According to the Turkish Language Authority, "foreigner" is someone from another nation, who is of other state nationality. "Resident" is defined as the person who is settled in a specific place, who is a native of a particular place, who will continue to exist continuously in one place. www.tdkterim.gov.tr/, (access date: 03.02.2018).

"Resident foreigner" is the person who spent a certain period of his/her life in that country even though s/he is not a citizen of that country, who contributes economically, socially and culturally to that country or region (Mutluer, 2003: 42).

Those who come to Turkey and buy real estate in Turkey, those who have come to Turkey with the intention of staying and settling, those who consider Turkey a place where they have close relations for their personal life, and again those making Turkey the center of their lives to live with their economic activities, social relations and living, are given longer-term residency permits by being recognized as "foreigners who are considered resident" by (Toprak and Karakurt, 2009: 2).

There are significant differences between 'resident foreigner' and 'foreigner' concepts in terms of purpose and duration. Accordingly, 'foreigner' is the person with different characteristics. If s/he is a foreigner in a country, s/he is a person who has come to that country for various reasons and belongs to different cultures, languages and religions. Today, the concept of 'foreigner' is

more synonymous with the concept of 'tourist' and is used for people with short-term stay purpose. 'Resident foreigner' is the person who has spent a certain period of his/her life in that country even though s/he is not a citizen of that country, and contributes economically, socially and culturally to that country or region. The fact that the foreign person has extended his/her stay in that country does not mean that s/he is resident. Before people decide to settle, today's technological facilities can provide enough information about the place to go and go to the country where they decide to settle fully. Today, most countries have legal regulations and practices that see foreigners as part of that country. It is known that foreigners based in most countries in the world have the right to choose and be elected, such as citizens of that country, and that their active participation in the country or urban governments has been paved the way (Aydın, 2009: 11).

In addition to economic and political developments, people travel to different countries outside of their permanent residence for various reasons, such as their desire to be in touch with the sun, the sea and the nature, both in order to protect and improve their health, and as a result of these travels, they decide to settle down temporarily or permanently to these countries.

According to Address Based Population Registration System (ADNKS) 2016 population determination results The number of foreigners residing in Antalya in 2016 is 60 thousand 534 people. The first 5 countries where foreigners residing in Antalya come from the Russian Federation 9035, Germany 8653, Kazakhstan 5628, Ukraine 5328, Kyrgyzstan 4975.   www.antalya.gov.tr, (access date: 07.02.2018).

A total of 919,061 foreign nationals live in Turkey, 450,443 male and 468,618 women, according to ADNKS in 2017. Foreigners living in our country live in Istanbul at the first place with a rate of 35.7%, Ankara in the second place with 9.2%, and Antalya in the third place with 6.2%. There are 327,781 foreigners living in Istanbul, 84,472 in Ankara and 57,423 in Antalya. www.turizmdays.com, (access date: 06.02.2018).

In 2003, the German news magazine Der Spiegelfeatured Alanya, Turkey's leading destination for coastal tourism, with a short but interesting article. This article was one of the first messengers of a new population movement heading for Turkey. In this article titled "Hier bin ich wieder wer", Almut Hielscher says that more and more German pensioners have begun to move their homes on The Isle of Majorca, Spain, to Turkey, that prices in Turkey are lower and that the climate conditions are as good as there, highlighting the hospitality of local people (Südaş, 2014: 121).

As of 2016, there are resident foreigners (citizens of Russian, German and other countries) living in Alanya with 8,124 active residence permits from 99 different countries of the world (Table 10).

Table 10:

Distribution of Foreigners in Alanya on 19/04/2016 with the Permission of Active Residency

S.N.	Nationality	Total	S.No	Nationality	Total
1	Russian Federation	1,673	51	Bulgaria	5
2	Germany	1,339	52	Macedonia	5
3	Iraq	820	53	Ghana	5
4	Iran	686	54	Saudi Arabia	5
5	The Netherlands	429	55	Tajikistan	5
6	Ukraine	423	56	Tunisia	5
7	Azerbaijan	277	57	Israel	4
8	Kazakhstan	242	58	Libya	4
9	Norway	239	59	Pakistan	4
10	Denmark	218	60	Australia	3
11	Uzbekistan	163	61	Mongolia	3
12	Kyrgyzstan	137	62	Bosnia and Herzegovina	3
13	United Kingdom	134	63	Algeria	3
14	Finland	131	64	Djibouti	3
15	Sweden	127	65	Armenia	3
16	Afghanistan	121	66	Japan	3

17	Syria	103	67	Cambodia	3
18	Belgium	88	68	Luxembourg	3
19	Georgia	78	69	Nigeria	3
20	Belarus	75	70	Portugal	3
21	Moldova	42	71	Somali	3
22	Poland	42	72	Burkina Faso	2
23	Turkmenistan	35	73	Haiti	2
24	Jordan	35	74	Jamaica	2
25	China	25	75	Montenegro	2
26	Lithuania	25	76	Colombia	2
27	Switzerland	24	77	Madagascar	2
28	Indonesia	24	78	Mali	2
29	The USA	23	79	Serbia	2
30	Morocco	22	80	Slovenia	2
31	Ireland	19	81	Togo	2
32	Austria	17	82	Yemen	2
33	Estonia	16	83	New Zealand	2
34	Lebanon	16	84	Argentina	1
35	Czechia	14	85	Democratic Congo	1
36	Palestine	13	86	Dominica	1
37	Latvia	12	87	Ethiopia	1
38	Hungary	11	88	Ivory Coast	1
39	Egypt	10	89	South African Rep.	1
40	Slovakia	9	90	Cameroon	1
41	Romania	9	91	Comoros	1
42	Thailand	9	92	Congo	1
43	Italy	8	93	Kuwait	1
44	Albania	8	94	TRNC	1
45	Canada	7	95	Malta	1
46	France	6	96	Central African Rep.	1

47	Philippines	6	97	Senegal	1
48	Kosovo	6	98	Tanzania	1
49	Spain	5	99	Taiwan	1
50	Brazil	5	**The Overall Total**		**8,124**

Source: Alanya Chamber of Commerce and Industry Economic Report, (2016: 192).

Alanya is one of the most important tourism destinations in Turkey, providing 11.36% of Turkey and 26.3% of Antalya in terms of tourism facilities and revenues. In 2016, 3,535 foreigners from 60 countries of the world bought property (home, land) in Alanya (Table 11).

Table 11:

The Immovable Properties Subject to the Ownership of Foreigners in Alanya

S.No	Country	Not Subject Condominium		Subject to Condominium			Total		
		Number of Main Immovable Parcel	Percent of the Main Immovable Share (m2)	Independent Section Parcel Number	Independent Section Number	Percentage of Independent Section Share (m²)	Number of Total Parcels	Percentage of Total Shares (m²)	Number of People
1	Afghanistan	1	121	23	34	1,702	24	1,824	47
2	Germany	21	9,055	193	285	29,652	214	38,707	351
3	USA	25	668	20	22	1,135	45	1,802	25
4	Australia	0	0	1	2	140	1	140	2
5	Austria	1	1	8	8	962	9	963	8
6	Azerbaijan	1	24	31	33	1,498	32	1,522	39
7	Belarus	0	0	15	17	797	15	797	16
8	Belgium	0	0	33	62	4,496	33	4,496	53
9	The United Arab Emirates	0	0	1	1	104	1	104	1
10	Bosnia and Herzegovina	1	532	5	5	254	6	786	6
11	Algeria	0	0	1	2	124	1	124	2
12	Czechia	0	0	2	3	101	2	101	4
13	China	1	30	5	8	529	6	559	9
14	Denmark	9	6,982	108	144	18,162	117	25,144	181
15	Dominican Rep.	0	0	1	1	36	1	36	1
16	Estonia	0	0	7	7	984	7	984	8
17	Morocco	1	850	1	1	43	2	894	2

18	Palestine	0	0	4	4	180	4	180	7
19	Finland	1	600	72	103	7,019	73	7,619	137
20	France	0	0	13	14	892	132	892	12
21	Georgia	0	0	5	5	352	5	352	5
22	Croatia	0	0	1	1	53	1	53	1
23	The Netherlands	8	5,523	64	117	11,980	72	17,503	118
24	Iraq	1	672	192	288	12,547	193	13,129	353
25	United Kingdom	2	1,017	44	55	5,415	46	6,431	65
26	Iran	4	3,859	114	186	12,959	118	16,818	243
27	Ireland	1	2,106	19	21	1,860	20	3,965	21
28	Spain	0	0	4	4	657	4	657	4
29	Israel	0	0	6	8	398	6	398	7
30	Sweden	1	48	159	317	20,247	160	20,295	401
31	Switzerland	0	0	14	14	952	14	952	15
32	Italy	0	0	5	5	785	5	785	5
33	Canada	0	0	14	18	1,104	14	1,104	16
34	Qatar	0	0	1	1	40	1	40	1
35	Kazakhstan	1	280	72	126	7,558	73	7,838	132
36	Kyrgyzstan	0	0	9	9	382	9	382	9
37	TRNC	0	0	3	3	159	3	159	3
38	Kosovo Rep.	0	0	1	1	69	1	69	1
39	Kuwait	1	500	1	1	34	2	534	2
40	Latvia	0	0	6	6	523	6	523	8
41	Libya	0	0	1	1	23	1	23	1
42	Lithuania	0	0	6	6	282	6	282	10
43	Lebanon	1	501	10	11	823	11	1,324	12
44	Luxembourg	0	0	1	1	84	1	84	1
45	Egypt	0	0	6	7	759	6	756	9
46	Moldova	0	0	9	11	321	9	321	13
47	Norway	0	0	145	206	14,313	145	14,313	281
48	Uzbekistan	0	0	13	21	861	13	861	19
49	Poland	0	0	10	10	341	10	341	11
50	Romania	0	0	6	16	358	6	358	5
51	Rwanda	0	0	1	3	112	1	112	1
52	Russia	2	69	209	508	28,350	211	28,419	530
53	Serbia	0	0	2	2	70	2	70	3
54	Slovenia	0	0	1	1	12	1	12	1
55	Saudi Arabia	1	1,109	10	11	586	11	1,695	11
56	Tajikistan	0	0	1	1	75	1	75	2
57	Turkmenistan	0	0	4	4	692	4	692	5
58	Ukraine	0	0	117	237	11,694	117	11,694	250
59	Jordan	0	0	33	46	3,820	33	3,820	48
60	Yemen	0	0	1	1	53	1	53	1
	Total	**85**	**34,547**	**1,864**	**3,045**	**210,483**	**1,949**	**245,030**	**3,535**

Source: Alanya Chamber of Commerce and Industry Economic Report, (2016: 209).

As it can be understood from table 10 and table 11, Alanya is one of the places preferred and invested by foreigners as a destination, and there are also various associations belonging to foreigners living in Alanya. These are shown below in Table 12.

In Alanya, where there are more than 200 resident foreign-owned graves, Alanya Municipality has allocated a new area of 2000 square meters as a cemetery place for only resident foreigners. It is also understood that some of the resident foreigners are now completely from Alanya and that their funerals are wanted to be buried in Alanya instead of their own country. The International Christmas Market, which is organized by the Alanya Municipality Foreigners Assembly every year in December, is an international organization attended by various associations and groups from abroad as well as thousands of resident foreigners, and resident foreigners exhibit various shows with their country's cultural clothes and music, and food, beverage and goods stands where income is also used for the disabled are opened. The 9th International Christmas Market, held this year, is open to all and free of charge. https://www.alanya.bel.tr/Haber/23625/9--Alanya-Uluslararası-Noel-Pazarı-9-Aralık-ta-Baslıyor, (access date: 13.05.2018, Photo 11).

Table 12:

Associations of Resident Foreigners Living in Alanya

S.No	Association Name
1	Libertarian Turkish German Friendship Society Alanya Branch
2	Alanya Danes Culture and Friendship Association
3	Alanya Russian Language Speakers Cooperation and Speakers Association
4	Alanya Russian Education and Culture Association
5	Alanya Poles Culture and Friendship Association
6	Alanya Finns Association
7	Finnish Cultural Association
8	Alanya Aya Yorgi Orthodox Church Association
9	Alanya Norwegian Seafarers' Church Solidarity Association
10	Lithuanian Association
11	Alanya Kazakhstani Association

Source: Alanya District Governorship, http://www.alanya.gov.tr/dernekler ,
(access date: (05.01.2018).

CHAPTER 4

EVALUATION OF HEALTH SERVICE QUALITY PERCEPED BY RESIDENT FOREIGNERS IN ALANYA IN TERMS OF HEALTH TOURISM

4.1. Purpose of Research

The purpose of this study is to determine the health service quality perceived by the foreigners who have settled in Alanya from different countries of the world for various reasons and who travel to their own countries at certain times, both in Alanya and their own countries, and their contribution to health tourism by determining the outpatient (outpatient clinic) and inpatient satisfaction levels.

Tourism and health are interconnected and are now difficult to separate. People are looking for different things in line with their existing facilities to live healthy, high quality and longer. The main ones migrate from countries where they live and decide to settle down for tourism (sea-sand-sun etc.) and health tourism to protect, develop and improve their health or for different reasons (economic, cultural etc.).

The foreigners (landlord or tenant) who migrated by obtaining a residence permit are those who spend a certain period of their life in this country, although they are not citizens of the country they live in, who have an economic, social and cultural contribution to the country or region they live in. For third age/elderly tourism, which is especially one of the health tourism types of European resident foreigners in Alanya, Alanya can be an important destination for third age/elderly tourism with its closeness to Europe, climate,

nature, sea-sand-sun and quality hotels and apart hotels. Medical tourism, which is one of the types of health tourism, is recommended by resident foreigners to their family / close relatives / friends in their country due to more expensive health services in European countries, long appointment and waiting times, some medical services not covered by insurance and successful medical operations of Turkish doctors, and they are also considered as international patients in health tourism when they enter a health care institution with their fee and passport.

It is possible to summarize the objectives of the study as follows;

➢ To determine the expectation and perception levels of the quality of health services in Alanya and their own countries of the resident foreigners of Alanya and those who go to their own countries in certain periods,

➢ To determine the level of outpatient and inpatient satisfaction levels that resident foreigners of Alanya and those who go to their own countries in certain periods receive from Alanya and their own countries,

➢ To determine the contribution of resident foreigners of Alanya and those who go to their own countries in certain periods to health tourism.

4.2. Importance of Research

The quality of health services will increase satisfaction and resident foreigners who want to protect and improve their health will prefer these services in places where they live rather than their own country or other countries, and by recommending them to their surroundings (family / close relatives / friends / friends), as medical tourism, third age/elderly tourism, healthy nutrition and sports tourism, it will contribute directly to health tourism, and it is believed that it will provide an advantage to the country's economy and Alanya for health tourism regions planned to be established.

Apart from being a tourism region, it is also thought that Alanya can be a health tourism zone and will be preferred by people mostly foreign nationals, thus contributing to both the tourism and health tourism economy of the country, and that this period can increase to 12 months with health tourism in addition to the tourism season (average 5 months) and that unemployment will

decrease due to employment all year round and contribute greatly to the country's economy (public and private sector).

Recently, it is seen that not only medical tourism, but also spa / wellness tourism, third age/elderly tourism, thermal tourism, disabled tourism, healthy nutrition and sports tourism have become more important in health tourism, and Alanya has the potential to provide other health tourism variations.

Prior to this study, there was no study in Turkey, especially in the Mediterranean and Aegean region, in terms of the Servqual health care quality and contributions to health tourism of foreigners living in the Mediterranean and Aegean regions and thus it is the first study.

4.3. Assumptions of Research

It is based on the assumption that resident foreigners living in Alanya receive at least one or more health services, the answers given to the questionnaire forms used as data collection tools reflect the real situation, the questions are understood and the surveys are reliable.

4.4. Scope And Limitations of Research

As of 2016, Alanya, where 8,124 resident foreigners from 99 countries of the world live and 3,535 foreigners from 60 countries of the world purchased immovables, is included in the study because of these features. The research was carried out with those who received health service from Alanya or Turkey and from their own countries, from resident foreigners who have active residence permits as landlords or tenants within the boundaries of Alanya district. The research was conducted between February and August 2018 with resident foreigners in Alanya and is limited to resident foreigners who were in their country at the time of the research and did not receive health service.

4.5. Research Method

This section describes the models of the research, the data collection tool, the calculation of Servqual scores, population and sample, the hypotheses of the research, and the statistical methods used in the analysis of data.

4.5.1. Research Models

Study 1 and study 2 models of the research are shown below in figure 6 and figure 7.
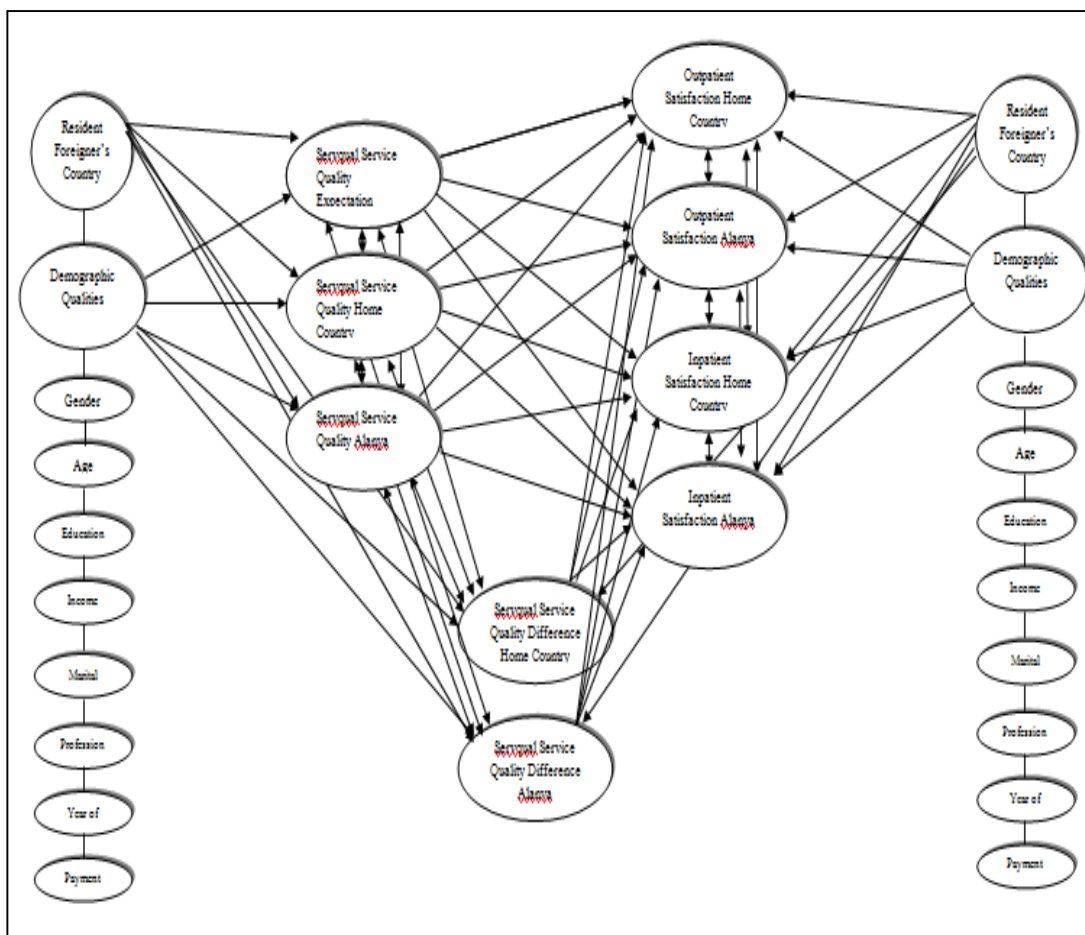
Figure 6: Study Model 1
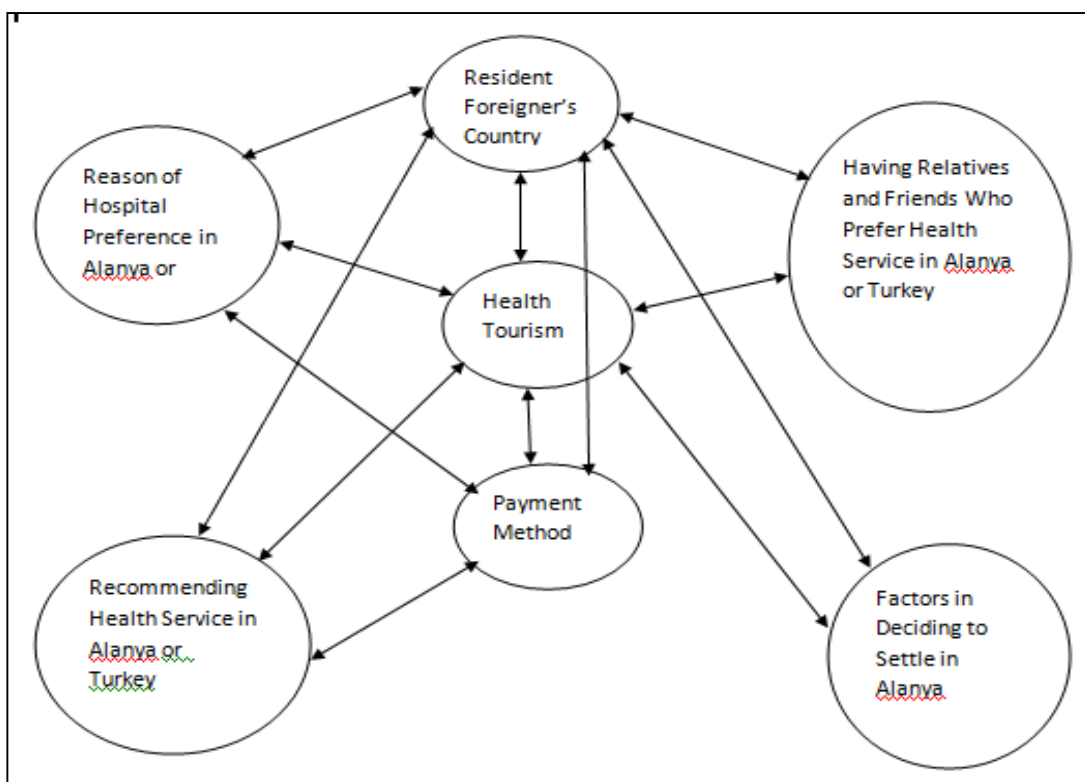
Figure 7: Study Model 2

4.5.2. Data Collection Tool

The study used 2 different survey forms as a data collection tool (Attachments: Survey). The first questionnaire, which was developed by Parasuraman, Zeithaml and Berry (1988) in America and widely used in service quality measurement, was used as adapted by Işık (2011: 131). 3 different versions of the Servqual scale used, which measure the general expectation, the country of resident foreigners and their perception of Alanya, were used.

The second questionnaire was developed for outpatients and inpatients according to the Satisfaction Surveys Implementation Guide of the Ministry of Health Performance Management and Quality Improvement Department and used as adapted by the Guide (2016: 46). The satisfaction scale used was used to measure the level of patient satisfaction in Alanya and their own country.

The survey form consists of four parts. In addition to the demographic information of resident foreigners, there are questions about the way they pay for hospital expenses, first preferences in the need for health service except emergency health service, the type of health service received, the health conditions in general, whether they have a chronic disease, and how many times they have been taken if health service is received.

In the second part, there is a Servqual scale, which includes a total of 36 statements used in the survey's perceived quality of service measurement, based on 7 point Likert scale (1= absolutely disagree - 7= absolutely agree), in which 18 of them measure resident foreigners' expectations from health services, and the other 18 measure resident foreigners' perceptions of health services. There are 4 questions (1-4) from tangibles/ physical properties, 5 questions from reliability (5-9), 3 questions from responsiveness (3 to 12), 3 questions from reassurance (13-15) and 3 questions (16-18) from empathy in the level of expectations and perceptions regarding service quality dimensions.

In the third part, after the Servqual scale, there is a satisfaction scale with a total of 30 expressions, based on the 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = indecisive, 4 = agree, 5 = strongly agree), 13 of

which measure resident foreigners' outpatient service satisfaction and the other 17 measure resident foreigners' inpatient service satisfaction.

In the fourth part, there are questions about how often the resident foreigners have gone to their preferred hospital in the last 6 months, the reason for choosing the hospital of their choice compared to their own countries, the most important factors in deciding to settle in Alanya, whether they have relatives or friends who prefer Alanya or Turkey only to receive health/hospital service from their countries, whether they recommend the health/hospital service they receive from Alanya or other hospitals in Turkey to relatives and friends in their countries, how many times a year they go, how long they stay and what months they prefer to go to their country and whether they are a tenant or a landlord in their residence.

Before the surveys used in the research were finalized, they were applied to 50 (20 German, 20 Russian and 10 other nationals) resident foreigners and a pilot study was made and it was stated that there were no expressions that could not be understood in the survey. In addition, the opinions of faculty members who have Servqual and satisfaction studies in the field were taken and presented to the supervisor. As a result of the supervisor opinions, the survey was finalized and published in German, Russian and English.

Surveys were applied by participating in the meetings on certain days by contacting the heads of the associations belonging to resident foreigners stated in Table 12 (Annexes: Photograph 3,5,6,7,8,9,10) and visiting the cafes and restaurants frequently visited by resident foreigners, in addition to the distribution of the surveys by attending the Alanya Municipality Foreigners Assembly meetings held every month (Annexes: Photograph 2) Surveys were applied to the resident foreigners who came to the hospital through the Ministry of Health Alanya Alaaddin Keykubat University Education and Research Hospital Health Tourism Unit. In addition, it is aimed to reach more participants by assigning a Russian interviewer through the Alanya Russian Education and Culture Association, a German-born Turkish interviewer and a foreign student who is the President of the International Students Council of Alanya Alaaddin Keykubat University as pollsters.

4.5.3. Calculation of Servqual Scores

Since the Servqual score is the difference between the perceived service and the expected service, the Perceived Quality of Service (Q): Perceived Service (P) - Expected Service (E),

And in this way,the Servqual score was calculated for each question proposition. Servqual scores were calculated for each question proposition by mutually differentiating the perception item and expectation item scores on the 7-point Likert scale for each question proposition.

Servqual Score= Perception Score - Expectation Score

The perception and expectation items of the Servqual scale used in the research are arranged as 1= absolutely disagree, 7= absolutely agree on the 7-point Likert scale. Since the Servqual score = perception score - the expectation score, it will vary between -6 and +6. Approaching the score to +6 means that the expectations are met high and approaching -6 means that the expectations are not met at all. It can be assessed that the Servqual score is positive, that the expectations of the resident foreigners are exceeded, and that the perceptions of the resident foreigners towards health service quality are high. If the Servqual score is negative, it will be assessed that the expectations of resident foreigners are not met and therefore the health service quality assessment of resident foreigners is low. If the Servqual score is zero, the expectations of the resident foreigners are at least met so that the quality of health service is at a satisfactory level.

In calculating Servqual score on the basis of dimensions, the difference totals are divided by the number of items that make up each service quality dimension by taking mutual differences of perception (P) and expectation items (E) of the scale. Thus, there is a quality score for each participant on the basis of dimension. Then, the calculated scores for each participant are collected and divided into the N participant number to calculate the total Servqual score for each quality of service. The averages found are Servqual score on the basis of dimension.

SQ1: Servqual score for tangibles/physical properties dimension

SQ2: Servqual score for reliability dimension

SQ3: Servqual score for responsiveness dimension

SQ4: Servqual score for assurance dimension

SQ5: Servqual score for empathy dimension

The way of calculating Servqual scores for service quality dimensions is below. (Zeithaml et al., 1990: 176-177, Devebakan, 2001: 100) :

SQ1: [(P1-E1) + (P2-E2) + (P3-E3) + (P4-E4)] / 4

SQ2: [(P5-E5) + (P6-E6) + (P7-E7) + (P8-E8) + (P9-E9)] / 5

SQ3: [(P10-E10) + (P11-E11) + (P12-E12)] / 3

SQ4: [(P13-E13) + (P14-E14) + (P15-E15)] / 3

SQ5: [(P16-E16) + (P17-E17) + (P18-E18)] / 3

The equally weighted (average) Servqual score is calculated by dividing the calculated quality dimension points by 5: SQE = (SQ1+ SQ2+ SQ3+ SQ4+ SQ5) / 5

4.5.4. Population and Sample

The population of the research is established by resident foreigners living within the borders of Alanya. The number of foreigners with active residence permit in the economic report of Alanya Chamber of Commerce and Industry in 2016 is 8.124. (Table 10, Alanya Chamber of Commerce and Industry Economic Report, 2016: 192).

As stated in the Alanya Chamber of Commerce and Industry Economic Report (2016:192), it is seen that 1,673 Russian citizens, 1,339 German citizens and other European nationals come first as the number of resident foreigners who obtained active residence permits in Alanya. The surveys are also prepared in German, Russian and English because of the fact that the Russian and German citizens who are participants in this study are outnumbered, that the citizens of other countries are mostly from European nationals (except Iranian citizens) and are socio-culturally close to each other and because they know English.

In cases where the number of individuals who make up the main mass of the research is known, the following formula is used to calculate the number of samples with the power of representing the main mass (Baş, 2006: 45);

$$n: \frac{N.t^2.p.q}{d^2.(N-1)+t^2.p.q}$$

In the formula;

N : Main mass volume (number of individuals): 8,124

p : Frequency of occurrence of the incident examined: 0.50

q : Frequency of nonoccurrence of the incident examined (1 - p): 0.50

t : Table distribution value of confidence level: 1.96

d **:** Sample error accepted by the frequency of occurrence of the incident: 0.05

n : The number of individuals to be selected for sample is;

$$n: \frac{8124 x 1.96^2 x 0.50 x 0.50}{0.05^2 x (8124-1) + 1.96^2 x 0.50 x 0.50} = 400$$

The sample size is 400, which will represent the population with 95% confidence in the study by random sampling method. Since some surveys were deemed to be inadequate at the start of the study, 500 surveys were distributed and 31 surveys (12 surveys Russian, 10 surveys German and 9 surveys other foreigners) were not processed, and the remaining 469 surveys were found to be in line with the analysis.

4.5.5. Research Hypothesis

In this section, for the purposes of the research, there are hypotheses related to the Servqual service quality, which are prepared for German, Russian and other resident foreigners both for their country and Alanya, and satisfaction and health tourism.

H1: The perceived quality of service dimensions of resident German citizens living in Alanya about their own countries are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H2: The perceived quality of service dimensions of resident German citizens living in Alanya about Alanya are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H3: The perceived quality of service dimensions of resident Russian citizens living in Alanya about their own countries are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H4: The perceived quality of service dimensions of resident Russian citizens living in Alanya about Alanya are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H5: The perceived quality of service dimensions of citizens of other countries residing in Alanya about their own countries are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H6: The perceived quality of service dimensions of citizens of other countries residing in Alanya about Alanya are different according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H7: The satisfaction levels of the German citizens living in Alanya are different from the outpatient health services they receive in their own country, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H8: The satisfaction levels of the German citizens living in Alanya are different from the outpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H9: The satisfaction levels of the German citizens living in Alanya are different from the inpatient health services they receive in their own country, according

to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H10: The satisfaction levels of the German citizens living in Alanya are different from the inpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H11: The satisfaction levels of the Russian citizens living in Alanya are different from the outpatient health services they receive in their own country, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H12: The satisfaction levels of the Russian citizens living in Alanya are different from the outpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H13: The satisfaction levels of the Russian citizens living in Alanya are different from the inpatient health services they receive in their own country, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H14: The satisfaction levels of the Russian citizens living in Alanya are different from the inpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H15: The satisfaction levels of the citizens of other nationalities living in Alanya are different from the outpatient health services they receive in their own country, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H16: The satisfaction levels of the citizens of other nationalities living in Alanya are different from the outpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education,

income level, marital status, occupation, duration of residency and expense payment style).

H17: The satisfaction levels of the citizens of other nationalities living in Alanya are different from the inpatient health services they receive in their own country, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H18: The satisfaction levels of the citizens of other nationalities living in Alanya are different from the inpatient health services they receive in Alanya, according to their socio-demographic qualities (gender, age, education, income level, marital status, occupation, duration of residency and expense payment style).

H19: Servqual expectations and perceived health service quality of the resident Russian, German and other citizens living in Alanya are different between their own countries and Alanya.

H20: The outpatient and patient satisfaction of the resident Russian, German and other citizens living in Alanya are different between their own countries and Alanya.

H21: Resident Russian, German and other citizens living in Alanya contribute to health tourism.

4.5.6. Statistical Methods Used in Analyzing Data

In the analysis of data, identifying statistics are presented with frequency, percentage, average, standard deviation values. T test is applied in the study with the aim of examining the scales according to two stage group variables. T test analysis is performed with the aim of determining whether expectation, service perception and satisfaction scales are different. Variance analysis (ANOVA) is used to examine the relationship among expectation, service perception and satisfaction scales according to the groups, and the Sidak binary comparison test is used to identify different groups. Correlation analysis is applied to determine the relationships between the scales. Regression

analysis is applied for the purpose of examining the variables associated with the satisfaction levels of the participants and modeling relationships. P values less than 0.05 are considered statistically significant in the study. The analysis is conducted with the SPSS 22.0 package program.

4.6. Research Findings

In this section, validity and reliability analyses are carried out primarily on the scales used in the research. Then, with the data obtained from the scales validity and reliability, the findings of the research on the demographic qualities of the resident foreigners' general and country-based socio-demographic qualities, Servqual (expectation-perception) levels for Alanya and their own countries, outpatient and inpatient health services satisfaction levels and their contribution to health tourism are included.

4.6.1. Reliability and Validity Analysis

The results of the study's validity and reliability analysis for the Servqual expectation and perception, outpatient and inpatient satisfaction scales in Alanya and the outpatient and inpatient satisfaction scales of their own country are as follows.

4.6.2. Servqual Expectation Scale

In the survey study, Co. Alpha analysis is applied in order to determine the Servqual expectation levels of Russian, German and other country citizens and to test the reliability of 18 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.95. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 18 expressions to test the structure validity.

Table 13:

Servqual Expectation Scale

Scale	Explained Variance (%)	KMO	Internal Consistency
Servqual Expectation Scale	% 70	0.91	0.96

A single basic dimension has been identified as a result of factor analysis. This dimension is called Servqual expectation scale. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.91. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested (p=0.01, p<0,05) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately 70% of the total variance.

4.6.3. Servqual Perception Scale

In the survey study, Co. Alpha analysis is applied in order to determine the Servqual perception levels of Russian, German and other country citizens and to test the reliability of 18 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.92. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 18 expressions to test the structure validity.

Table 14:

Servqual Perception Scale

Scale	Explained Variance (%)	KMO	Internal consistency
Servqual Perception Scale	% 63	0.88	0.92

A single basic dimension has been identified as a result of factor analysis. This dimension is called the Servqual perception dimension. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.88. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested ($p=0.01$, $p<0,05$) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately %63 of the total variance.

4.6.4. Alanya Outpatient Satisfaction Scale

In the survey study, Co. Alpha analysis is applied in order to determine Alanya outpatient satisfaction levels of Russian, German and other country citizens and to test the reliability of 13 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.85. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 13 expressions to test the structure validity.

Table 15:

Alanya Outpatient Satisfaction Scale

Scale	Explained Variance (%)	KMO	Internal consistency
Alanya Outpatient Satisfaction Scale	% 60	0.84	0.85

A single basic dimension has been identified as a result of factor analysis. This dimension is called Alanya outpatient satisfaction dimension. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.84. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested ($p=0.01$,

p<0,05) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately %60 of the total variance.

4.6.5. Home Country Outpatient Satisfaction Scale

In the survey study, Co. Alpha analysis is applied in order to determine native country outpatient satisfaction levels of Russian, German and other country citizens and to test the reliability of 13 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.87. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 13 expressions to test the structure validity.

Table 16:

Home Country Outpatient Satisfaction Scale

Scale	Explained Variance (%)	KMO	Internal consistency
Home Country Outpatient Satisfaction Scale	% 61	0.85	0.87

A single basic dimension has been identified as a result of factor analysis. This dimension is named as home country outpatient satisfaction dimension. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.85. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested (p=0.01, p<0,05) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately %61 of the total variance.

4.6.6. Alanya Inpatient Satisfaction Scale

In the survey study, Co. Alpha analysis is applied in order to determine Alanya inpatient satisfaction levels of Russian, German and other country citizens and to test the reliability of 17 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.89. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 17 expressions to test the structure validity.

Table 17:

Alanya Inpatient Satisfaction Scale

Scale	Explained Variance (%)	KMO	Internal consistency
Alanya Inpatient Satisfaction Scale	% 65	0.86	0.89

A single basic dimension has been identified as a result of factor analysis. This dimension is named as Alanya inpatient satisfaction dimension. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.86. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested ($p=0.01$, $p<0,05$) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately %65 of the total variance.

4.6.7. Home Country Inpatient Satisfaction Scale

In the survey study, Co. Alpha analysis is applied in order to determine home country inpatient satisfaction levels of Russian, German and other country citizens and to test the reliability of 17 statements related to health. At the end of the analysis, Co. Alpha coefficient is determined as 0.90. The coefficient obtained shows that the scale is quite reliable. As a result, it is seen that there

is no need to remove any questions from the study. Following the reliability analysis, factor analysis was applied to the scale containing 17 expressions to test the structure validity.

Table 18:

Home Country Inpatient Satisfaction Scale

Scale	Explained Variance (%)	KMO	Internal consistency
Home Country Inpatient Satisfaction Scale	% 67	0.87	0.90

A single basic dimension has been identified as a result of factor analysis. This dimension is named as home country inpatient satisfaction dimension. The sample sufficiency coefficient calculated in factor analysis is KMO (Kaiser Meyer Olkin) 0.87. This coefficient is an indication of the fact that 469 questionnaires are quite sufficient to reveal the factor structure. In addition, according to Bartlett test result in which the significance of factor structures is tested (p=0.01, p<0,05) the dimensions obtained are structurally significant. The basic dimension obtained constitutes approximately %67 of the total variance.

4.7. Socio-Demographic Qualities Of Resident Foreigners

Table 19:

Socio-Demographic Qualities of Resident Foreigners (1)

Gender	n	%
Female	326	69.5
Male	143	30.5
Age	**n**	**%**
35 and under	54	11.5
36-45	62	13.2
46-55	83	17.7
56-65	81	17.3
66-75	146	31.1
76-85	43	9.2
Education	**n**	**%**
Primary school	27	5.8
Secondary school	116	24.7
High school	148	31.6
University	147	31.3
Master's Degree	28	6.0
PhD Degree	3	,6
Income	**n**	**%**
500-1000 €	204	43.5
1001-1500 €	141	30.1
1501-2000 €	61	13.0
2001-2500 €	31	6.6
2501-3000 €	16	3.4
3001 € and above	16	3.4

It is found that 70% of resident foreigners are female and 30% are male. It is found that 12% of resident foreigners are between the ages of 35 and under, 13% aged 36-45, 18% aged 46-55, 17% aged 56-65, 31% aged 66-75 years, 9% between the ages of 76 and 85. It is observed that 6% of resident

foreigners have primary school, 25% secondary school, 32% high school, 31% university and 7% postgraduate education. It is found that 44% of resident foreigners have 500-1000 €, 30% €1001-1500, 13% €1501-2000, 7% 2001-2500 €, 3% €2501-3000 and 3% €3,001 and above monthly income.

Table 20:

Socio-Demographic Qualities of Resident Foreigners (2)

Country	n	%
Russia	159	33.9
Germany	159	33.9
United Kingdom	30	6.4
Finland	27	5.8
The Netherlands	22	4.7
Poland	17	3.6
Iran	15	3.2
Denmark	14	3.0
Sweden	14	3.0
Norway	12	2.6
Marital Status	**n**	**%**
Married	260	55.4
Single	135	28.8
Divorced	74	15.8
Profession	**n**	**%**
Retired	261	55.7
Working	208	44.3

34% of resident foreigners are found to be Russian citizens, 34% German citizens, 6% British, 5% Dutch, 6% from Finland, 3% from Denmark, 3% from Sweden, 3% from Norway, 3% Iranians, 3% Polish citizens. It is found that 55% of resident foreigners are married, 29% single and 16% divorced. It is found that 56% of resident foreigners are retired and 44% are still working.

Table 21:

Socio-Demographic Qualities of Resident Foreigners (3)

Duration of Residence	n	%
1-5 years	229	48.8
6-10 years	150	32.0
11-15 years	57	12.2
16-20 years	19	4.1
21 years and above	14	3.0
Country	**n**	**%**
Russia	159	33.9
Germany	159	33.9
Other	151	32.2
Total	**469**	**100.0**
Citizens of Other Countries	**n**	**%**
United Kingdom	30	19.9
Finland	27	17.9
The Netherlands	22	14.6
Poland	17	11.3
Iran	15	9.9
Denmark	14	9.3
Sweden	14	9.3
Norway	12	7.9
Total	**151**	**100.0**

It is found that 49% of resident foreigners have been resident in Alanya for 1-5 years, 32% 6-10 years, 12% 11-15 years, 4% 16-20 years and 3% for 21 years or more. It is found that 34% of resident foreigners are Russian citizens,

34% German citizens and 32% are citizens of other countries. It is found that the citizens of other countries are citizens of the UK with 20%, Finland with 18%, Netherlands with 15%, Poland with 11%, Iran with 10%, Denmark with 9%, Sweden with 9%, and Norway with 8%.

4.8. Health Service Related Qualities Of Resident Foreigners (1)

Table 22:

Health Service Related Qualities of Resident Foreigners (1)

The Way of Paying Hospital Expense	n	%
Insurance	351	74.8
Cash	68	14.5
Both Insurance and Cash	50	10.7
First Hospital Preferred Except for Emergency Health Service	**n**	**%**
Alanya Alaaddin Keykubat University Education and Research Hospital	232	49.5
Home Country Hospitals	26	5.5
Private Hospitals in Alanya	200	42.6
Other Hospitals in Turkey	11	2.3
General Health Status	**n**	**%**
Very bad	7	1.5
Bad	22	4.7
Moderate	149	31.8
Good	291	62.0
Is There A Chronic Disease?	**n**	**%**
Yes	176	37.5
No	293	62.5
Type of Health Service Received	n	%
Polyclinic	97	20.7
Clinic	7	1.5
Both	365	77.8
How many times the health service received	n	%
1-5 times	278	59.3
6-10 Times	112	23.9
11-15 times	35	7.5
16-20 times	44	9.4
Frequency of Going to The Preferred Hospital in the Last 6 Months	n	%
1-5 times	332	70.8
6-10 times	80	17.1
11-15 times	37	7.9
16-20 times	17	3.6
21 times and above	3	,6

It is found that 75% of the resident foreigners cover their health expenses through insurance, 15% in cash and 11% both in insurance and in cash.

Resident foreigners state, in emergency situations, they will prefer Alanya Alaaddin Keykubat University Education and Research Hospital with 50%, hospitals in their home country with 6%, private hospitals in Alanya with 43%, other hospitals in Turkey with 2%. Resident foreigners state that their health status is very bad with 2%, bad with 5%, moderate with 32% and good with 62%. Resident foreigners state that 38% have chronic diseases and 63% do not have any chronic diseases.

It is observed that resident foreigners received polyclinic with 21%, clinic with 2%, and both services with 78% from health institutions in Alanya. Resident foreigners state that they received health services from Alanya health institutions 1-5 times with 59%, 6-10 times with 24%, 11-15 times with 8%, 16-20 times with 9% and 9% with 21 or more.

Resident foreigners state that, in the last 6 months, 71% have received health service 1-5 times, 17% 6-10 times, 8% 11-15 times, 4% 16-20 times and 1% 21 times and more. Resident foreigners state that, in terms of the frequency of going to the hospital in the last 6 months, 71% of them have received health care 1-5 times, 17% 6-10 times, 8% 11-15 times, 4% 16-20 times, and 1% 21 times and above.

Table 23:

Health Service Related Qualities of Resident Foreigners (2)

Reason of Preference of the Hospital You Prefer in Alanya or Turkey to Your Home Country	n	%
Quality	21	4.5
Price	86	18.3
Easy Access	171	36.5
No Waiting Queue	58	12.4
Modern Technological Devices	41	8.7
Experienced Doctors	92	19.6
The Most Important Factor/Factors in Deciding to Settle in Alanya	**n**	**%**
Sea, Sand, Sun	366	78.0
Cheapness	45	9.6
Quality and Cheap Hospitals, Easily Access, No Waiting Queue etc.	15	3.2
Advice from Turkish Friends	15	3.2
Advice from Foreign Friends	28	6.0
Do you have relatives/friends who prefer Alanya or Turkey to receive health/hospital services from your country alone?	**n**	**%**
Yes	259	55.2
No	210	44.8
Would you recommend the Health/Hospital Service you receive from Alanya or Other Hospitals in Turkey to Your Relatives/Friends in Your Country?	**n**	**%**
Yes	327	69.7
No	34	7.2
Undecided.	108	23.0

Resident foreigners state that 5% of them prefer hospitals in Alanya or Turkey because of quality, 18% price, 37% easy transportation, 12% no waiting queue , 9% modern technological devices, 20% experienced doctors.

78% of resident foreigners have stated that they decided to settle in Alanya because of sea-sand-sun, 10% cheapness, 3% hospitals being quality, cheap and easily accessible, no waiting queue, experienced doctors and modern

devices, 3% on the advice of Turkish friends and 3% on the advice of foreign friends.

55% of resident foreigners say they have relatives and friends who preferred Alanya or Turkey to receive health/hospital services, and 45% say they do not have.

70% of resident foreigners state that they will recommend health/hospital service they receive from Alanya or other hospitals in Turkey to relatives and friends in their country, 7% will not recommend it, and 23% say they are undecided.

4.9. Analysis Of The Status Of Resident Foreigners Regarding Their Visits To Their Country

Table 24:

Analysis of the Status of Resident Foreigners Regarding Their Visits to Their Country (1)

How many times a year do you go to your country?	n	%
1-5	374	79.7
6-10	30	6.4
11 and above	11	2.3
Not going	54	11.5
How Long Do You Stay When You Go to Your Country or Duration of Stay in 1 Year?	**n**	**%**
1 Month	220	46.7
2 Months	118	24.9
3 Months	67	14.3
4 Months and above	10	2.1
Not going	54	12

80% of resident foreigners say they go to their country 1-5 times, 6% 6-10 times, 2% 11 and above, and 12% do not usually go to their country. It is observed that 47% of resident foreigners stay in their country for a month, 25% for two months, 14% for 3 months, 2% for 4 months or more.

Table 25:

Analysis of the Status of Resident Foreigners Regarding Their Visits to Their Country (2)

Reason for Going to Home Country	n	%
Due to Hot and Humidity in Alanya	144	30.7
For a Family Visit	111	23.7
For New Year's Eve	89	19.0
Not going	32	6.8
For Disease Check	22	4.7
When s/he wants to	20	4.3
General Visit	19	4.1
For Business	16	3.4
For Holiday	14	3.0
For Shopping	2	0.4
Time to Go Home Country	**n**	**%**
November-December-January	175	37.39
August-September-October	7	1.50
June-July	196	41.88
February-March-April	34	7.26
Not going	56	11.94

It is found that 37% of resident foreigners go to visit their country in November-December and January, 2% in August-September-October, 42% in June and July and 12% in February-March and April, and 12% do not go.

31% of resident foreigners state that they visit their home country because of hot and humidity, 24% family visit, 19% New Year's Eve, 5% disease checks, 4% visit, 4% when s/he wants to, 3% holiday, 3% business, 0.4% shopping.

4.10. Analysis Of The Socio-Demographic Qualities Of Resident Foreigners By Their Country

Table 26:

Analysis of the Socio-Demographic Qualities of Resident Foreigners by Their Country

Demographic Qualities		Country					
		Russian Citizens		German Citizens		Citizens of Other Countries	
		n	%	n	%	n	%
Gender	Female	84	53	135	85	107	71
	Male	75	47	24	15	44	29
Age	35 and under	28	18	8	5	18	12
	36-45	43	27	4	3	15	10
	46-55	50	31	22	14	11	7
	56-65	21	13	36	23	24	16
	66-75	14	9	73	46	59	39
	76-85	3	2	16	10	24	16
Education	Primary school	17	11	0	0	10	7
	Secondary school	85	53	6	4	25	17
	High school	32	20	54	34	62	41
	University	20	13	90	57	37	25
	Master's Degree	5	3	6	4	17	11
	PhD Degree	0	0	3	2	0	0
Income	500-1000 €	42	26	128	81	34	23
	1001-1500 €	58	36	12	8	71	47

	1501-2000 €	39	25	0	0	22	15
	2001-2500 €	6	4	9	6	16	11
	2501-3000 €	4	3	4	3	8	5
	3001 € and above	10	6	6	4	0	0
Marital Status	Married	64	40	91	57	105	70
	Single	65	41	50	31	20	13
	Divorced	30	19	18	11	26	17
Profession	Working	115	72	44	28	49	32
	Retired	44	28	115	72	102	68
Duration of Residence	1-5 years	70	44	107	67	52	34
	6-10 years	51	32	39	25	60	40
	11-15 years	15	9	8	5	34	23
	16-20 years	15	9	0	0	4	3
	21 years and above	8	5	5	3	1	1
The Way of Paying Hospital Expense	Insurance	135	85	110	69	106	70
	Cash	24	15	20	13	24	16
	Both Insurance and Cash	0	0	29	18	21	14

It is found that 53% of resident Russian participants are female and 47% are male. It is observed that 85% of the resident German participants are female and 15% are male. Other nationals are found to be 71% female and 29% male.

It is determined that 18% of resident Russian participants are under 35 years old, 27% are 36-45 years old, 31% are 46-55 years old, 13% are 56-65 years old, 9% are 66-75 years old, and 2% are between the ages of 76-85. It is determined that 5% of the resident German participants are under 35 years old, 3% 36-45 years old, 14% 46-55 years old, 23% 56-65 years old, 46% 66-75 years old and 20% between the ages of 76-85. It is determined that 12% of the residents of other country citizens are under 35, 10% are 36-45 years old, 7% are 46-55 years old, 16% are 56-65 years old, 39% are 66-75 years old and 16% are between the ages of 76-85.

The resident Russian participants state that they are primary school graduates with 11%, secondary school with 53%, high school with 20%, university with 13%, and master's degree with 3%. The resident German participants state that they have secondary school education with 4%, high school with 54%, university with 57%, master's degree with 4% and PhD with 2%. The residents of other country citizens state that they are primary school graduates with 7%, secondary school with 17%, high school with 41%, university with 25%, and master's degree with 11%.

26% of the resident Russian participants state that they have a monthly income level of 500-1000 €, 36% 1001-1500 €, 25% 1501-2000 €, 4% 2001-2500 €, 3% 2501-3000 €, and 6% 3001 € and above. 81% of the resident German participants state that they have a monthly income level of 500-1000 €, 8% 1001-1500 €, 6% 1501-2000 €, 3% 2001-2500 €, 6% 2501-3000 €, and 6% 3001 € and above. 23% of the residents of other country citizens state that they have a monthly income level of 500-1000 €, 47% 1001-1500 €, 15% 1501-2000 €, 11% 2001-2500 €, 5% 2501-3000.

It is determined that 40% of the resident Russian participants are married, 41% are single and 19% are divorced. It is determined that 57% of the resident German participants are married, 31% are single and 11% are divorced. It is determined that 70% of the residents of other country citizens are married, 13% are single and 17% are divorced.

72% of the resident Russian participants say they are working in a business that generated income and 28% of them say they are retired. 28% of the resident German participants say they are working in a business that generated income and 72% of them say they are retired. 32% of the residents of other country citizens say they are working in a business that generated income and 68% of them say they are retired.

The resident Russian participants state that they resided in Alanya for 1-5 years with 44%, 6-10 years with 32%, 11-15 years with 9%, 16-20 years with 9%, 21 years and above with 5%. The resident German participants state that they resided in Alanya for 1-5 years with 67%, 6-10 years with 25%, 11-15

years with 5%, 21 years and above with 3%. The residents of other country citizens state that they resided in Alanya for 1-5 years with 34%, 6-10 years with 40%, 11-15 years with 23%, 16-20 years with 3%, 21 years and above with 1%.

It is determined that the resident Russian participants cover the hospital expenses with 85% insurance and 15% cash. It is found that 69% of the resident German participants cover the hospital expenses with insurance and 13% cash and 28% both with cash and insurance. It is found that 10% of the residents of other country citizens cover the hospital expenses with insurance and 16% cash and 14% both with cash and insurance.

4.11. Comparison Of The Expectation Of Resident Foreigners And The Quality Of Health Service Levels They Receive In Alanya

Table 27:

Comparison of The Expectation of Resident Foreigners and The Quality of Health Service Levels They Receive in Alanya

Scale	n	X	s.s.	t	p
Servqual Health Service Expectation Level	469	84.94	9.98	**6.05**	**0,01***
Servqual Health Service Perception Level Alanya	469	81.45	11.72		

It is determined that the expectation of the resident foreigners and the quality of health services they receive in Alanya are different from each other. The reason for the difference is that the expectation levels of resident foreigners are higher than the quality of health service they receive in Alanya. The quality of health service received by all resident foreigners in Alanya is found to be below health service expectations (t=6,05,p=0.01,p<0,05).

4.12. Comparison Of The Expectation Of Resident Foreigners And The Quality Of Health Service Levels They Receive In Home Countries

Table 28:

Comparison of The Expectation of Resident Foreigners and The Quality of Health Service Levels They Receive in Home Countries

Scale	n	X	s.s.	t	p
Servqual Health Service Expectation Level	469	84.94	9.98	9.42	**0.01**
Servqual Health Service Perception Level Home Country	469	78.99	11.74		

It is determined that the expectation of the resident foreigners and the quality of health services they receive in their home countries are different from each other. The reason for the difference is that the expectation levels of resident foreigners are higher than the quality of health service they receive in their home countries. The quality of health service received by all resident foreigners in their home countries is found to be below health service expectations (t=9,42,p=0,01,p<0,05).

4.13. Comparison Of The Expectation Of Resident Foreigners And The Quality Of Health Service Levels They Receive In Alanya And Home Countries

Table 29:

Comparison of The Expectation of Resident Foreigners and The Quality of Health Service Levels They Receive in Alanya and Home Countries

Scale	n	X	s.s.	t	p
Servqual Health Service Expectation Level Alanya	469	81.45	11.72	4.45	**0.01**
Servqual Health Service Perception Level Home Country	469	78.99	11.74		

It is determined that the expectation of the resident foreigners and the quality of health services they receive in their home countries and Alanya are different from each other. It is observed that the reason for the difference is that the expectation levels of resident foreigners are lower than the quality of health service they receive in their country, compared to the quality of health service they receive in Alanya. The quality of health service received by all resident foreigners in their home countries is found to be below health service expectations (t=4,45,p=0,01,p<0,05).

4.14. Comparison Of The Outpatient And Inpatient Satisfaction Levels Of Resident Foreigners In Alanya And Home Countries

Table 30:

Comparison of the Outpatient and Inpatient Satisfaction Levels of Resident Foreigners in Alanya and Home Countries

Satisfaction Level	n	X	s.s.	t	p
Outpatient Health Service Satisfaction Level Alanya	469	51.41	11.22	4.52	**0.01**
Outpatient Health Service Satisfaction Level Home Country	469	47.41	10.71		
Inpatient Health Service Satisfaction Level Alanya	469	69.91	12.36	2.36	**0.02**
Inpatient Health Service Satisfaction Level Home Country	469	68.19	12.34		

It is observed that the levels of outpatient health service satisfaction that resident foreigners receive in hospitals in Alanya are higher than the outpatient health service satisfaction levels in their own countries. It is observed that the outpatient health service satisfaction of resident foreigners receive in the hospitals in Alanya is higher than the satisfaction level in their own countries (t=4,52,p=0.01,p<0,05).

It is observed that the levels of inpatient health service satisfaction that resident foreigners receive in hospitals in Alanya are higher than the inpatient health service satisfaction levels in their own countries. It is observed that the inpatient health service satisfaction of resident foreigners receive in the

hospitals in Alanya is higher than the satisfaction level in their own countries (t=2,36,p=0.02,p<0,05).

4.15. Comparison Of Expectations Of Resident Foreigners By Country And Health Service Quality Levels They Receive In Alanya

Table 31:

Comparison of Expectations of Resident Foreigners by Country and Health Service Quality Levels They Receive in Alanya

Country	Scale	n	X	s.s.	t	p
Russian Citizens	Servqual Health Service Expectation Level	159	84.30	11.26	2.70	**0.01**
	Servqual Health Service Perception Level Alanya	159	81.28	12.84		
German Citizens	Servqual Health Service Expectation Level	159	85.31	7.77	1.37	0.17
	Servqual Health Service Perception Level Alanya	159	84.21	10.41		
Citizens of Other Countries	Servqual Health Service Expectation Level	151	85.22	10.63	6.46	**0.01**
	Servqual Health Service Perception Level Alanya	151	78.74	11.19		

In the research, it is determined that the expectations of the Russian citizens and the quality of health services they receive in Alanya are different from each other. The reason for the difference is that the expectation levels of Russian participants are higher than the quality of health service they receive in Alanya. (t=2,70,p=0,01,p<0,05).

In the research, it is determined that the expectations of German citizens and the quality of health services they receive in Alanya are not different from each other. The expectation levels of German participants and health service quality levels in Alanya are found to have similar levels (t=1.37,p=0.17,p>0.05).

In the research, it is determined that the expectations of the citizens of other countries and the quality of health services they receive in Alanya are different from each other. The reason for the difference is that the expectation levels of other group participants are higher than the quality of health service they receive in Alanya. (t=6,46,p=0,01,p<0,05).

4.16. Comparison Of Expectations Of Resident Foreigners By Country And Health Service Quality Levels They Receive In Home Countries

Table 32:

Comparison of Expectations of Resident Foreigners by Country and Health Service Quality Levels They Receive in Home Countries

Country	Scale	n	X	s.s.	t	p
Russian Citizens	Servqual Health Service Expectation Level	159	84.30	11.26	0.68	0.50
	Servqual Health Service Perception Level Home Country	159	83.64	10.39		
German Citizens	Servqual Health Service Expectation Level	159	85.31	7.77	10.34	**0.01**
	Servqual Health Service Perception Level Home Country	159	74.55	10.49		
Citizens of Other Countries	Servqual Health Service Expectation Level	151	85.22	10.63	5.81	**0.01**
	Servqual Health Service Perception Level Home Country	151	78.76	12.53		

In the research, it is determined that the expectations of Russian citizens and the quality of health services they receive in home country are not different from each other. The expectation levels of Russian citizens and health service

quality levels in home country are found to have similar levels (t=0,68,p=0,50,p>0,05).

In the research, it is determined that the expectations of German citizens and the quality of health services they receive in home country are different from each other. The reason for the difference is that the expectation levels of German citizens are higher than the quality of health service they receive in home country (t=10,34,p=0,01,p<0,05).

In the research, it is determined that the expectations of the citizens of other countries and the quality of health services they receive in home country are different from each other. The reason for the difference is that the expectation levels of the citizens of other countries are higher than the quality of health service they receive in home country (t=5,81,p=0,01,p<0,05).

4.17. Comparison Of The Outpatient And Inpatient Satisfaction Levels They Receive In Alanya And Home Countries By Country

4.17.1. Comparison of the Outpatient and Inpatient Satisfaction Levels Received by Russian Citizens in Alanya and Home Countries by Country

Table 33:

Comparison of Outpatient and Inpatient Satisfaction Levels Received by Russian Citizens in Alanya and Home Country

Country	Scale	n	X	s.s.	t	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	159	50.09	9.16	-1.49	0.14
	Outpatient Health Service Satisfaction Level Home Country	159	51.62	8.85		
	Inpatient Health Service Satisfaction Level Alanya	159	67.84	11.54	-3.49	**0.01**
	Inpatient Health Service Satisfaction Level Home Country	159	74.47	8.64		

It is observed that the levels of outpatient health service satisfaction that Russian citizens receive in hospitals in Alanya are not different from the levels of outpatient health service satisfaction they receive in home country (t=-1,49, p=0,14,p>0,05).

It is observed that the levels of inpatient health service satisfaction that Russian citizens receive in hospitals in Alanya are lower than the inpatient health service satisfaction levels in home country. It is observed that the inpatient health service satisfaction of Russian citizens in hospitals in Alanya is lower than the inpatient satisfaction levels in home country (t=-3,49,p=0,01,p<0,05).

4.17.2. Comparison of Outpatient and Inpatient Satisfaction Levels Received by German Citizens in Alanya and Home Country

Table 34:

Comparison of Outpatient and Inpatient Satisfaction Levels Received by German Citizens in Alanya and Home Country

Country	Scale	n	X	s.s.	t	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	159	53.74	12.05	6.65	**0.01**
	Outpatient Health Service Satisfaction Level Home Country	159	44.55	10.69		
	Inpatient Health Service Satisfaction Level Alanya	159	73.43	11.32	9.44	**0.01**
	Inpatient Health Service Satisfaction Level Home Country	159	61.94	12.31		

It is observed that the levels of outpatient health service satisfaction that German citizens receive in hospitals in Alanya are higher than the outpatient health service satisfaction levels they receive in their own countries. It is observed that the outpatient health service satisfaction that German citizens receive in hospitals in Alanya is higher than the satisfaction level in their own countries (t=6,65, p=0,01,p<0,05).

It is observed that the levels of inpatient health service satisfaction received by German citizens in hospitals in Alanya are higher than the inpatient health service satisfaction levels in their country. It is observed that the inpatient health service satisfaction of German citizens in hospitals in Alanya is higher than the inpatient satisfaction level in their own countries (t=9,44,p=0,01,p<0,05).

4.17.3. Comparison of Outpatient and Inpatient Satisfaction Levels Received by Citizens of Other Countries in Alanya and Home Countries

Table 35:

Comparison of Outpatient and Inpatient Satisfaction Levels Received by Citizens of Other Countries in Alanya and Home Countries

Country	Scale	n	X	s.s.	t	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	151	50.33	11.94	5.30	**0.01**
	Outpatient Health Service Satisfaction Level Home Country	151	45.98	11.20		
	Inpatient Health Service Satisfaction Level Alanya	151	68.37	13.47	0.22	0.82
	Inpatient Health Service Satisfaction Level Home Country	151	68.17	12.39		

It is observed that the levels of outpatient health service satisfaction that citizens of other countries receive in hospitals in Alanya are higher than the

outpatient health service satisfaction levels they receive in their own countries. It is observed that the outpatient health service satisfaction that citizens of other countries receive in hospitals in Alanya is higher than the satisfaction level in their own countries (t=5,30, p=0,01,p<0,05).

It is observed that the levels of inpatient health service satisfaction that citizens of other countries receive in hospitals in Alanya are statistically similar with the levels of outpatient health service satisfaction they receive in home country (t=0,22, p=0,82,p>0,05).

4.18. Analysis Of Health Services Expectations, Perceptions And Satisfaction Levels By Countries

4.18.1. Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of Russian Citizens

Table 36:

Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of Russian Citizens

Scales		1	2	3	4	5	6
Servqual Health Service Expectation Level (1)	r	1					
	p						
Servqual Health Service Perception Level Alanya (2)	r	0,41**	1				
	p	0.01					
Servqual Health Service Perception Level Home Country (3)	r	-0.01	0.02	1			
	p	0.89	0.83				
Outpatient Health Service Satisfaction Level Alanya (4)	r	0,20*	0,54**	-0,19*	1		
	p	0.01	0.01	0.02			
Outpatient Health Service Satisfaction	r	0.05	-0,38**	0.13	-0,17*	1	
	p	0.54	0.01	0.22	0.03		

Level Home Country (5)							
Inpatient Health Service Satisfaction Level Alanya (6)	r	0.13	0,52**	-0.13	0,75**	-0.01	1
	p	0.09	0.01	0.08	0.01	0.93	
Inpatient Health Service Satisfaction Level Home Country (7)	r	0,25**	-0,18*	0,39**	0.12	0,55**	0,16*
	p	0.01	0.02	0.01	0.13	0.01	0.04

It is determined that there is a positive, moderately strong and meaningful relationship between the Servqual health service expectation level and the of of health care of Servqual health service perception level in Alanya of Russian citizens (r=0.41,p=0.01,p<0,05).

It is determined that there is no significant relationship between Russian citizens' Servqual health service expectation level and their country's health service perception level (r=-0.01,p=0.89,p>0.05).

It is determined that there is a positive, weak and meaningful relationship between Russian citizens' Servqual health service expectation level and Alanya outpatient satisfaction level (r=0.20,p=0.01,p<0,05).

It is determined that there is no significant relationship between the level of Russian citizens' Servqual health service expectation and their level of outpatient satisfaction   (r=-0,05,p=0,54,p>0,05).

It is determined that there is no significant relationship between the Russian citizens' Servqual health service expectation level and the level of patient satisfaction in Alanya (r=0,13,p=0,09,p>0,05).

It is determined that there is a positive, weak and meaningful relationship between Russian citizens' Servqual health service expectation level and the level of patient satisfaction in their own country (r=0,25,p=0,01,p<0,05).

It is determined that there is no meaningful relationship between Russian citizens' Servqual Alanya health service perception and Servqual home country health service perception (r=0,02,p=0,83,p>0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between Russian citizens' Servqual Alanya health service perception level and Alanya outpatient satisfaction level (r=0,54,p=0,01,p<0,05).

It is determined that there is a negative, weak and meaningful relationship between Russian citizens' Servqual Alanya health service perception level and the level of outpatient satisfaction in their own country (r=-0,38,p=0,01,p<0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between Russian citizens' Servqual Alanya health service perception level and the level of patient satisfaction in Alanya (r=0,52,p=0,01,p<0,05).

It is determined that there is a negative, quite weak and meaningful relationship between Russian citizens' Servqual Alanya health service perception level and the level of patient satisfaction in their own country (r=-0,18,p=0,02,p<0,05).

It is determined that there is a negative, quite weak and meaningful relationship between Russian citizens' Servqual home country health service perception level and the level of outpatient satisfaction in their own country (r=-0,19,p=0,02,p<0,05).

It is determined that there is no significant relationship between the level of Russian citizens' Servqual home country health service perception and their level of outpatient satisfaction (r=0,13,p=0,22,p>0,05).

It is determined that there is no significant relationship between the Russian citizens' Servqual home country health service perception level and the level of inpatient satisfaction in Alanya (r=-0,13,p=0,08,p>0,05).

It is determined that there is a positive, weak and meaningful relationship between Russian citizens' Servqual home country health service perception level and the level of patient satisfaction in their own country (r=0,39,p=0,01,p<0,05).

It is determined that there is a negative, quite weak and meaningful relationship between Russian citizens' Alanya outpatient satisfaction level and the level of outpatient satisfaction in their own country (r=-0,17,p=0,03,p<0,05).

It is determined that there is a positive, quite strong and meaningful relationship between Russian citizens' Alanya outpatient satisfaction level and the level of patient satisfaction in Alanya (r=0,75,p=0,01,p<0,05).

It is determined that there is no relationship between Russian citizens' Alanya outpatient satisfaction level and inpatient satisfaction level in their own country (r=0,12, p=0,13, p>0,05).

It is determined that there is no relationship between Russian citizens' home country outpatient satisfaction level and Alanya inpatient satisfaction level (r=-0,01,p=0,93,p>0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between Russian citizens' home country outpatient satisfaction level and the level of patient satisfaction in their own country (r=0,55,p=0,01,p<0,05).

It is determined that there is a positive, quite weak and meaningful relationship between Russian citizens' Alanya inpatient satisfaction level and the level of inpatient satisfaction in their own country (r=0,16,p=0,04,p<0,05).

4.18.2. Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of German Citizens

Table 37:

Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of German Citizens

Scales		1	2	3	4	5	6
Servqual Health Service Expectation Level (1)	r	1					
	p						
Servqual Health Service Perception Level Alanya (2)	r	0,41**	1				
	p	0.01					
Servqual Health Service Perception Level Home Country (3)	r	-0.11	0.01	1			
	p	0.89	0.93				
Outpatient Health Service Satisfaction Level Alanya (4)	r	0,20*	0,55**	-0,20*	1		
	p	0.01	0.01	0.01			
Outpatient Health Service Satisfaction Level Home Country (5)	r	0.08	-0,35**	0.09	-0,17*	1	
	p	0.54	0.01	0.14	0.03		
Inpatient Health Service Satisfaction Level Alanya (6)	r	0.13	0,53**	-0.14	0,77**	-0.01	1
	p	0.08	0.01	0.08	0.01	0.93	
Inpatient Health Service Satisfaction Level Home Country (7)	r	-0,25**	-0,18*	0.12	0.12	0,55**	0,16*
	p	0.01	0.02	0.13	0.13	0.01	0.04

It is determined that there is a positive, moderately strong and meaningful relationship between the Servqual health service expectation level and the of of health care of Servqual health service perception level in Alanya of German citizens (r=0.41,p=0.01,p<0,05).

It is determined that there is no significant relationship between German citizens' Servqual health service expectation level and their country's health service perception level (r=-0.11,p=0.89,p>0.05).

It is determined that there is a positive, weak and meaningful relationship between German citizens' Servqual health service expectation level and Alanya outpatient satisfaction level (r=0.20,p=0.01,p<0,05).

It is determined that there is no significant relationship between the level of German citizens' Servqual health service expectation and their level of outpatient satisfaction (r=-0,08,p=0,54,p>0,05).

It is determined that there is no significant relationship between the German citizens' Servqual Alanya health service expectation level and the level of patient satisfaction in Alanya (r=0,13,p=0,08,p>0,05).

It is determined that there is a negative, weak and meaningful relationship between German citizens' Servqual Alanya health service expectation level and the level of inpatient satisfaction in their own country (r=-0,25,p=0,01,p<0,05).

It is determined that there is no meaningful relationship between German citizens' Servqual Alanya health service perception and Servqual home country health service perception (r=0,01,p=0,93,p>0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between German citizens' Servqual Alanya health service perception level and Alanya outpatient satisfaction level (r=0,55,p=0,01,p<0,05).

It is determined that there is a negative, weak and meaningful relationship between German citizens' Servqual Alanya health service perception level and

the level of outpatient satisfaction in their own country (r=-0,35,p=0,01,p<0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between German citizens' Servqual Alanya health service perception level and the level of patient satisfaction in Alanya (r=0,53,p=0,01,p<0,05).

It is determined that there is a negative, quite weak and meaningful relationship between German citizens' Servqual Alanya health service perception level and the level of patient satisfaction in their own country (r=-0,18,p=0,01,p<0,05).

It is determined that there is a negative, quite weak and meaningful relationship between German citizens' Servqual home country health service perception level and the level of outpatient satisfaction in their own country (r=-0,20,p=0,01,p<0,05).

It is determined that there is no significant relationship between the level of German citizens' Servqual home country health service perception and their level of outpatient satisfaction (r=0,09,p=0,14,p>0,05).

It is determined that there is no significant relationship between the German citizens' Servqual home country health service perception level and the level of inpatient satisfaction in Alanya (r=-0,14,p=0,08,p>0,05).

It is determined that there is no significant relationship between the level of German citizens' Servqual home country health service perception and their level of inpatient satisfaction (r=0,12,p=0,13,p>0,05).

It is determined that there is a negative, quite weak and meaningful relationship between German citizens' Alanya outpatient satisfaction level and the level of outpatient satisfaction in their own country (r=-0,17,p=0,01,p<0,05).

It is determined that there is a positive, quite strong and meaningful relationship between German citizens' Alanya outpatient satisfaction level and the level of patient satisfaction in Alanya (r=0,77,p=0,01,p<0,05).

It is determined that there is no significant relationship between the outpatient patient satisfaction level of German citizens and the level of patient satisfaction in their own country (r=0,12,p=0,13,p>0,05).

It is determined that there is no significant relationship between German citizens' home country outpatient satisfaction and Alanya inpatient satisfaction level (r=-0,01,p=0,093,p>0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between German citizens' home country outpatient satisfaction and the level of inpatient satisfaction in their own country (r=0,55,p=0,01,p<0,05).

It is determined that there is a positive, quite weak and meaningful relationship between German citizens' Alanya inpatient satisfaction and the level of inpatient satisfaction in their own country (r=0,16,p=0,01,p<0,05).

4.18.3. Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of Citizens of Other Countries

Table 38:

Analysis of Health Services Expectations, Perceptions and Satisfaction Levels of Citizens of Other Countries

Scales		1	2	3	4	5	6
Servqual Health Service Expectation Level (1)	r	1					
	p						
Servqual Health Service Perception Level Alanya (2)	r	0,36**	1				
	p	0.01					
Servqual Health Service Perception Level Home Country (3)	r	0.11	0,51**	1			
	p	0.89	0.01				
Outpatient Health Service Satisfaction Level Alanya (4)	r	0,18*	-0.11	-0,16*	1		
	p	0.02	0.19	0.04			
Outpatient Health Service Satisfaction Level Home Country (5)	r	0,22**	-0.15	0.13	0,62**	1	
	p	0.01	0.07	0.12	0.01		
Inpatient Health Service Satisfaction Level Alanya (6)	r	0,25**	-0.02	0.01	0,42**	0,30**	1
	p	0.01	0.77	0.93	0.01	0.01	
Inpatient Health Service Satisfaction Level Home Country (7)	r	0.08	-0.09	0,27**	0,19*	0,51**	0,62**
	p	0.30	0.24	0.01	0.02	0.01	0.01

It is determined that there is a positive, weak and meaningful relationship between the Servqual health service expectation level and the of of health care of Servqual health service perception level in Alanya of citizens of other countries (r=0.36,p=0.01,p<0,05).

It is determined that there is no significant relationship between other country citizens' Servqual health service expectation level and their country's health service perception level (r=0.11,p=0.89,p>0.05).

It is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual health service expectation level and Alanya outpatient satisfaction level (r=0.18,p=0.02,p<0,05).

It is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual health service expectation level and the level of outpatient satisfaction in their own country (r=0,22,p=0,01,p<0,05).

It is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual Alanya health service expectation level and the level of patient satisfaction in Alanya (r=0,25,p=0,01,p<0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual Alanya health service expectation level and the level of patient satisfaction in their own countries (r=0,08,p=0,30,p>0,05).

It is determined that there is a positive, moderate and meaningful relationship between Servqual Alanya health service perception level of citizens of other countries and Servqual health service perception level of their own countries. (r=0.51,p=0.01,p<0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual Alanya health service perception level and the level of outpatient satisfaction in Alanya (r=-0,11,p=0,19,p>0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual Alanya health service perception level and the level of outpatient satisfaction in their own countries (r=-0,15,p=0,07,p>0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual Alanya health service perception level and the level of inpatient satisfaction in Alanya (r=-0,02,p=0,77,p>0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual Alanya health service perception level and the level of patient satisfaction in their own countries (r=-0,09,p=0,24,p>0,05).

It is determined that there is a negative, quite weak and meaningful relationship between other country citizens' Servqual home country health service perception level and the level of outpatient satisfaction in their own country (r=-0,16,p=0,04,p<0,05).

It is determined that there is no significant relationship between the level of other country citizens' Servqual home country health service perception and their level of outpatient satisfaction (r=0,13,p=0,12,p>0,05).

It is determined that there is no significant relationship between the other country citizens' Servqual home country health service perception level and the level of inpatient satisfaction in Alanya (r=0,01,p=0,93,p>0,05).

It is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual home country health service perception level and the level of patient satisfaction in their own country (r=0,27,p=0,01,p<0,05).

It is determined that there is a positive, high strength and meaningful relationship between the outpatient satisfaction level of the citizens of other countries and the level of outpatient satisfaction in their own countries (r=0,62,p=0,01,p<0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between other country citizens' Alanya outpatient satisfaction level and the level of patient satisfaction in Alanya (r=0,42,p=0,01,p<0,05).

It is determined that there is a positive, quite weak and meaningful relationship between other country citizens' Alanya outpatient satisfaction level and the level of inpatient satisfaction in their own country (r=0,19,p=0,02,p<0,05).

It is determined that there is a positive, weak and meaningful relationship between the level of outpatient satisfaction of the citizens of other countries and the level of inpatient satisfaction in Alanya (r=0,30,p=0,01,p<0,05).

It is determined that there is a positive, moderately strong and meaningful relationship between other country citizens' home country outpatient satisfaction level and the level of patient satisfaction in their own country (r=0,51,p=0,01,p<0,05).

It is determined that there is a positive, high strength and meaningful relationship between the inpatient satisfaction level of the citizens of other countries and the level of inpatient satisfaction in their own countries (r=0,62,p=0,01,p<0,05).

4.19. Analysis Of The Differences Of Health Expectations, Perceptions And Satisfaction Levels Of Resident Foreigners By Countries

Table 39:

Analysis of the Differences of Health Expectations, Perceptions and Satisfaction Levels of Resident Foreigners by Countries

Scales	Country	n	X	s.s.	F	p	Difference
Servqual Health Service Expectation Level	Russian Citizens (1)	159	84.30	11.26	0.49	0.61	-
	German Citizens (2)	159	85.31	7.77			
	Citizens of Other Countries (3)	151	85.22	10.63			
Servqual Health Service Perception Level Alanya	Russian Citizens (1)	159	81.28	12.84	8.73	0,01 *	3<1<2
	German Citizens (2)	159	84.21	10.41			
	Citizens of Other Countries (3)	151	78.74	11.19			
Servqual Health Service Perception Level Home Country	Russian Citizens (1)	159	83.64	10.39	26.40	0,01 *	2,3<1
	German Citizens (2)	159	74.55	10.49			

	Citizens of Other Countries (3)	151	78.76	12.53			
Outpatient Health Service Satisfaction Level Alanya	Russian Citizens (1)	159	50.09	9.16	5.30	0,01*	2>1,3
	German Citizens (2)	159	53.74	12.05			
	Citizens of Other Countries (3)	151	50.33	11.94			
Outpatient Health Service Satisfaction Level Home Country	Russian Citizens (1)	159	51.62	8.85	20.99	0,01*	2,3<1
	German Citizens (2)	159	44.55	10.69			
	Citizens of Other Countries (3)	151	45.98	11.20			
Inpatient Health Service Satisfaction Level Alanya	Russian Citizens (1)	159	67.84	11.54	10.22	0,01*	2>1,3
	German Citizens (2)	159	73.43	11.32			
	Citizens of Other Countries (3)	151	68.37	13.47			
Inpatient Health Service Satisfaction Level Home Country	Russian Citizens (1)	159	74.47	8.64	49.54	0,01*	2<3<1
	German Citizens (2)	159	61.94	12.31			
	Citizens of Other Countries (3)	151	68.17	12.39			

Servqual health service expectation levels of resident foreigners are not different according to their countries, in the study, it is determined that the levels of Servqual health service expectations of German, Russian and other country citizens are similar (F=0.49,p=0.61,p>0.05).

It is determined that the perception levels of resident foreigners in Alanya Servqual health service differ according to their countries. (F=8,73,p=0.01,p<0,05). It is observed that the reason for the difference is due to the higher level of perception of German citizens in Alanya Servqual health service compared to the citizens of Russia and other countries. In addition, it is observed that the perception levels of Alanya Servqual health service of Russian citizens are higher than those of other country citizens (p=0.01).

It is determined that the perception level of the resident foreigners' Servqual health services differ according to their countries (F = 26,40, p = 0,01, p <0,05). It is seen that the reason for the difference is due to German and other country citizens' home country Servqual health service lower perception levels, compared to Russian citizens (p = 0.01).

It is determined that the level of outpatient satisfaction of resident foreigners in Alanya differs from their countries (F = 5,30, p = 0,01, p <0,05). It is observed that the reason for the difference is that the level of outpatient satisfaction of German citizens in Alanya is higher than that of Russian and other citizens (p = 0.01).

It is determined that the level of outpatient satisfaction of residents in their home country differs from their countries (F = 20.99, p = 0.01, p <0.05). It is observed that the reason for the difference is due to the lower level of outpatient satisfaction of German and other country citizens compared to Russian citizens (p = 0.01).

It is determined that the level of patient satisfaction levels of resident foreigners in Alanya differ from their countries (F = 10.22, p = 0.01, p <0.05). It is observed that the reason for the difference is that the level of patient satisfaction of German citizens in Alanya is higher than that of Russian and other country citizens (p = 0.01).

It is determined that the level of inpatient satisfaction of resident foreigners in their home countries differs from their countries (F = 49.54, p = 0.01, p <0.05). It is observed that the reason for the difference is that the level of inpatient satisfaction of Russian citizens in their home country is higher than that of German and other citizens (p = 0.01). In addition, it is observed that the level of patient satisfaction of German citizens in their home country is lower than the citizens of other countries (p = 0.01).

4.20. Modeling Variables That Affect The Level Of Satisfaction Of Resident Foreigners In Alanya Outpatient Health Service

Table 40:

Modeling Variables that Affect The Level of Satisfaction of Resident Foreigners in Alanya Outpatient Health Service

The Dependent Variable	Independent Variables	β	t	p
Outpatient Health Service Satisfaction Level Alanya	Servqual Health Service Perception Level Home Country	0.17	3.28	**0.01**
	Servqual Health Service Expectation Level	0.24	2.85	**0.01**
	Servqual Health Service Perception Level Alanya	-0.10	-2.45	**0.02**
$R^2=0,361$, F model=41,25,(p=0,001,p<0,01)				

In the model obtained, Alanya outpatient health service satisfaction level is meaningfully related to Servqual home country health service perception level, Servqual health service expectation level and Servqual health service perception level Alanya. The model appears to be mathematically meaningful (F=41.25, p<0,05). The Servqual home country health service perception level in the model is found to be meaningful in Servqual health service expectation level and Alanya Servqual health service perception level coefficient (β) ($t_{ssha}=3.28$, $t_{sshb}=2.85$, $t_{sshaa}=-2.45$, p<0,05).

It is determined that the percentage of explanation of the independent variables in Alanya outpatient health service satisfaction level is around 36%. ($R^2=0.361$).

It is determined that the most important variable of the participants, which affects the level of Alanya outpatient health service satisfaction, is Servqual health service expectation level. Servqual health service perception level is followed by home country and Alanya Servqual health service perception level, respectively.

4.21. Modeling Variables That Affect The Level Of Satisfaction Of Resident Foreigners In Home Country Outpatient Health Service

Table 41:

Modeling Variables that Affect The Level of Satisfaction of Resident Foreigners in Home Country Outpatient Health Service

The Dependent Variable	Independent Variables	β	t	p
Outpatient Health Service Satisfaction Level Home Country	Servqual Health Service Perception Level Home Country	0.19	3.35	**0.01**
	Servqual Health Service Expectation Level	0.26	2.99	**0.01**
	Servqual Health Service Perception Level Alanya	-0.20	-2.88	**0.01**
R^2=0,395, F model=54,12,(p=0,001,p<0,01)				

In the model obtained, home country outpatient health service satisfaction level is found to be meaningfully related to Servqual health service perception level home country, Servqual health service expectation level and Servqual health service perception level home country. The model appears to be mathematically meaningful (F=54.12, p<0,05). The Servqual home country health service perception level in the model is found to be meaningful in Servqual health service expectation level and Alanya Servqual health service perception level coefficient (β) (t_{ssha}=3.35, t_{sshb}=2.99, t_{sshaa}=-2.88, p<0,05). It

is determined that the percentage of independent variables explaining the changes in the level of outpatient health service satisfaction in home country is around 40%. (R^2=0,395).

It is determined that the most important variable of the participants that affect the level of outpatient health service satisfaction in home country is the Servqual health service expectation level. Servqual health service perception level is followed by home country and Alanya Servqual health service perception level, respectively.

4.22. Modeling Of Variables Affecting Alanya Inpatient Health Service Satisfaction Level

Table 42:

Modeling of Variables Affecting Alanya Inpatient Health Service Satisfaction Level

The Dependent Variable	Independent Variables	β	t	p
Inpatient Health Service Satisfaction Level Alanya	Servqual Health Service Perception Level Home Country	0.13	2.10	**0.03**
	Servqual Health Service Expectation Level	0.21	2.71	**0.01**
	Servqual Health Service Perception Level Alanya	-0.12	-2.63	**0.02**
R^2=0,31, F model=35,50,(p=0,001,p<0,01)				

In the model obtained, Alanya inpatient health service satisfaction level is found to be meaningfully related to Servqual health service perception level

home country, Servqual health service expectation level and Servqual health service perception level Alanya. The model appears to be mathematically meaningful (F=35.50, p<0,05). The Servqual home country health service perception level in the model is found to be meaningful in Servqual health service expectation level and Alanya Servqual health service perception level coefficient (β) (t_{ssha}=2.10, t_{sshb}=2.71, t_{sshaa}=-2.53, p<0,05). It is determined that the percentage of independent variables explaining the changes in the level of inpatient health service satisfaction in Alanya is around 31% (R^2=0,31).

It is determined that the most important variable of the participants that affect Alanya inpatient health service satisfaction level is the Servqual health service expectation level. Servqual health service perception level is followed by home country and Alanya Servqual health service perception level, respectively.

4.23. Modeling Of Variables Affecting Home Country Inpatient Health Service Satisfaction Level

Table 43:

Modeling of Variables Affecting Home Country Inpatient Health Service Satisfaction Level

The Dependent Variable	Independent Variables	β	t	p
Inpatient Health Service Satisfaction Level Home Country	Servqual Health Service Perception Level Home Country	0.22	2.68	**0.01**
	Servqual Health Service Expectation Level	0.24	2.84	**0.01**
	Servqual Health Service Perception Level Alanya	-0.13	-2.72	**0.01**
R^2=0,29, F model=32,24,(p=0,001,p<0,01)				

In the model obtained, home country inpatient health service satisfaction level is found to be meaningfully related to Servqual health service perception level home country, Servqual health service expectation level and Servqual health

service perception level Alanya. The model appears to be mathematically meaningful (F=32.24, p<0,05). The Servqual home country health service perception level in the model is found to be meaningful in Servqual health service expectation level and home country Servqual health service perception level coefficient (β) (t_{ssha}=2,68, t_{sshb}=2,84, t_{sshaa}=-2,72, p<0,05). It is determined that the percentage of independent variables explaining the changes in the level of home country inpatient health service satisfaction is around 29% (R^2=0,29).

It is determined that the most important variable of the participants that affect home country inpatient health service satisfaction level is the Servqual health service expectation level. Servqual health service perception level is followed by home country and Alanya Servqual health service perception level, respectively.

4.24. Analysis Of The Socio-Demographic Qualities Of Servqual Expectation And Perception Sub-Dimensions In Terms Of Home Country And Alanya By Countries

Evaluation of Servqual expectation and perception sub-dimensions of resident foreigners living in Alanya in terms of home country and Alanya according to their nationalities are given below.

Table 44:

Analysis of Servqual Expectation Sub-Dimensions of Russian Citizens by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Expectation Tangibles	Female	84	5.85	0.60	0.58	0.56
	Male	75	5.79	0.72		
Expectation Reliability	Female	84	4.86	0.50	1.16	0.25
	Male	75	4.76	0.53		
Expectation Responsiveness	Female	84	5.81	0.37	0.38	0.71
	Male	75	5.79	0.36		
Expectation Assurance	Female	84	4.58	0.84	-0.51	0.61
	Male	75	4.65	0.80		
Expectation Empathy	Female	84	5.18	0.49	-0.06	0.95
	Male	75	5.19	0.49		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.56, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.25,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.71,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0,61,p>0,05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0,95,p>0,05).

Table 45:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Home Country Tangibles	Female	84	5.78	0.63	0.16	0.87
	Male	75	5.77	0.58		
Home Country Reliability	Female	84	4.78	0.48	-1.02	0.31
	Male	75	4.86	0.56		
Home Country Responsiveness	Female	84	5.79	0.41	0.57	0.57
	Male	75	5.75	0.34		
Home Country Assurance	Female	84	4.65	0.69	-0.34	0.73
	Male	75	4.69	0.79		
Home Country Empathy	Female	84	5.22	0.46	0.13	0.90
	Male	75	5.21	0.49		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.87, p> 0.05).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.31,p>0.05).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.57,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.73, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.90,p>0.05).

Table 46:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in terms of Alanya by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Alanya Tangibles	Female	84	5.49	0.59	0.13	0.86
	Male	75	5.48	0.55		
Alanya Reliability	Female	84	5.02	0.50	-1.05	0.30
	Male	75	5.10	0.58		
Alanya Responsiveness	Female	84	6.14	0.44	0.58	0.56
	Male	75	6.10	0.36		
Alanya Assurance	Female	84	4.33	0.64	-0.35	0.72
	Male	75	4.36	0.74		
Alanya Empathy	Female	84	5.06	0.44	0.10	0.91
	Male	75	5.05	0.48		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.86, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.30,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.72,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.56, p> 0.05).

It is determined that the Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.91,p>0.05).

Table 47:

*Russian Citizens' Servqual Service Quality Expectation Difference
Home Country*

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Home Country Tangibles	Female	84	-0.07	0.81	-0.32	0.75
	Male	75	-0.02	1.00		
Servqual Home Country Reliability	Female	84	-0.08	0.63	-1.76	0.08
	Male	75	0.09	0.65		
Servqual Home Country Responsiveness	Female	84	-0.02	0.53	0.15	0.88
	Male	75	-0.04	0.50		
Servqual Home Country Assurance	Female	84	0.07	1.22	0.14	0.89
	Male	75	0.05	1.18		
Servqual Home Country Empathy	Female	84	0.03	0.68	0.13	0.90
	Male	75	0.02	0.73		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.75, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.08,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.88,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.89, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.90,p>0.05).

Table 48:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Alanya Tangibles	Female	84	-0.36	0.79	-0.33	0.74
	Male	75	-0.31	0.98		
Servqual Alanya Reliability	Female	84	0.16	0.65	-1.75	0.08
	Male	75	0.34	0.66		
Servqual Alanya Responsiveness	Female	84	0.33	0.54	0.18	0.85
	Male	75	0.31	0.51		
Servqual Alanya Assurance	Female	84	-0.25	1.18	0.16	0.87
	Male	75	-0.28	1.14		
Servqual Alanya Empathy	Female	84	-0.12	0.67	0.15	0.90
	Male	75	-0.14	0.72		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.74, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.08,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.85,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the gender of the participants (p = 0.87, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the gender of the participants (p=0.89,p>0.05).

Table 49:

Analysis of Servqual Expectation Sub-Dimensions of German Citizens by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Expectation Tangibles	Female	135	5.77	0.67	-2.00	0.05
	Male	24	6.07	0.57		
Expectation Reliability	Female	135	4.81	0.53	-0.13	0.90
	Male	24	4.83	0.43		
Expectation Responsiveness	Female	135	5.80	0.36	-0.34	0.73
	Male	24	5.83	0.42		
Expectation Assurance	Female	135	4.62	0.82	0.26	0.79
	Male	24	4.57	0.79		
Expectation Empathy	Female	135	5.20	0.47	-1.19	0.24
	Male	24	5.32	0.45		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.56, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.05,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.90,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.79, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.24, p> 0.05).

Table 50:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Home Country Tangibles	Female	135	5.76	0.60	-0.74	0.46
	Male	24	5.86	0.55		
Home Country Reliability	Female	135	4.77	0.50	-1.79	0.08
	Male	24	4.97	0.51		
Home Country Responsiveness	Female	135	5.74	0.37	-1.07	0.28
	Male	24	5.83	0.37		
Home Country Assurance	Female	135	4.60	0.71	-1.91	0.06
	Male	24	4.90	0.69		
Home Country Empathy	Female	135	5.18	0.47	-1.98	0.05
	Male	24	5.38	0.49		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.46, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.08,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.28,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.06, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.05,p>0.05).

Table 51:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in terms of Alanya by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Alanya Tangibles	Female	135	5.48	0.57	-0.75	0.46
	Male	24	5.57	0.52		
Alanya Reliability	Female	135	5.01	0.52	-1.79	0.08
	Male	24	5.22	0.54		
Alanya Responsiveness	Female	135	6.09	0.40	-1.07	0.28
	Male	24	6.18	0.40		
Alanya Assurance	Female	135	4.28	0.66	-1.91	0.06
	Male	24	4.56	0.64		
Alanya Empathy	Female	135	5.02	0.46	-2.00	0.05
	Male	24	5.22	0.47		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.46, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.08,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.28,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.05,p>0.05).

Table 52:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Home Country Tangibles	Female	135	-0.01	0.82	1.10	0.27
	Male	24	-0.21	0.80		
Servqual Home Country Reliability	Female	135	-0.04	0.72	-1.19	0.24
	Male	24	0.14	0.54		
Servqual Home Country Responsiveness	Female	135	-0.05	0.58	-0.48	0.63
	Male	24	0.01	0.55		
Servqual Home Country Assurance	Female	135	-0.01	1.08	-1.46	0.15
	Male	24	0.33	0.95		
Servqual Home Country Empathy	Female	135	-0.02	0.63	-0.61	0.54
	Male	24	0.06	0.51		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.27, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.24,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.63,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.15, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.54,p>0.05).

Table 53:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Alanya Tangibles	Female	135	-0.30	0.80	1.16	0.25
	Male	24	-0.50	0.78		
Servqual Alanya Reliability	Female	135	0.20	0.74	-1.22	0.22
	Male	24	0.39	0.55		
Servqual Alanya Responsiveness	Female	135	0.29	0.59	-0.51	0.61
	Male	24	0.36	0.56		
Servqual Alanya Assurance	Female	135	-0.34	1.05	-1.42	0.16
	Male	24	-0.01	0.92		
Servqual Alanya Empathy	Female	135	-0.18	0.62	-0.58	0.56
	Male	24	-0.10	0.50		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.25, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.22,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.61,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the gender of the participants (p = 0.16, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the gender of the participants (p=0.56,p>0.05).

Table 54:

Analysis of Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Expectation Tangibles	Female	107	5.89	0.65	1.54	0.13
	Male	44	5.71	0.67		
Expectation Reliability	Female	107	4.79	0.54	-0.86	0.39
	Male	44	4.88	0.49		
Expectation Responsiveness	Female	107	5.78	0.38	0.11	0.91
	Male	44	5.77	0.34		
Expectation Assurance	Female	107	4.60	0.82	-0.84	0.40
	Male	44	4.72	0.80		
Expectation Empathy	Female	107	5.24	0.48	0.34	0.73
	Male	44	5.21	0.49		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.13, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.39,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.91,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.40, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.73,p>0.05).

Table 55:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Home Country Tangibles	Female	107	5.83	0.58	1.12	0.26
	Male	44	5.71	0.64		
Home Country Reliability	Female	107	4.78	0.49	-0.79	0.43
	Male	44	4.85	0.55		
Home Country Responsiveness	Female	107	5.75	0.37	-0.92	0.36
	Male	44	5.81	0.41		
Home Country Assurance	Female	107	4.62	0.69	-0.65	0.52
	Male	44	4.71	0.81		
Home Country Empathy	Female	107	5.21	0.45	0.06	0.95
	Male	44	5.20	0.54		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.26, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.43,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.36,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.52, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.95,p>0.05).

Table 56:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Gender

Sub-Dimension	Gender	n	X	s.s.	t	p
Alanya Tangibles	Female	107	5.54	0.55	1.12	0.26
	Male	44	5.42	0.61		
Alanya Reliability	Female	107	5.02	0.51	-0.79	0.43
	Male	44	5.10	0.57		
Alanya Responsiveness	Female	107	6.09	0.39	-0.93	0.36
	Male	44	6.16	0.43		
Alanya Assurance	Female	107	4.30	0.64	-0.65	0.52
	Male	44	4.38	0.75		
Alanya Empathy	Female	107	5.05	0.44	0.07	0.95
	Male	44	5.05	0.52		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.26, p> 0.05).

It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.43,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.36,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.52, p> 0.05).

It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.95,p>0.05).

Table 57:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Home Country

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Home Country Tangibles	Female	107	-0.06	0.81	-0.40	0.69
	Male	44	0.00	0.85		
Servqual Home Country Reliability	Female	107	-0.01	0.78	0.07	0.95
	Male	44	-0.02	0.77		
Servqual Home Country Responsiveness	Female	107	-0.03	0.52	-0.76	0.45
	Male	44	0.04	0.50		
Servqual Home Country Assurance	Female	107	0.02	1.06	0.19	0.85
	Male	44	-0.01	1.13		
Servqual Home Country Empathy	Female	107	-0.04	0.65	-0.20	0.84
	Male	44	-0.01	0.65		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.69, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.95,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.45,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.85, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.84,p>0.05).

Table 58:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimension	Gender	n	X	s.s.	t	p
Servqual Alanya Tangibles	Female	107	-0.35	0.79	-0.46	0.65
	Male	44	-0.29	0.84		
Servqual Alanya Reliability	Female	107	0.23	0.79	0.04	0.97
	Male	44	0.22	0.79		
Servqual Alanya Responsiveness	Female	107	0.31	0.54	-0.78	0.44
	Male	44	0.39	0.52		
Servqual Alanya Assurance	Female	107	-0.30	1.03	0.23	0.82
	Male	44	-0.34	1.09		
Servqual Alanya Empathy	Female	107	-0.19	0.65	-0.20	0.84
	Male	44	-0.17	0.64		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.65, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.97,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.44,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p = 0.82, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the gender of the participants (p=0.84,p>0.05).

Table 59:

Analysis of Servqual Expectation Sub-Dimensions of Russian Citizens by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Expectation Tangibles	45 Years and below	12	5.84	0.89	0.14	0.87
	46-65 Years	58	5.85	0.61		
	66-85 Years	89	5.79	0.66		
Expectation Reliability	45 Years and below	12	5.01	0.43	1.57	0.21
	46-65 Years	58	4.86	0.60		
	66-85 Years	89	4.76	0.46		
Expectation Responsiveness	45 Years and below	12	5.74	0.52	1.18	0.31

	46-65 Years	58	5.86	0.37		
	66-85 Years	89	5.77	0.34		
Expectation Assurance	45 Years and below	12	4.51	0.78	0.43	0.65
	46-65 Years	58	4.69	0.94		
	66-85 Years	89	4.58	0.74		
Expectation Empathy	45 Years and below	12	5.18	0.65	0.82	0.44
	46-65 Years	58	5.25	0.50		
	66-85 Years	89	5.15	0.46		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.87, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.21,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0,3 1,p>0,05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.65, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.44,p>0.05).

Table 60:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Home Country Tangibles	45 Years and below	12	5.84	0.58	0.19	0.83
	46-65 Years	58	5.80	0.57		
	66-85 Years	89	5.75	0.63		
Home Country Reliability	45 Years and below	12	4.74	0.48	0.29	0.75
	46-65 Years	58	4.85	0.48		
	66-85 Years	89	4.80	0.54		
Home Country Responsiveness	45 Years and below	12	5.76	0.20	0.29	0.75
	46-65 Years	58	5.80	0.35		
	66-85 Years	89	5.75	0.42		
Home Country Assurance	45 Years and below	12	4.47	0.49	0.65	0.53
	46-65 Years	58	4.73	0.76		
	66-85 Years	89	4.66	0.75		
Home Country Empathy	45 Years and below	12	5.15	0.42	0.40	0.67
	46-65 Years	58	5.26	0.49		
	66-85 Years	89	5.20	0.47		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the age of the participants ($p = 0.83$, $p > 0.05$).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the age of the participants ($p = 0.75$, $p > 0.05$).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.75,p>0.05). It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.53, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.67,p>0.05).

Table 61:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in terms of Alanya by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Alanya Tangibles	45 Years and below	12	5.55	0.55	0.17	0.83
	46-65 Years	58	5.51	0.54		
	66-85 Years	89	5.46	0.60		
Alanya Reliability	45 Years and below	12	4.98	0.50	0.32	0.77
	46-65 Years	58	5.09	0.51		
	66-85 Years	89	5.04	0.57		
Alanya Responsiveness	45 Years and below	12	6.10	0.21	0.29	0.75
	46-65 Years	58	6.15	0.37		
	66-85 Years	89	6.10	0.44		
Alanya Assurance	45 Years and below	12	4.15	0.46	0.65	0.52
	46-65 Years	58	4.40	0.70		
	66-85 Years	89	4.34	0.70		
Alanya Empathy	45 Years and below	12	5.00	0.41	0.39	0.67
	46-65 Years	58	5.10	0.48		
	66-85 Years	89	5.04	0.45		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.83, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.77,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.75,p>0.05). It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.52, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.67,p>0.05).

Table 62:

Russian Citizens' Servqual Service Quality Expectation Difference Home Country

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Home Country Tangibles	45 Years and below	12	0.00	1.17	0.02	0.98
	46-65 Years	58	-0.06	0.88		
	66-85 Years	89	-0.04	0.89		
Servqual Home Country Reliability	45 Years and below	12	-0.27	0.80	1.24	0.29
	46-65 Years	58	-0.01	0.65		
	66-85 Years	89	0.04	0.61		
Servqual Home Country Responsiveness	45 Years and below	12	0.02	0.48	0.16	0.86
	46-65 Years	58	-0.06	0.50		
	66-85 Years	89	-0.02	0.53		
Servqual Home Country Assurance	45 Years and below	12	-0.04	0.96	0.07	0.93
	46-65 Years	58	0.04	1.22		
	66-85 Years	89	0.09	1.22		
Servqual Home Country Empathy	45 Years and below	12	-0.02	0.74	0.10	0.90
	46-65 Years	58	0.01	0.72		
	66-85 Years	89	0.05	0.69		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.98, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.29,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.86,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.93, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.90,p>0.05).

Table 63:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Alanya Tangibles	45 Years and below	12	-0.29	1.15	0.02	0.98
	46-65 Years	58	-0.35	0.86		
	66-85 Years	89	-0.33	0.87		
Servqual Alanya Reliability	45 Years and below	12	-0.03	0.82	1.20	0.30
	46-65 Years	58	0.24	0.66		
	66-85 Years	89	0.28	0.63		
Servqual Alanya Responsiveness	45 Years and below	12	0.37	0.48	0.13	0.88

	46-65 Years	58	0.29	0.51		
	66-85 Years	89	0.33	0.55		
Servqual Alanya Assurance	45 Years and below	12	-0.36	0.95	0.10	0.91
	46-65 Years	58	-0.29	1.19		
	66-85 Years	89	-0.24	1.18		
Servqual Alanya Empathy	45 Years and below	12	-0.18	0.74	0.11	0.90
	46-65 Years	58	-0.15	0.71		
	66-85 Years	89	-0.11	0.68		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.98, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.30,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.88,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the age of the participants (p = 0.91, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the age of the participants (p=0.90,p>0.05).

Table 64:

Analysis of Servqual Expectation Sub-Dimensions of German Citizens by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Expectation Tangibles	45 Years and below	71	5.84	0.70	0.27	0.77
	46-65 Years	71	5.82	0.67		
	66-85 Years	17	5.71	0.48		
Expectation Reliability	45 Years and below	71	4.80	0.52	0.03	0.97
	46-65 Years	71	4.82	0.52		
	66-85 Years	17	4.83	0.50		
Expectation Responsiveness	45 Years and below	71	5.77	0.41	0.58	0.56
	46-65 Years	71	5.82	0.34		
	66-85 Years	17	5.85	0.28		
Expectation Assurance	45 Years and below	71	4.64	0.78	0.43	0.65
	46-65 Years	71	4.55	0.82		
	66-85 Years	17	4.74	0.95		
Expectation Empathy	45 Years and below	71	5.24	0.48	0.23	0.80
	46-65 Years	71	5.19	0.49		
	66-85 Years	17	5.23	0.39		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.77, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the age of the participants (p=0.97,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the age of the participants (p=0.56,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.65, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the age of the participants (p=0.80,p>0.05).

Table 65:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Home Country Tangibles	45 Years and below	71	5.87	0.60	1.78	0.17
	46-65 Years	71	5.68	0.55		
	66-85 Years	17	5.82	0.70		
Home Country Reliability	45 Years and below	71	4.79	0.55	0.38	0.69
	46-65 Years	71	4.79	0.49		
	66-85 Years	17	4.90	0.34		
Home Country Responsiveness	45 Years and below	71	5.75	0.37	0.01	0.99
	46-65 Years	71	5.76	0.39		
	66-85 Years	17	5.76	0.35		
Home Country Assurance	45 Years and below	71	4.61	0.74	0.26	0.77
	46-65 Years	71	4.68	0.67		
	66-85 Years	17	4.71	0.80		
Home Country Empathy	45 Years and below	71	5.22	0.50	0.67	0.51
	46-65 Years	71	5.17	0.44		
	66-85 Years	17	5.31	0.54		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.17, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the age of the participants (p=0.69,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the age of the participants (p=0.99,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.77, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the age of the participants (p=0.67,p>0.05).

Table 66:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in terms of Alanya by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Alanya Tangibles	45 Years and below	71	5.58	0.57	1.78	0.17
	46-65 Years	71	5.40	0.52		
	66-85 Years	17	5.54	0.67		
Alanya Reliability	45 Years and below	71	5.03	0.58	0.38	0.69
	46-65 Years	71	5.03	0.52		
	66-85 Years	17	5.15	0.36		
Alanya Responsiveness	45 Years and below	71	6.10	0.40	0.01	0.99

	46-65 Years	71	6.11	0.41		
	66-85 Years	17	6.11	0.37		
Alanya Assurance	45 Years and below	71	4.28	0.69	0.26	0.78
	46-65 Years	71	4.35	0.62		
	66-85 Years	17	4.38	0.74		
Alanya Empathy	45 Years and below	71	5.06	0.48	0.67	0.51
	46-65 Years	71	5.02	0.43		
	66-85 Years	17	5.16	0.53		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.17$, $p > 0.05$).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.69$, $p > 0.05$).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.99$, $p > 0.05$). It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.78$, $p > 0.05$).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.51$, $p > 0.05$).

Table 67:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Home Country Tangibles	45 Years and below	71	0.02	0.83	1.04	0.35
	46-65 Years	71	-0.14	0.77		
	66-85 Years	17	0.11	0.94		
Servqual Home Country Reliability	45 Years and below	71	-0.02	0.70	0.15	0.86
	46-65 Years	71	-0.04	0.75		
	66-85 Years	17	0.07	0.46		
Servqual Home Country Responsiveness	45 Years and below	71	-0.02	0.60	0.17	0.84
	46-65 Years	71	-0.06	0.56		
	66-85 Years	17	-0.08	0.53		
Servqual Home Country Assurance	45 Years and below	71	-0.03	1.03	0.42	0.66
	46-65 Years	71	0.13	1.12		
	66-85 Years	17	-0.03	1.07		
Servqual Home Country Empathy	45 Years and below	71	-0.02	0.61	0.23	0.79
	46-65 Years	71	-0.02	0.63		
	66-85 Years	17	0.09	0.62		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.35$, $p > 0.05$).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the age of the participants ($p = 0.86$, $p > 0.05$).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the age of the participants (p=0.84,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.66, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the age of the participants (p=0.79,p>0.05).

Table 68:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Alanya Tangibles	45 Years and below	71	-0.27	0.82	1.01	0.37
	46-65 Years	71	-0.43	0.75		
	66-85 Years	17	-0.18	0.91		
Servqual Alanya Reliability	45 Years and below	71	0.22	0.72	0.16	0.86
	46-65 Years	71	0.20	0.77		
	66-85 Years	17	0.31	0.46		
Servqual Alanya Responsiveness	45 Years and below	71	0.33	0.62	0.16	0.85
	46-65 Years	71	0.28	0.57		
	66-85 Years	17	0.26	0.55		
Servqual Alanya Assurance	45 Years and below	71	-0.36	1.00	0.42	0.66
	46-65 Years	71	-0.20	1.09		
	66-85 Years	17	-0.36	1.04		
Servqual Alanya Empathy	45 Years and below	71	-0.18	0.60	0.22	0.80
	46-65 Years	71	-0.17	0.62		
	66-85 Years	17	-0.07	0.61		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.37, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the age of the participants (p=0.86,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the age of the participants (p=0.85,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the age of the participants (p = 0.66, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the age of the participants (p=0.80,p>0.05).

Table 69:

Analysis of Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Expectation Tangibles	45 Years and below	33	5.91	0.62	0.51	0.60
	46-65 Years	35	5.89	0.70		
	66-85 Years	83	5.79	0.65		
Expectation Reliability	45 Years and below	33	4.82	0.43	0.41	0.66
	46-65 Years	35	4.89	0.51		
	66-85 Years	83	4.79	0.57		
Expectation Responsiveness	45 Years and below	33	5.91	0.29	2.87	0.06

	46-65 Years	35	5.73	0.41		
	66-85 Years	83	5.74	0.36		
Expectation Assurance	45 Years and below	33	4.48	0.80	0.75	0.47
	46-65 Years	35	4.67	0.75		
	66-85 Years	83	4.68	0.84		
Expectation Empathy	45 Years and below	33	5.19	0.47	0.27	0.77
	46-65 Years	35	5.28	0.46		
	66-85 Years	83	5.23	0.49		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.60, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.66,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.06,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.47, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.77,p>0.05).

Table 70:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Home Country Tangibles	45 Years and below	33	5.80	0.60	0.01	0.99
	46-65 Years	35	5.79	0.62		
	66-85 Years	83	5.79	0.60		
Home Country Reliability	45 Years and below	33	4.83	0.50	0.41	0.66
	46-65 Years	35	4.74	0.54		
	66-85 Years	83	4.82	0.50		
Home Country Responsiveness	45 Years and below	33	5.84	0.38	1.31	0.27
	46-65 Years	35	5.69	0.35		
	66-85 Years	83	5.77	0.39		
Home Country Assurance	45 Years and below	33	4.72	0.82	0.90	0.41
	46-65 Years	35	4.51	0.66		
	66-85 Years	83	4.68	0.72		
Home Country Empathy	45 Years and below	33	5.22	0.54	0.88	0.42
	46-65 Years	35	5.11	0.43		
	66-85 Years	83	5.24	0.47		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.99, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.66,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.27,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.41, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.42,p>0.05).

Table 71:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Age

Sub-Dimensions	Age	n	X	s.s.	F	p
Alanya Tangibles	45 Years and below	33	5.51	0.57	0.03	0.97
	46-65 Years	35	5.51	0.59		
	66-85 Years	83	5.50	0.57		
Alanya Reliability	45 Years and below	33	5.08	0.52	0.40	0.65
	46-65 Years	35	4.97	0.57		
	66-85 Years	83	5.06	0.52		
Alanya Responsiveness	45 Years and below	33	6.20	0.41	1.30	0.29
	46-65 Years	35	6.04	0.37		
	66-85 Years	83	6.11	0.42		
Alanya Assurance	45 Years and below	33	4.39	0.76	0.90	0.40
	46-65 Years	35	4.19	0.61		
	66-85 Years	83	4.35	0.67		
Alanya Empathy	45 Years and below	33	5.07	0.53	0.87	0.42
	46-65 Years	35	4.96	0.42		
	66-85 Years	83	5.08	0.45		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.97, p> 0.05).

It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.65,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.29,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.40, p> 0.05).

It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.42,p>0.05).

Table 72:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Home Country Tangibles	45 Years and below	33	-0.11	0.74	0.30	0.74
	46-65 Years	35	-0.09	0.80		
	66-85 Years	83	0.01	0.86		
Servqual Home Country Reliability	45 Years and below	33	0.02	0.57	0.70	0.50
	46-65 Years	35	-0.15	0.83		
	66-85 Years	83	0.03	0.82		
Servqual Home Country Responsiveness	45 Years and below	33	-0.01	0.77	0.45	0.64
	46-65 Years	35	-0.04	0.52		

	66-85 Years	83	0.02	0.53		
Servqual Home Country Assurance	45 Years and below	33	0.24	1.01	1.21	0.30
	46-65 Years	35	-0.16	1.09		
	66-85 Years	83	0.00	1.09		
Servqual Home Country Empathy	45 Years and below	33	0.03	0.67	1.01	0.37
	46-65 Years	35	-0.16	0.68		
	66-85 Years	83	0.01	0.63		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.74, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.50,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.64,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.30, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.37,p>0.05).

Table 73:

Servqual Service Quality Expectancy Difference of Citizens of Other
Countries Alanya

Sub-Dimensions	Age	n	X	s.s.	F	p
Servqual Alanya Tangibles	45 Years and below	33	0.26	0.59	0.70	0.50
	46-65 Years	35	0.09	0.85		
	66-85 years	83	0.27	0.83		
Servqual Alanya Reliability	45 Years and below	33	0.28	0.51	0.41	0.66
	46-65 Years	35	0.30	0.53		
	66-85 Years	83	0.37	0.55		
Servqual Alanya Responsiveness	45 Years and below	33	-0.09	0.98	1.20	0.30
	46-65 Years	35	-0.48	1.06		
	66-85 Years	83	-0.33	1.06		
Servqual Alanya Assurance	45 Years and below	33	-0.13	0.66	1.00	0.37
	46-65 Years	35	-0.32	0.67		
	66-85 Years	83	-0.15	0.62		
Servqual Alanya Empathy	45 Years and below	33	-0.40	0.73	0.31	0.73
	46-65 Years	35	-0.39	0.79		
	66-85 Years	83	-0.29	0.84		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.50, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.66,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.30,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the age of the participants (p = 0.37, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the age of the participants (p=0.73,p>0.05).

Table 74:

Analysis of the Servqual Expectation Sub-Dimensions of Russian Citizens by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Expectation Tangibles	Primary School	102	5.83	0.69	0.22	0.80
	High school	32	5.85	0.48		
	University Graduate and above	25	5.74	0.75		
Expectation Reliability	Primary School	102	4.76	0.47	1.52	0.22
	High school	32	4.90	0.54		
	University Graduate and above	25	4.92	0.63		
Expectation Responsiveness	Primary School	102	5.82	0.40	0.45	0.64
	High school	32	5.78	0.27		

	University Graduate and above	25	5.75	0.35		
Expectation Assurance	Primary School	102	4.55	0.76	0.83	0.44
	High school	32	4.66	0.84		
	University Graduate and above	25	4.78	1.00		
Expectation Empathy	Primary School	102	5.16	0.49	0.58	0.56
	High school	32	5.23	0.41		
	University Graduate and above	25	5.26	0.58		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.80, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.22,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.64,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.44, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.56,p>0.05).

Table 75:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Home Country Tangibles	Primary School	102	5.72	0.63	1.16	0.32
	High school	32	5.83	0.53		
	University Graduate and above	25	5.91	0.55		
Home Country Reliability	Primary School	102	4.77	0.51	1.21	0.30
	High school	32	4.93	0.54		
	University Graduate and above	25	4.86	0.49		
Home Country Responsiveness	Primary School	102	5.80	0.41	0.88	0.41
	High school	32	5.71	0.34		
	University Graduate and above	25	5.74	0.28		
Home Country Assurance	Primary School	102	4.62	0.74	0.87	0.42
	High school	32	4.77	0.75		
	University Graduate and above	25	4.79	0.71		
Home Country Empathy	Primary School	102	5.16	0.47	2.46	0.09
	High school	32	5.29	0.41		
	University Graduate and above	25	5.36	0.51		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the educational levels of the participants ($p = 0.32$, $p > 0.05$). It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the educational levels of the participants ($p = 0.30$, $p > 0.05$).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.41,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.42, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.09,p>0.05).

Table 76:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Alanya by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Alanya Tangibles	Primary School	102	5.44	0.60	1.16	0.32
	High school	32	5.54	0.50		
	University Graduate and above	25	5.62	0.52		
Alanya Reliability	Primary School	102	5.01	0.54	1.22	0.30
	High school	32	5.17	0.57		
	University Graduate and above	25	5.10	0.51		
Alanya Responsiveness	Primary School	102	6.15	0.43	0.88	0.42
	High school	32	6.05	0.36		

	University Graduate and above	25	6.09	0.30		
Alanya Assurance	Primary School	102	4.29	0.69	0.87	0.42
	High school	32	4.43	0.70		
	University Graduate and above	25	4.45	0.66		
Alanya Empathy	Primary School	102	5.00	0.46	2.47	0.09
	High school	32	5.13	0.40		
	University Graduate and above	25	5.20	0.49		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.32, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.30,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.42,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.42, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.09,p>0.05).

Table 77:

Russian Citizens' Servqual Service Quality Expectation Difference Home Country

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Home Country Tangibles	Primary School	102	-0.11	0.93	0.97	0.38
	High school	32	-0.02	0.75		
	University Graduate and above	25	0.17	0.98		
Servqual Home Country Reliability	Primary School	102	0.01	0.64	0.14	0.87
	High school	32	0.02	0.65		
	University Graduate and above	25	-0.06	0.65		
Servqual Home Country Responsiveness	Primary School	102	-0.02	0.55	0.13	0.88
	High school	32	-0.07	0.42		
	University Graduate and above	25	-0.01	0.48		
Servqual Home Country Assurance	Primary School	102	0.06	1.20	0.05	0.95
	High school	32	0.11	1.29		
	University Graduate and above	25	0.01	1.12		
Servqual Home Country Empathy	Primary School	102	0.00	0.74	0.27	0.77
	High school	32	0.07	0.62		
	University Graduate and above	25	0.10	0.65		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.38, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.87,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.88,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.95, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.77,p>0.05).

Table 78:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Alanya Tangibles	Primary School	102	-0.39	0.91	0.95	0.39
	High school	32	-0.31	0.73		
	University Graduate and above	25	-0.12	0.97		
Servqual Alanya Reliability	Primary School	102	0.25	0.66	0.13	0.88
	High school	32	0.27	0.66		
	University Graduate and above	25	0.18	0.66		
Servqual Alanya Responsiveness	Primary School	102	0.33	0.56	0.14	0.88
	High school	32	0.27	0.44		

	University Graduate and above	25	0.33	0.49		
Servqual Alanya Assurance	Primary School	102	-0.26	1.16	0.06	0.95
	High school	32	-0.23	1.25		
	University Graduate and above	25	-0.33	1.10		
Servqual Alanya Empathy	Primary School	102	-0.16	0.73	0.24	0.78
	High school	32	-0.09	0.61		
	University Graduate and above	25	-0.06	0.64		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.39, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.88,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.88,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p = 0.95, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the educational levels of the participants (p=0.78,p>0.05).

Table 79:

Analysis of the Servqual Expectation Sub-Dimensions of German Citizens by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Expectation Tangibles	Primary School	6	5.63	0.41	0.79	0.45
	High school	54	5.90	0.66		
	University Graduate and above	99	5.78	0.67		
Expectation Reliability	Primary School	6	5.10	0.64	0.94	0.39
	High school	54	4.80	0.52		
	University Graduate and above	99	4.81	0.51		
Expectation Responsiveness	Primary School	6	5.81	0.25	1.53	0.22
	High school	54	5.73	0.43		
	University Graduate and above	99	5.84	0.33		
Expectation Assurance	Primary School	6	5.30	0.63	2.26	0.11
	High school	54	4.58	0.82		
	University Graduate and above	99	4.59	0.81		
Expectation Empathy	Primary School	6	5.47	0.38	1.11	0.33
	High school	54	5.24	0.49		
	University Graduate and above	99	5.19	0.47		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the educational levels of the participants ($p = 0.45$, $p > 0.05$).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.39,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.22,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.11, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.33,p>0.05).

Table 80:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Home Country Tangibles	Primary School	6	5.73	0.41	2.82	0.06
	High School	54	5.93	0.55		
	University Graduate and above	99	5.70	0.61		
Home Country Reliability	Primary School	6	4.73	0.63	0.52	0.60
	High School	54	4.75	0.51		
	University Graduate and above	99	4.83	0.49		
Home Country Responsiveness	Primary School	6	5.89	0.25	0.42	0.66

	High school	54	5.75	0.41		
	University Graduate and above	99	5.75	0.36		
Home Country Assurance	Primary School	6	4.91	0.62	1.11	0.33
	High School	54	4.63	0.61		
	University Graduate and above	99	4.65	0.76		
Home Country Empathy	Primary School	6	5.30	0.55	2.83	0.06
	High School	54	5.28	0.45		
	University Graduate and above	99	5.16	0.49		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.06, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.60,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.66,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.33, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the educational levels of the participants ($p = 0.06$, $p > 0.05$).

Table 81:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Alanya Tangibles	Primary School	6	5.45	0.39	0.52	0.60
	High School	54	5.64	0.52		
	University Graduate and above	99	5.42	0.58		
Alanya Reliability	Primary School	6	4.96	0.66	0.39	0.67
	High School	54	4.99	0.54		
	University Graduate and above	99	5.07	0.52		
Alanya Responsiveness	Primary School	6	6.24	0.27	0.42	0.66
	High school	54	6.09	0.44		
	University Graduate and above	99	6.10	0.38		
Alanya Assurance	Primary School	6	4.56	0.57	1.11	0.33
	High School	54	4.30	0.57		
	University Graduate and above	99	4.32	0.71		
Alanya Empathy	Primary School	6	5.14	0.53	0.46	0.63
	High school	54	5.12	0.43		
	University Graduate and above	99	5.01	0.47		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the educational levels of the participants ($p = 0.60$, $p > 0.05$).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.67,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.66,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.33, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.63,p>0.05).

Table 82:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Home Country Tangibles	Primary School	6	0.10	0.69	0.98	0.38
	High School	54	0.03	0.80		
	University Graduate and above	99	-0.09	0.83		
Servqual Home Country Reliability	Primary School	6	-0.37	0.79	0.66	0.52
	High School	54	-0.05	0.74		
	University Graduate and above	99	0.02	0.67		
Servqual Home Country Responsiveness	Primary School	6	0.08	0.37	0.50	0.61
	High School	54	0.02	0.69		

	University Graduate and above	99	-0.08	0.51		
Servqual Home Country Assurance	Primary School	6	-0.39	0.88	0.37	0.69
	High School	54	0.05	1.00		
	University Graduate and above	99	0.06	1.12		
Servqual Home Country Empathy	Primary School	6	-0.17	0.74	0.41	0.66
	High School	54	0.04	0.64		
	University Graduate and above	99	-0.02	0.60		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.38, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.52,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.61,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.69, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.66,p>0.05).

Table 83:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Alanya Tangibles	Primary School	6	-0.19	0.68	0.97	0.38
	High School	54	-0.27	0.79		
	University Graduate and above	99	-0.37	0.82		
Servqual Alanya Reliability	Primary School	6	-0.14	0.81	0.64	0.53
	High School	54	0.19	0.76		
	University Graduate and above	99	0.26	0.68		
Servqual Alanya Responsiveness	Primary School	6	0.43	0.38	0.58	0.56
	High School	54	0.36	0.70		
	University Graduate and above	99	0.26	0.53		
Servqual Alanya Assurance	Primary School	6	-0.74	0.85	0.37	0.69
	High School	54	-0.27	0.97		
	University Graduate and above	99	-0.27	1.08		
Servqual Alanya Empathy	Primary School	6	-0.33	0.72	0.08	0.93
	High School	54	-0.12	0.63		
	University Graduate and above	99	-0.18	0.59		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.38, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.53,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.56,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the educational levels of the participants (p = 0.69, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the educational levels of the participants (p=0.93,p>0.05).

Table 84:

Analysis of the Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Expectation Tangibles	Primary School	35	5.84	0.72	0.28	0.76
	High School	62	5.86	0.60		
	University Graduate and above	54	5.81	0.68		
Expectation Reliability	Primary School	35	4.85	0.54	0.62	0.54
	High School	62	4.84	0.50		
	University Graduate and above	54	4.78	0.54		
Expectation Responsiveness	Primary School	35	5.76	0.47	0.31	0.73
	High School	62	5.75	0.35		
	University Graduate and above	54	5.82	0.31		

	Primary School	35	4.70	0.89		
Expectation Assurance	High School	62	4.65	0.75	0.41	0.67
	University Graduate and above	54	4.57	0.83		
	Primary School	35	5.27	0.49		
Expectation Empathy	High School	62	5.26	0.50	1.99	0.14
	University Graduate and above	54	5.19	0.44		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.76, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.54,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.73,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.67, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.14,p>0.05).

Table 85:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Home Country Tangibles	Primary School	35	5.71	0.62	0.67	0.51
	High School	62	5.91	0.52		
	University Graduate and above	54	5.71	0.66		
Home Country Reliability	Primary School	35	4.77	0.47	0.19	0.83
	High School	62	4.77	0.54		
	University Graduate and above	54	4.87	0.49		
Home Country Responsiveness	Primary School	35	5.74	0.38	0.03	0.97
	High School	62	5.79	0.42		
	University Graduate and above	54	5.76	0.35		
Home Country Assurance	Primary School	35	4.63	0.61	0.55	0.58
	High School	62	4.64	0.78		
	University Graduate and above	54	4.67	0.75		
Home Country Empathy	Primary School	35	5.16	0.44	2.00	0.14
	High School	62	5.26	0.47		
	University Graduate and above	54	5.18	0.51		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.51, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.83,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.97,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.58, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.14,p>0.05).

Table 86:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Educational Levels

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Alanya Tangibles	Primary School	35	5.43	0.59	0.69	0.50
	High School	62	5.62	0.49		
	University Graduate and above	54	5.43	0.63		
Alanya Reliability	Primary School	35	5.01	0.49	0.19	0.83
	High School	62	5.00	0.57		
	University Graduate and above	54	5.11	0.51		
Alanya Responsiveness	Primary School	35	6.09	0.40	0.03	0.97
	High School	62	6.14	0.44		
	University Graduate and above	54	6.10	0.37		
Alanya Assurance	Primary School	35	4.31	0.57	0.55	0.58
	High school	62	4.31	0.72		

	University Graduate and above	54	4.34	0.70		
Alanya Empathy	Primary School	35	5.01	0.43	0.73	0.48
	High School	62	5.10	0.45		
	University Graduate and above	54	5.03	0.50		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.50, p> 0.05). It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.83,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.97,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.58, p> 0.05). It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.48,p>0.05).

Table 87:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Home Country Tangibles	Primary School	35	-0.13	0.76	0.80	0.45
	High School	62	0.05	0.77		
	University Graduate and above	54	-0.10	0.91		
Servqual Home Country Reliability	Primary School	35	-0.07	0.64	0.60	0.55
	High School	62	-0.07	0.83		
	University Graduate and above	54	0.09	0.79		
Servqual Home Country Responsiveness	Primary School	35	-0.02	0.60	0.28	0.76
	High School	62	0.04	0.53		
	University Graduate and above	54	-0.06	0.45		
Servqual Home Country Assurance	Primary School	35	-0.07	0.89	0.33	0.72
	High School	62	-0.01	1.18		
	University Graduate and above	54	0.10	1.07		
Servqual Home Country Empathy	Primary School	35	-0.11	0.49	0.68	0.51
	High School	62	0.00	0.70		
	University Graduate and above	54	-0.01	0.70		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants ($p = 0.45$, $p > 0.05$).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.55,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.76,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.72, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.51, p> 0.05).

Table 88:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimensions	Educational Level	n	X	s.s.	F	p
Servqual Alanya Tangibles	Primary School	35	-0.42	0.75	0.82	0.44
	High School	62	-0.24	0.76		
	University Graduate and above	54	-0.39	0.89		
Servqual Alanya Reliability	Primary School	35	0.16	0.65	0.59	0.56
	High School	62	0.16	0.85		
	University Graduate and above	54	0.34	0.80		
Servqual Alanya Responsiveness	Primary School	35	0.33	0.61	0.29	0.75
	High School	62	0.39	0.54		
	University Graduate and above	54	0.28	0.47		

Servqual Alanya Assurance	Primary School	35	-0.39	0.88	0.34	0.72
	High School	62	-0.34	1.14		
	University Graduate and above	54	-0.23	1.04		
Servqual Alanya Empathy	Primary School	35	-0.26	0.48	0.22	0.79
	High School	62	-0.16	0.69		
	University Graduate and above	54	-0.16	0.68		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.44, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.56,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.75,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p = 0.72, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the educational levels of the participants (p=0.79,p>0.05).

Table 89:

Analysis of the Servqual Expectation Sub-Dimensions of Russian Citizens by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Expectation Tangibles	500-1500	100	5.77	0.64	0.75	0.47
	1501-2500	45	5.91	0.65		
	2501 and above	14	5.87	0.85		
Expectation Reliability	500-1500	100	4.81	0.49	0.11	0.90
	1501-2500	45	4.80	0.59		
	2501 and above	14	4.87	0.50		
Expectation Responsiveness	500-1500	100	5.80	0.38	1.06	0.35
	1501-2500	45	5.85	0.34		
	2501 and above	14	5.68	0.37		
Expectation Assurance	500-1500	100	4.59	0.81	0.21	0.81
	1501-2500	45	4.68	0.82		
	2501 and above	14	4.59	0.87		
Expectation Empathy	500-1500	100	5.15	0.50	0.66	0.52
	1501-2500	45	5.25	0.47		
	2501 and above	14	5.23	0.48		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the income levels of the participants ($p = 0.47$, $p > 0.05$).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the income levels of the participants ($p = 0.90, p > 0.05$).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.35,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.81, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.52,p>0.05).

Table 90:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Home Country Tangibles	500-1500	100	5.72	0.59	2.33	0.10
	1501-2500	45	5.93	0.51		
	2501 and above	14	5.63	0.87		
Home Country Reliability	500-1500	100	4.83	0.48	0.46	0.63
	1501-2500	45	4.75	0.57		
	2501 and above	14	4.87	0.62		
Home Country Responsiveness	500-1500	100	5.81	0.41	1.89	0.16
	1501-2500	45	5.68	0.30		
	2501 and above	14	5.77	0.37		
Home Country Assurance	500-1500	100	4.67	0.70	0.68	0.51
	1501-2500	45	4.61	0.78		
	2501 and above	14	4.87	0.90		
Home Country Empathy	500-1500	100	5.20	0.46	0.25	0.78
	1501-2500	45	5.24	0.44		
	2501 and above	14	5.26	0.68		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.10, p> 0.05).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.63,p>0.05).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.16,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.51, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.78,p>0.05).

Table 91:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Alanya by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Alanya Tangibles	500-1500	100	5.44	0.56	2.35	0.10
	1501-2500	45	5.64	0.48		
	2501 and above	14	5.35	0.83		
Alanya Reliability	500-1500	100	5.08	0.50	0.46	0.63
	1501-2500	45	4.99	0.60		
	2501 and above	14	5.12	0.65		
Alanya Responsiveness	500-1500	100	6.16	0.43	1.88	0.16
	1501-2500	45	6.02	0.32		

	2501 and above	14	6.12	0.39		
Alanya Assurance	500-1500	100	4.34	0.65	0.68	0.51
	1501-2500	45	4.28	0.72		
	2501 and above	14	4.53	0.83		
Alanya Empathy	500-1500	100	5.04	0.44	0.25	0.78
	1501-2500	45	5.09	0.43		
	2501 and above	14	5.11	0.66		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.10, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.63,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.16,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.51, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.78,p>0.05).

Table 92:

Russian Citizens' Servqual Service Quality Expectation Difference
Home Country

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Home Country Tangibles	500-1500	100	-0.05	0.90	0.45	0.64
	1501-2500	45	0.02	0.79		
	2501 and above	14	-0.24	1.28		
Servqual Home Country Reliability	500-1500	100	0.02	0.61	0.15	0.86
	1501-2500	45	-0.04	0.69		
	2501 and above	14	0.00	0.76		
Servqual Home Country Responsiveness	500-1500	100	0.02	0.53	2.37	0.10
	1501-2500	45	-0.16	0.43		
	2501 and above	14	0.09	0.57		
Servqual Home Country Assurance	500-1500	100	0.09	1.22	0.53	0.59
	1501-2500	45	-0.07	1.12		
	2501 and above	14	0.29	1.30		
Servqual Home Country Empathy	500-1500	100	0.04	0.73	0.07	0.93
	1501-2500	45	-0.01	0.60		
	2501 and above	14	0.04	0.84		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.64, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.86,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.10,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.59, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.93,p>0.05).

Table 93:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Alanya Tangibles	500-1500	100	-0.33	0.88	0.41	0.66
	1501-2500	45	-0.28	0.77		
	2501 and above	14	-0.53	1.25		
Servqual Alanya Reliability	500-1500	100	0.26	0.62	0.16	0.85
	1501-2500	45	0.19	0.71		
	2501 and above	14	0.24	0.78		
Servqual Alanya Responsiveness	500-1500	100	0.36	0.55	2.38	0.10
	1501-2500	45	0.18	0.44		
	2501 and above	14	0.44	0.58		
Servqual Alanya Assurance	500-1500	100	-0.24	1.19	0.52	0.60
	1501-2500	45	-0.39	1.09		
	2501 and above	14	-0.06	1.25		
Servqual Alanya Empathy	500-1500	100	-0.11	0.72	0.08	0.93
	1501-2500	45	-0.16	0.60		
	2501 and above	14	-0.12	0.83		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.66, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.85,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.10,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p = 0.60, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the income levels of the participants (p=0.93,p>0.05).

Table 94:

Analysis of the Servqual Expectation Sub-Dimensions of German Citizens by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Expectation Tangibles	500-1500	140	5.79	0.65	1.36	0.26
	1501-2500	9	6.13	0.56		
	2501 and above	10	5.95	0.88		
Expectation Reliability	500-1500	140	4.80	0.52	0.88	0.42
	1501-2500	9	5.01	0.42		
	2501 and above	10	4.89	0.55		
Expectation Responsiveness	500-1500	140	5.78	0.35	2.21	0.11
	1501-2500	9	6.03	0.27		
	2501 and above	10	5.88	0.57		
Expectation Assurance	500-1500	140	4.61	0.84	0.53	0.59
	1501-2500	9	4.41	0.60		
	2501 and above	10	4.80	0.67		
Expectation Empathy	500-1500	140	5.20	0.47	0.71	0.49
	1501-2500	9	5.27	0.44		
	2501 and above	10	5.38	0.57		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.26, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.42,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.11,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.59, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.49,p>0.05).

Table 95:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Home Country Tangibles	500-1500	140	5.77	0.59	2.18	0.12
	1501-2500	9	5.53	0.73		
	2501 and above	10	6.09	0.45		
Home Country Reliability	500-1500	140	4.78	0.51	0.82	0.44
	1501-2500	9	5.00	0.55		
	2501 and above	10	4.85	0.42		
Home Country Responsiveness	500-1500	140	5.74	0.36	1.65	0.20
	1501-2500	9	5.88	0.37		

	2501 and above	10	5.92	0.49		
Home Country Assurance	500-1500	140	4.65	0.70	0.03	0.97
	1501-2500	9	4.71	0.84		
	2501 and above	10	4.63	0.79		
Home Country Empathy	500-1500	140	5.20	0.46	0.83	0.44
	1501-2500	9	5.11	0.58		
	2501 and above	10	5.38	0.58		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.12, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.44,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.20,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.97, p> 0.05). It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.44,p>0.05).

Table 96:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Alanya Tangibles	500-1500	140	5.49	0.56	2.14	0.13
	1501-2500	9	5.26	0.69		
	2501 and above	10	5.79	0.43		
Alanya Reliability	500-1500	140	5.02	0.53	0.80	0.45
	1501-2500	9	5.25	0.58		
	2501 and above	10	5.10	0.45		
Alanya Responsiveness	500-1500	140	6.08	0.39	1.60	0.21
	1501-2500	9	6.23	0.39		
	2501 and above	10	6.28	0.52		
Alanya Assurance	500-1500	140	4.32	0.65	0.05	0.95
	1501-2500	9	4.37	0.78		
	2501 and above	10	4.31	0.74		
Alanya Empathy	500-1500	140	5.05	0.45	0.84	0.43
	1501-2500	9	4.95	0.57		
	2501 and above	10	5.22	0.56		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.13, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.45,p>0.05). It is determined that Alanya perception responsiveness

dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.21,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.95, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.43,p>0.05).

Table 97:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Home Country Tangibles	500-1500	140	-0.02	0.78	2.48	0.09
	1501-2500	9	-0.60	0.82		
	2501 and above	10	0.14	1.08		
Servqual Home Country Reliability	500-1500	140	-0.01	0.71	0.01	0.99
	1501-2500	9	-0.02	0.72		
	2501 and above	10	-0.04	0.51		
Servqual Home Country Responsiveness	500-1500	140	-0.04	0.56	0.29	0.75
	1501-2500	9	-0.15	0.42		
	2501 and above	10	0.05	0.81		
Servqual Home Country Assurance	500-1500	140	0.04	1.10	0.45	0.64
	1501-2500	9	0.29	0.80		
	2501 and above	10	-0.17	0.86		
Servqual Home Country Empathy	500-1500	140	0.00	0.62	0.32	0.73
	1501-2500	9	-0.17	0.47		
	2501 and above	10	0.00	0.74		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.09, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.99,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.75,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.64, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.73,p>0.05).

Table 98:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Alanya Tangibles	500-1500	140	-0.31	0.77	2.44	0.10
	1501-2500	9	-0.88	0.80		
	2501 and above	10	-0.17	1.07		
Servqual Alanya Reliability	500-1500	140	0.23	0.73	0.03	0.97
	1501-2500	9	0.23	0.74		
	2501 and above	10	0.20	0.52		
Servqual Alanya Responsiveness	500-1500	140	0.30	0.58	0.28	0.76
	1501-2500	9	0.20	0.44		

	2501 and above	10	0.40	0.83		
Servqual Alanya Assurance	500-1500	140	-0.29	1.07	0.46	0.63
	1501-2500	9	-0.04	0.76		
	2501 and above	10	-0.50	0.82		
Servqual Alanya Empathy	500-1500	140	-0.15	0.61	0.32	0.73
	1501-2500	9	-0.32	0.46		
	2501 and above	10	-0.16	0.73		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.10, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.97,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.76,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the income levels of the participants (p = 0.63, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the income levels of the participants (p=0.73,p>0.05).

Table 99:

Analysis of the Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Expectation Tangibles	500-1500	105	5.77	0.67	2.11	0.13
	1501-2500	38	6.02	0.60		
	2501 and above	8	5.80	0.60		
Expectation Reliability	500-1500	105	4.82	0.52	0.08	0.92
	1501-2500	38	4.79	0.56		
	2501 and above	8	4.86	0.39		
Expectation Responsiveness	500-1500	105	5.77	0.37	0.12	0.89
	1501-2500	38	5.80	0.39		
	2501 and above	8	5.78	0.23		
Expectation Assurance	500-1500	105	4.59	0.84	0.63	0.54
	1501-2500	38	4.71	0.75		
	2501 and above	8	4.86	0.68		
Expectation Empathy	500-1500	105	5.18	0.48	2.30	0.10
	1501-2500	38	5.37	0.47		
	2501 and above	8	5.33	0.45		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the income levels of the participants ($p = 0.13$, $p > 0.05$).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the income levels of the participants ($p = 0.92$, $p > 0.05$).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.89,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.54, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.10,p>0.05).

Table 100:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Home Country Tangibles	500-1500	105	5.84	0.59	1.01	0.37
	1501-2500	38	5.68	0.64		
	2501 and above	8	5.74	0.56		
Home Country Reliability	500-1500	105	4.80	0.50	0.10	0.90
	1501-2500	38	4.79	0.49		
	2501 and above	8	4.88	0.69		
Home Country Responsiveness	500-1500	105	5.78	0.39	0.17	0.84
	1501-2500	38	5.74	0.37		
	2501 and above	8	5.72	0.38		
Home Country Assurance	500-1500	105	4.64	0.73	0.15	0.86
	1501-2500	38	4.70	0.69		
	2501 and above	8	4.57	0.91		
Home Country Empathy	500-1500	105	5.23	0.48	0.33	0.72
	1501-2500	38	5.18	0.48		
	2501 and above	8	5.11	0.48		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.37, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.90,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.84,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.86, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.72,p>0.05).

Table 101:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Income Levels

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Alanya Tangibles	500-1500	105	5.55	0.56	1.08	0.36
	1501-2500	38	5.40	0.61		
	2501 and above	8	5.45	0.54		
Alanya Reliability	500-1500	105	5.04	0.53	0.15	0.87
	1501-2500	38	5.03	0.51		
	2501 and above	8	5.12	0.72		
Alanya Responsiveness	500-1500	105	6.13	0.41	0.18	0.84
	1501-2500	38	6.09	0.39		

	2501 and above	8	6.07	0.40		
Alanya Assurance	500-1500	105	4.31	0.68	0.19	0.85
	1501-2500	38	4.37	0.64		
	2501 and above	8	4.25	0.85		
Alanya Empathy	500-1500	105	5.07	0.46	0.37	0.73
	1501-2500	38	5.02	0.47		
	2501 and above	8	4.96	0.46		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.36, p> 0.05).

It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.87,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.85,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.84, p> 0.05).

It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.73,p>0.05).

Table 102:

Servqual Service Quality Expectation Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Home Country Tangibles	500-1500	105	0.07	0.83	**3.62**	**0.03**
	1501-2500	38	-0.34	0.73		
	2501 and above	8	-0.06	0.82		
Servqual Home Country Reliability	500-1500	105	-0.02	0.74	0.02	0.98
	1501-2500	38	0.00	0.84		
	2501 and above	8	0.02	0.92		
Servqual Home Country Responsiveness	500-1500	105	0.01	0.52	0.29	0.75
	1501-2500	38	-0.06	0.51		
	2501 and above	8	-0.06	0.53		
Servqual Home Country Assurance	500-1500	105	0.05	1.07	0.38	0.69
	1501-2500	38	-0.01	1.06		
	2501 and above	8	-0.29	1.32		
Servqual Home Country Empathy	500-1500	105	0.05	0.63	2.23	0.11
	1501-2500	38	-0.19	0.66		
	2501 and above	8	-0.22	0.78		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are different according to the income levels of the participants (p=0,03, p<0,05). The difference is found to be due to the fact that participants with an income of 1501-2500 TL have lower scores than other income groups.

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.98,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.75,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.69, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.11,p>0.05).

Table 103:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimensions	Income Level €	n	X	s.s.	F	p
Servqual Alanya Tangibles	500-1500	105	-0.23	0.82	3.65	0.03
	1501-2500	38	-0.63	0.71		
	2501 and above	8	-0.35	0.81		
Servqual Alanya Reliability	500-1500	105	0.22	0.76	0.03	0.98
	1501-2500	38	0.24	0.86		
	2501 and above	8	0.26	0.95		
Servqual Alanya Responsiveness	500-1500	105	0.36	0.54	0.29	0.75
	1501-2500	38	0.29	0.53		
	2501 and above	8	0.29	0.55		
Servqual Alanya Assurance	500-1500	105	-0.28	1.04	0.40	0.67
	1501-2500	38	-0.34	1.03		
	2501 and above	8	-0.62	1.26		
Servqual Alanya Empathy	500-1500	105	-0.11	0.62	2.27	0.11
	1501-2500	38	-0.35	0.65		
	2501 and above	8	-0.37	0.77		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are different according to the income levels of the participants (p=0,03, p<0,05). The difference is found to be due to the fact that participants with an income of 1501-2500 TL have lower scores than other income groups.

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.97,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.75,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p = 0.69, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the income levels of the participants (p=0.11,p>0.05).

Table 104:

Analysis of the Servqual Expectation Sub-Dimensions of Russian Citizens by Marital Status

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Expectation Tangibles	Married	64	5.89	0.61	0.85	0.40
	Single	95	5.78	0.74		
Expectation Reliability	Married	64	4.77	0.56	-0.86	0.39
	Single	95	4.85	0.53		
Expectation Responsiveness	Married	64	5.86	0.36	1.91	0.06
	Single	95	5.74	0.38		
Expectation Assurance	Married	64	4.53	0.79	-0.99	0.32
	Single	95	4.67	0.84		
Expectation Empathy	Married	64	5.16	0.45	-0.43	0.67
	Single	95	5.20	0.54		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.40, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.39,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.06,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.32,p>0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.67,p>0.05

Table 105:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Marital Status

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Home Country Tangibles	Married	64	5.77	0.64	-0.56	0.58
	Single	95	5.83	0.52		
Home Country Reliability	Married	64	4.80	0.55	-0.53	0.60
	Single	95	4.85	0.50		
Home Country Responsiveness	Married	64	5.74	0.41	-1.00	0.32
	Single	95	5.81	0.36		
Home Country Assurance	Married	64	4.65	0.78	-0.48	0.63
	Single	95	4.71	0.72		
Home Country Empathy	Married	64	5.20	0.48	-0.62	0.53
	Single	95	5.25	0.46		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the marital status of the

participants (p = 0.58, p> 0.05). It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.60,p>0.05). It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.32,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.763, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.53,p>0.05).

Table 106:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Alanya by Marital Status

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Alanya Tangibles	Married	64	5.48	0.61	-0.56	0.57
	Single	95	5.54	0.49		
Alanya Reliability	Married	64	5.04	0.58	-0.53	0.60
	Single	95	5.09	0.52		
Alanya Responsiveness	Married	64	6.09	0.44	-0.99	0.32
	Single	95	6.16	0.38		
Alanya Assurance	Married	64	4.32	0.73	-0.47	0.64
	Single	95	4.38	0.67		
Alanya Empathy	Married	64	5.04	0.47	-0.63	0.53
	Single	95	5.09	0.44		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.57, p> 0.05). It is determined that Alanya perception reliability dimension

scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.60,p>0.05). It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.32,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.64, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.53,p>0.05).

Table 107:

Russian Citizens' Servqual Service Quality Expectation Difference Home Country

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Servqual Home Country Tangibles	Married	64	-0.12	0.86	-0.98	0.33
	Single	95	0.04	0.97		
Servqual Home Country Reliability	Married	64	0.03	0.69	0.29	0.78
	Single	95	0.00	0.65		
Servqual Home Country Responsiveness	Married	64	-0.12	0.47	-2.01	0.05
	Single	95	0.07	0.53		
Servqual Home Country Assurance	Married	64	0.12	1.25	0.38	0.71
	Single	95	0.04	1.13		
Servqual Home Country Empathy	Married	64	0.03	0.70	-0.11	0.91
	Single	95	0.05	0.69		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.33, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.78,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.05,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.71, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.91,p>0.05).

Table 108:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Servqual Alanya Tangibles	Married	64	-0.41	0.84	-0.98	0.33
	Single	95	-0.25	0.95		
Servqual Alanya Reliability	Married	64	0.28	0.70	0.26	0.80
	Single	95	0.24	0.67		
Servqual Alanya Responsiveness	Married	64	0.22	0.49	-1.99	0.05
	Single	95	0.42	0.54		
Servqual Alanya Assurance	Married	64	-0.20	1.21	0.42	0.68
	Single	95	-0.29	1.10		
Servqual Alanya Empathy	Married	64	-0.12	0.69	-0.10	0.92
	Single	95	-0.11	0.68		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.33, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.80,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.05,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p = 0.68, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the marital status of the participants (p=0.92,p>0.05).

Table 109:

Analysis of the Servqual Expectation Sub-Dimensions of German Citizens by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Expectation Tangibles	Married	91	5.94	0.59	**2.83**	**0.01**
	Single	68	5.61	0.79		
Expectation Reliability	Married	91	4.87	0.50	1.80	0.07
	Single	68	4.70	0.53		
Expectation Responsiveness	Married	91	5.85	0.34	1.99	0.05
	Single	68	5.72	0.41		
Expectation Assurance	Married	91	4.65	0.84	0.53	0.59
	Single	68	4.57	0.76		
Expectation Empathy	Married	91	5.29	0.44	1.98	0.05
	Single	68	5.09	0.54		

It is determined that the expectation tangibles dimension scores of German citizens are different according to the marital status of the participants (p=0,01,p<0,05).   The difference is found to be due to higher levels of expectations of married individuals than singles.

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.07,p>0.05

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.05,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.59,p>0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.05,p>0.05

Table 110:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Home Country Tangibles	Married	91	5.84	0.59	1.85	0.07
	Single	68	5.65	0.57		
Home Country Reliability	Married	91	4.78	0.55	-0.46	0.65
	Single	68	4.83	0.47		
Home Country Responsiveness	Married	91	5.79	0.37	1.08	0.28
	Single	68	5.72	0.39		
Home Country Assurance	Married	91	4.63	0.68	-0.65	0.52
	Single	68	4.72	0.79		
Home Country Empathy	Married	91	5.23	0.46	0.81	0.42
	Single	68	5.16	0.52		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.07, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.65,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.28,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.52, p> 0.05). It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.42,p>0.05).

Table 111:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Alanya Tangibles	Married	91	5.55	0.56	1.85	0.07
	Single	68	5.37	0.54		
Alanya Reliability	Married	91	5.02	0.57	-0.47	0.64
	Single	68	5.07	0.49		
Alanya Responsiveness	Married	91	6.14	0.40	1.07	0.29
	Single	68	6.07	0.41		
Alanya Assurance	Married	91	4.31	0.63	-0.64	0.52
	Single	68	4.38	0.73		
Alanya Empathy	Married	91	5.07	0.44	0.81	0.42
	Single	68	5.01	0.50		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.07, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.64,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.29,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.52, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.42,p>0.05).

Table 112:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Servqual Home Country Tangibles	Married	91	-0.12	0.75	-1.05	0.31
	Single	68	0.03	0.90		
Servqual Home Country Reliability	Married	91	-0.07	0.70	-1.67	0.10
	Single	68	0.10	0.66		
Servqual Home Country Responsiveness	Married	91	-0.09	0.53	-0.56	0.58
	Single	68	0.02	0.62		
Servqual Home Country Assurance	Married	91	-0.02	1.09	-0.82	0.41
	Single	68	0.16	1.09		
Servqual Home Country Empathy	Married	91	-0.09	0.58	-1.21	0.22
	Single	68	0.08	0.73		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.31, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.10,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0,58,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.41, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.22,p>0.05).

Table 113:

Servqual Service Quality Expectation Difference of German Citizens Alanya

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Alanya Tangibles	Married	91	-0.30	0.81	0.95	0.36
	Single	68	-0.41	0.72		
Servqual Alanya Reliability	Married	91	0.21	0.72	-0.06	0.95
	Single	68	0.23	0.64		
Servqual Alanya Responsiveness	Married	91	0.34	0.59	-0.06	0.95
	Single	68	0.36	0.58		
Servqual Alanya Assurance	Married	91	-0.33	1.04	-1.20	0.22
	Single	68	-0.12	0.88		
Servqual Alanya Empathy	Married	91	-0.12	0.63	-0.87	0.38
	Single	68	-0.08	0.52		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.36, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.95,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.95,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the marital status of the participants (p = 0.22, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the marital status of the participants (p=0.38,p>0.05).

Table 114:

Analysis of the Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Expectation Tangibles	Married	105	-0.40	0.77	-1.01	0.30
	Single	46	-0.27	0.87		
Expectation Reliability	Married	105	0.18	0.74	-1.60	0.10
	Single	46	0.35	0.65		
Expectation Responsiveness	Married	105	0.28	0.57	-0.50	0.61
	Single	46	0.35	0.64		
Expectation Assurance	Married	105	-0.35	1.05	-0.89	0.40
	Single	46	-0.20	1.05		
Expectation Empathy	Married	105	-0.22	0.54	-1.30	0.19
	Single	46	-0.09	0.71		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.30, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.10,p>0.05). It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.61,p>0.05). It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.40, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.19,p>0.05).

Table 115:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Home Country Tangibles	Married	105	5.82	0.61	1.60	0.10
	Single	46	5.62	0.75		
Home Country Reliability	Married	105	4.15	0.55	-0.35	0.75
	Single	46	4.82	0.64		
Home Country Responsiveness	Married	105	5.75	0.37	-0.30	0.76
	Single	46	5.76	0.30		
Home Country Assurance	Married	105	4.62	0.85	-1.70	0.09
	Single	46	4.95	0.80		
Home Country Empathy	Married	105	5.36	0.50	-0.28	0.73
	Single	46	5.23	0.52		

It is determined that home country tangibles dimension scores of citizens of other countries are at similar levels according to the marital status of the

participants (p = 0.10, p> 0.05). It is determined that home country reliability dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.75,p>0.05). It is determined that home country responsiveness dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.76,p>0.05).

It is determined that home country assurance dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.09, p> 0.05). It is determined that home country empathy dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.73,p>0.05).

Table 116:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Marital Status

Sub-Dimension	Marital Status	n	X	s.s.	t	p
Alanya Tangibles	Married	105	5.82	0.58	1.50	0.14
	Single	46	5.61	0.70		
Alanya Reliability	Married	105	4.78	0.51	0.23	0.82
	Single	46	4.75	0.45		
Alanya Responsiveness	Married	105	5.80	0.37	-0.32	0.75
	Single	46	5.83	0.41		
Alanya Assurance	Married	105	4.64	0.71	1.01	0.05
	Single	46	4.46	0.77		
Alanya Empathy	Married	105	5.23	0.45	2.00	0.06
	Single	46	5.01	0.51		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.14, p> 0.05). It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.82,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.75,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.30, p> 0.05). It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.06,p>0.05).

Table 117:

Servqual Service Quality Expectation Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Alanya Tangibles	Married	105	5.58	0.55	1.51	0.14
	Single	46	5.31	0.63		
Alanya Reliability	Married	105	5.01	0.54	0.24	0.82
	Single	46	4.96	0.49		
Alanya Responsiveness	Married	105	6.15	0.39	-0.32	0.75
	Single	46	6.18	0.44		
Alanya Assurance	Married	105	4.31	0.67	1.01	0.05
	Single	46	4.14	0.72		
Alanya Empathy	Married	105	5.07	0.43	**2.20**	**0.03**
	Single	46	4.83	0.55		

It is determined that home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.14, p> 0.05).

It is determined that home country reliability dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.82,p>0.05).

It is determined that home country responsiveness dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.75,p>0.05).

It is determined that home country assurance dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.05, p> 0.05).

It is determined that home country empathy dimension scores of citizens of other countries are different according to the marital status of the participants (p=0,03,p<0,05). The difference is found to be due to higher levels of empathy of married individuals than singles.

Table 118:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimensions	Marital Status	n	X	s.s.	t	p
Servqual Alanya Tangibles	Married	105	-0.31	0.77	-0.31	0.76
	Single	46	-0.25	0.84		
Servqual Alanya Reliability	Married	105	0.21	0.74	0.33	0.71
	Single	46	0.10	0.70		
Servqual Alanya Responsiveness	Married	105	0.35	0.51	-0.05	0.95
	Single	46	0.36	0.58		
Servqual Alanya Assurance	Married	105	-0.22	1.02	1.98	0.05
	Single	46	-0.80	1.04		
Servqual Alanya Empathy	Married	105	-0.18	0.62	1.74	0.09
	Single	46	-0.43	0.62		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.76, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.71,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.97,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p = 0.05, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the marital status of the participants (p=0.09,p>0.05).

Table 119:

Analysis of Servqual Expectation Sub-Dimensions of Russian Citizens by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Expectation Tangibles	Working	115	5.90	0.64	0.98	0.33
	Retired	44	5.79	0.67		
Expectation Reliability	Working	115	4.87	0.57	0.89	0.38
	Retired	44	4.79	0.50		
Expectation Responsiveness	Working	115	5.82	0.38	0.31	0.76
	Retired	44	5.80	0.36		
Expectation Assurance	Working	115	4.71	0.90	0.93	0.35
	Retired	44	4.57	0.78		
Expectation Empathy	Working	115	5.30	0.50	1.83	0.07
	Retired	44	5.14	0.48		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.33, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.38,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.76,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.35, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.07,p>0.05).

Table 120:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Home Country Tangibles	Working	115	5.72	0.66	-0.72	0.48
	Retired	44	5.79	0.58		
Home Country Reliability	Working	115	4.81	0.50	-0.14	0.89
	Retired	44	4.82	0.52		
Home Country Responsiveness	Working	115	5.74	0.33	-0.69	0.49
	Retired	44	5.79	0.40		
Home Country Assurance	Working	115	4.66	0.73	-0.16	0.88
	Retired	44	4.68	0.74		
Home Country Empathy	Working	115	5.17	0.52	-0.76	0.45
	Retired	44	5.23	0.45		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.48, p> 0.05).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.89,p>0.05).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.49,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.88, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.45,p>0.05).

Table 121:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Alanya by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Alanya Tangibles	Working	115	5.44	0.63	-0.72	0.47
	Retired	44	5.51	0.55		
Alanya Reliability	Working	115	5.05	0.53	-0.14	0.89
	Retired	44	5.06	0.55		
Alanya Responsiveness	Working	115	6.08	0.35	-0.71	0.48
	Retired	44	6.13	0.42		
Alanya Assurance	Working	115	4.33	0.68	-0.15	0.88
	Retired	44	4.35	0.69		
Alanya Empathy	Working	115	5.02	0.50	-0.75	0.45
	Retired	44	5.08	0.44		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.47, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.89,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.48,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.88, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.45,p>0.05).

Table 122:

Russian Citizens' Servqual Service Quality Expectation Difference Home Country

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Home Country Tangibles	Working	115	-0.18	0.94	-1.20	0.23
	Retired	44	0.01	0.89		
Servqual Home Country Reliability	Working	115	-0.07	0.70	-0.82	0.41
	Retired	44	0.03	0.62		
Servqual Home Country Responsiveness	Working	115	-0.08	0.48	-0.74	0.46
	Retired	44	-0.01	0.53		
Servqual Home Country Assurance	Working	115	-0.05	1.16	-0.73	0.47
	Retired	44	0.10	1.21		
Servqual Home Country Empathy	Working	115	-0.13	0.68	-1.78	0.08
	Retired	44	0.09	0.70		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.23, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.41,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.46,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.47, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.08,p>0.05).

Table 123:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Alanya Tangibles	Working	115	-0.47	0.92	-1.20	0.23
	Retired	44	-0.28	0.87		
Servqual Alanya Reliability	Working	115	0.17	0.72	-0.81	0.42
	Retired	44	0.27	0.64		
Servqual Alanya Responsiveness	Working	115	0.27	0.49	-0.75	0.45
	Retired	44	0.34	0.54		
Servqual Alanya Assurance	Working	115	-0.38	1.13	-0.75	0.46
	Retired	44	-0.22	1.18		
Servqual Alanya Empathy	Working	115	-0.29	0.67	-1.79	0.08
	Retired	44	-0.07	0.69		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.23, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.42,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.45,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the professions of the participants (p = 0.46, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the professions of the participants (p=0.08,p>0.05).

Table 124:

Analysis of Servqual Expectation Sub-Dimensions of German Citizens by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Expectation Tangibles	Working	44	5.79	0.71	-0.98	0.33
	Retired	115	5.90	0.51		
Expectation Reliability	Working	44	4.80	0.53	-0.79	0.43
	Retired	115	4.87	0.47		
Expectation Responsiveness	Working	44	5.79	0.38	-0.63	0.53
	Retired	115	5.83	0.33		
Expectation Assurance	Working	44	4.65	0.81	1.02	0.31
	Retired	115	4.50	0.82		
Expectation Empathy	Working	44	5.22	0.49	0.19	0.85
	Retired	115	5.20	0.44		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.33, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.43,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.53,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.31, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.85,p>0.05).

Table 125:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Home Country Tangibles	Working	44	5.78	0.58	0.09	0.93
	Retired	115	5.77	0.64		
Home Country Reliability	Working	44	4.78	0.52	-0.81	0.42
	Retired	115	4.85	0.47		
Home Country Responsiveness	Working	44	5.74	0.37	-0.66	0.51
	Retired	115	5.79	0.38		
Home Country Assurance	Working	44	4.62	0.71	-0.73	0.47
	Retired	115	4.72	0.70		
Home Country Empathy	Working	44	5.18	0.47	-0.96	0.34
	Retired	115	5.27	0.50		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.93, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.42,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.51,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.47, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.34,p>0.05).

Table 126:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Alanya Tangibles	Working	44	5.50	0.55	0.08	0.93
	Retired	115	5.49	0.61		
Alanya Reliability	Working	44	5.02	0.54	-0.81	0.42
	Retired	115	5.09	0.50		
Alanya Responsiveness	Working	44	6.09	0.39	-0.66	0.51
	Retired	115	6.14	0.40		
Alanya Assurance	Working	44	4.30	0.66	-0.73	0.47
	Retired	115	4.38	0.65		
Alanya Empathy	Working	44	5.03	0.45	-0.96	0.34
	Retired	115	5.11	0.49		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.93, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.42,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.51,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.47, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.34,p>0.05).

Table 127:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Home Country Tangibles	Working	44	-0.01	0.83	0.86	0.39
	Retired	115	-0.13	0.76		
Servqual Home Country Reliability	Working	44	-0.02	0.73	0.01	0.99
	Retired	115	-0.02	0.63		
Servqual Home Country Responsiveness	Working	44	-0.05	0.58	-0.03	0.97
	Retired	115	-0.04	0.56		
Servqual Home Country Assurance	Working	44	-0.03	1.12	-1.26	0.21
	Retired	115	0.21	0.90		
Servqual Home Country Empathy	Working	44	-0.03	0.64	-0.89	0.37
	Retired	115	0.06	0.54		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.39, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.99,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.97,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.21, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.37,p>0.05).

Table 128:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Alanya Tangibles	Working	44	-0.30	0.82	0.88	0.38
	Retired	115	-0.42	0.74		
Servqual Alanya Reliability	Working	44	0.22	0.74	-0.03	0.98
	Retired	115	0.23	0.64		
Servqual Alanya Responsiveness	Working	44	0.30	0.59	-0.05	0.96
	Retired	115	0.31	0.58		
Servqual Alanya Assurance	Working	44	-0.35	1.09	-1.27	0.21
	Retired	115	-0.12	0.88		
Servqual Alanya Empathy	Working	44	-0.19	0.63	-0.88	0.38
	Retired	115	-0.09	0.53		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.38, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.98,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the professions of the participants (p=0.96,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.21, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the professions of the participants (p = 0.38, p> 0.05).

Table 129:

Analysis of Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Expectation Tangibles	Working	49	5.87	0.60	0.45	0.65
	Retired	102	5.82	0.68		
Expectation Reliability	Working	49	4.84	0.49	0.35	0.73
	Retired	102	4.81	0.54		
Expectation Responsiveness	Working	49	5.90	0.32	2.01	0.05
	Retired	102	5.72	0.37		
Expectation Assurance	Working	49	4.47	0.81	-1.70	0.09
	Retired	102	4.71	0.80		
Expectation Empathy	Working	49	5.17	0.45	-1.12	0.26
	Retired	102	5.27	0.49		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.45, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.73,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.05,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.09, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.26,p>0.05).

Table 130:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Home Country Tangibles	Working	49	5.76	0.57	-0.47	0.64
	Retired	102	5.81	0.61		
Home Country Reliability	Working	49	4.80	0.51	-0.07	0.94
	Retired	102	4.81	0.51		
Home Country Responsiveness	Working	49	5.79	0.34	0.57	0.57
	Retired	102	5.75	0.40		
Home Country Assurance	Working	49	4.63	0.74	-0.16	0.88
	Retired	102	4.65	0.72		
Home Country Empathy	Working	49	5.18	0.50	-0.53	0.60
	Retired	102	5.22	0.47		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.64, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.94,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.57,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.88, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.60,p>0.05).

Table 131:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Professions

Sub-Dimensions	Profession	n	X	s.s.	t	p
Alanya Tangibles	Working	49	5.47	0.54	-0.47	0.64
	Retired	102	5.52	0.58		
Alanya Reliability	Working	49	5.04	0.53	-0.07	0.94
	Retired	102	5.05	0.53		
Alanya Responsiveness	Working	49	6.14	0.36	0.58	0.56
	Retired	102	6.10	0.43		
Alanya Assurance	Working	49	4.31	0.69	-0.15	0.88
	Retired	102	4.33	0.67		
Alanya Empathy	Working	49	5.02	0.49	-0.53	0.60
	Retired	102	5.07	0.45		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.64, p> 0.05).

It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.94,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.56,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.88, p> 0.05).

It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.60,p>0.05).

Table 132:

Servqual Service Quality Expectation Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Home Country Tangibles	Working	49	-0.11	0.72	-0.70	0.48
	Retired	102	-0.01	0.86		
Servqual Home Country Reliability	Working	49	-0.04	0.70	-0.29	0.78
	Retired	102	0.00	0.80		
Servqual Home Country Responsiveness	Working	49	-0.10	0.48	-1.54	0.12
	Retired	102	0.03	0.53		
Servqual Home Country Assurance	Working	49	0.16	1.00	1.17	0.24
	Retired	102	-0.06	1.11		
Servqual Home Country Empathy	Working	49	0.01	0.62	0.43	0.67
	Retired	102	-0.04	0.67		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.48, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.78,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.12,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.24, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.67,p>0.05).

Table 133:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimensions	Profession	n	X	s.s.	t	p
Servqual Alanya Tangibles	Working	49	-0.40	0.71	-0.70	0.48
	Retired	102	-0.30	0.85		
Servqual Alanya Reliability	Working	49	0.20	0.72	-0.28	0.78
	Retired	102	0.24	0.82		
Servqual Alanya Responsiveness	Working	49	0.24	0.49	-1.47	0.14
	Retired	102	0.38	0.55		
Servqual Alanya Assurance	Working	49	-0.16	0.97	1.21	0.23
	Retired	102	-0.39	1.08		
Servqual Alanya Empathy	Working	49	-0.15	0.61	0.45	0.65
	Retired	102	-0.20	0.66		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.48, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.78,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.14,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p = 0.23, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the professions of the participants (p=0.65,p>0.05).

Table 134:

Analysis of the Servqual Expectation Sub-Dimensions of Russian Citizens by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Expectation Tangibles	1-5 years	70	5.94	0.63	2.36	0.10
	6-10 years	51	5.75	0.62		
	11 years and above	38	5.68	0.74		
Expectation Reliability	1-5 years	70	4.73	0.46	1.76	0.17
	6-10 years	51	4.88	0.58		
	11 years and above	38	4.88	0.51		
Expectation Responsiveness	1-5 years	70	5.83	0.40	1.12	0.33
	6-10 years	51	5.82	0.31		
	11 years and above	38	5.72	0.37		
Expectation Assurance	1-5 years	70	4.45	0.78	3.12	0.05
	6-10 years	51	4.82	0.82		
	11 years and above	38	4.63	0.83		
Expectation Empathy	1-5 years	70	5.16	0.51	0.59	0.55
	6-10 years	51	5.25	0.46		
	11 years and above	38	5.16	0.49		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.10, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.17,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.33,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.05, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.25,p>0.05).

Table 135:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Home Country Tangibles	1-5 years	70	5.78	0.60	0.14	0.87
	6-10 years	51	5.80	0.59		
	11 years and above	38	5.73	0.63		
Home Country Reliability	1-5 years	70	4.73	0.47	1.93	0.15
	6-10 years	51	4.88	0.52		
	11 years and above	38	4.89	0.58		
Home Country Responsiveness	1-5 years	70	5.81	0.38	1.61	0.20
	6-10 years	51	5.69	0.36		
	11 years and above	38	5.81	0.39		
Home Country Assurance	1-5 years	70	4.59	0.69	1.01	0.37
	6-10 years	51	4.71	0.76		
	11 years and above	38	4.79	0.79		
Home Country Empathy	1-5 years	70	5.15	0.49	1.35	0.26
	6-10 years	51	5.26	0.45		
	11 years and above	38	5.28	0.46		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.87, p> 0.05).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.15,p>0.05).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.20,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.37, p> 0.05).

It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.26,p>0.05).

Table 136:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in
Terms of Alanya by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Alanya Tangibles	1-5 years	70	5.49	0.57	0.15	0.86
	6-10 years	51	5.51	0.56		
	11 years and above	38	5.45	0.60		
Alanya Reliability	1-5 years	70	4.96	0.49	1.93	0.15
	6-10 years	51	5.13	0.54		
	11 years and above	38	5.13	0.61		
Alanya Responsiveness	1-5 years	70	6.16	0.41	1.63	0.20
	6-10 years	51	6.04	0.38		
	11 years and above	38	6.16	0.41		
Alanya Assurance	1-5 years	70	4.26	0.64	1.02	0.36
	6-10 years	51	4.38	0.70		
	11 years and above	38	4.45	0.74		
Alanya Empathy	1-5 years	70	4.99	0.48	1.34	0.27
	6-10 years	51	5.10	0.44		
	11 years and above	38	5.12	0.45		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the residence years of the participants ($p = 0.86$, $p > 0.05$).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the residence years of the participants ($p = 0.15$, $p > 0.05$).

It is determined that Alanya perception responsiveness dimension scores of Russian citizens are at similar levels according to the residence years of the participants ($p = 0.20$, $p > 0.05$).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the residence years of the participants ($p = 0.36$, $p > 0.05$).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.27,p>0.05).

Table 137:

Russian Citizens' Servqual Service Quality Expectation Difference Home Country

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Home Country Tangibles	1-5 years	70	-0.17	0.92	1.11	0.33
	6-10 years	51	0.05	0.86		
	11 years and above	38	0.05	0.93		
Servqual Home Country Reliability	1-5 years	70	0.00	0.60	0.01	0.99
	6-10 years	51	0.00	0.62		
	11 years and above	38	0.01	0.75		
Servqual Home Country Responsiveness	1-5 years	70	-0.02	0.56	2.00	0.14
	6-10 years	51	-0.13	0.42		
	11 years and above	38	0.09	0.52		
Servqual Home Country Assurance	1-5 years	70	0.14	1.14	0.79	0.46
	6-10 years	51	-0.11	1.18		
	11 years and above	38	0.16	1.33		
Servqual Home Country Empathy	1-5 years	70	-0.01	0.78	0.49	0.61
	6-10 years	51	0.01	0.61		
	11 years and above	38	0.13	0.67		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.33, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.99,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.14,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.41, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.61,p>0.05).

Table 138:

Russian Citizens' Servqual Service Quality Expectation Difference Alanya

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Alanya Tangibles	1-5 years	70	-0.46	0.90	1.17	0.31
	6-10 years	51	-0.24	0.84		
	11 years and above	38	-0.24	0.92		
Servqual Alanya Reliability	1-5 years	70	0.23	0.62	0.01	0.99
	6-10 years	51	0.24	0.63		
	11 years and above	38	0.25	0.77		
Servqual Alanya Responsiveness	1-5 years	70	0.33	0.58	2.02	0.14
	6-10 years	51	0.21	0.43		
	11 years and above	38	0.44	0.53		
Servqual Alanya Assurance	1-5 years	70	-0.19	1.10	0.86	0.43
	6-10 years	51	-0.44	1.15		
	11 years and above	38	-0.18	1.29		
Servqual Alanya Empathy	1-5 years	70	-0.17	0.77	0.48	0.62
	6-10 years	51	-0.14	0.60		
	11 years and above	38	-0.03	0.66		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.31, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.99,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.14,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p = 0.43, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the residence years of the participants (p=0.62,p>0.05).

Table 139:

Analysis of the Servqual Expectation Sub-Dimensions of German Citizens by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Expectation Tangibles	1-5 years	107	5.84	0.68	0.19	0.82
	6-10 years	39	5.80	0.50		
	11 years and above	13	5.72	0.91		
Expectation Reliability	1-5 years	107	4.83	0.49	0.18	0.84
	6-10 years	39	4.78	0.55		
	11 years and above	13	4.79	0.63		
Expectation Responsiveness	1-5 years	107	5.82	0.37	0.81	0.45
	6-10 years	39	5.74	0.37		
	11 years and above	13	5.81	0.33		
Expectation Assurance	1-5 years	107	4.66	0.80	0.48	0.62
	6-10 years	39	4.53	0.86		
	11 years and above	13	4.49	0.88		
Expectation Empathy	1-5 years	107	5.25	0.47	0.78	0.46
	6-10 years	39	5.17	0.43		
	11 years and above	13	5.11	0.63		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.82, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.84,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.45,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.62, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.46,p>0.05).

Table 140:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Home Country Tangibles	1-5 years	107	5.82	0.54	1.00	0.37
	6-10 years	39	5.72	0.73		
	11 years and above	13	5.62	0.61		
Home Country Reliability	1-5 years	107	4.83	0.53	0.81	0.45
	6-10 years	39	4.71	0.41		
	11 years and above	13	4.79	0.58		
Home Country Responsiveness	1-5 years	107	5.80	0.36	2.10	0.13
	6-10 years	39	5.66	0.43		
	11 years and above	13	5.70	0.30		
Home Country Assurance	1-5 years	107	4.67	0.73	0.86	0.42
	6-10 years	39	4.54	0.62		
	11 years and above	13	4.81	0.83		
Home Country Empathy	1-5 years	107	5.24	0.48	0.87	0.42
	6-10 years	39	5.12	0.46		
	11 years and above	13	5.20	0.48		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.37, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.45,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.13,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.42, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.42,p>0.05).

Table 141:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Alanya Tangibles	1-5 years	107	5.53	0.51	0.96	0.38
	6-10 years	39	5.43	0.69		
	11 years and above	13	5.34	0.58		
Alanya Reliability	1-5 years	107	5.07	0.55	0.82	0.44
	6-10 years	39	4.95	0.43		
	11 years and above	13	5.03	0.61		
Alanya Responsiveness	1-5 years	107	6.15	0.38	2.00	0.15
	6-10 years	39	6.00	0.46		
	11 years and above	13	6.04	0.31		
Alanya Assurance	1-5 years	107	4.34	0.68	0.85	0.43
	6-10 years	39	4.22	0.58		
	11 years and above	13	4.47	0.77		
Alanya Empathy	1-5 years	107	5.08	0.47	0.90	0.41
	6-10 years	39	4.97	0.44		
	11 years and above	13	5.05	0.47		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.38, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.44,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.15,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.43, p> 0.05).

It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.41,p>0.05).

Table 142:

Servqual Service Quality Expectation Difference of German Citizens Home Country

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Home Country Tangibles	1-5 years	107	-0.01	0.79	0.15	0.86
	6-10 years	39	-0.08	0.79		
	11 years and above	13	-0.11	1.13		
Servqual Home Country Reliability	1-5 years	107	0.00	0.67	0.12	0.88
	6-10 years	39	-0.06	0.68		
	11 years and above	13	0.00	0.95		
Servqual Home Country Responsiveness	1-5 years	107	-0.03	0.52	0.20	0.82
	6-10 years	39	-0.08	0.73		
	11 years and above	13	-0.11	0.42		
Servqual Home Country Assurance	1-5 years	107	0.02	1.05	0.49	0.62
	6-10 years	39	0.01	1.05		
	11 years and above	13	0.32	1.35		

Servqual Home Country Empathy	1-5 years	107	-0.01	0.58	0.25	0.78
	6-10 years	39	-0.04	0.60		
	11 years and above	13	0.10	0.94		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.15, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.88,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.82,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.62, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.78,p>0.05).

Table 143:

Servqual Service Quality Expectancy Difference of German Citizens Alanya

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Alanya Tangibles	1-5 years	107	-0.31	0.77	0.13	0.88
	6-10 years	39	-0.37	0.77		
	11 years and above	13	-0.39	1.11		
Servqual Alanya Reliability	1-5 years	107	0.24	0.69	0.14	0.87
	6-10 years	39	0.17	0.70		
	11 years and above	13	0.24	0.97		
Servqual Alanya Responsiveness	1-5 years	107	0.32	0.54	0.23	0.79
	6-10 years	39	0.27	0.76		
	11 years and above	13	0.23	0.43		
Servqual Alanya Assurance	1-5 years	107	-0.31	1.01	0.45	0.64
	6-10 years	39	-0.31	1.03		
	11 years and above	13	-0.02	1.30		
Servqual Alanya Empathy	1-5 years	107	-0.16	0.57	0.28	0.77
	6-10 years	39	-0.20	0.59		
	11 years and above	13	-0.06	0.93		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.88, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.87,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.79,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the residence years of the participants (p = 0.64, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the residence years of the participants (p=0.77,p>0.05).

Table 144:

Analysis of the Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Expectation Tangibles	1-5 years	52	5.84	0.71	0.22	0.80
	6-10 years	60	5.80	0.66		
	11 years and above	39	5.89	0.58		
Expectation Reliability	1-5 years	52	4.83	0.47	0.74	0.48
	6-10 years	60	4.87	0.56		
	11 years and above	39	4.74	0.53		
Expectation Responsiveness	1-5 years	52	5.77	0.41	0.30	0.74
	6-10 years	60	5.76	0.35		
	11 years and above	39	5.82	0.34		
Expectation Assurance	1-5 years	52	4.59	0.75	1.10	0.34
	6-10 years	60	4.75	0.88		
	11 years and above	39	4.52	0.77		
Expectation Empathy	1-5 years	52	5.21	0.50	0.34	0.71
	6-10 years	60	5.28	0.50		
	11 years and above	39	5.20	0.41		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.80, p> 0.05). It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.48,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.74,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.34, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.71,p>0.05).

Table 145:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Home Country Tangibles	1-5 years	52	5.82	0.58	0.11	0.90
	6-10 years	60	5.78	0.67		
	11 years and above	39	5.77	0.53		
Home Country Reliability	1-5 years	52	4.74	0.48	1.51	0.23
	6-10 years	60	4.79	0.52		
	11 years and above	39	4.92	0.52		
Home Country Responsiveness	1-5 years	52	5.82	0.38	0.83	0.44
	6-10 years	60	5.74	0.37		
	11 years and above	39	5.74	0.41		
Home Country Assurance	1-5 years	52	4.49	0.70	2.71	0.07
	6-10 years	60	4.65	0.73		
	11 years and above	39	4.85	0.72		
Home Country Empathy	1-5 years	52	5.12	0.46	1.70	0.19
	6-10 years	60	5.22	0.51		
	11 years and above	39	5.31	0.44		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.90, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.23,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.44,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.07, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.19,p>0.05).

Table 146:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Duration of Residence

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Alanya Tangibles	1-5 years	52	5.53	0.55	0.11	0.90
	6-10 years	60	5.49	0.64		
	11 years and above	39	5.48	0.50		
Alanya Reliability	1-5 years	52	4.98	0.50	1.50	0.23
	6-10 years	60	5.03	0.55		
	11 years and above	39	5.17	0.54		
Alanya Responsiveness	1-5 years	52	6.17	0.40	0.84	0.43
	6-10 years	60	6.08	0.40		
	11 years and above	39	6.08	0.43		
Alanya Assurance	1-5 years	52	4.18	0.65	2.71	0.07
	6-10 years	60	4.33	0.68		
	11 years and above	39	4.51	0.67		
Alanya Empathy	1-5 years	52	4.97	0.44	1.69	0.19
	6-10 years	60	5.06	0.49		
	11 years and above	39	5.15	0.42		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.90, p> 0.05).

It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.23,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.43,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.07, p> 0.05).

It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.19,p>0.05).

Table 147:

Servqual Service Quality Expectation Difference of Citizens of Other Countries Home Country

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Home Country Tangibles	1-5 years	52	-0.02	0.79	0.22	0.80
	6-10 years	60	-0.02	0.86		
	11 years and above	39	-0.12	0.81		
Servqual Home Country Reliability	1-5 years	52	-0.09	0.70	1.76	0.18
	6-10 years	60	-0.08	0.78		
	11 years and above	39	0.18	0.83		
	1-5 years	52	0.05	0.56	0.74	0.48
	6-10 years	60	-0.02	0.47		

Servqual Home Country Responsiveness	11 years and above	39	-0.08	0.53		
Servqual Home Country Assurance	1-5 years	52	-0.10	0.97	2.28	0.11
	6-10 years	60	-0.10	1.09		
	11 years and above	39	0.33	1.16		
Servqual Home Country Empathy	1-5 years	52	-0.09	0.62	1.09	0.34
	6-10 years	60	-0.06	0.72		
	11 years and above	39	0.10	0.58		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.80, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.18,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.48,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.11, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.34,p>0.05).

Table 148:

Servqual Service Quality Expectancy Difference of Citizens of Other Countries Alanya

Sub-Dimensions	Duration of Residence	n	X	s.s.	F	p
Servqual Alanya Tangibles	1-5 years	52	-0.31	0.78	0.23	0.80
	6-10 years	60	-0.31	0.84		
	11 years and above	39	-0.41	0.80		
Servqual Alanya Reliability	1-5 years	52	0.15	0.71	1.77	0.17
	6-10 years	60	0.16	0.80		
	11 years and above	39	0.43	0.85		
Servqual Alanya Responsiveness	1-5 years	52	0.40	0.58	0.75	0.47
	6-10 years	60	0.32	0.48		
	11 years and above	39	0.27	0.55		
Servqual Alanya Assurance	1-5 years	52	-0.41	0.94	2.21	0.11
	6-10 years	60	-0.42	1.06		
	11 years and above	39	-0.01	1.13		
Servqual Alanya Empathy	1-5 years	52	-0.24	0.61	1.06	0.35
	6-10 years	60	-0.21	0.70		
	11 years and above	39	-0.06	0.58		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.80, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.17,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.47,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p = 0.11, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the residence years of the participants (p=0.35,p>0.05).

Table 149:

Analysis of the Servqual Expectation Sub-Dimensions of Russian Citizens by Expense Payment Method

Sub-Dimension	Payment	n	X	s.s.	t	p
Expectation Tangibles	Insurance	135	5.84	0.60	0.55	0.57
	Cash	24	5.73	0.72		
Expectation Reliability	Insurance	135	4.83	0.50	1.10	0.23
	Cash	24	4.72	0.53		
Expectation Responsiveness	Insurance	135	5.80	0.37	0.34	0.72
	Cash	24	5.75	0.36		
Expectation Assurance	Insurance	135	4.55	0.84	-0.52	0.61
	Cash	24	4.67	0.80		
Expectation Empathy	Insurance	135	5.17	0.50	-0.09	0.94
	Cash	24	5.17	0.49		

It is determined that the expectation tangibles dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.57, p> 0.05).

It is determined that the expectation reliability dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.23,p>0.05).

It is determined that the expectation responsiveness dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.72,p>0.05).

It is determined that the expectation assurance dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.61, p> 0.05).

It is determined that the expectation empathy dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.94,p>0.05).

Table 150:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Home Country by Expense Payment Method

Sub-Dimension	Payment	n	X	s.s.	t	p
Home Country Tangibles	Insurance	135	5.78	0.63	0.14	0.88
	Cash	24	5.77	0.58		
Home Country Reliability	Insurance	135	4.78	0.48	-1.09	0.30
	Cash	24	4.86	0.56		
Home Country Responsiveness	Insurance	135	5.79	0.41	0.55	0.57
	Cash	24	5.75	0.34		
Home Country Assurance	Insurance	135	4.65	0.69	-0.34	0.72
	Cash	24	4.69	0.79		
Home Country Empathy	Insurance	135	5.22	0.46	0.10	0.91
	Cash	24	5.21	0.49		

It is determined that the home country perception tangibles dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.88, p> 0.05).

It is determined that the home country perception reliability dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.30,p>0.05).

It is determined that the home country perception responsiveness dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.57,p>0.05).

It is determined that the home country perception assurance dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.72, p> 0.05). It is determined that the home country perception empathy dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.91,p>0.05).

Table 151:

Analysis of Servqual Perception Sub-Dimensions of Russian Citizens in Terms of Alanya by Expense Payment Method

Sub-Dimension	Payment	n	X	s.s.	t	p
Alanya Tangibles	Insurance	135	5.49	0.59	0.31	0.75
	Cash	24	5.48	0.55		
Alanya Reliability	Insurance	135	5.02	0.50	-1.70	0.09
	Cash	24	5.10	0.58		
Alanya Responsiveness	Insurance	135	6.14	0.44	0.14	0.88
	Cash	24	6.10	0.36		
Alanya Assurance	Insurance	135	4.33	0.64	-0.15	0.89
	Cash	24	4.36	0.74		
Alanya Empathy	Insurance	135	5.06	0.44	0.34	0.74
	Cash	24	5.05	0.48		

It is determined that Alanya perception tangibles dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.75, p> 0.05).

It is determined that Alanya perception reliability dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.09,p>0.05). It is determined that Alanya perception

responsiveness dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.88,p>0.05).

It is determined that Alanya perception assurance dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.89, p> 0.05).

It is determined that Alanya perception empathy dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.74,p>0.05).

Table 152:

Analysis of Russian Citizens Servqual Service Quality Expectation Difference According to Home Country Expense Payment Method

Sub-Dimension	Payment	n	X	s.s.	t	p
Servqual Home Country Tangibles	Insurance	135	-0.07	0.81	-0.32	0.75
	Cash	24	-0.02	1.00		
Servqual Home Country Reliability	Insurance	135	-0.08	0.63	-1.85	0.07
	Cash	24	0.09	0.65		
Servqual Home Country Responsiveness	Insurance	135	-0.02	0.53	0.11	0.91
	Cash	24	-0.04	0.50		
Servqual Home Country Assurance	Insurance	135	0.07	1.22	0.14	0.89
	Cash	24	0.05	1.18		
Servqual Home Country Empathy	Insurance	135	0.03	0.68	0.35	0.74
	Cash	24	0.02	0.73		

It is determined that the home country and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.75, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.07,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.11,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.14, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.74,p>0.05).

Table 153:

Analysis of Russian Citizens Servqual Service Quality Expectation Difference According to Alanya Expense Payment Method

Sub-Dimension	Payment	n	X	s.s.	t	p
Servqual Alanya Tangibles	Insurance	135	-0.36	0.79	-0.33	0.73
	Cash	24	-0.31	0.98		
Servqual Alanya Reliability	Insurance	135	0.16	0.65	-1.70	0.09
	Cash	24	0.34	0.66		
Servqual Alanya Responsiveness	Insurance	135	0.33	0.54	0.20	0.84
	Cash	24	0.31	0.51		
Servqual Alanya Assurance	Insurance	135	-0.25	1.18	0.24	0.83
	Cash	24	-0.28	1.14		
Servqual Alanya Empathy	Insurance	135	-0.12	0.67	0.71	0.48
	Cash	24	-0.14	0.72		

It is determined that Alanya and expectation difference tangibles dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.73, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.09,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.84,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p = 0.83, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of Russian citizens are at similar levels according to the expense payment method of the participants (p=0.48,p>0.05).

Table 154:

Analysis of the Servqual Expectation Sub-Dimensions of German Citizens by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Expectation Tangibles	Insurance	110	5.79	0.65	1.31	0.22
	Cash	20	6.13	0.56		
	Both Insurance and Cash	29	5.95	0.88		
Expectation Reliability	Insurance	110	4.80	0.52	0.80	0.46
	Cash	20	5.01	0.42		
	Both Insurance and Cash	29	4.89	0.55		
Expectation Responsiveness	Insurance	110	5.78	0.35	2.19	0.13
	Cash	20	6.03	0.27		
	Both Insurance and Cash	29	5.88	0.57		
Expectation Assurance	Insurance	110	4.61	0.84	0.55	0.58
	Cash	20	4.41	0.60		

	Both Insurance and Cash	29	4.80	0.67		
Expectation Empathy	Insurance	110	5.20	0.47	0.75	0.47
	Cash	20	5.27	0.44		
	Both Insurance and Cash	29	5.38	0.57		

It is determined that the expectation tangibles dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.22, p> 0.05).

It is determined that the expectation reliability dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.46,p>0.05).

It is determined that the expectation responsiveness dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.13,p>0.05).

It is determined that the expectation assurance dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.58, p> 0.05).

It is determined that the expectation empathy dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.47,p>0.05).

Table 155:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Home Country by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Home Country Tangibles	Insurance	110	5.77	0.59	2.18	0.13
	Cash	20	5.53	0.73		
	Both Insurance and Cash	29	6.09	0.45		
Home Country Reliability	Insurance	110	4.78	0.51	0.82	0.43
	Cash	20	5.02	0.55		
	Both Insurance and Cash	29	4.81	0.42		
Home Country Responsiveness	Insurance	110	5.74	0.36	1.69	0.25
	Cash	20	5.88	0.37		
	Both Insurance and Cash	29	5.94	0.45		
Home Country Assurance	Insurance	110	4.65	0.70	0.05	0.95
	Cash	20	4.73	0.84		
	Both Insurance and Cash	29	4.63	0.73		
Home Country Empathy	Insurance	110	5.22	0.43	0.88	0.41
	Cash	20	5.17	0.52		
	Both Insurance and Cash	29	5.31	0.58		

It is determined that the home country perception tangibles dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.13, p> 0.05).

It is determined that the home country perception reliability dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.43,p>0.05).

It is determined that the home country perception responsiveness dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.25,p>0.05).

It is determined that the home country perception assurance dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.95, p> 0.05).

It is determined that the home country perception empathy dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.41,p>0.05).

Table 156:

Analysis of Servqual Perception Sub-Dimensions of German Citizens in Terms of Alanya by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Alanya Tangibles	Insurance	110	5.49	0.56	0.14	0.87
	Cash	20	5.24	0.61		
	Both Insurance and Cash	29	5.79	0.45		
Alanya Reliability	Insurance	110	5.02	0.53	1.93	0.15
	Cash	20	5.23	0.58		
	Both Insurance and Cash	29	5.10	0.45		
Alanya Responsiveness	Insurance	110	6.08	0.39	1.61	0.20
	Cash	20	6.25	0.39		
	Both Insurance and Cash	29	6.28	0.52		
	Insurance	110	4.32	0.65	1.01	0.37

Alanya Assurance	Cash	20	4.37	0.78		
	Both Insurance and Cash	29	4.31	0.74		
Alanya Empathy	Insurance	110	5.05	0.45		
	Cash	20	4.95	0.57	1.38	0.25
	Both Insurance and Cash	29	5.22	0.56		

It is determined that Alanya perception tangibles dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.87, p> 0.05).

It is determined that Alanya perception reliability dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.15,p>0.05). It is determined that Alanya perception responsiveness dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.20,p>0.05).

It is determined that Alanya perception assurance dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.37, p> 0.05). It is determined that Alanya perception empathy dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.25,p>0.05).

Table 157:

Analysis of German Citizens Servqual Service Quality Expectation Difference According to Home Country Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Servqual Home Country Tangibles	Insurance	110	-0.02	0.78		
	Cash	20	-0.60	0.82	2.48	0.09
	Both Insurance and Cash	29	0.14	1.08		
	Insurance	110	-0.01	0.71	0.05	0.95
	Cash	20	-0.02	0.72		

Servqual Home Country Reliability	Both Insurance and Cash	29	-0.04	0.51		
Servqual Home Country Responsiveness	Insurance	110	-0.04	0.56	0.25	0.76
	Cash	20	-0.15	0.42		
	Both Insurance and Cash	29	0.06	0.81		
Servqual Home Country Assurance	Insurance	110	0.05	1.10	0.45	0.64
	Cash	20	0.29	0.80		
	Both Insurance and Cash	29	-0.17	0.86		
Servqual Home Country Empathy	Insurance	110	0.01	0.63	0.32	0.74
	Cash	20	-0.17	0.47		
	Both Insurance and Cash	29	0.02	0.71		

It is determined that the home country and expectation difference tangibles dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.09, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.95,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.76,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.64, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.74,p>0.05).

Table 158:

Analysis of German Citizens Servqual Service Quality Expectation Difference According to Alanya Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Servqual Alanya Tangibles	Insurance	110	-0.31	0.77	2.59	0.12
	Cash	20	-0.88	0.80		
	Both Insurance and Cash	29	-0.17	1.07		
Servqual Alanya Reliability	Insurance	110	0.23	0.73	0.08	0.92
	Cash	20	0.23	0.74		
	Both Insurance and Cash	29	0.20	0.52		
Servqual Alanya Responsiveness	Insurance	110	0.30	0.58	0.66	0.55
	Cash	20	0.21	0.44		
	Both Insurance and Cash	29	0.45	0.83		
Servqual Alanya Assurance	Insurance	110	-0.29	0.83	0.49	0.63
	Cash	20	-0.05	0.76		
	Both Insurance and Cash	29	-0.50	0.83		
Servqual Alanya Empathy	Insurance	110	-0.15	0.63	0.31	0.72
	Cash	20	-0.34	0.45		
	Both Insurance and Cash	29	-0.20	0.72		

It is determined that Alanya and expectation difference tangibles dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.12, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.92,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.55,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p = 0.63, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of German citizens are at similar levels according to the expense payment method of the participants (p=0.72,p>0.05).

Table 159:

Analysis of the Servqual Expectation Sub-Dimensions of Citizens of Other Countries by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Expectation Tangibles	Insurance	106	5.71	0.62	0.67	0.51
	Cash	24	5.91	0.52		
	Both Insurance and Cash	21	5.71	0.66		
Expectation Reliability	Insurance	106	4.77	0.47	0.19	0.83
	Cash	24	4.77	0.54		
	Both Insurance and Cash	21	4.87	0.49		

Expectation Responsiveness	Insurance	106	5.74	0.38	0.03	0.97
	Cash	24	5.79	0.42		
	Both Insurance and Cash	21	5.76	0.35		
Expectation Assurance	Insurance	106	4.63	0.61	0.55	0.58
	Cash	24	4.64	0.78		
	Both Insurance and Cash	21	4.67	0.75		
Expectation Empathy	Insurance	106	5.16	0.44	2.01	0.14
	Cash	24	5.26	0.47		
	Both Insurance and Cash	21	5.18	0.51		

It is determined that the expectation tangibles dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.51, p> 0.05).

It is determined that the expectation reliability dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.83,p>0.05).

It is determined that the expectation responsiveness dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.97,p>0.05).

It is determined that the expectation assurance dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.58, p> 0.05).

It is determined that the expectation empathy dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.14,p>0.05).

Table 160:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Home Country by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Home Country Tangibles	Insurance	106	5.75	0.64	0.60	0.56
	Cash	24	5.95	0.54		
	Both Insurance and Cash	21	5.75	0.66		
Home Country Reliability	Insurance	106	4.77	0.47	0.19	0.82
	Cash	24	4.77	0.54		
	Both Insurance and Cash	21	4.87	0.49		
Home Country Responsiveness	Insurance	106	5.74	0.38	0.05	0.95
	Cash	24	5.79	0.44		
	Both Insurance and Cash	21	5.76	0.35		
Home Country Assurance	Insurance	106	4.63	0.65	0.61	0.56
	Cash	24	4.64	0.78		
	Both Insurance and Cash	21	4.67	0.75		
Home Country Empathy	Insurance	106	5.56	0.44	2.10	0.12
	Cash	24	5.46	0.47		
	Both Insurance and Cash	21	5.58	0.55		

It is determined that the home country perception tangibles dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.56, p> 0.05).

It is determined that the home country perception reliability dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.82,p>0.05).

It is determined that the home country perception responsiveness dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.95,p>0.05).

It is determined that the home country perception assurance dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.56, p> 0.05).

It is determined that the home country perception empathy dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.12,p>0.05).

Table 161:

Analysis of Servqual Perception Sub-Dimensions of Citizens of Other Countries in Terms of Alanya by Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Alanya Tangibles	Insurance	106	5.46	0.59	0.69	0.50
	Cash	24	5.62	0.49		
	Both Insurance and Cash	21	5.46	0.66		
Alanya Reliability	Insurance	106	5.01	0.49	0.19	0.83
	Cash	24	5.00	0.57		
	Both Insurance and Cash	21	5.11	0.51		

Alanya Responsiveness	Insurance	106	6.09	0.40	0.03	0.97
	Cash	24	6.14	0.44		
	Both Insurance and Cash	21	6.10	0.67		
Alanya Assurance	Insurance	106	4.61	0.57	0.55	0.58
	Cash	24	4.61	0.72		
	Both Insurance and Cash	21	4.64	0.70		
Alanya Empathy	Insurance	106	5.01	0.46	0.73	0.48
	Cash	24	5.10	0.45		
	Both Insurance and Cash	21	5.06	0.50		

It is determined that Alanya perception tangibles dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.50, p> 0.05). It is determined that Alanya perception reliability dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.83,p>0.05).

It is determined that Alanya perception responsiveness dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.97,p>0.05).

It is determined that Alanya perception assurance dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.58, p> 0.05). It is determined that Alanya perception empathy dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.48,p>0.05).

Table 162:

Analysis of Citizens of Other Countries Servqual Service Quality Expectation Difference According to Home Country Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Servqual Home Country Tangibles	Insurance	106	-0.13	0.66	0.80	0.46
	Cash	24	0.05	0.66		
	Both Insurance and Cash	21	-0.10	0.91		
Servqual Home Country Reliability	Insurance	106	-0.06	0.65	0.60	0.56
	Cash	24	-0.06	0.83		
	Both Insurance and Cash	21	0.09	0.69		
Servqual Home Country Responsiveness	Insurance	106	-0.02	0.60	0.28	0.74
	Cash	24	0.05	0.53		
	Both Insurance and Cash	21	-0.06	0.55		
Servqual Home Country Assurance	Insurance	106	-0.06	0.89	0.33	0.73
	Cash	24	-0.01	1.18		
	Both Insurance and Cash	21	0.10	1.06		
Servqual Home Country Empathy	Insurance	106	-0.11	0.59	0.68	0.50
	Cash	24	0.05	0.60		
	Both Insurance and Cash	21	-0.01	0.60		

It is determined that the home country and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.46, p> 0.05).

It is determined that the home country and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.56,p>0.05).

It is determined that the home country and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.74,p>0.05).

It is determined that the home country and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.73, p> 0.05).

It is determined that the home country and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.50,p>0.05).

Table 163:

Analysis of Citizens of Other Countries Servqual Service Quality Expectation Difference According to Alanya Expense Payment Method

Sub-Dimensions	Payment	n	X	s.s.	F	p
Servqual Alanya Tangibles	Insurance	106	-0.42	0.75	0.79	0.47
	Cash	24	-0.24	0.75		
	Both Insurance and Cash	21	-0.39	0.69		
Servqual Alanya Reliability	Insurance	106	0.15	0.55	0.57	0.57
	Cash	24	0.15	0.65		
	Both Insurance and Cash	21	0.34	0.60		
Servqual Alanya Responsiveness	Insurance	106	0.33	0.51	0.63	0.55
	Cash	24	0.39	0.54		
	Both Insurance and Cash	21	0.26	0.47		
Servqual Alanya Assurance	Insurance	106	-0.39	0.66	0.30	0.75
	Cash	24	-0.34	1.14		
	Both Insurance and Cash	21	-0.23	1.04		
Servqual Alanya Empathy	Insurance	106	-0.25	0.46	0.22	0.80
	Cash	24	-0.15	0.59		
	Both Insurance and Cash	21	-0.15	0.56		

It is determined that Alanya and expectation difference tangibles dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.47, p> 0.05).

It is determined that Alanya and expectation difference reliability dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.57,p>0.05).

It is determined that Alanya and expectation difference responsiveness dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.55,p>0.05).

It is determined that Alanya and expectation difference assurance dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p = 0.75, p> 0.05).

It is determined that Alanya and expectation difference empathy dimension scores of citizens of other countries are at similar levels according to the expense payment method of the participants (p=0.80,p>0.05).

4.25. Analysis Of Servqual Sub-Dimensions In Terms Of Expectation - Home Country And Alanya By Countries

Table 164:

Analysis of Tangibles Expectation- Home Country and Alanya Dimensions by Countries

Country	Sub-Dimension	X	s.s.	F	p	Difference
Russian Citizens	Expectation Tangibles	5.82	0.66	19.25	**0.01**	**A<KÜ, B**
	Home Country Tangibles	5.77	0.60			
	Alanya Tangibles	5.49	0.57			
German Citizens	Expectation Tangibles	5.82	0.66	16.53	**0.01**	**A<KÜ, B**
	Home Country Tangibles	5.78	0.59			
	Alanya Tangibles	5.49	0.56			
Citizens of Other Countries	Expectation Tangibles	5.84	0.66	15.22	**0.01**	**A<KÜ, B**
	Home Country Tangibles	5.79	0.60			
	Alanya Tangibles	5.51	0.57			

It is determined that the Russian citizens' tangibles expectations, home country and Alanya dimensions differ. The difference is found to be lower in

Alanya tangibles scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the German citizens' tangibles expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya tangibles scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the other country citizens' tangibles expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya tangibles scores compared to expectations and home country (p = 0.01, p <0.05).

Table 165:

Analysis of Reliability Expectation- Home Country and Alanya Dimensions by Countries

Country	Sub-Dimension	X	s.s.	F	p	Difference
Russian Citizens	Expectation Reliability	4.82	0.52	21.35	**0.01**	**A>KÜ, B**
	Home Country Reliability	4.82	0.52			
	Alanya Reliability	5.06	0.54			
German Citizens	Expectation Reliability	4.82	0.52	17.25	**0.01**	**A>KÜ, B**
	Home Country Reliability	4.80	0.50			
	Alanya Reliability	5.04	0.53			
Citizens of Other Countries	Expectation Reliability	4.82	0.52	13.10	**0.01**	**A>KÜ, B**
	Home Country Reliability	4.80	0.51			
	Alanya Reliability	5.04	0.53			

It is determined that the Russian citizens' reliability expectations, home country and Alanya dimensions differ. The difference is found to be higher in Alanya

reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the German citizens' reliability expectations, home country and Alanya dimensions differ. The difference is found to be higher in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the other country citizens' reliability expectations, home country and Alanya dimensions differ. The difference is found to be higher in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

Table 166:

Analysis of Responsiveness Expectation- Home Country and Alanya Dimensions by Countries

Country	Sub-Dimension	X	s.s.	F	p	Difference
Russian Citizens	Expectation Responsiveness	5.80	0.37	65.12	**0.01**	**A>KÜ, B**
	Home Country Responsiveness	5.77	0.38			
	Alanya Responsiveness	6.12	0.40			
German Citizens	Expectation Responsiveness	5.80	0.37	53.63	**0.01**	**A>KÜ, B**
	Home Country Responsiveness	5.76	0.37			
	Alanya Responsiveness	6.10	0.40			
Citizens of Other Countries	Expectation Responsiveness	5.78	0.37	35.28	**0.01**	**A>KÜ, B**
	Home Country Responsiveness	5.77	0.38			
	Alanya Responsiveness	6.11	0.41			

It is determined that the Russian citizens' responsiveness expectations, home country and Alanya dimensions differ. The difference is found to be higher in

Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the German citizens' responsiveness expectations, home country and Alanya dimensions differ. The difference is found to be higher in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the other country citizens' responsiveness expectations, home country and Alanya dimensions differ. The difference is found to be higher in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

Table 167:

Analysis of Assurance Expectation- Home Country and Alanya Dimensions by Countries

Country	Sub-Dimension	X	s.s.	F	p	Difference
Russian Citizens	Expectation Assurance	4.61	0.82	27.23	**0.01**	**A<KÜ, B**
	Home Country Assurance	4.67	0.74			
	Alanya Assurance	4.34	0.68			
German Citizens	Expectation Assurance	4.61	0.82	35.95	**0.01**	**A<KÜ, B**
	Home Country Assurance	4.65	0.71			
	Alanya Assurance	4.32	0.66			
Citizens of Other Countries	Expectation Assurance	4.63	0.81	28.74	**0.01**	**A<KÜ, B**
	Home Country Assurance	4.65	0.73			
	Alanya Assurance	4.32	0.68			

It is determined that the Russian citizens' assurance expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the German citizens' assurance expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the other country citizens' assurance expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

Table 168:

Analysis of Empathy Expectation- Home Country and Alanya Dimensions by Countries

Country	Sub-Dimension	X	s.s.	F	p	Difference
Russian Citizens	Expectation Empathy	5.19	0.49	19.33	**0.01**	**A<KÜ, B**
	Home Country Empathy	5.22	0.47			
	Alanya Empathy	5.06	0.46			
German Citizens	Expectation Empathy	5.22	0.47	21.25	**0.01**	**A<KÜ, B**
	Home Country Empathy	5.21	0.48			
	Alanya Empathy	5.05	0.46			
Citizens of Other Countries	Expectation Empathy	5.24	0.48	27.33	**0.01**	**A<KÜ, B**
	Home Country Empathy	5.21	0.48			
	Alanya Empathy	5.05	0.46			

It is determined that the Russian citizens' empathy expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the German citizens' empathy expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

It is determined that the other country citizens' empathy expectations, home country and Alanya dimensions differ. The difference is found to be lower in Alanya reliability scores compared to expectations and home country (p = 0.01, p <0.05).

4.26. Analysis of Servqual Difference Scores According to Sub-Dimensions By Countries

Table 169:

Analysis of Servqual Difference Scores According to Sub-Dimensions of Russian Citizens

Country	Servqual Score	X	s.s.	t	p
Russian Citizens	Servqual Home Country Tangibles	-0.05	0.90	125.60	**0.01**
	Servqual Alanya Tangibles	-0.34	0.88		
	Servqual Home Country Reliability	0.01	0.64	-117.10	**0.01**
	Servqual Alanya Reliability	0.24	0.66		
	Servqual Home Country Responsiveness	-0.03	0.51	2.44	**0.01**
	Servqual Alanya Responsiveness	-0.27	1.16		
	Servqual Home Country Assurance	0.06	1.20	81.69	**0.01**

	Servqual Alanya Assurance	-0.27	1.16		
	Servqual Home Country Empathy	0.03	0.70	137.96	**0.01**
	Servqual Alanya Empathy	-0.13	0.69		
	Total Servqual Home Country	0.01	0.50	38.64	0.01
	Total Servqual Alanya	-0.09	0.50		

Russian citizens are found to have higher levels of Servqual home country tangibles and Servqual Alanya tangibles points in favor of home country (p=0.01.p<0,05).

Russian citizens are found to have higher levels of Servqual home country reliability and Servqual Alanya reliability scores in favor of Alanya (p=0.01.p<0,05).

Russian citizens' Servqual home country responsiveness and Servqual Alanya responsiveness points are found to be higher in favor of home country (p=0.01.p<0,05).

Russian citizens' Servqual home country assurance and Servqual Alanya assurance points are found to be higher in favor of home country (p=0.01.p<0,05).

Russian citizens' Servqual home country empathy and Servqual Alanya empathy points are found to be higher in favor of home country (p=0.01.p<0,05).

Russian citizens' Servqual home country total and Servqual Alanya total points are found to be higher in favor of home country (p=0.01.p<0,05).

Table 170:

Analysis of Servqual Difference Scores According to Sub-Dimensions of German Citizens

Country	Servqual Score	X	s.s.	t	p
German Citizens	Servqual Home Country Tangibles	-0.04	0.81	126.97	**0.01**
	Servqual Alanya Tangibles	-0.33	0.80		
	Servqual Home Country Reliability	-0.02	0.70	-118.31	**0.01**
	Servqual Alanya Reliability	0.22	0.72		
	Servqual Home Country Responsiveness	-0.04	0.57	2.45	**0.02**
	Servqual Alanya Responsiveness	-0.29	1.04		
	Servqual Home Country Assurance	0.04	1.07	84.16	0.01
	Servqual Alanya Assurance	-0.29	1.04		
	Servqual Home Country Empathy	-0.01	0.62	137.18	**0.01**
	Servqual Alanya Empathy	-0.16	0.61		
	Total Servqual Home Country	-0.01	0.46	34.23	**0.01**
	Total Servqual Alanya	-0.05	0.45		

German citizens are found to have higher levels of Servqual home country tangibles and Servqual Alanya tangibles points in favor of home country (p=0.01.p<0,05).

German citizens are found to have higher levels of Servqual home country reliability and Servqual Alanya reliability scores in favor of Alanya (p=0.01.p<0,05).

German citizens' Servqual home country responsiveness and Servqual Alanya responsiveness points are found to be higher in favor of home country (p=0.01.p<0,05).

German citizens' Servqual home country assurance and Servqual Alanya assurance points are found to be higher in favor of home country (p=0.01.p<0,05).

German citizens' Servqual home country empathy and Servqual Alanya empathy points are found to be higher in favor of home country (p=0.01.p<0,05).

German citizens' Servqual home country total and Servqual Alanya total points are found to be higher in favor of home country (p=0.01.p<0,05).

Table 171:

Analysis of Servqual Difference Scores According to Sub-Dimensions of Citizens of Other Countries

Country	Servqual Score	X	s.s.	t	p
Citizens of Other Countries	Servqual Home Country Tangibles	-0.04	0.82	123.93	**0.01**
	Servqual Alanya Tangibles	-0.34	0.80		
	Servqual Home Country Reliability	-0.01	0.77	-115.92	**0.01**
	Servqual Alanya Reliability	0.23	0.79		
	Servqual Home Country Responsiveness	-0.01	0.52	3.23	**0.01**
	Servqual Alanya Responsiveness	-0.31	1.05		
	Servqual Home Country Assurance	0.01	1.08	80.50	**0.01**
	Servqual Alanya Assurance	-0.31	1.05		
	Servqual Home Country Empathy	-0.03	0.65	133.92	**0.01**
	Servqual Alanya Empathy	-0.18	0.64		
	Total Servqual Home Country	-0.02	0.51	34.58	**0.01**
	Total Servqual Alanya	-0.05	0.50		

Other country citizens are found to have higher levels of Servqual home country tangibles and Servqual Alanya tangibles points in favor of home country (p=0.01.p<0,05).

Other country citizens are found to have higher levels of Servqual home country reliability and Servqual Alanya reliability scores in favor of Alanya (p=0.01.p<0,05).

Other country citizens' Servqual home country responsiveness and Servqual Alanya responsiveness points are found to be higher in favor of home country (p=0.01.p<0,05).

Other country citizens are found to have higher levels of Servqual home country assurance and Servqual Alanya assurance points in favor of home country (p=0.01.p<0,05).

Other country citizens are found to have higher levels of Servqual home country empathy and Servqual Alanya empathy points in favor of home country (p=0.01.p<0,05).

Other country citizens are found to have higher levels of Servqual home country total and Servqual Alanya total points in favor of home country (p=0.01.p<0,05).

4.27. Analysis of The Relationships Between Expectation, Perception And Servqual Scale Sub-Dimensions By Countries

Table 172:

Analysis of the Relationships Between Russian Citizens' Expectation, Perception and Servqual Scale Sub-Dimensions

Country	Sub-Dimensions	r	p
Russian Citizens (n=159)	Expectation Tangibles & Home Country Tangibles	**0.22**	**0.03**
	Expectation Reliability & Home Country Reliability	-0.02	0.80
	Expectation Responsiveness & Home Country Responsiveness	0.06	0.47
	Expectation Assurance & Home Country Assurance	**-0.19**	**0.02**
	Expectation Empathy & Home Country Empathy	-0.07	0.40
	Expectation Tangibles & Alanya Tangibles	-0.02	0.80
	Expectation Reliability & Alanya Reliability	0.02	0.80
	Expectation Responsiveness & Alanya Responsiveness	0.06	0.48
	Expectation Assurance & Alanya Assurance	0.06	0.48
	Expectation Empathy & Alanya Empathy	-0.16	0.04
	Servqual Home Country Tangibles & Servqual Alanya Tangibles	**0.94**	**0.01**
	Servqual Home Country Reliability & Servqual Alanya Reliability	**0.97**	**0.01**
	Servqual Home Country Responsiveness & Servqual Alanya Responsiveness	**0.93**	**0.01**
	Servqual Home Country Assurance & Servqual Alanya Assurance	**0.92**	**0.01**
	Servqual Home Country Empathy & Servqual Alanya Empathy	**0.94**	**0.01**
	Servqual Home Country Total & Servqual Alanya Total	**0.95**	**0.01**

It is determined that there is a positive and low-level relationship between the expectation tangibles levels and home country tangibles levels of Russian citizens (r=0.22, p=0.03).

It is determined that there is no meaningful relationship between the expectation reliability levels and home country reliability levels of Russian citizens (r=-0.02, p=0.80).

It is determined that there is no meaningful relationship between the expectation responsiveness levels and home country responsiveness levels of Russian citizens (r=0,06, p=0,47).

It is determined that there is a meaningful, negative relationship between the expectation assurance levels and home country assurance levels of Russian citizens (r=-0,19, p=0,02).

It is determined that there is no meaningful relationship between the expectation empathy levels and home country empathy levels of Russian citizens (r=-0,07, p=0,40).

It is determined that there is no meaningful relationship between the expectation tangibles levels and home country tangibles levels of Russian citizens (r=-0,02, p=0,80).

It is determined that there is no meaningful relationship between the expectation reliability levels and Alanya reliability levels of Russian citizens (r=0.02, p=0.80).

It is determined that there is no meaningful relationship between the expectation responsiveness levels and Alanya responsiveness levels of Russian citizens (r=0,06, p=0,48).

It is determined that there is no meaningful relationship between the expectation assurance levels and Alanya assurance levels of Russian citizens (r=0,06, p=0,48).

It is determined that there is a negative and low-level relationship between the expectation empathy levels and Alanya empathy levels of Russian citizens (r=-0.16, p=0.04).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country tangibles and Servqual Alanya tangibles levels (r=0,94, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country reliability and Servqual Alanya reliability levels (r=0,97, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country responsiveness and Servqual Alanya responsiveness levels (r=0,93, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country assurance and Servqual Alanya assurance levels (r=0,92, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country empathy and Servqual Alanya empathy levels (r=0,94, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between Russian citizens' Servqual home country total and Servqual Alanya total levels (r=0,95, p=0,01).

Table 173:

Analysis of the Relationships Between German Citizens' Expectation, Perception and Servqual Scale Sub-Dimensions

Country	Sub-Dimensions	r	p
German Citizens (n=159)	Expectation Tangibles & Home Country Tangibles	**0.16**	**0.04**
	Expectation Reliability & Home Country Reliability	0.06	0.44
	Expectation Responsiveness & Home Country Responsiveness	**-0.19**	**0.02**
	Expectation Assurance & Home Country Assurance	0.02	0.77
	Expectation Empathy & Home Country Empathy	**0.17**	**0.04**
	Expectation Tangibles & Alanya Tangibles	**0.16**	**0.04**
	Expectation Reliability & Alanya Reliability	0.07	0.40
	Expectation Responsiveness & Alanya Responsiveness	-0.09	0.34
	Expectation Assurance & Alanya Assurance	0.02	0.77
	Expectation Empathy & Alanya Empathy	0.15	0.05
	Servqual Home Country Tangibles & Servqual Alanya Tangibles	**0.65**	**0.01**
	Servqual Home Country Reliability & Servqual Alanya Reliability	**0.95**	**0.01**
	Servqual Home Country Responsiveness & Servqual Alanya Responsiveness	**0.93**	**0.01**
	Servqual Home Country Assurance & Servqual Alanya Assurance	**0.94**	**0.01**
	Servqual Home Country Empathy & Servqual Alanya Empathy	**0.95**	**0.01**
	Servqual Home Country Total & Servqual Alanya Total	**0.90**	**0.01**

It is determined that there is a positive and low-level relationship between the expectation tangibles levels and home country tangibles levels of German citizens (r=0.16, p=0.04).

It is determined that there is no meaningful relationship between the expectation reliability levels and home country reliability levels of German citizens (r=0.06, p=0.44).

It is determined that there is a negative and low-level relationship between the expectation responsiveness levels and home country responsiveness levels of German citizens (r=-0.19, p=0.02).

It is determined that there is no meaningful relationship between the expectation assurance levels and home country assurance levels of German citizens (r=0,02, p=0,77).

It is determined that there is a positive and low-level relationship between the expectation empathy levels and home country empathy levels of German citizens (r=0.17, p=0.04).

It is determined that there is a positive and low-level relationship between the expectation tangibles levels and Alanya tangibles levels of German citizens (r=0.16, p=0.04).

It is determined that there is no meaningful relationship between the expectation reliability levels and Alanya reliability home country levels of German citizens (r=0.07, p=0.40).

It is determined that there is no meaningful relationship between the expectation responsiveness levels and Alanya responsiveness home country levels of German citizens (r=-0,09, p=0,34).

It is determined that there is no meaningful relationship between the expectation assurance levels and Alanya assurance levels of German citizens (r=0,02, p=0,77).

It is determined that there is no meaningful relationship between the expectation empathy levels and Alanya empathy levels of German citizens (r=0.15, p=0.05).

It is determined that there is a positive and high level of meaningful relationship between German citizens' Servqual home country tangibles and Servqual Alanya tangibles levels (r=0,65, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between German citizens' Servqual home country reliability and Servqual Alanya reliability levels (r=0,95, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between German citizens' Servqual home country responsiveness and Servqual Alanya responsiveness levels (r=0,93, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between German citizens' Servqual home country assurance and Servqual Alanya assurance levels (r=0,94, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between German citizens' Servqual home country empathy and Servqual Alanya empathy levels (r=0,95, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between German citizens' Servqual home country total and Servqual Alanya total levels (r=0,90, p=0,01).

Table 174:

Analysis of the Relationships Between Other Country Citizens' Expectation, Perception and Servqual Scale Sub-Dimensions

Country	Sub-Dimensions	r	p
Citizens of Other Countries (n=151)	Expectation Tangibles & Home Country Tangibles	**0.17**	**0.04**
	Expectation Reliability & Home Country Reliability	-0.12	0.14
	Expectation Responsiveness & Home Country Responsiveness	0.05	0.58
	Expectation Assurance & Home Country Assurance	0.02	0.82
	Expectation Empathy & Home Country Empathy	0.07	0.41
	Expectation Tangibles & Alanya Tangibles	0.15	0.07
	Expectation Reliability & Alanya Reliability	-0.12	0.14
	Expectation Responsiveness & Alanya Responsiveness	0.05	0.57
	Expectation Assurance & Alanya Assurance	0.02	0.82
	Expectation Empathy & Alanya Empathy	0.07	0.42
	Servqual Home Country Tangibles & Servqual Alanya Tangibles	**0.95**	**0.01**
	Servqual Home Country Reliability & Servqual Alanya Reliability	**0.99**	**0.01**
	Servqual Home Country Responsiveness & Servqual Alanya Responsiveness	**0.93**	**0.01**
	Servqual Home Country Assurance & Servqual Alanya Assurance	**0.95**	**0.01**
	Servqual Home Country Empathy & Servqual Alanya Empathy	**0.93**	**0.01**
	Servqual Home Country Total & Servqual Alanya Total	**0.95**	**0.01**

It is determined that there is a positive and low-level relationship between the expectation tangibles levels and home country tangibles levels of citizens of other countries (r=0.17, p=0.04).

It is determined that there is no meaningful relationship between the expectation reliability levels and home country reliability levels of citizens of other countries (r=-0.12, p=0.14).

It is determined that there is no meaningful relationship between the expectation responsiveness levels and home country responsiveness levels of citizens of other countries (r=0,05, p=0,58).

It is determined that there is no meaningful relationship between the expectation assurance levels and home country assurance levels of citizens of other countries (r=0,02, p=0,82).

It is determined that there is no meaningful relationship between the expectation empathy levels and home country empathy levels of citizens of other countries (r=0.07, p=0.41).

It is determined that there is no meaningful relationship between the expectation tangibles levels and home country tangibles levels of citizens of other countries (r=0,15, p=0,07).

It is determined that there is no meaningful relationship between the expectation reliability levels and Alanya reliability levels of citizens of other countries (r=-0.12, p=0.14).

It is determined that there is no meaningful relationship between the expectation responsiveness levels and Alanya responsiveness levels of citizens of other countries (r=0,05, p=0,57).

It is determined that there is no meaningful relationship between the expectation assurance levels and Alanya assurance levels of citizens of other countries (r=0,02, p=0,82).

It is determined that there is no meaningful relationship between the expectation empathy levels and Alanya empathy levels of citizens of other countries (r=0.07, p=0.42).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country tangibles and Servqual Alanya tangibles levels (r=0,95, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country reliability and Servqual Alanya reliability levels (r=0,99, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country responsiveness and Servqual Alanya responsiveness levels (r=0,93, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country assurance and Servqual Alanya assurance levels (r=0,95, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country empathy and Servqual Alanya empathy levels (r=0,93, p=0,01).

It is determined that there is a positive and very high level of meaningful relationship between other country citizens' Servqual home country total and Servqual Alanya total levels (r=0,95, p=0,01).

4.28. Analysis Of Outpatient And Inpatient Satisfaction Levels Received By Resident Foreigners In Alanya And Home Countries According To Socio-Demographic Qualities By Countries

Analysis of outpatient and inpatient satisfaction levels received by resident foreigners in Alanya and home countries according to socio-demographic qualities by their nationalities are given below.

Table 175:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Gender

Country	Satisfaction	Gender	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	Female	84	50.42	9.65	0.64
		Male	75	49.73	8.64	
	Outpatient Health Service Satisfaction Level Home Country	Female	84	52.43	8.88	0.23
		Male	75	50.72	8.79	
	Inpatient Health Service Satisfaction Level Alanya	Female	84	67.80	11.54	0.96
		Male	75	67.89	11.62	
	Inpatient Health Service Satisfaction Level Home Country	Female	84	74.19	8.92	0.67
		Male	75	74.79	8.38	

According to the gender of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.64).

According to the gender of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.23).

According to the gender of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.96).

According to the gender of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,67).

Table 176:

Analysis of the Differences of Satisfaction Levels of German Citizens by Gender

Country	Satisfaction	Gender	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	Female	135	52.74	12.16	**0.01**
		Male	24	59.33	9.88	
	Outpatient Health Service Satisfaction Level Home Country	Female	135	44.78	11.25	0.37
		Male	24	43.25	6.75	
	Inpatient Health Service Satisfaction Level Alanya	Female	135	73.18	11.12	0.55
		Male	24	74.83	12.54	
	Inpatient Health Service Satisfaction Level Home Country	Female	135	62.24	12.43	0.44
		Male	24	60.21	11.67	

According to the gender of German citizens, Alanya outpatient satisfaction levels are found to be high in favor of male patients (p=0.01, p<0,05).

According to the gender of German citizens, home country outpatient satisfaction levels are found to be similar (p=0,55).

According to the gender of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0,96).

According to the gender of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,44).

Table 177:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Gender

Country	Satisfaction	Gender	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	Female	107	50.72	11.09	0.20
		Male	44	49.39	13.89	
	Outpatient Health Service Satisfaction Level Home Country	Female	107	46.74	10.78	0.49
		Male	44	44.14	12.09	
	Inpatient Health Service Satisfaction Level Alanya	Female	107	68.86	12.51	0.78
		Male	44	67.18	15.64	
	Inpatient Health Service Satisfaction Level Home Country	Female	107	67.98	12.58	0.22
		Male	44	68.61	12.03	

According to the gender of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.20).

According to the gender of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0,49).

According to the gender of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0,78).

According to the gender of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,22).

Table 178:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Age

Country	Satisfaction	Age	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	45 Years and below	12	47.92	7.23	0.67
		46-65 Years	58	50.02	10.46	
		66-85 Years	89	50.44	8.53	
	Outpatient Health Service Satisfaction Level Home Country	45 Years and below	12	53.17	8.82	0.76
		46-65 Years	58	51.86	9.12	
		66-85 Years	89	51.26	8.75	
	Inpatient Health Service Satisfaction Level Alanya	45 Years and below	12	69.58	10.93	0.45
		46-65 Years	58	69.03	12.36	
		66-85 Years	89	66.83	11.09	
	Inpatient Health Service Satisfaction Level Home Country	45 Years and below	12	71.50	12.06	0.46
		46-65 Years	58	74.57	8.38	
		66-85 Years	89	74.81	8.32	

According to the age of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.67).

According to the age of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.76).

According to the age of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.45

According to the age of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,46).

Table 179:

Analysis of the Differences of Satisfaction Levels of German Citizens by Age

Country	Satisfaction	Age	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	45 Years and below	71	51.69	13.91	0.15
		46-65 Years	71	55.25	11.05	
		66-85 Years	17	55.94	4.52	
	Outpatient Health Service Satisfaction Level Home Country	45 Years and below	71	46.92	12.80	0.21
		46-65 Years	71	43.28	8.97	
		66-85 Years	17	39.94	2.33	
	Inpatient Health Service Satisfaction Level Alanya	45 Years and below	71	72.15	12.14	0.44
		46-65 Years	71	74.41	11.30	
		66-85 Years	17	74.65	6.94	
	Inpatient Health Service Satisfaction Level Home Country	45 Years and below	71	67.72	10.77	0.08
		46-65 Years	71	57.56	12.28	
		66-85 Years	17	56.06	7.61	

According to the age of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.15).

According to the age of German citizens, home country outpatient satisfaction levels are found to be similar (p=0.21).

According to the age of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.44

According to the age of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,08).

Table 180:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Age

Country	Satisfaction	Age	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	45 Years and below	33	50.79	8.78	0.55
		46-65 Years	35	50.89	11.76	
		66-85 Years	83	49.92	13.16	
	Outpatient Health Service Satisfaction Level Home Country	45 Years and below	33	45.97	11.27	0.51
		46-65 Years	35	45.97	11.16	
		66-85 Years	83	45.99	11.32	
	Inpatient Health Service Satisfaction Level Alanya	45 Years and below	33	67.76	11.59	0.26
		46-65 Years	35	62.91	18.58	
		66-85 Years	83	70.92	10.81	
	Inpatient Health Service Satisfaction Level Home Country	45 Years and below	33	64.52	14.29	0.36
		46-65 Years	35	63.63	15.00	
		66-85 Years	83	71.53	9.06	

According to the age of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.55).

According to the age of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0,51).

According to the age of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0,26).

According to the age of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,36).

Table 181:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Educational Level

Country	Satisfaction	Educational Level	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	Primary School	102	49.51	9.68	0.43
		High school	32	50.34	8.38	
		University Graduate and above	25	52.16	7.89	
	Outpatient Health Service Satisfaction Level Home Country	Primary School	102	51.89	8.92	0.65
		High school	32	51.94	7.77	
		University Graduate and above	25	50.12	9.98	
	Inpatient Health Service Satisfaction Level Alanya	Primary School	102	66.21	11.83	0.12
		High school	32	68.72	10.26	
		University Graduate and above	25	73.40	10.38	
	Inpatient Health Service Satisfaction Level Home Country	Primary School	102	74.62	8.77	0.35
		High school	32	75.66	6.63	
		University Graduate and above	25	72.36	10.22	

According to the educational levels of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.43).

According to the educational levels of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.65).

According to the educational levels of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.12

According to the educational levels of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,35).

Table 182:

Analysis of the Differences of Satisfaction Levels of German Citizens by Educational Level

Country	Satisfaction	Educational Level	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	Primary School	6	51.83	8.54	0.25
		High school	54	51.69	11.70	
		University Graduate and above	99	54.97	12.35	
	Outpatient Health Service Satisfaction Level Home Country	Primary School	6	40.00	4.69	0.51
		High school	54	45.30	11.09	
		University Graduate and above	99	44.41	10.73	
	Inpatient Health Service Satisfaction Level Alanya	Primary School	6	68.50	9.83	0.54
		High school	54	73.91	8.97	
		University Graduate and above	99	73.46	12.51	
	Inpatient Health Service Satisfaction Level Home Country	Primary School	6	55.50	2.95	0.41
		High school	54	61.74	13.02	
		University Graduate and above	99	62.43	12.22	

According to the educational levels of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.25).

According to the educational levels of German citizens, home country outpatient satisfaction levels are found to be similar (p=0.51).

According to the educational levels of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.54

According to the educational levels of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,41).

Table 183:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Educational Level

Country	Satisfaction	Educational Level	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	Primary School	35	45.60	16.71	0.08
		High school	62	51.00	10.45	
		University Graduate and above	54	52.63	8.83	
	Outpatient Health Service Satisfaction Level Home Country	Primary School	35	41.46	14.61	0.07
		High school	62	47.52	11.21	
		University Graduate and above	54	47.15	7.45	
	Inpatient Health Service Satisfaction Level Alanya	Primary School	35	69.71	9.78	0.61
		High school	62	67.10	13.79	
		University Graduate and above	54	68.96	15.15	
	Inpatient Health Service Satisfaction Level Home Country	Primary School	35	69.80	12.50	0.68
		High school	62	67.66	13.65	
		University Graduate and above	54	67.69	10.83	

According to the educational levels of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.08).

According to the educational levels of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0.07).

According to the educational levels of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0.61

According to the educational levels of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,68).

Table 184:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Income Level

Country	Satisfaction	Income Level €	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	500-1500	100	49.27	9.82	0.16
		1501-2500	45	52.31	7.60	
		2501 and above	14	48.86	8.20	
	Outpatient Health Service Satisfaction Level Home Country	500-1500	100	52.16	8.41	0.58
		1501-2500	45	50.93	9.85	
		2501 and above	14	50.00	8.87	
	Inpatient Health Service Satisfaction Level Alanya	500-1500	100	66.60	12.10	0.20
		1501-2500	45	69.67	9.84	
		2501 and above	14	70.86	11.96	
	Inpatient Health Service Satisfaction Level Home Country	500-1500	100	74.60	8.96	0.92
		1501-2500	45	74.04	8.51	
		2501 and above	14	74.93	7.14	

According to the income levels of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.16).

According to the income levels of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.58).

According to the income levels of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.20

According to the income levels of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,92).

Table 185:

Analysis of the Differences of Satisfaction Levels of German Citizens by Income Level

Country	Satisfaction	Income Level €	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	500-1500	140	54.36	11.83	0.15
		1501-2500	9	52.78	11.60	
		2501 and above	10	45.80	13.94	
	Outpatient Health Service Satisfaction Level Home Country	500-1500	140	43.98	10.40	0.59
		1501-2500	9	41.33	6.32	
		2501 and above	10	55.40	12.39	
	Inpatient Health Service Satisfaction Level Alanya	500-1500	140	73.40	11.93	0.24
		1501-2500	9	70.33	3.16	
		2501 and above	10	76.60	4.65	
	Inpatient Health Service Satisfaction Level Home Country	500-1500	140	60.80	12.46	0.91
		1501-2500	9	69.78	7.38	
		2501 and above	10	70.80	6.71	

According to the income levels of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.15).

According to the income levels of German citizens, home country outpatient satisfaction levels are found to be similar (p=0.59).

According to the income levels of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.24

According to the income levels of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,91).

Table 186:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Income Level

Country	Satisfaction	Income Level €	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	500-1500	105	49.37	12.28	0.17
		1501-2500	38	56.11	4.80	
		2501 and above	8	35.50	15.72	
	Outpatient Health Service Satisfaction Level Home Country	500-1500	105	45.84	11.59	0.50
		1501-2500	38	48.76	8.70	
		2501 and above	8	34.63	10.06	
	Inpatient Health Service Satisfaction Level Alanya	500-1500	105	69.56	11.20	0.21
		1501-2500	38	70.26	13.23	
		2501 and above	8	43.75	19.09	
	Inpatient Health Service Satisfaction Level Home Country	500-1500	105	68.94	12.75	0.90
		1501-2500	38	68.61	10.76	
		2501 and above	8	55.88	8.87	

According to the income levels of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.17).

According to the income levels of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0.50).

According to the income levels of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0.21

According to the income levels of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,90).

Table 187:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Marital Status

Country	Satisfaction	Marital Status	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	Married	64	50.91	7.96	0.70
		Single	95	50.65	9.05	
	Outpatient Health Service Satisfaction Level Home Country	Married	64	50.71	7.25	0.68
		Single	65	51.12	10.07	
	Inpatient Health Service Satisfaction Level Alanya	Married	64	67.12	11.59	0.41
		Single	65	69.22	11.14	
	Inpatient Health Service Satisfaction Level Home Country	Married	64	74.55	9.33	0.53
		Single	65	74.37	8.42	

According to the marital status of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.70).

According to the marital status of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.68).

According to the marital status of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.41

According to the marital status of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,53).

Table 188:

Analysis of the Differences of Satisfaction Levels of German Citizens by Marital Status

Country	Satisfaction	Marital Status	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	Married	91	54.89	12.10	0.22
		Single	68	51.86	13.80	
	Outpatient Health Service Satisfaction Level Home Country	Married	91	43.23	9.85	**0.01**
		Single	68	49.01	11.40	
	Inpatient Health Service Satisfaction Level Alanya	Married	91	73.57	11.94	0.79
		Single	68	74.22	11.88	
	Inpatient Health Service Satisfaction Level Home Country	Married	91	63.23	13.85	0.48
		Single	68	61.45	10.50	

According to the marital status of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.22).

According to the marital status of German citizens, home country outpatient satisfaction levels are found to be high in favor of single patients (p=0.01, p<0,05).

According to the marital status of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.79

According to the marital status of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,48).

Table 189:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Marital Status

Country	Satisfaction	Marital Status	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	Married	105	49.08	13.59	0.15
		Single	46	52.40	7.40	
	Outpatient Health Service Satisfaction Level Home Country	Married	105	44.41	12.34	0.61
		Single	46	47.90	7.55	
	Inpatient Health Service Satisfaction Level Alanya	Married	105	67.45	15.34	0.80
		Single	46	68.97	7.90	
	Inpatient Health Service Satisfaction Level Home Country	Married	105	67.53	13.55	0.38
		Single	46	68.39	9.30	

According to the marital status of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.15).

According to the marital status of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0.61).

According to the marital status of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0.80

According to the marital status of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,38).

Table 190:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Professions

Country	Satisfaction	Profession	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	Retired	44	46.80	8.71	**0.01**
		Working	115	51.36	9.05	
	Outpatient Health Service Satisfaction Level Home Country	Retired	44	51.68	10.06	0.96
		Working	115	51.60	8.39	
	Inpatient Health Service Satisfaction Level Alanya	Retired	44	65.86	10.58	0.18
		Working	115	68.60	11.85	
	Inpatient Health Service Satisfaction Level Home Country	Retired	44	72.66	8.70	0.10
		Working	115	75.17	8.56	

According to the professions of Russian citizens, Alanya outpatient satisfaction levels are found to be high in favor of working patients (p=0.01, p<0,05).

According to the profession of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.96).

According to the professions of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.18

According to the professions of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,10).

Table 191:

Analysis of the Differences of Satisfaction Levels of German Citizens by Professions

Country	Satisfaction	Profession	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	Retired	115	53.14	13.33	0.21
		Working	44	55.30	7.73	
	Outpatient Health Service Satisfaction Level Home Country	Retired	115	45.45	11.93	**0.02**
		Working	44	42.18	5.91	
	Inpatient Health Service Satisfaction Level Alanya	Retired	115	74.08	12.00	0.19
		Working	44	71.73	9.22	
	Inpatient Health Service Satisfaction Level Home Country	Retired	115	63.11	13.41	**0.02**
		Working	44	58.86	8.13	

According to the professions of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.12).

According to the working status of German citizens, outpatient home country satisfaction levels are found to be high in favor of retired patients (p=0,02,p<0,05).

According to the professions of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.19

According to the working status of German citizens, home country inpatient satisfaction levels are found to be high in favor of retired patients (p=0.02, p<0,05).

Table 192:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Professions

Country	Satisfaction	Profession	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	Retired	49	51.33	9.19	0.32
		Working	102	49.85	13.08	
	Outpatient Health Service Satisfaction Level Home Country	Retired	49	47.29	11.97	0.92
		Working	102	45.35	10.81	
	Inpatient Health Service Satisfaction Level Alanya	Retired	49	68.20	10.96	0.07
		Working	102	68.45	14.57	
	Inpatient Health Service Satisfaction Level Home Country	Retired	49	65.55	13.92	**0.01**
		Working	102	69.42	11.44	

According to the professions of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.32).

According to the professions of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0.82).

According to the professions of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0.07

According to the working status of citizens of other countries, home country inpatient satisfaction levels are found to be high in favor of retired patients (p=0.01, p<0,05).

Table 193:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Residence Time

Country	Satisfaction	Duration of Residence	n	X	s.s.	p
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	1-5 years	70	49.66	9.73	0.14
		6-10 years	51	51.98	8.82	
		11-15 years	15	45.13	7.66	
		16 years and above	23	51.07	7.95	
	Outpatient Health Service Satisfaction Level Home Country	1-5 years	70	51.90	9.78	0.31
		6-10 years	51	51.82	8.07	
		11-15 years	15	48.87	7.21	
		16 years and above	15	49.73	9.54	
	Inpatient Health Service Satisfaction Level Alanya	1-5 years	70	67.29	11.71	0.09
		6-10 years	51	71.71	10.57	
		11-15 years	15	58.13	11.72	
		16 years and above	15	68.87	7.01	
	Inpatient Health Service Satisfaction Level Home Country	1-5 years	70	73.50	9.42	0.10
		6-10 years	51	75.18	7.45	
		11-15 years	15	74.80	10.82	
		16 years and above	15	72.40	5.87	

According to the residence time of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.14).

According to the residence time of Russian citizens, home country outpatient satisfaction levels are found to be similar (p=0.31).

According to the residence time of Russian citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.09

According to the residence time of Russian citizens, home country inpatient satisfaction levels are found to be similar (p=0,10).

Table 194:

Analysis of the Differences of Satisfaction Levels of German Citizens by Residence Time

Country	Satisfaction	Duration of Residence	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	1-5 years	107	54.83	13.56	0.18
		6-10 years	39	52.36	8.37	
		11-15 years	8	52.50	1.60	
		16 years and above	5	43.00	0.00	
	Outpatient Health Service Satisfaction Level Home Country	1-5 years	107	46.98	11.31	0.34
		6-10 years	39	40.00	7.50	
		11-15 years	8	39.50	6.95	
		16 years and above	5	36.00	0.00	
	Inpatient Health Service Satisfaction Level Alanya	1-5 years	107	72.77	13.06	0.10
		6-10 years	39	73.95	6.42	
		11-15 years	8	80.00	5.35	
		16 years and above	5	73.00	0.00	
	Inpatient Health Service Satisfaction Level Home Country	1-5 years	107	64.34	12.23	0.11
		6-10 years	39	55.69	10.03	
		11-15 years	8	51.50	5.88	
		16 years and above	5	76.00	0.50	

According to the residence time of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.18).

According to the residence time of German citizens, home country outpatient satisfaction levels are found to be similar (p=0.34).

According to the residence time of German citizens, Alanya inpatient satisfaction levels are found to be similar (p=0.10

According to the residence time of German citizens, home country inpatient satisfaction levels are found to be similar (p=0,11).

Table 195:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Residence Time

Country	Satisfaction	Duration of Residence	n	X	s.s.	p
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	1-5 years	52	49.13	14.62	0.14
		6-10 years	60	49.97	11.86	
		11-15 years	34	51.56	6.88	
		16 years and above	5	60.50	5.20	
	Outpatient Health Service Satisfaction Level Home Country	1-5 years	52	45.98	13.93	0.32
		6-10 years	60	44.25	9.86	
		11-15 years	34	47.79	8.00	
		16 years and above	5	55.00	11.55	
	Inpatient Health Service Satisfaction Level Alanya	1-5 years	52	73.67	10.88	0.05
		6-10 years	60	63.93	15.83	
		11-15 years	34	67.44	9.69	
		16 years and above	5	74.00	12.70	
	Inpatient Health Service Satisfaction Level Home Country	1-5 years	52	72.58	10.81	0.06
		6-10 years	60	63.17	12.79	
		11-15 years	34	69.56	11.28	
		16 years and above	5	74.00	12.70	

According to the residence time of citizens of other countries, Alanya outpatient satisfaction levels are found to be similar (p=0.14).

According to the residence time of citizens of other countries, home country outpatient satisfaction levels are found to be similar (p=0,35).

According to the residence time of citizens of other countries, Alanya inpatient satisfaction levels are found to be similar (p=0,05).

According to the residence time of citizens of other countries, home country inpatient satisfaction levels are found to be similar (p=0,06).

Table 196:

Analysis of the Differences of Satisfaction Levels of Russian Citizens by Health Expenses Payment Method

Country	Satisfaction	Payment Method	n	X	s.s.	P
Russian Citizens	Outpatient Health Service Satisfaction Level Alanya	Insurance	135	50.36	9.26	0.40
		Cash	24	48.63	8.63	
	Outpatient Health Service Satisfaction Level Home Country	Insurance	135	50.87	8.91	**0.01**
		Cash	24	55.83	7.35	
	Inpatient Health Service Satisfaction Level Alanya	Insurance	135	66.96	11.50	**0.02**
		Cash	24	72.79	10.72	
	Inpatient Health Service Satisfaction Level Home Country	Insurance	135	73.67	8.87	**0.01**
		Cash	24	78.96	5.48	

According to the payment method of Russian citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.40).

It is observed that home country outpatient satisfaction levels vary depending on the payment method of Russian citizens, and that patients who pay in cash are more satisfied (p=0.01, p<0,05).

According to the payment method of Russian citizens, it is observed that Alanya inpatient satisfaction levels vary, the difference is found to be higher satisfaction with patients paying in cash (p=0.02, p<0,05).

According to the payment method of Russian citizens, it is observed that home country inpatient satisfaction levels vary, the difference is found to be higher satisfaction with patients paying in cash (p=0.01, p<0,05).

Table 197:

Analysis of the Differences of Satisfaction Levels of German Citizens by Health Expenses Payment Method

Country	Satisfaction	Payment Method	n	X	s.s.	p
German Citizens	Outpatient Health Service Satisfaction Level Alanya	Insurance	110	52.88	12.33	0.09
		Cash	20	50.60	14.26	
		Both Insurance and Cash	29	59.14	7.11	
	Outpatient Health Service Satisfaction Level Home Country	Insurance	110	44.52	12.01	**0.01**
		Cash	20	40.60	6.97	
		Both Insurance and Cash	29	47.38	5.56	
	Inpatient Health Service Satisfaction Level Alanya	Insurance	110	73.66	10.93	**0.01**
		Cash	20	66.40	16.37	
		Both Insurance and Cash	29	77.38	4.89	
	Inpatient Health Service Satisfaction Level Home Country	Insurance	110	60.46	12.82	**0.01**
		Cash	20	61.10	11.32	
		Both Insurance and Cash	29	68.10	8.93	

According to the payment method of German citizens, Alanya outpatient satisfaction levels are found to be similar (p=0.09).

It is observed that home country outpatient satisfaction levels vary depending on the payment method of German citizens, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

It is observed that Alanya inpatient satisfaction levels vary depending on the payment method of German citizens, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

It is observed that home country inpatient satisfaction levels vary depending on the payment method of German citizens, and that patients who pay both in cash and insurance are more satisfied (p=0,01, p<0,05).

Table 198:

Analysis of the Differences of Satisfaction Levels of Citizens of Other Countries by Health Expenses Payment Method

Country	Satisfaction	Payment Method	n	X	s.s.	P
Citizens of Other Countries	Outpatient Health Service Satisfaction Level Alanya	Insurance	106	50.31	12.69	**0.01**
		Cash	24	44.67	10.02	
		Both Insurance and Cash	21	56.90	4.96	
	Outpatient Health Service Satisfaction Level Home Country	Insurance	106	46.28	11.47	**0.01**
		Cash	24	44.00	13.80	
		Both Insurance and Cash	21	46.71	4.95	
	Inpatient Health Service Satisfaction Level Alanya	Insurance	106	67.62	13.94	**0.01**
		Cash	24	63.96	11.31	
		Both Insurance and Cash	21	77.19	9.21	
	Inpatient Health Service Satisfaction Level Home Country	Insurance	106	68.80	13.14	**0.01**
		Cash	24	63.50	12.88	
		Both Insurance and Cash	21	70.29	4.60	

It is observed that Alanya outpatient satisfaction levels vary depending on the payment method of citizens of other countries, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

It is observed that home country outpatient satisfaction levels vary depending on the payment method of citizens of other countries, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

It is observed that Alanya inpatient satisfaction levels vary depending on the payment method of citizens of other countries, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

It is observed that home country inpatient satisfaction levels vary depending on the payment method of citizens of other countries, and that patients who pay in cash are less satisfied (p=0,01, p<0,05).

4.29. Analysis Of Foreign Residents' Contribution To Health Tourism

Table 199:

Analysis of the Reasons of Preference of the Hospital Foreign Residents Prefer in Alanya or Turkey to Home Country by Countries

Analysis of the Reason of Preference of the Hospital Preferred in Alanya or Turkey to Home Country		Country			X^2	p
		Russian Citizens	German Citizens	Citizens of Other Countries		
Quality	n	5	5	11		
	%	23.8	23.8	52.4		
Price	n	66	15	5		
	%	76.7	17.4	5.8		
Easy Access	n	50	15	106	43.25	**0.01**
	%	29.2	8.8	62.0		
No Waiting Queue	n	37	0	21		
	%	63.8	0.0	36.2		
Modern Technological Devices	n	0	35	6		
	%	0.0	85.4	14.6		
Experienced Doctors	n	1	89	2		
	%	1.1	96.7	2.2		

It is observed that the hospital preferred by the resident foreigners in Alanya or Turkey instead of their home countries are found to be at different levels according to their reasons (p=0.01,p<0,05). The reasons for the differences are that the citizens of other countries prefer hospitals in Alanya or Turkey due to their chance to have a higher level of quality and easy access, German citizens due to modern technological devices and experienced doctors, and Russian citizens due to no waiting queue waiting and price.

Table 200:

Analysis of the Most Important Factors in the Decision of Resident Foreigners to Settle in Alanya by Their Countries

The Most Important Factors in Deciding to Settle in Alanya		Country			X^2	p
		Russian Citizens	German Citizens	Citizens of Other Countries		
Sea, Sand, Sun	n	125	128	113	52.68	**0.01**
	%	34.2	35.0	30.9		
Cheapness	n	23	14	8		
	%	51.1	31.1	17.8		
Hospitals To Be High Quality and Cheap, Easy Access, No Waiting Queue, Experienced Doctors and Modern Technological Devices	n	2	10	3		
	%	13.3	66.7	20.0		
Advice from Turkish Friends	n	6	0	9		
	%	40.0	0.0	60.0		
Advice from Foreign Friends	n	3	4	18		
	%	12.0	16.0	72.0		

It is seen that the most important factors in resident foreigners' decision to settle in Alanya by their countries are different. It is determined that the most

important factors in deciding to settle in Alanya for Russian citizens are the prices and the advice of their Turkish friends, for German citizens are hospitals being quality and cheap, easy access, not waiting queue, experienced doctors and modern technological devices, and for other citizens are the advice of their Turkish and foreign friends (p=0.01,p<0,05).

Table 201:

Resident Foreigners Having Relatives/Friends Who Prefer Alanya or Turkey Only to Receive Health/Hospital Services by Their Countries

Resident Foreigners Having Relatives/Friends Who Prefer Alanya or Turkey to Receive Health/Hospital Services		Country			X^2	p
		Russian Citizens	German Citizens	Citizens of Other Countries		
Yes	n	102	86	71	9.48	**0.01**
	%	39.4	33.2	27.4		
No	n	57	73	80		
	%	27.1	34.8	38.1		

It is determined that the rates of resident foreigners having relatives and friends who prefer Alanya or Turkey only to receive health/hospital services by their countries are different, and that the group with relatives who prefer Alanya or Turkey only to receive health/hospital services from their country mostly consists of Russian citizens (p=0.01,p<0,05). In addition, it is found that the group without relatives who prefer Alanya or Turkey only to receive health/hospital services from their country mostly consists of German citizens and citizens of other countries.

Table 202:

Resident Foreigners Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries by Country

Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries		Country			X^2	p
		Russian Citizens	German Citizens	Citizens of Other Countries		
Yes	n	130	93	104	33.91	**0.01**
	%	39.8	28.4	31.8		
No	n	12	7	15		
	%	35.3	20.6	44.1		
Undecided.	n	17	59	32		
	%	15.7	54.6	29.6		

It is determined that the rates of resident foreigners recommending health/hospital services received from Alanya or other hospitals in Turkey are different, and that the group that will recommend Alanya or Turkey for health/hospital services mostly consists of Russian citizens (p=0.01,p<0,05). In addition, the group that will not recommend Alanya or Turkey for health/hospital services mostly consists of Russian citizens and citizens of other countries. German citizens are found to be mostly undecided.

Table 203:

Analysis of the Reasons of Preference of the Hospitals Russian Citizens Prefer in Alanya or Turkey to Home Country by Hospital Expense Payment Method

Country	The Preference Ranking of Hospitals Preferred in Alanya or Turkey to Home Country		Hospital Expense Payment Method		X^2	p
			Insurance	Cash		
Russian Citizens	Quality	n	3	2	11.81	**0.01**
		%	60.0	40.0		
	Price	n	54	12		
		%	81.8	18.2		
	Easy Access	n	45	5		
		%	90.0	10.0		
	No Waiting Queue	n	32	5		
		%	86.5	13.5		
	Experienced Doctors	n	1	0		
		%	100.0	0.0		

It is determined that Russian citizens' payment method is at different levels according to the preference reasons of their own country and the hospital preferred in Alanya or Turkey. (p=0,01,p<0,05). It is determined that Russian citizens who pays in cash prefer hospitals in Alanya or Turkey due to higher levels of quality and price.

Table 204:

Analysis of the Reasons of Preference of the Hospitals German Citizens Prefer in Alanya or Turkey to Home Country by Hospital Expense Payment Method

Country	Reasons of Preference of the Hospitals German Citizens Prefer in Alanya or Turkey to Home Country		Hospital Expense Payment Method			X^2	p
			Insurance	Cash	Both Insurance and Cash		
German Citizens	Quality	n	5	0	0	23.74	**0.01**
		%	100.0	0.0	0.0		
	Price	n	6	6	3		
		%	40.0	40.0	20.0		
	Easy Access	n	15	0	0		
		%	100.0	0.0	0.0		
	Modern Technological Devices	n	25	4	6		
		%	71.4	11.4	17.1		
	Experienced Doctors	n	59	10	20		
		%	66.3	11.2	22.5		

It is determined that German citizens' payment method is at different levels according to the preference reasons of their own country and the hospital preferred in Alanya or Turkey (p=0,01,p<0,05). It is determined that German citizens who pays both in cash and insurance prefer hospitals in Alanya or Turkey due to lower levels of quality and easy access.

Table 205:

Analysis of the Reasons of Preference of the Hospitals Citizens of Other Countries Prefer in Alanya or Turkey to Home Country by Hospital Expense Payment Method

Country	The Preference Ranking of Hospitals Preferred in Alanya or Turkey to Home Country		Hospital Expense Payment Method			X^2	p
			Insurance	Cash	Both Insurance and Cash		
Citizens of Other Countries	Quality	n	7	3	1	18.04	**0.01**
		%	63.6	27.3	9.1		
	Price	n	5	0	0		
		%	100.0	0.0	0.0		
	Easy Access	n	77	16	13		
		%	72.6	15.1	12.3		
	No Waiting Queue	n	15	2	4		
		%	71.4	9.5	19.0		
	Modern Technological Devices	n	2	3	1		
		%	33.3	50.0	16.7		

It is determined that other country citizens' payment method is at different levels according to the preference reasons of their own country and the hospital preferred in Alanya or Turkey (p=0,01,p<0,05). The reason for the difference is that the citizens of other countries paying in cash prefer hospitals in Alanya or Turkey due to higher levels of modern technological devices and the citizens of other countries paying both in cash and insurance due to higher levels of no waiting queue.

Table 206:

Analysis of Russian Citizens Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries by Hospital Expense Payment Method

Country	Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries		Hospital Expense Payment Method			X^2	p
			Insurance	Cash	Both Insurance and Cash		
Russian Citizens	Yes	n	114	16	0	9.01	**0.02**
		%	87.7	12.3	0.0		
	No	n	6	6	0		
		%	50.0	50.0	0.0		
	Undecided	n	15	2	0		
		%	88.2	11.8	0.0		

It is found that the situation of Russian citizens recommending health/hospital service from Alanya or Turkey to relatives/friends in their countries by hospital exprense payment method is different. In the study, it is found that participants who state that they will recommend Alanya or Turkey to relatives and friends to receive health/hospital services mostly pay with insurance (p=0.02,p<0,05).

Table 207:

Analysis of German Citizens Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries by Hospital Expense Payment Method

Country	Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries		Hospital Expense Payment Method			X^2	p
			Insurance	Cash	Both Insurance and Cash		
German Citizens	Yes	n	62	10	21	19.11	**0.01**
		%	66.7	10.8	22.6		
	No	n	4	3	0		
		%	57.1	42.9	0.0		
	Undecided	n	44	7	8		
		%	74.6	11.9	13.6		

It is found that the situation of German citizens recommending health/hospital service from Alanya or Turkey to relatives/friends in their countries by hospital exprense payment method is different. In the study, it is found that participants who state that they will recommend Alanya or Turkey to relatives and friends to receive health/hospital services and who are undecided mostly pay with insurance and the participants who pay in cash will not recommend mostly (p=0.01, p<0,05).

Table 208:

Analysis of Citizens of Other Countries Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries by Hospital Expense Payment Method

Country	Recommending Health/Hospital Service from Alanya or Other Hospitals in Turkey to Relatives/Friends in Their Countries		Hospital Expense Payment Method			X^2	p
			Insurance	Cash	Both Insurance and Cash		
Citizens of Other Countries	Yes	n	78	8	18	24.93	**0.01**
		%	75.0	7.7	17.3		
	No	n	6	9	0		
		%	40.0	60.0	0.0		
	Undecided	n	22	7	3		
		%	68.8	21.9	9.4		

It is found that the situation of citizens of other countries recommending health/hospital service from Alanya or Turkey to relatives/friends in their countries by hospital exprense payment method is different. In the study, it is found that participants who state that they will recommend Alanya or Turkey to relatives and friends to receive health/hospital services and who are undecided mostly pay only with insurance and the participants who pay in cash will not recommend mostly (p=0,01, p<0,05).

DISCUSSION AND CONCLUSION

Turkey is one of the world's most important health and tourism centers. In terms of health, quality health services, cheap prices, easy accessibility without waiting in queue, experienced doctors, modern technological devices, holiday facilities with treatment, elderly or 3rd age group's choice of climate and natural beauties and spa/thermal facilities have made Turkey one of the world's leading centers in the field of health tourism. It has been one of the most preferred health centers, especially in Europe, the Balkans, Russia, the Caucasus, the Middle East and Central Asia regions. In terms of tourism, with its climate, geographical location, historical and cultural richness, warm seas (Mediterranean and Aegean), nature, affordable and cheap accommodation, Turkey is one of the most preferred tourism destinations especially in Europe, Balkans, Russia, Caucasus, Middle East and Central Asia regions.

In Turkey, where health and tourism facilities are together, places, especially in the Mediterranean and Aegean regions, attract people from different countries of the world for different reasons such as sea, hot climate, cheap price, nature. Alanya is one of the places where 8,124 people from 99 different countries of the world come and settle and acquire real estate. Alanya, especially preferred by elder and retired Europeans to settle to protect and improve their health, is one of the important places for both health tourism and tourism sector.

The quality and satisfaction of the health service foreign residents receive in Alanya or in different parts of Turkey for their health or disease is undoubtedly an indicator that they can stay longer where they live and recommend relatives and friends in their countries. Resident foreigners can find a health service that is not covered by insurance (such as hair transplantation, plastic surgery operations) or to protect and improve their health spiritually and physically at any time in Alanya, Turkey or any other country of the world. Therefore, in fact, resident foreigners should be regarded and evaluated as international patients who act without adhering to the time and place and pursue their health in health tourism . Another point that is not taken into consideration is that only medical tourism is considered when health tourism is mentioned. Whereas, especially

in elderly or third age tourism, which is one of the health tourism types, the purpose of resident foreigners especially over 65 years old is to strive to stay healthy and live by using factors such as warm climate, nature and sea to protect and improve their health before or after a medical intervention. Therefore, around 40% of resident foreigners at the age of 65 who decide to settle in Alanya for reasons such as warm climate, nature, and sea can actually be evaluated in elderly or third age tourism. In addition, special physical therapy and care centers can be opened for resident foreigners living alone, disabled or with health problems in elderly or third age tourism. As stated in the report of BAKA (2011:15), as part of a project in 2008, the establishment of Norwegian villages in Antalya for Norwegian pensioners and the opening of care and rehabilitation centers for the advanced age group in Gazipaşa are on the agenda. However, despite the intervening 10 years, there has been no study. For this purpose, physical therapy and care services agreements can be made with individuals themselves, insurance companies or health or insurance institutions of their countries. Such an agreement can be made on a country basis for people of all ages who need advanced age or special care, whether they are resident or not, within the scope of health tourism. In the study by Südaş (2005: 56), Migrations to Turkey and Foreigners living in Turkey: Alanya Example, it is stated that the average age of the resident foreigners is 52, but half of the group (49%) of people over the age of 55. In the study by Balkır et al. (2008: 19-27), Economic and Social Effects of International Retirement Migration, Antalya (including Alanya) Example, it is stated that 25% of the age groups in Antalya (including Alanya) are 55-60 years, 23% aged 61-65 and 25% are 66 years and older. In the study by Özyurt (2013: 69), Destination Life Quality Criteria and Analysis of Second Residence Owner Foreigners: Alanya Implementation, emphasis has been placed on the number and quality of health services in the city, with resident foreigners mostly over 60 (40.7%). In Kan's (2014: 103) study of Factors Affecting Patient Satisfaction (Foreign patients living in Alanya), more than half (52%) of resident foreigners are those aged 50 and over.

It should be noted that if the resident foreigners living in Alanya do not receive a quality health service or are not satisfied with the health service they receive,

they will receive the same health service in another country of the world. When they go to another country of the world to receive health service, the resident foreigners in Alanya, who are considered to be health tourism patients, will probably be able to settle in places where they go completely if the environment and conditions are appropriate. Therefore, resident foreigners can take part in both tourism and health tourism. In the study of Balkır et al. (2008:23-27), it is stated that when resident foreigners encounter serious health problems in Antalya (including Alanya), 68.6% would return to their country, 5% would go back to another European country, 4% could settle elsewhere in Turkey, and 5.2% would remain in Antalya. It is determined that monthly health expenditures are 9.4%, and those who have most health expenditures are pensioners over 66 years of age. As understood from this study, it is certain that the rates of choosing Europe or another country will decrease as a result of the fact that resident foreigners receive health service from public and private hospitals where they live and provide them with quality and satisfying health service, so both health tourism will contribute positively to both the region and the country's health economy, especially in terms of elderly tourism. This study supports Hypothesis H21. In addition, the statement of Taş (2010: 231) that cost-saving and perceived service quality is one of the reasons that lead people to receive health care in another country in terms of health tourism is also supportive of our work.

Resident foreigners in Alanya who have received residence permits fall within the scope of general health insurance except for chronic diseases with the premium they pay at a certain rate of the minimum wage and do not pay any fees for themselves or dependents for the health service they receive in Alanya or elsewhere in Turkey. In Kan's study (2014:103), the fact that 81% of the foreigners living in Alanya have insurance, while 19% do not have any insurance, reveals that especially those who do not have insurance take the health service in cash, and this directly links with health tourism and medical tourism and supports the H21 hypothesis in our study. As a matter of fact, in our study, the fact that 15% of Russian citizens, 13% of German citizens and 16% of citizens of other countries pay hospital fees in cash indicates that they are already in health tourism, especially in medical tourism.

Around 38% elder resident foreigners with chronic diseases (Table: 22) can claim their fees from their own country insurance institutions through their insurance in their own country or by the bill they will receive as a result of cash payment. While such patients are evaluated within the scope of tourist health as an international patient in public hospitals, they are considered as medical patients in the context of health tourism in terms of private hospitals. Because it does not matter where foreign patients reside for private hospitals, and the payment of the health service requested by a foreign patient, whether resident or not, is considered as a medical patient within the scope of health tourism. Resident foreigners temporarily go to their own country from Alanya and 71% of stay there for 1-2 months a year and 16% 3-4 months per year (Table: 24). In addition, 5% of resident foreigners (Table: 25) go to their home countries to control their diseases, so it is indicative of a health problem or chronic disease. They can receive the health service they need in Alanya or any other country of the world as well as in their own country. It is considered as medical tourism within the scope of health tourism that they do not prefer a health service they want to receive in their countries for some reasons such as being expensive, no insurance coverage or long waiting time, but to receive this health service by paying this in cash from Alanya or elsewhere in Turkey or from any other country of the world. Therefore, resident foreigners are in the scope of international patients both as tourist health and health tourists. This makes resident foreigners both internal and external international patients.

In this study, inpatient and outpatient satisfaction status and the service quality (Servqual) levels perceived by Russian, German and other citizens of the resident foreigners living in Alanya and traveling to their countries at certain times of the year are examined according to their socio-demographic characteristics in terms of their own countries and Alanya. In addition, reasons of Russian, German and other country citizens to settle in Alanya on general and country basis, the reason for preferring the health service they receive in Alanya or elsewhere in Turkey to their own countries, recommendation of the received health service to family-relatives or friends are examined and this data is evaluated according to their expense payment method. The health service that resident foreigners receive in their places of residence has often

been seen only as tourist health and has not been examined in terms of how they take part in and contribute to health tourism. With this study, how resident foreigners take place in health tourism is examined for the first time in Turkey.

The results of the study regarding resident foreigners are listed below.

It is determined that the expectation levels and the health service quality perception resident foreigners receive in Alanya are different from each other, and the reason for the difference is that the expectation levels of resident foreigners are higher than the health care quality perception levels they receive in Alanya. Therefore, it is seen that the quality of health service received by resident foreigners in Alanya is below expectations and it is thought that the quality of health services offered in Alanya should be improved.

It is determined that the expectations and the level of health service quality perception of the resident foreigners are different from each other and the reason for the difference is that the expectation levels of the resident foreigners are higher than the health service quality perception levels they receive in their own countries. Therefore, it is seen that the quality of health service received by resident foreigners in their own countries is below expectations and it is thought that the quality of health care in their own countries should be improved.

It is determined that the perception levels of the health service quality received by resident foreigners in Alanya and their own countries are different from each other, and the reason for the difference is that the expectation levels of the resident foreigners are lower than the health service quality perception received in Alanya. Therefore, the hypothesis H19 is adopted because it is determined that the quality of health service perceived by Russian, German and other country citizens in Alanya are different from each other in Alanya and in their own countries. It is observed that the perception of health service quality received by resident foreigners in their own countries is low and below expectations. Therefore, it is thought that they will prefer the health service they will receive primarily in Alanya and that they can recommend the health service in Alanya to their relatives and friends in their countries and may cause health tourism mobility.

When the expectation of resident foreigners and the health service quality perception levels they received in Alanya by country are evaluated, the expectations of Russian and other country citizens, except for German citizens, and their perception of health serivce quality in Alanya are different, and the reason for the difference is that the expectation levels of Russian and other country citizens are higher than the health service quality perception levels received by them in Alanya. Expectations of Russian and other country citizens are shown to be high in terms of Alanya.

When the expectation of resident foreigners and the quality of health service they receive from their own countries by country are evaluated in terms of perception levels, it is determined that the expectation of Russian citizens and the quality of health service in their own countries are no different from each other, while the expectations and quality of health service German and other country citizens receive in their countries are different from each other, and the expectation levels of health service received by German and other country citizens are higher than the perception levels they receive in their own countries. Therefore, the expectation levels of German and other country citizens are found to be higher in their own countries.

It is observed that the levels of outpatient and inpatient health service satisfaction levels that resident foreigners receive in hospitals in Alanya are higher than the outpatient and inpatient health service satisfaction levels in their own countries. Therefore, it is thought that the resident foreigners who are more satisfied with the outpatient and inpatient services they receive in Alanya than in their own country will prefer the health service they will receive in Alanya primarily and they can recommend the health service in Alanya to their relatives and friends in their countries and can cause health tourism mobility. Hypothesis H20 is adopted because it is determined that Alanya and home country hospitals outpatient and inpatient health service satisfaction levels of Russian, German and other country citizens residing in Alanya are different from each other. Tuna and Özbek (2012: 141) state that in their study with resident foreigners who are %73 British, %6 German and other country citizens in the districts of Marmaris, Fethiye and Bodrum in Muğla province,

they are satisfied with the services of health institutions around 54%. The presence of many private hospitals and outpatient clinics in the region has increased the reliability of foreigners to health institutions in Turkey. In addition, that health services are cheaper than in Western European countries and they are satisfied with health services are considered to be among the reasons why they settled in Turkey. In Kan's work (2014:131), 71% of the resident foreigners who received health services from private hospitals are found to be very satisfied and satisfied, and 59% of them satisfied with the health service they received from public hospitals. In our study, the H20 hypothesis is supported by these studies as it is determined that resident foreigners are satisfied with the health service (outpatient and inpatient) they receive from Alanya.

When the outpatient and inpatient satisfaction levels received by resident foreigners in Alanya and home countries are evaluated by country, it is determined that the outpatient health service satisfaction levels receive by Russian citizens in hospitals in Alanya are not different from the outpatient health service satisfaction levels they receive in their own countries. It is observed that the levels of inpatient health service satisfaction that Russian citizens receive in hospitals in Alanya are lower than the inpatient health service satisfaction levels in home country. Therefore, the patient satisfaction levels of Russian citizens in Alanya are low and they are not satisfied compared with their country and satisfaction levels should be increased.

It is observed that the levels of outpatient and inpatient health service satisfaction levels that German citizens receive in hospitals in Alanya are higher than the outpatient and inpatient health service satisfaction levels in their own countries. Therefore, it can be stated that German citizens are satisfied with the inpatient and outpatient health services they receive in Alanya compared with their own country. Thus, it is thought that German citizens are more satisfied with the outpatient and inpatient health services they receive in Alanya than in their own country, they will prefer the health service that they will receive in Alanya and that they can recommend the health service in Alanya to relatives and friends in their countries and may cause health tourism mobility.

It is observed that the levels of outpatient health service satisfaction that citizens of other countries receive in hospitals in Alanya are higher than the outpatient health service satisfaction levels they receive in their own countries. Therefore, it can be expressed that they are satisfied with the outpatient health services received in Alanya compared with their own countries. Since it is seen that the level of inpatient health service satisfaction received from hospitals in Alanya and the level of inpatient health service satisfaction received in home country are similar, the inpatient satisfaction levels should be increased.

When the relations between expectation, perception and satisfaction levels are evaluated according to the countries of resident foreigners;

It is found that Russian and German citizens have a positive, moderate and meaningful relationship between Servqual health service expectation level and Servqual Alanya health service perception level, while citizens of other countries have a positive, weak and meaningful relationship. It is determined that there is a positive, weak and meaningful relationship between Russian, German and other country citizens' Servqual health service expectation level and Alanya outpatient satisfaction level.

While it is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual health service expectation level and the level of outpatient satisfaction in their own country, no meaningful relationship could be identified in Russian and German citizens. While it is determined that there is a positive, weak and meaningful relationship between other country citizens' Servqual Alanya health service expectation level and the level of patient satisfaction in Alanya, no meaningful relationship could be identified in Russian and German citizens. While German citizens have a negative, weak and meaningful relationship between Servqual Alanya health care expectation level and the patient satisfaction level in their own country, Russian citizens, on the other hand, have a positive, weak and meaningful relationship, and no meaningful relationship could be identified in citizens of other countries.

While it is found that citizens of other countries have a positive, moderately strong and meaningful relationship between Servqual Alanya health service perception level and Servqual home country health service perception, no meaningful relation could be identified in Russian and German citizens. While it is determined that there is a positive, weak and meaningful relationship between other German and Russian citizens' Servqual Alanya health service perception level and the outpatient satisfaction level in Alanya, no meaningful relationship could be identified in citizens of other countries. While it is determined that there is a negative, weak and meaningful relationship between Russian and German citizens' Servqual Alanya health service perception level and the outpatient satisfaction level in their own countries, no meaningful relationship could be identified in citizens of other countries. While it is determined that there is a positive, moderate and meaningful relationship between Russian and German citizens' Servqual Alanya health service perception level and the level of patient satisfaction in Alanya, no meaningful relationship could be identified in citizens of other countries.

While it is determined that there is a negative, weak and meaningful relationship between German and Russian citizens' Servqual Alanya health service perception level and the inpatient satisfaction level in home country, no meaningful relationship could be identified in citizens of other countries.

It is determined that there is a negative, weak and meaningful relationship between Russian, German and other country citizens' Servqual home country health service perception level and Alanya outpatient satisfaction level. While it is determined that there is a positive, weak and meaningful relationship between Russian and other country citizens' Servqual home country health service perception level and the inpatient satisfaction level in their own country, no meaningful relationship could be identified in German citizens.

While it is determined that there is a negative, very weak and meaningful relationship between German and Russian citizens' Alanya outpatient satisfaction level and the outpatient satisfaction level in home country, there is a positive, strong and meaningful relationship in citizens of other countries. While it is determined that there is a positive, very strong and meaningful

relationship between German and Russian citizens' Alanya outpatient satisfaction level and Alanya inpatient satisfaction level, there is a positive, moderately strong and meaningful relationship in citizens of other countries. While it is determined that there is a positive, very weak and meaningful relationship between other country citizens' Alanya outpatient satisfaction level and the inpatient satisfaction level in their own countries, no meaningful relationship could be identified in Russian and German citizens.

While it is determined that there is a positive, weak and meaningful relationship between other country citizens' home country outpatient satisfaction level and Alanya inpatient satisfaction level, no meaningful relationship could be identified in Russian and German citizens. It is determined that there is a positive, moderately strong and meaningful relationship between Russian, German and other country citizens' home country outpatient satisfaction level and the level of patient satisfaction in their own country.

While it is determined that there is a positive, very weak and meaningful relationship between German and Russian citizens' Alanya inpatient satisfaction level and the inpatient satisfaction level in home country, there is a positive, strong and meaningful relationship in citizens of other countries.
When Russian, German and other country citizens are examined in terms of differences by countries, it is observed that Servqual health service expectation levels are not different, while Alanya Servqual health service perception levels vary and the reason for the difference is that German citizens' Alanya Servqual health service perception levels are higher than Russian and other country citizens. Therefore, it can be said that German citizens are satisfied with the health service they receive from Alanya or their perceptions are high compared to their expectations.

It can be said that Servqual home country health service perception levels of Russian, German and other country citizens differ and the reason for the difference is that Russian and other country citizens' Servqual home country health service perception levels are higher than that of German citizens, therefore, Russian and other country citizens are satisfied from the Servqual health service in their own countries, German citizens are less satisfied.

It can be said that the outpatient satisfaction levels of Russian, German and other country citizens vary by country, and the reason for the difference is that German citizens' Alanya outpatient satisfaction levels are higher than those of Russian and other country citizens, therefore, German citizens are more satisfied. It can be said that the home country outpatient satisfaction levels of Russian, German and other country citizens vary by country, and the reason for the difference is that German and other country citizens' home country outpatient satisfaction levels are lower than those of Russian citizens, and Russian citizens are more satisfied with home country outpatient satisfaction.

It can be said that Alanya inpatient satisfaction levels of Russian, German and other country citizens vary by country, and the reason for the difference is that German citizens' Alanya inpatient satisfaction levels are higher than those of Russian and other country citizens, therefore, German citizens are more satisfied. It can be said that home country inpatient satisfaction levels of Russian, German and other country citizens vary by country, and the reason for the difference is that German citizens' home country inpatient satisfaction levels are lower than those of Russian and other country citizens, therefore, German citizens are not satisfied with home country inpatient health services. It can also be said that home country patient satisfaction levels of Russian citizens are higher than those of German and other country citizens, therefore Russian citizens are more satisfied with home country inpatient health services.

It is determined that the most important variable affecting the level of outpatient and inpatient health service satisfaction in Alanya and home country is the Servqual health service expectation level.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their gender, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar, hypothesis H3 and H4 gender are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles,

reliability, responsiveness, assurance and empathy, are similar by gender, hypothesis H1 and H2 gender are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by gender, hypothesis H5 and H6 gender are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their age, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by age, hypothesis H3 and H4 age are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by age, hypothesis H1 and H2 age are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by age, hypothesis H5 and H6 age are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their educational levels, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by educational level, hypothesis H3 and H4 educational level are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by educational level, hypothesis H1 and H2 educational level are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by educational

level, hypothesis H5 and H6 educational level are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their income levels, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by income level, hypothesis H3 and H4 income level are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by income level, hypothesis H1 and H2 income level are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by income level, hypothesis H5 and H6 income level are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their marital status, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by marital status, hypothesis H3 and H4 marital status are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by marital status, hypothesis H1 and H2 marital status are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by marital status, hypothesis H5 and H6 marital status are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their profession,

since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by profession, hypothesis H3 and H4 profession are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by profession, hypothesis H1 and H2 profession are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by profession, hypothesis H5 and H6 profession are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their duration of residence, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by duration of residence, hypothesis H3 and H4 duration of residence are rejected for Russian citizens. Since it is determined that German citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by duration of residence, hypothesis H1 and H2 duration of residence are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by duration of residence, hypothesis H5 and H6 duration of residence are rejected for other country citizens.

When the perceived service quality dimensions of the resident foreigners in terms of both their own countries and Alanya are evaluated by their expense payment method, since it is determined that Russian citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by expense payment method, hypothesis H3 and H4 expense payment method are rejected for Russian citizens. Since it is determined that German citizens' home country

and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by expense payment method, hypothesis H1 and H2 expense payment method are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya perceived quality of service dimensions; tangibles, reliability, responsiveness, assurance and empathy, are similar by expense payment method, hypothesis H5 and H6 expense payment method are rejected for other country citizens.

When Servqual difference scores by countries are examined according to the sub-dimensions of service quality in terms of home country and Alanya, it is determined that the Russian citizens' Servqual home country tangibles, responsiveness, assurance and empathy are higher compared to Servqual home country tangibles, responsiveness, assurance and empathy in favor of their country, and the Servqual reliability score is higher in favor of Alanya compared to the Servqual home country reliability score. Russian citizens' Servqual home country total and Servqual Alanya total points are found to be higher in favor of home country.

When Servqual difference scores by countries are examined according to the sub-dimensions of service quality in terms of home country and Alanya, it is determined that the German citizens' Servqual home country tangibles, responsiveness, assurance and empathy are higher compared to Servqual home country tangibles, responsiveness, assurance and empathy in favor of their country, and the Servqual reliability score is higher in favor of Alanya compared to the Servqual home country reliability score. German citizens' Servqual home country total and Servqual Alanya total points are found to be higher in favor of home country.

When Servqual difference scores by countries are examined according to the sub-dimensions of service quality in terms of home country and Alanya, it is determined that the other country citizens' Servqual home country tangibles, responsiveness, assurance and empathy are higher compared to Servqual home country tangibles, responsiveness, assurance and empathy in favor of their country, and the Servqual reliability score is higher in favor of Alanya

compared to the Servqual home country reliability score. Other country citizens' Servqual home country total and Servqual Alanya total points are found to be higher in favor of home country.

When the expectation sub-dimensions are compared by country, it is determined that the general expectation, reliability and assurance levels of Russian, German and other country citizens are lower than the levels of tangibles and responsiveness. In comparing the sub-dimensions of home country, it is determined that the level of reliability and assurance of Russian, German and other country citizens are lower than home country's level of tangibles and responsiveness. In comparing Alanya sub-dimensions, it is determined that Russian, German and other country citizens' level of Alanya responsiveness is higher than the assurance sub-dimension. Compared to Servqual home country and Alanya, it is determined that Russian, German and other country citizens' scores for Servqual home country and Alanya are not different in terms of tangibles, reliability, responsiveness, assurance and empathy.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by gender, hypothesis H11, H12, H13 and H14 gender are rejected for Russian citizens. According to the gender of German citizens, Alanya outpatient satisfaction levels are found to be high in favor of male patients. It is observed that German male patients receiving health services in Alanya are more satisfied than German female patients. Since it is also statistically meaningful, H8 gender is accepted for German citizens. Since it is determined that German citizens' home country outpatient health service satisfaction level, home country inpatient health service satisfaction level and Alanya inpatient health service satisfaction level are similar, hypothesis H7, H9 and H10 gender are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by gender, hypothesis H15, H16, H17 and H18 gender are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by age, hypothesis H11, H12, H13 and H14 age are rejected for Russian citizens. Since it is determined that the outpatient and inpatient satisfaction levels received by German citizens in both Alanya and home country are found to be similar by age, hypothesis H7, H8, H9 and H10 age are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by age, hypothesis H15, H16, H17 and H18 age are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by education levels, hypothesis H11, H12, H13 and H14 education level are rejected for Russian citizens. Since it is determined that the outpatient and inpatient satisfaction levels received by German citizens in both Alanya and home country are found to be similar by education level, hypothesis H7, H8, H9 and H10 education level are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by education level, hypothesis H15, H16, H17 and H18 education level are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by income levels, hypothesis H11, H12, H13 and H14 income level are rejected for Russian citizens. Since it is determined that the outpatient and inpatient satisfaction levels received by German citizens in both Alanya and home country are found to be similar by income level, hypothesis H7, H8, H9 and H10 income level are rejected for German citizens. Since it is determined that other country citizens' home

country and Alanya inpatient and outpatient satisfaction levels are similar by income level, hypothesis H15, H16, H17 and H18 income level are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by marital status, hypothesis H11, H12, H13 and H14 marital status are rejected for Russian citizens. It is determined that home country outpatient satisfaction level in German citizens by marital status is high in favor of single patients. It is observed that single German citizens who receive outpatient health services from their own country are more satisfied than married German citizens. Since it is statistically meaningful, H7 marital status is accepted for German citizens. Since it is determined that Alanya outpatient satisfaction level, home country inpatient satisfaction level and Alanya outpatient satisfaction level are similar, hypothesis H8, H9 and H10 marital status are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by marital status, hypothesis H15, H16, H17 and H18 marital status are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, Russian citizens' Alanya outpatient satisfaction levels are found to be high in favor of working patients. It is observed that working Russian citizens who receive outpatient health services in Alanya are more satisfied than retired Russian citizens. Since it is statistically meaningful, H12 profession is accepted for Russian citizens. Since it is determined that home country outpatient satisfaction level, Alanya inpatient satisfaction level and home country inpatient satisfaction level are similar in Russian citizens, hypothesis H11, H13 and H14 profession are rejected for Russian citizens. It is determined that home country outpatient satisfaction level in German citizens by profession is high in favor of retired patients. It is observed that retired German citizens who

receive outpatient health services from their own country are more satisfied than working German citizens. Since it is statistically meaningful, H7 profession is accepted for German citizens. It is determined that the inpatient satisfaction level in German citizens is high in favor of retired patients. It is observed that retired German citizens who receive inpatient health services from their own country are more satisfied than working German citizens. Since it is statistically meaningful, H9 profession is accepted for German citizens. Since it is determined that Alanya outpatient satisfaction level and Alanya inpatient satisfaction level are similar, hypothesis H9 and H10 profession are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya outpatient satisfaction levels are similar by profession and hypothesis H15, H16 and Alanya inpatient satisfaction is also similar, H18 profession is rejected for other country citizens. It is observed that retired citizens of other countries who receive inpatient health services from their own country are more satisfied than working citizens of other countries. Since it is statistically meaningful, H17 profession is accepted for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, since it is determined that Russian citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by duration of residence, hypothesis H11, H12, H13 and H14 duration of residence are rejected for Russian citizens. Since it is determined that the outpatient and inpatient satisfaction levels received by German citizens in both Alanya and home country are found to be similar by duration of residence, hypothesis H7, H8, H9 and H10 duration of residence are rejected for German citizens. Since it is determined that other country citizens' home country and Alanya inpatient and outpatient satisfaction levels are similar by duration of residence, hypothesis H15, H16, H17 and H18 duration of residence marital status are rejected for other country citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, Russian citizens' home country outpatient satisfaction levels by payment method are

found to be high in favor of patients who pay in cash. It is observed that Russian patients who pay in cash in terms of home country outpatient satisfaction level are satisfied with the higher level. Since it is statistically meaningful, H11 payment method is accepted for other country Russian citizens. It is determined that Alanya inpatient satisfaction level of Russian citizens by payment method is high in favor of patients who pay in cash. It is observed that Russian patients who pay in cash in terms of Alanya inpatient satisfaction level are satisfied with the higher level. Since it is statistically meaningful, H14 payment method is accepted for other country Russian citizens.

It is determined that home country inpatient satisfaction level of Russian citizens by payment method is high in favor of patients who pay in cash. It is observed that Russian patients who pay in cash in terms of home country inpatient satisfaction level are satisfied with the higher level. Since it is statistically meaningful, H13 payment method is accepted for other country Russian citizens. Since it is determined that the inpatient satisfaction levels received by Russian citizens in Alanya are found to be similar by payment methods, hypothesis H12 payment methods is rejected for Russian citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, German citizens' home country outpatient satisfaction levels by payment method are found to be low in favor of patients who pay in cash. It is observed that German patients who pay in cash in terms of home country outpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H7 payment method is accepted for other country German citizens. It is determined that Alanya inpatient satisfaction level of German citizens by payment method is low in favor of patients who pay in cash. It is observed that German patients who pay in cash in terms of Alanya inpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H10 payment method is accepted for other country German citizens. It is determined that home country inpatient satisfaction level of German citizens by payment method is high in favor of patients who pay in insurance and cash.

It is observed that German patients who pay in insurance and cash in terms of home country inpatient satisfaction level are satisfied with the higher level. Since it is statistically meaningful, H9 payment method is accepted for other country German citizens. Since it is determined that the outpatient satisfaction levels received by German citizens in Alanya are found to be similar by payment methods, hypothesis H8 payment methods is rejected for German citizens.

When the inpatient and outpatient satisfaction levels of the resident foreigners in terms of both their own countries and Alanya are evaluated, other country citizens' Alanya outpatient satisfaction levels by payment method are found to be low in favor of patients who pay in cash. It is observed that other country patients who pay in cash in terms of Alanya outpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H16 payment method is accepted for other country citizens. It is determined that home country outpatient satisfaction level of other country citizens by payment method is low in favor of patients who pay in cash. It is observed that other country patients who pay in cash in terms of home country outpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H15 payment method is accepted for other country citizens.

It is determined that Alanya inpatient satisfaction level of other country citizens by payment method is low in favor of patients who pay in cash. It is observed that other country patients who pay in cash in terms of Alanya inpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H18 payment method is accepted for other country citizens. It is determined that home country inpatient satisfaction level of other country citizens by payment method is low in favor of patients who pay in cash. It is observed that other country patients who pay in cash in terms of home country inpatient satisfaction level are satisfied with the lower level. Since it is statistically meaningful, H17 payment method is accepted for other country citizens.

When it is evaluated in terms of contributions of resident foreigners to health tourism, it is determined that the reasons of hospital preferred by the resident

foreigners in Alanya or Turkey instead of their home countries vary, and the reasons for the differences are that the citizens of other countries prefer hospitals in Alanya or Turkey due to their chance to have a higher level of quality and easy access, German citizens due to modern technological devices and experienced doctors, and Russian citizens due to no waiting queue waiting and price. It should be noted that although resident foreigners always have possibilities and opportunities, their preference of Alanya or other hospitals in Turkey instead of hospitals in their own countries or other countries of the world, especially contributes to medical and thermal tourism. It is certain that the resident foreigners' preference of a health institution in Alanya or elsewhere in Turkey instead of their own countries or another country of the world outside the scope of insurance and at your own preference by paying the fee will contribute to health tourism, especially medical tourism. In addition, sharing their quality and satisfaction levels of the health service they receive through social media such as Facebook, Instagram and Twitter will enable people in their own countries to choose Alanya or Turkey within the scope of health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

It is determined that there are differences regarding the most important factors in settlement decisions of resident foreigners in Alanya by country, and this differences are the most important factors in settlement decision in Alanya for Russian citizens are the prices and the advice of their Turkish friends, for German citizens are hospitals being quality and cheap, easy access, not waiting queue, experienced doctors and modern technological devices, and for other citizens are the advice of their Turkish and foreign friends. While it is seen that sea, sand and sun are similar factors in resident foreigners' decision to settle in Alanya, it is meaningful in terms of other factors. It is thought that German citizens' preferring the factors related to hospitals is important especially for German citizens over the age of 55 around 80% in terms of health tourism, elderly, thermal and medical tourism. With the positive advice of friends in citizens of other countries, and the positive advice of friends in Russian citizens, cheapness seems to be effective in choice. Since it is

statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

In the study by Kan (2014: 134), it is stated that if the health tourism of the resident foreigners is effective, it will be a preference for those who want to settle in Alanya at a high rate of 80%. In our study, as seen especially in German citizens, the fact that health factors are effective in settling in Alanya shows that it is also related to health tourism. In the example of Fethiye, where Koylu (2007: 87) examines the reasons and expectations of foreigners settling in tourism regions; it is stated that they preferred to settle with factors such as holiday with sea and sand, good health of the temperate climate, low stress life, and low standard of living.

It is determined that the friends and relatives of resident foreigners who prefer Alanya or Turkey only to receive health services by country are mostly Russian citizens, and German and other country citizens are less. Alanya or Turkey's being preferable for health/hospital service by relatives and friends of Russian citizens is a condition that directly affects health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

It is found that the group that recommends health service received in Alanya and Turkey to relatives and friends in their countries mostly consists of Russian citizens. In addition, it is determined that while the group that will not recommend Alanya or Turkey for health/hospital services mostly consists of Russian citizens and citizens of other countries, German citizens are found to be mostly undecided. It is observed that the recommendation of health/hospital service received by Russian citizens in Alanya and Turkey to the relatives or friends is much more than the citizens of Germany and other countries. The recommendation of health/hospital in Alanya and Turkey by Russian citizens to the relatives or friends is a condition that directly affects health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

It is determined that the reasons of hospital preferred by Russian citizens in Alanya or Turkey instead of their home countries by payment methods vary, and the reason of the difference is that Russian citizens who pays in cash prefer hospitals in Alanya or Turkey due to higher levels of quality and price. It is determined that resident Russian citizens who pay in cash prefer hospitals in Alanya or Turkey mostly due to price and quality. Therefore, it is seen that they prefer because the prices are more affordable and high quality for those who pay in cash. Since resident Russian citizens who pay in cash are registered as international patients, health tourism can be evaluated especially in medical or thermal tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for Russian citizens.

It is determined that the reasons of hospital preferred by German citizens in Alanya or Turkey instead of their home countries by payment methods vary, and the reason of the difference is that German citizens who pays in insurance and cash prefer hospitals in Alanya or Turkey due to lower levels of quality and easy access. Since resident German citizens who pay in cash are registered as international patients, health tourism can be evaluated especially in medical or thermal tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for German citizens.

It is determined that the reasons of hospital preferred by other country citizens in Alanya or Turkey instead of their home countries by payment methods vary, and the reason of the difference is that other country citizens who pays in cash prefer hospitals in Alanya or Turkey due to higher levels of modern technological devices and those who pays in insurance and cash prefer hospitals in Alanya or Turkey due to higher levels of no waiting in queue. Since resident other country citizens who pay in cash are registered as international patients, health tourism can be evaluated especially in medical or thermal tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

It is determined that the situations of recommendation of health/hospital services received by Russian citizens in Alanya or Turkey to their relatives and friends in their home countries by payment methods vary, and the reason of

the difference is that Russian citizens who state they will recommend Alanya or Turkey to their relatives and friends mostly pay in insurance. As a result of positive recommendations, the demand of Russian citizens will be increased for health care organizations in Alanya and different parts of Turkey for health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for Russian citizens.

It is determined that the situations of recommendation of health/hospital services received by German citizens in Alanya or Turkey to their relatives and friends in their home countries by payment methods vary, and the reason of the difference is that Russian citizens who state they will recommend Alanya or Turkey to their relatives and friends or are undecided mostly pay in insurance, and those who pay in cash state that they will not recommend. The recommendation of health/hospital services in Alanya or Turkey by German citizens who are mostly undecided and pay in insurance to relatives and friends can be considered as encouraging health tourism. As a result of positive recommendations, the demand of German citizens will be increased for health care organizations in Alanya and different parts of Turkey for health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for German citizens.

It is determined that the situations of recommendation of health/hospital services received by other country citizens in Alanya or Turkey to their relatives and friends in their home countries by payment methods vary, and the reason of the difference is that other country citizens who state they will recommend Alanya or Turkey to their relatives and friends or are undecided mostly pay in insurance, and those who pay in cash state that they will not recommend. The recommendation of health/hospital services in Alanya or Turkey by other country citizens who are mostly undecided and pay in insurance to relatives and friends can be considered as encouraging health tourism. As a result of positive recommendations, the demand of other country citizens will be increased for health care organizations in Alanya and different parts of Turkey for health tourism. Since it is statistically meaningful, H21 contribution to health tourism is accepted for other country citizens.

In the study, the fact that 15% of Russian citizens, 13% of German citizens and 16% of citizens of other countries state that they pay hospital fees in cash is a proof that they are already in health tourism, especially medical tourism.

The literature review found in this research, the findings and results of the research are as follows:

Since 40% of the resident foreigners in Alanya are an advanced age group over the age of 65, the advanced age group consists of more than half of the resident foreigners, as seen in the studies of Balkır (2008), Özyurt (2013) and Kan (2014) in Alanya and Antalya. Alanya is a preferred place for advanced age or third age, which is a type of health tourism. Elderly health zones and villages can be created in Alanya for the advanced age or third age group within the health tourism regions planned to be created in the years ahead. Agreements can be made with people themselves, their private insurance or their country's health/insurance institutions. In fact, in the closed hotels starting from October when the tourism season ends to May when the season starts, care and rehabilitation services can be provided with the sea, sand and sun needed for the health of the advanced age group. Thus, contribution to employment and economy will be provided with hotels that will be open 12 months of the year.

In Alanya, besides medical tourism, advanced age / third age, sports tourism, disabled tourism and spa / wellness types can have a great advantage with its warm climate and nature and these should be evaluated.

Advanced age/third age, sports tourism, disability tourism and spa/welness varieties should be evaluated separately for the Mediterranean and Aegean coastal regions preferred by foreigners in terms of both tourism and health.

In terms of advanced age, third age and disabled tourism, the opening of geriatric centers should be evaluated, whether it is resident or not, within the scope of health tourism.

Since the residents foreigners in Alanya go to their own country several times a year for control of their diseases and other reasons, it should be examined

to reduce or ensure that they do not go to their own country for disease control or health reasons, and that the health service they need should be provided in Alanya or Turkey.

Since the outpatient and inpatient satisfaction levels received by Russian and other citizens in Alanya are low compared to German citizens, the satisfaction levels of Russian and citizens of other countries should be increased.

It is determined that the expectation levels of the resident foreigners are higher than the health service quality perception levels they receive in Alanya. Therefore, it is thought that the quality of health services offered in Alanya should be increased, since the health service quality of resident foreigners living in Alanya is below their expectations.

Perception levels should be increased as Russian and other country citizens appear to have lower Servqual health service perception levels than German citizens.

The quality and satisfaction levels of health services should be increased as the health services that resident foreigners pay in Alanya or elsewhere in Turkey are evaluated within the scope of health tourism. Resident foreigners who receive a high quality and satisfied health service will both prefer themselves and recommended to friends and relatives in their countries.

Servqual health service expectation, perception and satisfaction levels are different on the basis of countries and these differences should be evaluated according to countries.

When service quality sub-dimensions are compared according to the countries of resident foreigners, it is determined that the levels of reliability and assurance of citizens of Russian, German and other countries are lower than the levels of tangibles and responsiveness by country. When the quality of service sub-dimensions for Alanya is compared, as it is determined that the responsiveness levels of Russian, German and other country citizens are higher than the assurance dimension, the assurance dimension level for Alanya should be increased.

Resident foreigners are generally considered foreigners, migrants, retired immigrants, and although it is stated in researches that they prefer Alanya or Turkey as a tourism destination because of sea, sand, sun and cheapness, especially those who are retired and at age 55 and above prefer places where they feel good spiritually, physically and emotionally. The purpose of resident foreigners is not to stay for a certain period of time like a tourist. Moreover, by staying longer and completely permanent, they aim to protect and improve their health by taking advantage of factors such as sun, sea and nature, which are necessary for their health for longer periods of time, feeling physically, spiritually, socially well and living a stress-free and long life. In some definitions in the literature on health tourism (Bennett et al., 2004, Carrera and Bridges, 2006, Gonzales et al., 2001, Kaya et al., 2013, Mueller and Kaufmann, 2001, Ministry of Tourism, 1993), health tourism is considered as the displacement of people to protect their health and to live stress-free by feeling physically, spiritually and socially. The advanced age group of resident foreigners is actually health migrants involved in health tourism. With this research, it is hoped that resident foreigners should also be evaluated in this respect and will guide the future studies.

Resident foreigners in Alanya will continue to take part in the health and tourism sector as tourist, tourist patient in the past, New Alanya resident now, and as a friend and ambassador to Turkey tomorrow.

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APPENDIX

Annex : Photos

Photo 1: Overview from Alanya

Photo 2 : Alanya Municipality Foreigners Assembly Monthly Meeting, 19.02.2018

Photo 3: German Church Association, 06.03.2018

Photo 4: German Church Association, 16.03.2018

Photo 5: Libertarian Turkish German Friendship Society, 03.04.2018

Photo 6: Alanya Finns Association, 17.04.2018

Photo 7: British Women's Meeting, Alanya Grand Hotel, 22.04.2018
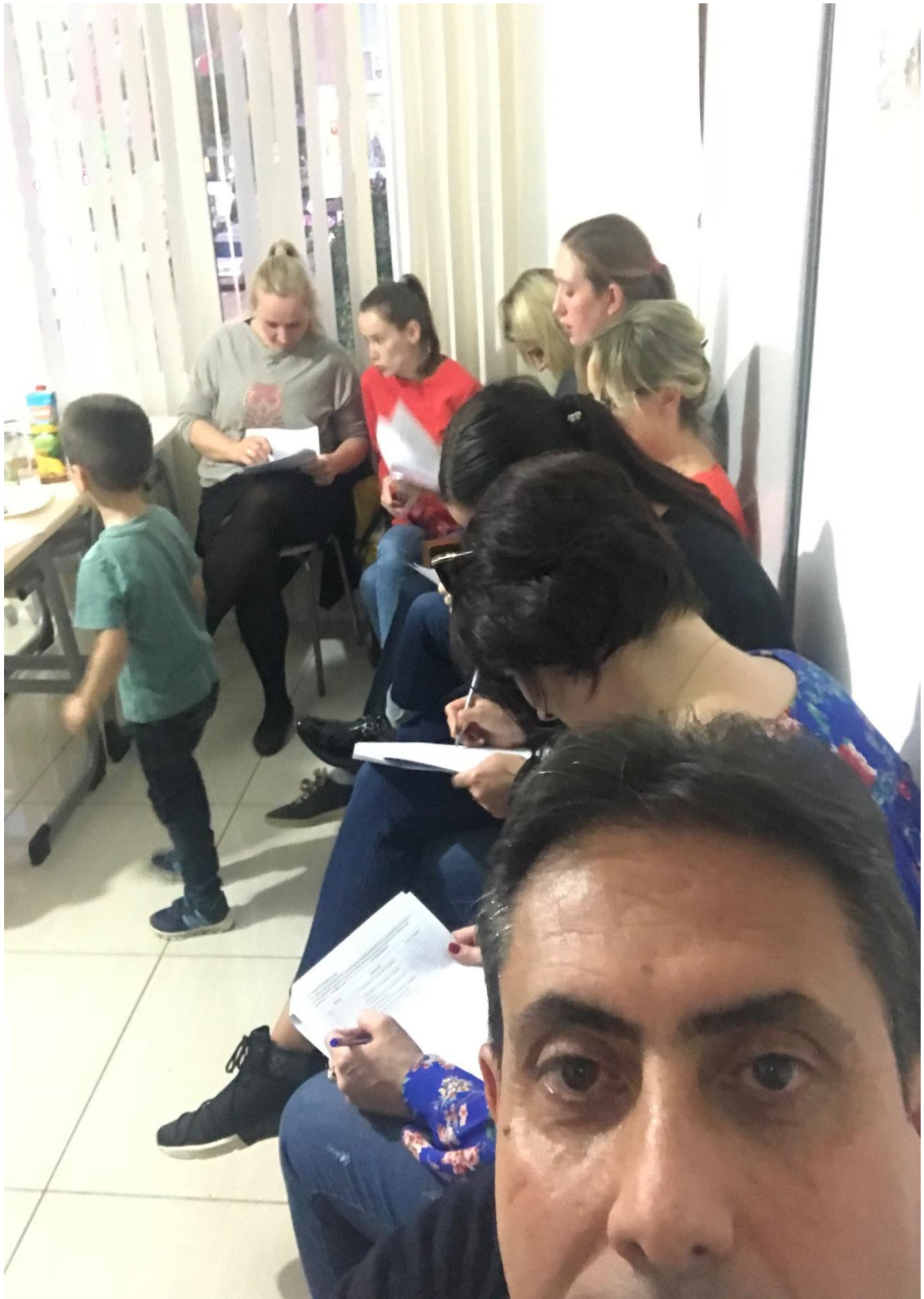
Photo 8: Alanya Norwegian Seafarers' Church Solidarity Association,
29.04.2018

Photo 9: Alanya Polish Culture and Friendship Association, 02.05.2018

Photo 10: Alanya Aya Yorgi Orthodox Church Association, 06.05.2018

Photo 11: International Christmas Market, held annually in December and attended by thousands of resident foreigners, 09.12.2018 .

Annex 2:

Dear Participant,

This questionnaire is a PhD dissertation study prepared to determine your expectations, perceptions, and satisfaction with the quality of health care services you have received from outpatient clinics or inpatients from public hospitals, private hospitals and medical centers in Alanya. You do not need to write your name on the questionnaire.

Thank you for your cooperation.

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Part I.: Personal Information

1- Gender: Female ( )   Male ( )
2- Age : Under 35 ( ) 36-45( ) 46-55( ) 56-65( ) 66-75( ) 76-85( ) 86+ ( )
3- Education: Primary School ( ) Secondary School ( ) High School ( ) Bachelor ( ) MSc ( ) PhD ( )
4- Average Income per Month : 500-1000 Euro ( ) 1001-1500 Euro ( ) 1501-2000 Euro ( ) 2001-2500 Euro ( ) 2501 -3000 Euro ( ) 3001 +( )
5- Your Country: Germany ( ) Russia ( ) England ( ) Holland ( ) Finland ( ) Denmark ( ) Sweden ( ) Norway ( ) Iran ( ) Other: ……………..
6- Marital Status: Married ( ) Single ( ) Widow(or divorced) ( )
7- Job :
8- Residency Span: 1-5 years ( ) 6-10 years ( ) 11-15 years ( ) 16-20 years ( ) 21+( )
9- Mode of Payment for Your Health Services: Insurance ( ) Cash ( )
10- Your first choice for health services (except emergency) : Alanya Training and Research Hospital ( ) Hospitals in My Own Country ( ) Private Hospitals in Alanya ( ) Other Hospitals in Turkey ( )
11- How do you consider your health status in general? Very bad ( ) Bad ( ) Average ( ) Well ( ) Very Well ( )
12- Do you have any chronic diseases? Yes ( ) No ( )
13- Mode of health services you get: Outpatient ( )   Inpatient ( )
14- How many times have you got this service? (If you got any)
   1-5 times ( ) 6-10 times ( ) 11-15 times ( )   16-20 times ( )

Part II.: Servqual Expectation Scale for Expectations from Services Provided by Hospitals in General

	2.1. What are your expectations from hospitals in general? Strongly Agree 7---6---5---4---3---2---1 Strongly Disagree							
1	Equipment of hospitals should be modern.	7	6	5	4	3	2	1
2	Hospital buildings should be visually attractive.	7	6	5	4	3	2	1
3	Hospital employees should be well-dressed and tidy.	7	6	5	4	3	2	1
4	Appearance of hospitals should be compatible with the service type provided.	7	6	5	4	3	2	1
5	Hospitals should carry out diagnostic and treatment services at the appointment time.	7	6	5	4	3	2	1
6	When the patients have problems, hospitals should behave in a caring and reassuring way while solving the problem.	7	6	5	4	3	2	1
7	Hospitals should be reliable.	7	6	5	4	3	2	1
8	Hospitals should provide the services at the exact time estipulate.	7	6	5	4	3	2	1
9	Hospitals should keep records properly.	7	6	5	4	3	2	1
10	Patients should not expect hospitals to state the exact time of the service.	7	6	5	4	3	2	1
11	It is not realistic for service-buyers to expect hospital employees to serve fast.	7	6	5	4	3	2	1
12	Hospital employees do not have to act willingly while serving patients.	7	6	5	4	3	2	1
13	Service-buyers should trust hospital employees.	7	6	5	4	3	2	1
14	Service-buyers should trust employees about the procedures of service they get from hospital.	7	6	5	4	3	2	1
15	Hospital employees should be polite.	7	6	5	4	3	2	1
16	Hospitals should not be expected to show a special interest to service buyers.	7	6	5	4	3	2	1
17	It is not realistic for employees to know the needs of service-buyers.	7	6	5	4	3	2	1
18	It is not realistic for hospitals to prioritize the interests of service-buyers.	7	6	5	4	3	2	1

Servqual Perception Scale

		Alanya					Questions	Your Country						
7	6	5	4	3	2	1	1-Equipment of X hospital is modern.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	2-Buildings of X hospital is visually attractive.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	3-Employees of X hospital are well-dressed and tidy.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	4-Appearance of X hospital is compatible with the service type provided.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	5-X hospital carries out diagnostic and treatment services at the appointment time.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	6-When the patients have problems, X hospital behaves in a caring and reassuring way while solving the problem.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	7-X hospitals is reliable.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	8-X hospital provides the services at the exact time estipulate.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	9-X hospital keeps records properly.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	10-X hospital does not state the exact time of the service.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	11- Fast service is not provided by employees of X hospital.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	12-Employees of X hospital are not always willingly while serving to service-buyers.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	13-Employees of X hospital are always reliable.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	14-Service-buyers trust employees of X hospital about the procedures of service they get from hospital.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	15-Employees of X hospital are polite.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	16- X hospital does not show a special interest to service-buyers.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	17-Employees of X hospital do not know the needs of service-buyers.	7	6	5	4	3	2	1
7	6	5	4	3	2	1	18- Employees of X hospital do not prioritize the interests of service-buyers.	7	6	5	4	3	2	1

2.2. Answer the questions below considering the health institution (X) you mentioned as the answer for the tenth(10th) question. Grade the health institution you choose to get service with the scale between 1-7.   Strongly Agree 7---6---5---4---3---2---1 Strongly Disagree

Part III.: General Satisfaction Levels of Patients from Hospitals
Scale of Outpatient Satisfaction

Alanya					3.1 Mark the statements below considering given degrees of 1-5 according to your level of satisfaction during the time you spent at the hospital. 1- Strongly Disagree 2- Disagree 3-Neutral 4-Agree 5-Strongly Agree	Your Country				
1	2	3	4	5	1. I did not wait very long for the patient admission.	1	2	3	4	5
1	2	3	4	5	2. I chose the doctor for my examination.	1	2	3	4	5
1	2	3	4	5	3. The place, where I waited during patient admission, was comfortable.	1	2	3	4	5
1	2	3	4	5	4. The doctor, who examined me, informed me about my illness and spared time for me.	1	2	3	4	5
1	2	3	4	5	5. The doctor, who examined me, was polite, and reverent.	1	2	3	4	5
1	2	3	4	5	6. Other staff were polite reverent.	1	2	3	4	5
1	2	3	4	5	7. All the staff were respectful to my privacy (closing the curtains during examination etc.)	1	2	3	4	5
1	2	3	4	5	8. I did not wait very long for my analysis/examination.	1	2	3	4	5
1	2	3	4	5	9. Direction signs in the hospital conformable and adequate.	1	2	3	4	5
1	2	3	4	5	10. I would recommend this hospital to others.	1	2	3	4	5
1	2	3	4	5	11. I would choose this hospital again if I needed medical assistance.	1	2	3	4	5
1	2	3	4	5	12. Polyclinics (examination room, waiting room, toilets) were generally clean.	1	2	3	4	5
1	2	3	4	5	13. Services in the hospital were good in general.	1	2	3	4	5

Inpatient Satisfaction Scale

Alanya					3.2 Mark the statements below considering given degrees of 1-5 according to your level of satisfaction during the time you were hospitalized. 1- Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5- Strongly Agree	Your country				
1	2	3	4	5	1.Sickroom I stayed was clean.	1	2	3	4	5
1	2	3	4	5	2.Room temperature was favorable.	1	2	3	4	5
1	2	3	4	5	3. Sickroom I stayed and surrounding area was not noisy.	1	2	3	4	5
1	2	3	4	5	4. Devices in the room (TV, bed, lamp etc.) was in working condition.	1	2	3	4	5
1	2	3	4	5	5. Dishes were hot when they were given out.	1	2	3	4	5
1	2	3	4	5	6. Dishes were tasty.	1	2	3	4	5
1	2	3	4	5	7. The doctors informed me about my illness and spared time for me.	1	2	3	4	5
1	2	3	4	5	8. The doctors were polite and reverent.	1	2	3	4	5
1	2	3	4	5	9. The nurses were polite and reverent.	1	2	3	4	5
1	2	3	4	5	10. The nurses kept me informed about process(measuring fever and tension, phlebotomization etc.)	1	2	3	4	5
1	2	3	4	5	11. All the staff were respectful to my privacy (closing the curtains during examination etc.)	1	2	3	4	5
1	2	3	4	5	12. The cleaning staff were polite and reverent.	1	2	3	4	5
1	2	3	4	5	13.This hospital is reliable.	1	2	3	4	5
1	2	3	4	5	14.I would recommend this hospital to others.	1	2	3	4	5
1	2	3	4	5	15.The hospital was clean in general.	1	2	3	4	5
1	2	3	4	5	16. Direction signs in the hospital conformable and adequate.	1	2	3	4	5
1	2	3	4	5	17. Services in the hospital were good in general.	1	2	3	4	5

Part IV.

4.1. How many times did you go the hospital of your choice in the last six months?
   1-5 ( )   6-10 ( )   11-15 ( )   16-20 ( )   21+( )

4.2. What is the reason why you choose the hospital in Alanya or Turkey rather than a hospital in your country?   Please, put the reasons in order of 1, 2, 3, 4, 5, 6.
   Quality ( ) Cheap prices( )   Accessibility ( )   No long queue ( )
   Modern and hi-tech equipment ( )   Experienced doctors ( )

4.3. What is the most effective factor that led you to settle in Alanya?   Please, put the   reasons in order of 1,2,3,4,5 Sun, sea and sand ( )   Cheapness ( )   High quality, cheap, and accessible hospitals, experienced doctors, modern equipment and no queue ( )   Recommendation of Turkish friends ( )   Recommendation of foreign friends ( )

4.4. Do you have any friends of family members who come to Alanya or Turkey in order to get healthcare services?
   Yes ( )   No ( )

4.5. Do you recommend the healthcare/hospital service you get from Alanya or somewhere else in Turkey to your friends/relatives in your country?
   Yes ( )   No ( )   Neutral ( )

4.6   How many times a year do you go to your country?
   1-5 ( )   6-10 ( )   10+ ( )   Never ( )

4.7   How long do you stay when you go to your country? The period you spend a year?
   1 month ( )   2 months ( )   3 months ( )   4+ months ( )

4.8   Your residency place;
    My own property ( )   Rented ( )

4.9   Which month(s) do you prefer to go to your country (If you go there) ? Please state   your reasons to go there below.

Thank You

CURRICULUM VITAE

1.	Name Surname	:	Yavuz YILDIRIM
2.	Date of Birth	:	1969
3.	Place of Birth	:	Aksaray
4.	Nationality	:	The Republic of Turkey
5.	Marital Status	:	Married

Degree	**Field**	**University**	**Year**
Bachelor's Degree	Healthcare Management	Hacettepe University Faculty of Economics and Administrative Sciences	1993
Master's Degree	Health Institutions Management	Hacettepe University Institute of Health Sciences	1999
Institutions Worked for	**Task/Title**	**Dates**	
Güven Hospital (Ankara)	Night Administrative Officer	1993-1995	
Hacettepe University Hospitals	Health Manager/ Computer Operator	1998-2007	
Bulent Ecevit University	Hospital Manager	2007-2009	

Bozok University	Hospital Founding Chief Executive	2009-2011	
Akdeniz University	Hospital Chief Executive	2011-2013	
Alanya Alaaddin Keykubat University	Faculty Secretary	2013+	

Published Articles

   A- International

   1- **Yildirim, Y**., Kavuncubasi, S. (2020). Comperison of Expectations and Perceptions of Resident European Unio (EU) Citizens about Hospital Services Ouality in Their Home Countries and Turkey. *Revista de Cercetare si Interventie Sociala*. Vol.71, pp. 285-304. DOI: 10.33788/rcis.71.18

   2- **Yıldırım Y**. (2020). Assessment of foreign residents of medical services in Alanya. *Innovation & Investment,* No.2, p.66-71, Moscow, Russia.

   B- National

   1- Erigüç, G., **Yıldırım, Y**. (2001). Thoughts of Hospital Managers on Job Satisfaction and Dismissal according to the Value-Perception Mismatch Model, *Amme İdaresi Journal*, 34 (4), 183-204. (Journal Entering SSCI Indexes)

Presentations

   A- International

   1- **Yıldırım Y**. (2015). Evaluation of the health tourism in Turkey and in the World. Economics and Management in Health Care: Opportunities, Prospects and Compromises, International Scientific and Practical Conference, 24-28 October, Kislovodsk, Russia.

   2- **Yıldırım, Y.,** Erigüç, G. (2001). Turkish Hospital Managers' Perceptions of Their Job Satisfaction and Job, Health Policy and Economics: Strategic Issues in Health Care Management*,* The Fourth International Conference on Strategic Issues in Health Care Management, 11-13 April, St Andrews, Scotland, United Kingdom.

B- National

1- **Yıldırım, Y.,** Kavuncubaşı, Ş. (2019). Evaluation of the Quality of Health Service Received by Resident Foreigners from Turkey and Their Own Countries, 4th Health Sciences and Management Congress, (Full Text/Oral Presentation), Üsküdar University, 20-23 June, Istanbul (Oral presentation from PhD thesis).

2- Köse, D.S., Köse T., Uğurluoğlu Ö., **Yıldırım Y**., Bircan M. (2014). A Study aimed at determining psychological capital levels of health workers, 8th Health and Hospital Administration Congress, 10-14 September Girne, TRNC.

PLAGIARISM REPORT

EVALUATION OF HEALTH SERVICE QUALITY PERCEIVED BY RESIDENT
FOREIGNERS IN ALANYA IN TERMS OF HEALTH TOURISM

yavuz yıldırım phd thesis 2020

ORİJİNALLIK RAPORU

%**11**
BENZERLIK ENDEKSI

%9
İNTERNET
KAYNAKLARI

%2
YAYINLAR

%4
ÖĞRENCİ ÖDEVLERI

BIRINCIL KAYNAKLAR

1	**Submitted to Bahcesehir University** Öğrenci Ödevi	%3
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3	www.tojet.net İnternet Kaynağı	%1
4	medcraveonline.com İnternet Kaynağı	%1
5	bmij.org İnternet Kaynağı	%1
6	www.ijhsdr.com İnternet Kaynağı	<%1
7	www.altso.org.tr İnternet Kaynağı	<%1
8	researchbank.rmit.edu.au İnternet Kaynağı	<%1
9	Submitted to Girne American University Öğrenci Ödevi	<%1

ETHICS COMMITEE APPROVAL

YAKIN DOĞU ÜNIVERSITESI

RESEARCH ETHICS COMMITTEE

29.01.2018

Dear Yavuz Yıldırım

Research Ethics Committee has evaluated your project application RE: YDU/SB/2018/86 titled " *An Evaluation of the Perceptions of Foreigners Residing in Alanya on the Quality of Health Care with respect to Health Tourism* " and has decided to grant ethical approval. Upon receiving this document, you can start conducting your research on condition that there is no violations of the information you reported in your application for approval of research ethics.

Asst. Prof. Dr. Direnç Kanol
Reporter of Research Ethics Committee

Direnç Kanol

Not: If you need to obtain an official document of the approval in order to submit to an institution, you can apply to Near East University, Research Ethics Committee with this document for a signed official document signed by the Committee Chair.