



NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
BUSINESS ADMINISTRATION PROGRAMME

**DEVELOPMENT OF THERMAL HEALTHCARE
TOURISM IN TURKEY, ITS CONTRIBUTION TO
TOURISM AND ECONOMY IN THE COUNTRY**

ORHAN TUNCER

PHD THESIS

NICOSIA

2021

**DEVELOPMENT OF THERMAL HEALTHCARE
TOURISM IN TURKEY, ITS CONTRIBUTION TO
TOURISM AND ECONOMY IN THE COUNTRY**

ORHAN TUNCER

NEAR EAST UNIVERSITY INSTITUTE OF GRADUATE STUDIES
BUSINESS ADMINISTRATION PROGRAMME

PHD THESIS

THESIS ADVISOR

Assoc. Dr. MUSTAFA MENEKAY

NICOSIA

2021

ACCEPTANCE AND APPROVAL

Prepared by Orhan Tuncer, this study titled " **Development of Thermal Healthcare Tourism in Turkey, Its Contribution To Tourism And Economy in The Country**" was found successful as a result of the defense examination held on .../....2021 and was accepted as a doctoral thesis by our jury.

JURY MEMBERS

.....
Assoc. Prof. Dr. Mustafa MENEKAY (Thesis Supervisor)
American University Of Cyprus
Faculty of Business And Economics

.....
Prof. Dr. Abdullah IŞIKLAR (Chairman of the Jury)
Bursa Technical University
Faculty of Social Sciences

.....
Prof. Dr. Şerife EYÜPOĞLU
Near East University
Faculty of Economics and Administrative Sciences
Department of Business Management

.....
Prof. Dr. Ahmet ERTUGAN
Near East University
Faculty of Economics and Administrative Sciences
marketing department

.....
Prof. Dr. Oğuz ÖZYARAL
Istanbul Rumeli University
Faculty of Health Sciences
Department of Health Management

Prof. Dr. Hüsnü Can BAŞER
Director of the Institute of Graduate Studies

DECLARATION

I guarantee that this thesis is my work, and I have provided the reference for every quotation I made. I approve I give my consent to store the print and electronic copies of my thesis at Near East University Institute of Social Sciences archives on the following terms and conditions.

- My complete thesis can be open to access from everywhere.
- My thesis can only be open to access at Near East University.
- I do not choose my thesis to be open to access for 2 (two) years. My complete thesis can be available to access unless I apply for a time extension at the end of this period.

.../..../2021

ORHAN TUNCER

ACKNOWLEDGEMENT

Due to his scientific contributions by giving his valuable time and effort to this study titled “Development of Thermal Health Tourism in Turkey, Contribution to Country Tourism and Economy”, which aims to examine the contribution of the development in thermal health tourism to tourism and economy in Turkey; my thesis advisor, NEU faculty member Assoc. Dr. . Mustafa MENEKAY again supported my thesis with his valuable contributions and suggestions. Prof. Dr. İmran AKPEROV and Prof. Dr. Thank you to Oğuz ÖZYARAL.

ORHAN TUNCER

ÖZ

TÜRKİYE'DE TERMAL SAĞLIK TURİZMİ GELİŞİMİ, ÜLKE TURİZMİNE VE EKONOMİSİNE KATKISI

Termal sağlık turizmi gelişmiş ülkelerde genel olarak kabul görmüş olup, turizmi ve ekonomiyi destekleyerek daha fazla gelişmenin önünü açmıştır. Bu düzeyde karakterize edilen bir gelişim, hem termal turizm işletmelerine hem de turizm ve ekonomiye katkıyı ifade etmektedir. Bu noktada araştırmanın temel amacı Türkiye'de termal sağlık turizmi gelişiminin ülke turizmine ve ekonomisine katkısının belirlenmesidir. Bu katkının nasıl olduğunu belirlemek için literatürde araştırmaların sayısı yok denecek kadar azdır. Bu araştırma literatürde konu hakkındaki boşluğun kapatılmasına katkı sağlayacaktır. Bu katkıyla termal sağlık turizmi müşteri memnuniyetinin ve sağlık turizmi işletme çalışanlarında sağlık turizmi işletmesi hakkında bilgi seviyesinin yükseltilmesi ile mümkün olacaktır.

Araştırma altı bölümden oluşmaktadır. Araştırmanın ilk bölümünde; problem durumu, amacı, önemi, kapsamı, sınırlılıkları ve hipotezlerinin yer aldığı giriş bölümü bulunmaktadır. İkinci bölümde; turizm kavramı, sağlık turizminin bir kolu olarak termal turizm, Türkiye'de termal turizm işletmeleri sağlık turizmi ve Türkiye'de sağlık turizmi kavramsal çerçeve ve ilgili araştırmalar başlığında ele alınmıştır. Üçüncü bölümde; araştırmanın modeli, evren, örneklem seçimi, araştırmanın veri toplama araçları ve verilerin analiz edilmesi açıklanmıştır. Dördüncü bölümde araştırmanın bulguları yer almaktadır. Beşinci bölümde araştırmada elde edilen bulgular ile ilgili literatürde bulunan sonuçlar tartışılmıştır. Altıncı bölümde ise araştırmanın sonuçlarına ve sonuçlarla bağlantılı önerilere yer verilmiştir.

Araştırmanın uygulanmasında termal sağlık sektörü işletmeleri müşteri, yönetici ve çalışanlarına anket çalışması yapılmıştır. Resmi kayıtlara göre Türkiye'de 89 tesis bulunmaktadır. Ancak 73 tesis yöneticisinin ve 506 çalışandan geri bildirim alınmıştır. Veri elde edilen müşteri sayısı ise 1468'dir. 73 (27 üst düzey+ 46 orta düzey) üst ve orta düzey yönetici ve 506 çalışan ile anket görüşmesi yapılmıştır. Daha sonra bu veriler SPSS 23.0 paket

programında güvenilirlik analizi, ortalama, bağımsız örneklem T testi ve Anova analizine tabi tutulmuştur.

Yapılan analizlerde termal sağlık işletmesinde çalışan kadınların, 36-45 yaş arası olanların, bekârların, revirde görev yapanların, termal doktorların, 21 yıl ve üstü pozisyonundaki çalışma ve toplam mesleki deneyim süresi olanların, işletmenin faaliyet süresi 15 yıldan fazla olan çalışanların, 141 ve üzeri personel olan işletmede çalışanların termal sağlık işletmesi hizmetleri hakkında farklı görüşlerde oldukları belirlenmiştir. Yöneticilerden 56 yaş ve üzeri olanların, 21 yıl ve üstü buldukları pozisyonda çalışma süresi bulunanların, işletme personel sayısı 30-60 kişi arasında olanların termal sağlık işletmesi pazarlama hizmetleri hakkında farklı görüşlerde oldukları belirlenmiştir. Müşterilerin 16-25 yaş arası, İlköğretim mezunlarının, işsizlerin müşteri memnuniyeti hakkında farklı görüşlerde oldukları belirlenmiştir.

Bunun yanında termal sağlık işletmesi hizmetleri ile pazarlama hizmetleri ve müşteri memnuniyeti arasında %38,7 seviyesinde bir ilişki görülmektedir. Pazarlama hizmetleri ve müşteri memnuniyetinin termal sağlık işletmesi hizmetlerini %15,0 düzeyinde açıkladığı anlaşılmaktadır. Sonuç olarak araştırma sonucumuzun Türk termal sağlık turizmi gelişimine, ülke turizmine ve ekonomiye katkı yapacağı düşünülmektedir.

Anahtar Kelimeler: Sağlık, Turizm, Sağlık Turizmi, Termal Sağlık Turizmi

ABSTRACT

THERMAL HEALTH TOURISM DEVELOPMENT IN TURKEY, CONTRIBUTION TO COUNTRY TOURISM AND ECONOMY

Thermal health tourism has been widely accepted in developed countries and has paved the way for further development by supporting tourism and economy. A development characterized at this level implies a contribution to both thermal tourism businesses and tourism and economy. At this point the main objective of the research is to determine the contribution of tourism to the national economy and the development of thermal health tourism in Turkey. There is scarcely any research in the literature to determine how this contribution is. This research will contribute to closing the gap on the subject in the literature. With this contribution, thermal health tourism will be possible by increasing customer satisfaction and the knowledge level of health tourism business employees about health tourism management.

The research consists of six parts. In the first part of the research; There is an introduction section where the problem situation, purpose, importance, scope, limitations and hypotheses are included. In the second part; The concept of tourism, thermal tourism as a branch of health tourism, thermal tourism enterprises in Turkey, health tourism and health tourism in Turkey are discussed in the conceptual framework and related researches. In the third part; The model of the research, population, sample selection, data collection tools of the research and analysis of the data were explained. The fourth section includes the findings of the research. In the fifth chapter, the results in the literature regarding the findings obtained in the research are discussed. In the sixth part, the results of the research and suggestions related to the results are given.

In the application of the research, a survey was conducted for the customers, managers and employees of the thermal health sector enterprises. According to official records, there are 89 facilities in Turkey. However, feedback was received from 73 facility managers and 506 employees. The number of customers from which data was obtained is 1468. Survey interviews were

conducted with 73 (27 senior + 46 mid-level) senior and mid-level managers and 506 employees. Later, these data were subjected to reliability analysis, mean, independent sample T test and Anova analysis in SPSS 23.0 package program.

According to the analyzes, women working in the thermal health facility, those between the ages of 36-45, singles, those working in the infirmary, thermal doctors, those who have worked in the position of 21 years or more and who have a total professional experience, employees with more than 15 years of activity, 141 and more personnel It has been determined that the employees in the enterprise with different views on thermal health facility services. It has been determined that among the managers, those who are 56 years old and over, have a working period of 21 years or more, and those with 30-60 employees have different opinions about the marketing services of the thermal health establishment. It has been determined that the customers between the ages of 16-25, primary school graduates and unemployed people have different opinions about customer satisfaction.

In addition, there is a 38.7% relationship between thermal health facility services and marketing services and customer satisfaction. It is understood that marketing services and customer satisfaction explain the thermal health facility services at the level of 15.0%. As a result, it is thought that our research result will contribute to the development of Turkish thermal health tourism, country tourism and economy.

Keywords: Health, Tourism, Health Tourism, Thermal Health Tourism

TABLE OF CONTENTS

ACCEPTANCE AND APPROVAL
DECLARATION
ACKNOWLEDGEMENT	iii
ÖZ	iv
ABSTRACT	vi
TABLE OF CONTENTS	viii
LIST OF TABLES	xii
LIST OF ABBREVIATIONS.....	xvi
CHAPTER 1.....	17
INTRODUCTION	17
1.1 Problem Status.....	17
1.2 Purpose of the research	19
1.3 The Importance of Research	20
1.4 Scope of the Research	21
1.5 Limitations of the Study	21
1.6 Research Hypotheses and Sub-Hypotheses	22
1.7 Basic Hypotheses of the Research	22
CHAPTER 2.....	25
2.1. Definition of Tourism	25
2.2. Definition of the Tourist.....	27
2.3. Basic Tourist Categories.....	28
2.4. Historical Perspective in the Development of Tourism	28
2.4.1. Egyptians, Babylonians, Greeks, Romans and Reform Movements	29
2.4.2. Developments in Tourism after the Reform Movements	30
2.4.3. Developments in Tourism after the Industrial Revolution.....	31
2.4.4. Tourism in the Twentieth Century	33
2.4.5. Tourism Today	34
2.5. Tourism sector	35
2.5.1. Hospitality Industry	36

2.5.1.1. Hotels	37
2.6. Classification of Tourism	37
2.6.1. Classification of Tourism According to the Purpose of Travel.....	37
2.6.1.1. Recreation and Entertainment Tourism	38
2.6.1.2. Relatives and Friends Visits (VFR)	38
2.6.1.3. Business Travels	39
2.6.2. Tourism Types Excluded from the Classification of Tourism According to the Purpose of Travel	39
2.7. Health tourism.....	40
2.7.1. Medical Tourism.....	43
2.7.2. Elderly and Disabled Tourism.....	48
2.7.3. Tourism with Spa and Wellness	49
2.7.4. Thermal Tourism.....	50
2.7.5. Thermal Tourism as a Branch of Health Tourism and Thermal Tourism Enterprises in Turkey	53
2.8. Tourism in Turkey.....	53
2.9. Tourism Development in Turkey	55
2.10 . Tourism Policy in Turkey	56
2.11 . Tourism Features in Turkey	57
2.12 . Types of Tourism in Turkey	59
2.12 .1.Student and Youth Tourism	59
2.12. 2. Golf Tourism.....	60
2.12. 3. Congress (Meeting) Tourism	60
2.12 .4. Mountain and Winter Tourism	61
2.12 .5. Hunting Tourism	61
2.12 .6. Rafting Tourism	62
2.12 .7. Cave Tourism	62
2.12 .8. Yacht Tourism	62
2.12. 9.Sports Tourism	62
2.12 .10. Health tourism.....	63
2.13. Factors Affecting Tourism in Turkey.....	63
2. 14 . Economic Effects of Tourism in Turkey.....	64
2. 15 . Health Tourism in Turkey	64
2. 16 . The Place of Health Tourism in Tourism Activities in Turkey	66

2.1 7 . Health Tourism Policy in Turkey	66
2.1 8 . Types of Health Tourism in Turkey	67
2.1 8 .1. Thermal Tourism	67
2.1 8 .2. Medical Tourism.....	68
2.1 8 .3. Elderly Tourism	69
2.1 9 . Economic Potential of Health Tourism in Turkey	69
2. 20 . Factors Developing and Restricting Health Tourism in Turkey...	70
2. 20 .1. Developing Factors.....	70
2. 20 .2. Restricting Factors	71
CHAPTER 3.....	72
METHOD	72
3.1. Research Model	72
3.2. Universe, sample and selection.....	73
3.3. December's Research Data Collection Three Categories	74
3.3.1. Manager and Employee Socio-demographic Data Form	75
3.3.2 . Employee Survey Question Form.....	75
3.3.3 . Executive Questionnaire Questionnaire	75
3.3.4 . Customer Survey Question Form	76
3.4. Analyzing Data	77
CHAPTER 4.....	79
RESULTS	79
4.1. Socio-Demographic Findings	79
4.1 .1 . Employees	79
4.1.2 . Managers	82
4.1.3 . Customers	83
4.2 . Business Related Findings	85
4.1.1 . Employees	85
4.1.2 . Managers	86
4.3 . Reliability Analysis Results	87
4 .3.1 . Thermal Health Facility Services Scale (Employee) Reliability Analysis	87

Table 4 .10 .Thermal health enterprise services scale reliability analysis	87
4 .3.3 . Customer Satisfaction Scale Reliability Analysis	92
4.4 . T Test and Analysis of Variance	94
4.4. 1 . Thermal Health Management Services (Employee) T Test and Variance Analysis	94
4.4.2 . Marketing Services (Manager) T Test and Variance Analysis....	101
4.4.3. Customer Satisfaction (Customer) T Test and Variance Analysis	107
4.6. Regression Analysis.....	111
CHAPTER 5.....	114
DISCUSSION.....	114
CHAPTER 6.....	121
CONCLUSION AND RECOMMENDATIONS.....	121
6.1. Results	121
6.2. Suggestions	122
REFERENCES	130
ATTACHMENTS.....	148
CURRICULUM VITAE	162
PLAGIARISM REPORT	166
ETHICS COMMITTEE REPORT	167

LIST OF TABLES

Table 3.1 . Distribution of employee survey questions according to sub-dimensions	75
Table 3.2 .Distribution of manager survey questions according to sub-dimensions	76
Table 3.3 .Distribution of customer survey questions according to sub-dimensions	77
Table 4.4 .Demographic distribution of employees	80
Table 4.5 .Employee demographic distribution (continued)	81
Table 4 .6 .Demographic distribution of managers	82
Table 4.7 .Customers demographic status distribution	84
Table 4.8 .Business characteristics distribution (Employee).....	85
Table 4.9 .Business characteristics distribution (Manager).....	86
Table 4.11 .Reliability analysis of thermal health enterprise services scale expressions	88
Table 4.12 .Reliability analysis of thermal health enterprise services scale expressions (Continued).....	89
Table 4.13 .Marketing services scale reliability analysis.....	90
Table 4 .14 .Reliability analysis of marketing services scale expressions.....	90
Table 4 .15 .Customer satisfaction scale reliability analysis	92
Table 4.16 .Reliability analysis of customer satisfaction scale expressions.....	92
Table 4 .17 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the incentive groups (n = 506)	94
Table 4 .18 .Comparison of the scores of the employees from the thermal health facility services scale according to their age groups (n = 506).....	94

Table 4 . 19 .Comparison of the scores of the employees on the thermal health enterprise services scale according to marital status groups (n = 506).....	95
Table 4 . 20 .Comparison of the scores obtained by the employees on the thermal health facility services scale according to the educational status groups (n = 506).....	95
Table 4 . 21 .Comparison of the scores obtained by the employees on the thermal health enterprise services scale according to the department groups they work in (n = 506).....	96
Table 4 . 22 .Comparison of the scores of the employees from the thermal health facility services scale according to their job groups (n = 506).....	97
Table 4 . 23 .Comparison of the scores obtained by the employees from the thermal health facility services scale according to the working time groups in their positions (n = 506)	98
Table 4. 24 .Comparison of the scores of the employees from the thermal health enterprise services scale according to the groups of total occupational experience (n = 506)	99
Table 4 . 25 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the operating time groups of their businesses (n = 506)	99
Table 4 . 26 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the number of personnel groups of the enterprises (n = 506).....	100
Table 4 . 27 .Comparison of the scores of the managers from the marketing services scale according to gender groups (n = 73)	101
Table 4 . 28 .Comparison of the marketing services scores of the managers according to age groups (n = 73).....	101
Table 4 . 29 .Comparison of the marketing services scores of the managers according to marital status groups (n = 73).....	102

Table 4 . 30 .Comparison of the marketing services scores of the managers according to the educational status groups (n = 73)	102
Table 4 . 31 .Comparison of the scores obtained by the managers from the marketing services scale according to the departmental groups (n = 73).....	103
Table 4 . 32 .Comparison of the marketing services scores of the managers according to the task groups (n = 73)	103
Table 4 . 33 .Comparison of the marketing services scale scores of the managers according to the working time groups in their positions (n = 73).....	104
Table 4 . 34 .Comparison of the marketing services scores of the managers according to the groups of total professional experience (n = 73).....	105
Table 4 . 35 .Comparison of the scores obtained by managers from the marketing services scale according to the operating time groups of their businesses (n = 73)	105
Table 4 . 36 .Comparison of the marketing services scores of the managers according to the task level groups (n = 73)	106
Table 4 . 37 .Comparison of the scores obtained by managers from the marketing services scale according to the number of personnel groups of their businesses (n = 73).....	106
Table 4 . 38 .Comparison of the customer satisfaction scale scores of customers according to gender groups (n = 1468).....	107
Table 4 . 39 .Comparison of customer satisfaction scores by age groups (n = 1468)	108
Table 4.40 .Comparison of customer satisfaction scores according to education groups (n = 1468)	108
Table 4 . 41 .Comparison of the scores obtained by customers from the customer satisfaction scale according to occupational groups (n = 1468)	109

Table 4 . 42 .Average and standard deviations of thermal health enterprise services ,marketing services, and customer satisfaction scales	110
Table 4 . 43 .Correlation analysis of thermal health facility services, marketing services and customer satisfaction scales	111
Table 4.44 .Development of Thermal Health Tourism in Turkey, Its Contribution to Tourism and Economy of the Country	111

LIST OF ABBREVIATIONS

ASPA : AustralasianSpaAssociation (Australia and New Zealand Spa Association)

SPO : State Planning Organization

ESPA : European Spas Association Union)

GNP : Gross National Product

IATA : International Air Transport Association

ISPA : International SpaAssociation (International Hot Springs Association)

PATA : Asia Pacific Travel Association

TÜRKAP : Turkish Spa Association

VFR : Visiting relatives and friends

WHO : World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Problem Status

One of the most important and required elements of thermal health enterprises is to show continuous change and progress. In this respect, thermal health enterprises make the most beneficial use of their assets, helping the sector with strong competition.

Targeting strengths and positive aspects in thermal health enterprises has become a situation that has become very important in determining the strategy of thermal enterprises in recent years. This situation has revealed the positive sides of the employees and the ideas aiming to increase the performance in the enterprises by putting the power to contribute to the tourism and economy of the country, to develop progress and management.

The concept of contribution to the national economy and tourism; It expresses the state of positive development for the country thanks to the enterprises. This positive progress achieved in the economy and tourism of the country reveals more than one positive result within the country. Contribution to the country's economy and tourism carries many dimensions. With the researches about the contribution of the sectoral contribution to the economy, it is aimed to develop the income-generating services of thermal processing.

The concept of contributing to the economy and tourism of the country reveals outputs in the form of an increase in the income levels of thermal enterprises, an increase in their service quality and variety, and creates

positive results in the sector. The convergence of the national economy and tourism is that both concepts have positive features.

This study was carried out in order to measure the existence and quality of applications that support the participation of thermal health enterprises, which are the most important actors of the development of states, in the tourism and economy of the country. In line with this goal, the criteria of thermal health tourism business employees and customers are taken as a basis in ensuring the development of thermal health tourism businesses and analyzing the developments.

In this context, what is the approach of thermal health enterprise employees and customers to the business opportunities that increase the capacity of the society in terms of contribution to the tourism and economy of the society and the contribution of thermal health enterprises to the country's tourism and economy? Are the tourism and economic contribution practices used effectively? such questions have been answered.

In this context, the study was carried out in six sections. The first part is the introduction part, which includes the problem situation, purpose, importance, scope, limitations, hypotheses and sub-hypotheses of the thesis. The second part is the conceptual framework and related research. In this section, the concept of tourism, thermal tourism as a branch of health tourism and thermal tourism enterprises in Turkey are discussed. Various or different definitions made for the concept of tourism and tourist were mentioned, and the common concepts used in the definition were mentioned, its development, Egyptians, Babylonians, Greeks, Romans, developments in tourism after the reform movements, tourism dimensions in the twentieth century and today are examined. In addition, under the heading of health tourism, medical tourism, elderly and disabled tourism, Spa and Wellness, thermal tourism and thermal tourism as a branch of health tourism and Thermal Tourism Enterprises in Turkey are examined. In addition, tourism, health tourism and the example of health tourism in Turkey are mentioned. In addition, health tourism in Turkey, the place of health tourism in health

tourism activities, health tourism policy, types of health tourism, economic potential, factors that develop and affect it are mentioned.

The third part is the method part of the research on the development of thermal health tourism in Turkey and its contribution to the country's tourism and economy. The model of the research, the population, the sample, the data collection tools of the research and how the data were analyzed were emphasized.

The fourth part is the findings of the research. These studies were conducted by the survey method. The data obtained as a result of the surveys were evaluated with the help of descriptive statistics, independent sample T-Test, Anova, reliability analysis, mean and regression analysis, and the results were interpreted.

In the fifth chapter, it is discussed whether the findings obtained as a result of the research data are supported by similar studies in the literature.

In the sixth chapter, research results and suggestions based on them are given.

In this study, the contribution of the development of Turkish thermal health tourism to the tourism and economy of the country was examined, whether the development of thermal facility services affects marketing services and customer satisfaction, and whether the views of thermal health facility managers, employees and customers differ according to socio-demographic variables have created the problems of the study.

1.2 Purpose of the research

In the study, determining the contribution of Turkish thermal health tourism development to tourism and economy of the country was determined as the main objective. At the end of the research, by examining the relationship between dependent and independent variables, it was aimed to create a source for Turkish thermal health tourism, its effect on the country's tourism and economy.

1.3 The Importance of Research

The analysis level of this research is individuals. The survey was conducted on the customers, managers and employees of the thermal health sector enterprises throughout Turkey. The opinions of customers, managers and employees of the thermal health sector enterprises throughout Turkey on the contribution of Turkish thermal health tourism to the tourism and economy of the country constitute the basis of the study. In this context, it has been investigated whether there is a difference in the contribution of Turkish thermal health tourism to the tourism and economy of the country within the scope of demographic information of customers, managers and employees. The reason why the research area has been conducted in thermal health enterprises is to investigate whether thermal health tourism contributes to the tourism and economy of the country. The reason why this research has been carried out in Turkey-wide thermal health sector enterprises is the development seen in health institutions.

One of the first attempts to define tourism was the description made by Hunziker and Krapt (Berne University) in 1942. According to this definition, tourism; It is the set of relationships and events that arise from the travel and accommodation of non-residents without permanent settlement and in any business where they are not engaged in any profitable business. Although their description can clearly distinguish between tourism and immigration, it is incomplete due to the necessity of accommodation for tourism. Day trips, which are tourism activities that take place without accommodation, are outside the scope of this definition. In addition, business travels, which are a part of tourism and related to gaining income, are also excluded from the definition (Bektaş and Şimşek, 2016 : 179).

In Turkish, the word "traveler" means tourist, while the word "travel" means tourism, while the term "tourist" means tourism related (Kozak et al., 2013 : 7). In addition, it is understood that the word tourism is derived from the Latin word "tornus", which means turning, moving, and wandering (Roney, 2002: 9).

Ö previous health word "sick absence of ness" means. The World Health Organization (WHO), on the other hand, made a definition affecting the health services model and the understanding of being healthy in 1970. According to the World Health Organization, health is "a state of physical, mental and social well-being as a whole, not just the absence of illness" (Baysal, 2016: 256).

The thermal health sector , which has become an important problem in our country as in the world, will significantly contribute to the literature of the country's tourism and economy . Unlike the studies on health tourism , which are mostly researched in the study , for the first time, the thermal health sector has also contributed to the field by creating an important sample in terms of country tourism and economy.

1.4 Scope of the Research

This research covers a total of 73 (27 senior + 46 mid-level) managers, 506 employees and 1468 customers of 3, 4 and 5 star thermal hotels operating in Turkey between 1 March 2017 and 30 December 2019 . It was carried out with a questionnaire form designed to be applied to hotel managers, employees and customers in determining the contribution of thermal hotels to the country's thermal health tourism business and economy . Informed consent and informed consent was obtained in order to put the questionnaire into practice. Those who were not volunteers and did not participate due to health reasons were excluded.

1.5 Limitations of the Study

According to official records, there are 89 facilities with tourism management certificate in Turkey . However, feedback was received from 73 facility managers.

The research was applied only to managers, employees and customers in thermal facilities.

Executives, employees and customers who refused to fill in the questionnaire while collecting data for the research were excluded from the research.

The research is limited to 5-point Likert scale survey questions and open-ended questions. The questions that do not make sense were not included in the questionnaire and were prepared in a clear language.

In order to determine the survey participants, the number of thermal health facilities in Turkey has been determined.

1.6 Research Hypotheses and Sub-Hypotheses

Based on our research model, the following hypotheses have been developed in order to determine whether the development of thermal health tourism in Turkey contributes to the tourism and economy of the country within the framework of the opinions of customers, managers and employees. The 1st variable was determined as thermal health facility services, 2nd variable as marketing services and 3rd variable as customer satisfaction.

1.7 Basic Hypotheses of the Research

H 1 : Thermal health business services positively affect customer satisfaction.

H 2 : Marketing services positively affect customer satisfaction.

1.6. 2 . Research Sub- Hypotheses

Thermal Health Management Services Independent Variable Sub-Hypotheses

H1a: There is a relationship between the gender of thermal health facility employees and thermal health facility services .

H1b : There is a relationship between the ages of thermal health facility employees and thermal health facility services .

H1c : There is a relationship between the marital status of the employees of the thermal health facility and the services of the thermal health facility .

H1d : Thermal health of the company employees training situation in thermal connection with health services enterprises are correlated.

H1e : There is a relationship between the departments where thermal health facility employees work and thermal health facility services .

H1f : There is a relationship between the duties of the thermal health enterprise employees and the services of the thermal health enterprise .

H1g : There is a relationship between the working hours of the thermal health facility employees in their position and the services of the thermal health facility .

H1h : There is a relationship between the total occupational experience of thermal health enterprise employees and thermal health enterprise services .

H1i : There is a relationship between the activity periods of the enterprises where thermal health facility employees work and the services of the thermal health enterprise .

H1j : Thermal health of the business of running good they served the enterprises personnel s bears thermal and health business services are correlated.

Marketing Services Independent Sub-Hypotheses

H2a: There is a relationship between the gender of thermal health establishment managers and marketing services.

H2b: There is a relationship between the ages of thermal health establishment managers and marketing services.

H2c: There is a relationship between the marital status of thermal health establishment managers and marketing services.

H2d: There is a relationship between the educational background of thermal health facility managers and marketing services.

H2e: There is a relationship between the departments where thermal health facility managers work and marketing services.

H2f: There is a relationship between the duties of thermal health establishment managers and marketing services.

H2g: There is a relationship between the working hours of the thermal health facility managers and their marketing services.

H2h: There is a relationship between the total professional experience of thermal health establishment managers and marketing services.

H2i: There is a relationship between the job levels of thermal health establishment managers and marketing services.

H2j: There is a relationship between the personnel numbers of the thermal health establishment managers and the marketing services of the enterprises.

Customer Satisfaction Dependent Variable Sub-Hypotheses

H3a: There is a relationship between the gender and satisfaction of customers of the thermal health facility .

H3b : There is a relationship between the ages of thermal health facility customers and their satisfaction .

H3c : Thermal health administration training of customer situations with satisfaction there is a relationship between.

H3d : There is a relationship between the occupation and satisfaction of customers of the thermal health facility .

CHAPTER 2

CONCEPTUAL FRAMEWORK AND RELATED RESEARCH

This chapter provides priority to tourism and health tourism concepts will be emphasized; then medical tourism in Turkey stood judged hoped for.

2.1. Definition of Tourism

The phenomenon of tourism as known today is a concept belonging to the 20th century. Historians argue that mass tourism began with the rise of the middle class in England during the Industrial Revolution and the relative decline in transportation costs. International travel rapidly developed and became widespread with the establishment of the commercial airline industry after World War II and the development of jet aircraft in the 1950s. This situation has contributed to the growth of tourism, which is a new industry. In this way, tourism, which has become a business line that offers new business opportunities and increases foreign exchange income, has become a sector that is given importance by the governments of many countries (Yardan et al., 2014: 27).

Being able to define tourism and expressing exactly what is meant by the word tourism is a difficult situation as it seems. While it is relatively easy to make a technical definition of various tourism or tourist categories, it is difficult to define tourism from a broader perspective (Dalkıran , 2017 : 162).

The concept was studied with the definition made in the conference on "International Travel and Tourism" organized by the United Nations in 1963 and a new definition made by the World Tourism Organization in 1993 (Özsarı and Karatana, 2013 : 136).

According to this definition made by the World Tourism Organization in 1993 and still valid, tourism; It is a concept that covers the activities of persons traveling outside their usual environment or staying in a place outside their usual environment for a period of less than one year during their travels for vacation, business or any other reason (Antony and Jacob, 2019: 83).

Touristic; It is the sum of the relationships that arise from the interaction between tourists, suppliers, governments of host countries, host societies, governments of the countries where tourists come from, universities and non-governmental organizations. This interaction occurs during the attraction of tourists and visitors, their transportation, their hosting and the management of this process (Abubakar and Ilkan, 2016 : 192).

IR tourist visits to places of importance of people, visits to friends and relatives, go on vacation and have a good time. People can spend their free time with activities such as various sports, sunbathing, conversation, going on tours, reading a book, and enjoying the environment (Abubakar et al., 2017 : 220).

Many writers parties in the books and articles s are in place to include the tourism designations or to accept a standard definition is usually given in either direction from the viewpoints of social scientists to the interpretation of the tourism phenomenon. However, approaches to the concept of tourism deal with the concept with five basic features and it is a definition that still maintains its validity . Tourismists also featured five main features are as follows (Ahmad and Sun, 2018: 77):

1. Tourism is the totality of movements that occur from the movement of people to various destinations and their accommodation in these places.
2. There are two elements to all types of tourism: travel to the destination and accommodation, including activities there.
3. The trip must be made to a place other than the person's place of residence and work.
4. The movement towards the destination should be a short and temporary movement of the kind aimed at returning after a while.

5. Destinations are visited for purposes other than permanent residence or to work for a fee.

All kinds of travel reasons are not considered as tourism. Travels called tourism are evaluated in three basic categories. These are (Akadiri ve Akadiri, 2019: 16):

1. Travel for leisure or recreational purposes,
2. Visiting relatives and friends,
3. They are business trips.

These three types of touristic travel mentioned above will be examined in detail under the heading "Classification of Tourism According to the Purpose of Travel" in the following part of the subject. Apart from this, according to the World Tourism Organization, the travels of the Army members, daily routine trips, traffic from the suburbs to the city center or the opposite direction, Migrant or guest worker flows, Migration movements, Asylum seekers 'arrival, Diplomatic travels, Ambassadors' travel and stays in a country are evaluated within the scope of tourism travels of the type that are not revived (Akan and Işık, 2009 : 197).

2.2. Definition of the Tourist

In order to be considered a tourist, one has to travel from home to another place. Still, not all types of travel are called tourism. The World Tourism Organization and many of the national tourism organizations state that the trip should be made outside the normal environment of the individual (A kdağ and Seçilmiş, 2018: 2960).

People who can be considered in the tourist category (Akinboade and Braimoh, 2010: 149):

- They are away from their normal place of residence; but they will return home some time in the future,
- They are on temporary and short-term visits; However, the duration of the visit should not exceed 12 months.

- They do not have to spend the night away from home; but at least they should make a daily visit,
- They may be away from their homes not only for vacation purposes but also for business travel purposes.

Traveling to a place outside its usual environment, staying here for less than 12 months and the main purpose of the travel is resting, entertainment, business, health, holy travel, visiting friends and relatives, etc. people who spend money are called tourists. The concept of tourist in this definition (Akkılıç, 2003: 211):

- People who stay in hotels, motels, holiday villages and campsites,
- Visitors to relatives and friends,
- Those who visit while traveling to another place while passing a second place,
- Those who make daily trips without overnight stay,
- It includes people staying overnight in a ship or vehicle.

2.3. Basic Tourist Categories

When a distinction is made according to the time elapsed during the travel of the tourist; There are two different types of tourists such as "excursionists" and "stayovers". If the tourist stays at the destination for at least one night, this person is included in the "overnight stay" class, while if the tourist leaves the destination without overnight stay, this person is considered to be an "excursionist". A daily tourist is a person who spends less than a night at the destination (Aktaş et al., 2013: 755).

2.4. Historical Perspective in the Development of Tourism

The foundations of today's mass tourism phenomenon date back to the years after the end of the Second World War. Rising living standards, increasing leisure time and advances in transport have led to an increasing demand for international travel, which is still evolving today. Tourism destinations, on the other hand, responded to the increasing demand with a wide range of options (Omay and Erdoğan, 2013: 424).

Tourism has passed through three important turning points in the period until the twentieth century: "Egyptians, Babylonians, Greeks, Romans and the Reform Movements", "Developments in Tourism after the Reform Movements" and "Developments after the Industrial Revolution". In terms of examining the developments that took place in the twentieth century, tourism; It will be examined under the titles of "Tourism in the Twentieth Century" and "Tourism in Today".

2.4.1. Egyptians, Babylonians, Greeks, Romans and Reform Movements

The earliest examples of holiday travels are encountered during the Babylonians and Egyptians. B.C. While it is known that the "Historical Artifacts Museum" in Babylon was open to the public in the 6th century, Egyptians organized many religious festivals and not only religious people; They have also attracted the attention of many people who want to see the famous buildings and artworks in their cities (Baykul and Maden, 2017: 65).

There is evidence that the Greeks, who hosted the first Olympic Games in 776 BC and international visitors who came during the games, were also the first examples of travel and accommodation in tourism (Bayramoğlu and Arı, 2015: 89).

The wide road networks developed during the Roman period enabled business and leisure trips to be made faster and under favorable conditions. Although there was an increase in international travel with the development of trade during the Roman Empire period, the enriched Romans visited their relatives and friends and met with the therapeutic effect of spa waters near and far (Belloumi, 2010, 550). In addition, the first-class roads built in the Roman period and the accommodation inns, which were the pioneers of the concept of modern motels built on these roads, contributed to the historical development of tourism by providing safe and fast travel opportunities (Bilen et al., 2017: 27).

The period between the fall of the Roman Empire in AD400 and the Middle Ages could not provide convenient opportunities in terms of travel and entertainment opportunities (Bilgiçli and Altınkaynak 2016: 560). In this

process called "Dark Ages", many factors favorable for the development of tourism activities have been eroded with the collapse of the Roman Empire. During this period, the travel infrastructure deteriorated, the size of the wealthy class narrowed and urban areas were damaged (Bouzah zah and Menyari, 2013: 592). Traveling has turned into a dangerous and difficult activity under the conditions of the Dark Age (Aydemir and Kılıç, 2017: 11).

With the Middle Ages, which started as a result of the developments and improvements in social, economic and political situations in Europe since the 11th century, new trends in tourism started. In the Middle Ages, religious travel became more common, which existed only to a certain extent in the Dark Ages, especially with the construction of large cathedrals. The religious travels of Christians who went on a sacred journey increased during this period (Faulkner, 2001 : 135).

Reform movements that started in Europe in the 16th century caused the spread of the Protestant work ethic that opposed extremism and caused the collapse of the pleasure-loving nobility. While this situation caused a sharp decrease in the accessibility of entertainment activities, it also restricted pleasure travel (Aydın and Aydın, 2015 : 21).

2.4.2. Developments in Tourism after the Reform Movements

In the post-reform period, approaches to entertainment and travel once again changed direction in the 17th century. In terms of the historical development of tourism , the importance of two events in this period is emphasized: the development of the "Grand Tour", that is, the "Great Travel" and the rise of spa centers (Agiormirgianakis et al., 2013: 12).

Grand Tour is one of the important links between medieval tourism activities and contemporary tourism understanding. The long-term trips made by young men from the UK and Northern Europe aristocratic class to Continental Europe for educational and cultural purposes since the beginning of the 17th century have been called the Grand Tour (Akgöz and Gürsoy, 2014: 18). During this period, young men who wanted to hold a position in the state affairs were encouraged to make a "Great Trip" in order to complete their education. This situation was later applied by others in high positions of

the society, and it became an important criterion to complete Büyük Gezi as a condition of having a full education (Akın et al., 2012 : 63). Cities such as Paris, Venice and Florence have been an important turning point in terms of the historical development of tourism by providing these young tourists with the opportunity to obtain information about different cultures and societies. These trips, whose popularity reached its peak in the middle of the 18th century, suddenly stopped with the French Revolution and the Napoleonic Wars (Aksoy and Coşkun, 2017 : 24).

The use of hot springs for therapeutic purposes dates back to the ancient Greeks and Romans period. According to Casson, the city of Bath in England, as a proof of this situation, is famous for its baths from the Roman period (Aktaş, 2005: 163). Although the importance of spa centers was understood during the Roman Empire, the popularity they gained due to the healing effect of their mineral waters increased in the following centuries (Aydın et al., 2015: 157). Hundreds of spas, which flourished in the Middle Ages as the Ottoman Empire dominated Europe, served the wealthy class of Continental Europe and the United Kingdom until the mid-9th century. Although many of them are small in capacity, they have not been able to serve as tourism destinations for more than a few decades. However, it still exists today: Czech Republic, Karlsbad; Spa centers such as France, Vichy, Germany and Baden are still important in terms of tourism (Erdoğan, 2018: 101).

2.4.3. Developments in Tourism after the Industrial Revolution

Industrial Revolution in the 18th and 19th Century; it has caused extensive changes in terms of lifestyle, leisure concept and developments in tourism. During this period; Important developments such as the development of cottages, the effect of steam power and the influence of Thomas Cook are effective for the future of tourism models (Gholipour et al., 2014: 19).

As a result of the Industrial Revolution, in the early 1800s, tourist activities became accessible to the lower class of the wealthy in Britain and Western Europe. The Industrial Revolution, which started in England in the mid-1700s,

caused the transition of Western Europe from the rural agricultural society to the industrial society living in the city. In this period, the crowded urban life and heavy working conditions directed the employees to entertainment and recreation opportunities that at least for a while and offer relaxing opportunities. The summer places and summer houses on the seaside have emerged to meet this need. However, the understanding of vacationing in summer resorts by the sea has been a concept that appeals only to a small and privileged group of upper classes in this period (Işık and Bostancıeri, 2017 : 15).

Another factor that encourages people to take a vacation by the sea is the therapeutic use of sea water, which increased its popularity in the middle of the 18th century. With the realization that swimming in the sea is beneficial for health in addition to drinking sea water, the tourist demand for summer resorts on the seashore has increased (Kılıç and Demir, 2017: 75).

Another development that has had a significant impact on the development of the tourism sector from the 19th century until today is the use of steam power per second. Thanks to the trains running on steam power, railway transportation has improved. Steam ensure faster and safer transportation in international trade through the new generation of ships in order to art-known development is positively affected marine transport (M saddle and Meyer, 2015: 197).

The first steam-powered train carrying passengers started in England in 1830. With the establishment of a railway network between summer regions and big cities, these regions both developed and grew in popularity and increased their popularity, and the upper class as well as the working class could reach these regions. These developments caught the attention of several entrepreneurs and they considered how they could benefit from train travel, a new form of travel. Thomas Cook is a successful entrepreneur among these people (Adiyia and Vanneste, 2018: 15).

The success that Cook achieved with his first train trip for the association, of which he was the secretary in England in 1841, continued with the tours and trips he organized in the country and overseas (Adom et al., 2018: 438).

Like steam powered trains, steam powered ships contributed to shaping the tourism and travel industry in the early 19th century. Several entrepreneurs, including Thomas Cook, in the 1840s; They organized trips and regular expeditions to Europe, India, Far East and America (Afrodita, 2012: 507).

Cook has an important contribution to the emergence of tourism as a modern and large-scale industry and to the current mass tourism scale of tourism. Cook's genius adapting the formal production principles of the Industrial Revolution to tourism; It is the organization of standardized, precisely timed, commercialized, high-volume "package tours" that herald the industrialization of the sector (Agarwal et al., 2000: 241).

Thomas Cook has had a share in important developments with his predictions in the world of travel. By arranging hotel "vouchers" for the first time in 1867, Cook allowed tourists to prepay their accommodation and prove this payment to the hotel by means of a "voucher", a kind of receipt. In addition, in 1873, he found a solution to the problem of different currencies encountered in European travels with a kind of credit letter that was the precursor of today's "traveler's check". Cook has played an important role in the corporate identity of the travel industry in many respects (Aguirre et al., 2019 : 138).

2.4.4. Tourism in the Twentieth Century

Tourism has developed significantly since the 1870s as a result of the adaptation of the Industrial Revolution technologies and principles to the travel industry. This development primarily affected the domestic tourism of countries such as the USA, Western Europe, England and Australia. In this period, international tourism developed less than domestic tourism (Gü ndüz and Güler, 2015: 203).

During the period between 1880 and 1950, two major wars and two major economic crises occurred, and these developments negatively affected both domestic and international tourism activities around the world. The first of these negativities was experienced with the global crisis of the 1890s, followed by the First World War 20 years later (1914-1918) . Tourism, which started to develop in the 1920s, was interrupted this time by the "Great

Depression" crisis of the 1930s and the Second World War (1939-1945). Since the Second World War, no economic crisis or war has caused tourism to encounter a negative situation as much as it has experienced during this period (Selvi, 2002: 95).

Developments that took place after the end of the Second World War provided the foundations for the future of domestic and international tourism in the 1950s. In addition to the improvements in social and economic conditions in the post-war years, developments in aircraft technology and package tours to overseas countries contributed to the development of tourism (İlban and Kaslı, 2009 : 1275).

A positive outcome of the Second World War is the rapid development of aircraft technology that has fueled the growth of the commercial aviation industry in Britain and America. The entrepreneurs who correctly evaluated the excess airplanes that emerged in the post-war years contributed to the development of the understanding of traveling by plane. Air travel, with many scheduled and charter flights, appealed to a large segment of the population in the 1950s and 1960s. Especially for charter flights; With the combination of accommodation, airport transfers and guidance services, the concept of "package tour" has developed and throughout the 20th century, many businesses around the world have contributed to the development of the industry by having a share in the package holiday market. In this period, although the Mediterranean countries are among the most popular holiday destinations, with the decrease in travel costs; It has been preferred in the Caribbean, America, Far East and Australia (Aydın, 2012 : 91).

2.4.5. Tourism Today

"Mass tourism" that exists worldwide today is a concept belonging to the post-industrial society that emerged in the second half of the 20th century. Worldwide; The increase in welfare, higher education standards, increased mobility and increased demand for leisure vacations and travels have contributed significantly. Traveling overseas; With the impact of advances in transportation, increasing competition and decreasing travel costs due to global communication technologies, it has ceased to appeal to a

certain segment of the society and has become an appeal to the majority. Public and private enterprise enterprises have responded to the increasing demand with a large number of products and services (Çağlar and Bulgan, 2016: 225).

Tourism sector has an important place in country policies since it has been one of the most important and income generating sectors in the world since the second half of the 20th century. The growth in domestic and international tourism since the 1950s has increased dramatically, with international tourist arrivals rising from 25 million in 1950 to 935 million in 2010. When the domestic tourism volume is added to this, general information about the scale of the tourism sector can be obtained. As in the past, tourism is a tool that can provide a good development sector and the foreign currency flow that most governments need in the economic and industrial decision process in the world, in recession, opening the distinction between rich and poor, and in an environment of unemployment (G ündüz and Güler, 2015: 203).

2.5. Tourism sector

Tourism sector; It is defined as the sum of industrial and commercial activities that produce goods and services, wholly or predominantly for touristic consumption. The components associated with the tourism sector (Akbulut, 2010: 35) are:

- Destinations / Destinations,
- Places with tourist attraction,
- Transportation,
- Accommodation and food and beverage services,
- Tour operators,
- Travel agencies.

Tour operators and travel agencies are intermediary institutions of the tourism industry. The components of the tourism sector are affected by a number of organizations. These are (Albayrak and Example, 2017: 295):

1. International organizations: World Tourism Organization, World Bank, European Union etc. organizations.
2. Public institutions: Ministries, local tourism organizations, etc. organizations.
3. Trade associations: Asia Pacific Travel Association (PATA), International Air Transport Association (IATA) etc. organizations.
4. Multinational businesses: These are businesses such as Hertz, Holiday Inn International, British Airways that operate on a national and international scale and contribute to the global development of tourism.

2.5.1. Hospitality Industry

The hospitality industry, when people travel outside of their homes for different reasons; These are commercial business activities that produce goods and services by making use of raw materials or semi-finished products in order to meet their essential needs such as temporary accommodation in the first plan and food and beverage in the second plan . The industry, which is formed by businesses that meet all kinds of bed, food and entertainment needs of people away from home, is called the hospitality industry. These businesses consist of food and beverage businesses and accommodation businesses (Aşık, 2014: 109).

Accommodation businesses; “main accommodation establishments” consisting of hotels, motels, holiday villages, pensions and camping, apart hotel, hostel, oberj etc. It is divided into two as "auxiliary accommodation establishments" consisting of enterprises. Food and beverage businesses, on the other hand; restaurants, bars, cafes, pubs, disco, nightclubs, cafeterias, catering establishments (Avcı, 2018: 164).

Accommodation businesses today; In addition to minimum activities such as temporary accommodation, eating and drinking, national and international conference halls, beauty centers, souvenir shops, and entertainment venues are also used as service units (Çımat and Bahar, 2003: 14).

2.5.1.1. Hotels

Hotel businesses are classified in many countries according to international standards and country conditions. In terms of legislation in our country, two types of classification have been made for hotels according to the regulation published by the Ministry of Tourism (Aksatan and Aktaş, 2012: 243):

1. Touristic Hotels: These are the enterprises licensed by the Ministry of Tourism. Its qualifications and characteristics are determined by the quality regulation of tourism investments and enterprises. According to this regulation, touristic hotels; It is divided into five categories: one-star, two-star, three-star, four-star, and five-star.
2. Municipal Certified Hotels: These are the enterprises whose opening permits are given by the municipalities. Their classification, price lists and checks are made by the municipality. In the classification of municipal certified hotels, a distinction is made such as luxury hotels, first class hotels, second class hotels, third class hotels and fourth class hotels. Since the hotels that provide good service in widespread practice in our country prefer to obtain a ministry certificate, there are almost no hotels that provide high quality service among the municipal hotels.

2.6. Classification of Tourism

Under this heading, "Classification of Tourism According to the Purpose of Travel" and "Tourism Types Excluded from the Classification of Tourism According to the Purpose of Travel" were mentioned.

2.6.1. Classification of Tourism According to the Purpose of Travel

Although tourism is thought to be travel for holiday purposes only, there are many motives that actually lead to travel for tourism purposes. These are examined under three main headings (Kozak et al., 2013: 22):

1. Recreation and entertainment tourism,

2. Visiting relatives and friends (VFR),
3. Business travel.

Another classification based on the proposal for the classification of tourism, first put forward by the League of Nations in 1979 and taking into account the purpose of travel, in other words travel motives, is as follows (Roney , 2002: 14):

- Recreation, entertainment and holiday tourism
- Visiting relatives and friends
- Business and professional tourism
- Health and therapeutic tourism
- Faith tourism
- Τραπέλ φop-□other reasons

2.6.1.1. Recreation and Entertainment Tourism

Recreational tourism is a type of tourism that covers holidays and short travels with many different motives and corresponds to the most common part of touristic activities. As the education level of the travelers increases and their quality of life rises, and as the suppliers of tourism products are more sensitive to the expectations of tourists, the activities considered within the scope of recreational tourism are also diversifying. Many travels from sports to cultural events are considered as recreational tourism (Arcodia and Whitford, 2006: 18).

2.6.1.2. Relatives and Friends Visits (VFR)

Visits of friends and relatives constitute an important form of tourism in many developed and developing societies. These visits are the second largest reason for travel after recreational tourism and the second largest percentage of total tourism activities. At first glance, it is difficult to understand how a person who visits a friend or relative and stays with them free of charge contributes to tourism. However, the person who makes this type of visit

makes use of the food and beverage and entertainment establishments and uses the transportation facilities in the region (Asiedu, 2008 : 690).

2.6.1.3. Business Travels

Although business tourism or economic tourism has a small percentage of the total tourism activities of a country, its economic importance is higher compared to leisure tourism and visiting friends and relatives. This situation arises from the fact that business tourism is a high volume tourism activity. Business travelers pay high prices for accommodation, travel and entertainment expenses, both due to prestige and due to the limited times of many business trips. Business tourism is a tourism activity that continues throughout the year rather than a specific period of the year compared to recreational tourism; It is economically valuable because it spreads tourism activities to a wider scale geographically (Beer et al., 2014: 89). Business travel or business tourism is divided into sub-branches; congress tourism, technical tourism, meeting tourism, fair and exhibition tourism, seminar tourism have diversified.

2.6.2. Tourism Types Excluded from the Classification of Tourism According to the Purpose of Travel

The purpose of the travel in the classification of tourism; In other words, apart from the classification according to travel motives, there are also different classifications according to the criteria listed below (Köşker and Kahyaoğlu, 2015: 75) :

- Classification of tourism according to travel type: Airline tourism, seaway tourism, railway tourism, road tourism, river tourism.
- Forms of tourism as a function of time element: Holiday tourism, weekend tourism, daily tourism
- Types of tourism in terms of seasons: Summer tourism, winter tourism, semi-season tourism

- Types of tourism in terms of organization type: Individual trips made by individuals, travels made by individuals in the organization of a travel agent.
- Types of tourism in terms of accommodation type: Hotel stays, stays outside hotel facilities.
- Classification of tourism according to the subject (direction) of touristic movements: Domestic tourism, foreign tourism
- Classification of tourism the participants according to their economic power: Luxury tourism, common tourism, social tourism (Akbulut, 2010: 3 6)
- Types of tourism according to the age of the participants: Youth tourism (0-21 years old), active age tourism (21-55 years old), third age tourism (55 - + age).
- Types of tourism in terms of the size of the groups formed by the participants: Personal tourism (family tourism), mass tourism (group tourism).
- Alternative tourism types: Urban tourism, rural tourism, thermal tourism, mountain tourism, highland tourism, farm tourism, ski tourism, sports tourism, eco tourism, golf tourism, parasailing, bicycle tourism, underwater tourism, cave tourism, bird watching (ornithology) tourism, hunting tourism, camping and caravan tourism, shopping (suitcase) tourism, yacht tourism, cruise tourism.

2.7. Health tourism

Health tourism has been evaluated by some authors within the "Types of Tourism According to the Purpose of Travel", and has been classified as an alternative type of tourism by others. Alternative tourism, mass to eliminate negativity brought by tourism purposes or to diversify traditional and began types of tourism to be outmoded and fall is to revive purpose of support or a complementary type of tourism is also ideally suited (Günel, 2005: 55).

Recently, current definitions for the concept of health have been expanded with the concept of "wellness", that is, "being healthy" and the values and principles developed from this concept. In this context, "wellness" means that the individual makes choices and engages in activities that support a healthy lifestyle and as a result, many dimensions of the general health status of the individual are positively affected (Aktepe, 2013: 170).

As the concepts of health and well-being have gained a dimension that emphasizes well-being as a whole, physically, mentally and socially, the demand for preventive health practices has increased and motivated the travels to reach these practices. Changing demographics and lifestyles of the target market; plastic surgeries, spa and fitness centers, addiction treatment centers, etc. It means an increase in demand for services and facilities. Increasing knowledge all over the world that being healthy and alternative treatment methods strengthen and improve health arouses a great desire in this direction (Akbolat and Deniz, 2017: 123).

Today, tourism types are getting richer with innovations in a wide variety and variable fields according to the purpose, demand and people's tastes and hobbies, while health tourism has made staying fit a way of life and started to serve modern people who attach importance to the beauty of spirit and body. Thermal facilities and hot springs, which are the source of healing hot water, are no longer just for the elderly or the sick; It has become a center of attraction for anyone seeking health, fitness and aesthetics (Alacadağlı, 2019: 68).

Health tourism is a very comprehensive subject and it is an important alternative tourism activity. The globalization process experienced in the world, the problems experienced in the health systems of the country, the awareness of the consumers and the development of the tourism sector have led countries to seek new ways to reduce the costs of health services . As a result of this, inter-country patient mobility has increased in order to receive healthcare services more economically and with higher quality (Al - Amin et al., 2011 : 205).

Health tourism in its broadest sense is tourism created by people traveling from their place of residence to other places for health purposes . In other words, by going to a touristic facility based on natural resources of people who are displaced for a certain period in order to protect and improve health; The cure application is the event that it meets the accommodation, nutrition, rest and entertainment needs . Health tourism is a type of tourism that enables the growth of health institutions by using its international patient potential, together with those who need physical therapy and rehabilitation . The target audience in health tourism, which is a specific type of tourism, is people with impaired health and people who are sensitive to protecting their health (Aslanova, 2013: 129).

Health tourism, which is defined as the participation of people in tourism activities for health purposes (Ataman et al., 2017: 28), is perceived only as thermal tourism in our country. However, thermal tourism is a subgroup of health tourism (Buzcu and Birdir, 2019: 311). Apart from thermal tourism, health tourism; It has sub-branches such as medical tourism, tourism with spa & wellness features, and elderly and disabled tourism (Carrera and Bridges, 2006: 447).

Health tourism aims to offer medical options to ensure the comfort of patients and their families. In parallel with the high level of education and welfare in developed countries, the provision of health services is also costly. The share of health needs and health expenses of the aging population in developed countries is increasing day by day (Amudha et al., 2016: 27).

The increasing expenditures of social security costs are forcing social security institutions. In order to overcome these problems, it is seen that social security institutions and private insurance institutions in developed countries are in an effort to get health services at low cost by making package agreements with countries that provide quality medical services (Chandran et al., 2017: 7861).

In recent years, as our country has been able to provide services at a level that can compete with qualified health services in developed countries,

tourists from all over the world come to our country for treatment purposes. Especially after the 1990s, it was observed that the private sector made serious investments in health services in addition to public health services in our country . As a result of these developments, the number of private health institutions , which are at a level that can compete with European standards and are located in large provinces, has started to increase (Ari, 2017: 10).

The opening of these health facilities, which have high costs in terms of construction and operation, to foreign markets is increasingly necessary in terms of reducing these costs. In addition, the geographical location of our country and the trained and educated manpower in the health sector are among the important advantages of Turkey in health tourism (Chen et al., 2017: 2804).

Health tourism; Medical Tourism is evaluated under the subtitles of Elderly and Disabled Tourism, Spa and Wellness Tourism and Thermal Tourism (Archer et al., 2011: 515). Information on these topics is given below.

2.7.1. Medical Tourism

Medical (medical) tourism; It is when people travel to overseas destinations for medical, dental and surgical treatment while on vacation. In medical tourism, the primary search of tourists is medical treatment, after which they seek classic tour solutions for leisure and relaxation purposes . Demand for this form of tourism, which combines holidays and healthcare purchases, is gradually increasing (Adeola et al. , 2018: 25).

First of all, high treatment fees in rich world countries, long waiting lists, relative affordability of international air travel, increasing medical expenses due to the aging of the rich post-war "babyboom" generation, globalization and developments in communication technology have led to the recent development of medical tourism as a niche market type. (Connell, 2006 : 1093).

The generation born in the period of "birth boom" (babyboom) experienced after the Second World War is getting older. It is estimated that there are 78

million people of this generation in America alone. The desire of people in this group to meet their health needs while traveling is the driving force behind the growth of this tourism market (De la Barre et al., 2005 : 2).

Medical tourism has two forms. One of these is medical tourism, which is compulsory and the other is arbitrary. First, the necessary treatments arise when the person is not available at the place of residence or is illegal. Secondly, even if the treatment is possible in the place where the person is, it is possible when it is more easily accessible or cheaper elsewhere (Jones and Keith, 2006 : 251).

Until recently, it was the United States and European countries (high-income countries) to go to the United States and European countries (high-income countries) for treatment from various countries (usually low-income countries) due to advanced medical technology and experience, but today this trend shows a reverse pattern (Abadi et al., 2018: 77).

According to Neelankantan (2003 : 6), one of the main factors that support the development of medical tourism is the low prices of health services in the countries preferred in this field (as cited in: Connell, 2006 : 1094).

The main attraction for many medical tourists is low prices. The basis of this trend spreading from Europe and the USA to the world today is that certain health services in the West are more expensive than in the East (Logilife, 2007 : 2).

There are significant differences between many Asian countries, which are leaders in medical tourism, and more developed countries in terms of the prices of health services. Combined with the long waiting lists in hospitals in developed countries, this situation positively affects the development of medical tourism. For example, in 2003 the cost of surgery for a heart-pierced child was \$ 70,000 in the United States and \$ 4,400 in Bangalore, India. Open heart surgeries range from \$ 70,000 in the UK to \$ 150,000 in the United States, while in India's best hospitals range from \$ 3,000 to \$ 10,000. Likewise, dental, eye and cosmetic surgeries cost one fourth of the price of European countries in Asian countries (as cited in: Connell, 2006 : 1095).

In addition, these surgeries are not covered by health insurance in many European countries and are not covered by insurance. This situation has led people to seek cheap treatment in foreign countries. While the most important factor in the development of medical tourism is low treatment costs; Factors such as developing medical technology in these countries, trained health personnel, low transportation costs, internet marketing, establishment of companies that mediate between international patients and hospitals also support the development of medical tourism (Acar and Turan : 2016: 17).

Apart from the American and European countries, health tourism attracts the attention of the elite class in developing countries. For example, Nigerians spend \$ 20 billion a year on healthcare expenses outside of Nigeria . Again, the Japanese sending their employees abroad for simple examinations and encouraging older people to go to nursing homes in foreign countries are examples of the issue. The following details can be dwelled on the countries that have become destinations in medical tourism (Horowitz and Rosensweig, 2007 : 6):

Asia is the most important region in medical tourism worldwide. India, Malaysia, Singapore and Thailand are important destinations. India is considered as today's global medical tourism center. The country claims to have experience in many areas, from alternative therapies to heart surgeries and cosmetic surgery. In order to become a global medical tourism destination, it has renewed its technology and signed various protocols with European countries. The country, which is at the forefront of healthcare services with its low prices and professional service understanding, has the advantage that English is a widely used language in the country. In addition, the tourism potential of India makes the country the preferred choice. It is estimated that the medical tourism revenue of India will be two billion dollars in 2012 (Aniza et al., 2009: 15).

Thailand is a country that has continued to be a medical tourism destination since the 1970s. Malaysia has given importance to medical tourism in order to overcome the Asian economic crisis after 1998. Singapore is in competition with Malaysia and Thailand in this area and is trying to achieve

competitive advantage over these countries by lowering prices. These four countries host patients from Europe, America, the Middle East and Japan (Aktepe, 2018 : 170).

The Middle East, which is one of the regions that send tourists to medical tourism, especially Dubai, Bahrain and Lebanon, are trying to reverse this trend by creating their own medical tourism industries. Dubai is trying to prevent tourists from the Middle East from traveling to Asia by establishing a new "health city." Saudi Arabia aims to combine Hajj visits with medical tourism, especially in the field of cosmetic surgery and dentistry. claims that it is separated from its competitors with expertise (Altes, 2005: 262).

Jordan serves the Middle East market with low costs in healthcare.

Israel accepts patients from neighboring countries, especially in the treatment of infertility.

South Africa is preferred by patients from America, especially in the field of cosmetic surgery. The cost of these surgeries in the country is half that of America.

Argentina is another leading country in plastic surgery.

Cuba emphasizes that it is ambitious in skin diseases, plastic surgery and dentistry.

In addition to driving forces, there are many obstacles to the development of medical tourism. These obstacles are listed below (Altes, 2005 : 263):

Restrictions by Foreign Healthcare Providers: Authorization and licensing requirements imposed on international healthcare providers restrict development. In addition, practices for patients to enter the country and benefit from health services are also an effective restrictor in this regard (Caballero et al., 2007: 8).

Restrictions on Foreign Investment in Health and Other Related Sectors: Policies for the protection of domestic service providers, taxes imposed on foreign investors, the difficulty of the authorization process, and employment difficulties (Hutchinson, 2011: 2).

Restrictions Regarding Legislation, Infrastructure and Capacity: The fact that the insurance does not cover international treatment expenses is due to the difficulties experienced in inter-country payments (Connell, 2006: 1097).

Constraints Regarding Financial and Human Resources: The low quality of healthcare services, the insufficiency of physical facilities and human resources limit the development of international healthcare services.

Market Competition: Many developing countries are trying to differentiate and thus make their name heard in medical education, health tourism and alternative medicine and treatment.

Legal Regulations: In terms of the development of this market, a clear, easily applicable and measurable legal regulation should be established.

Treatment Quality: medical treatment, quality assurance and adequacy of facilities must be ensured.

Workforce: Difficulty in obtaining work permit, difficulty and lack of control over employee selection are among the obstacles to the development of the sector.

The vast majority of the annual average 200 thousand tourists who come to Turkey for health tourism are those who visit thermal springs and thermal facilities. In the medical field; Hair transplantation and aesthetic operations, eye treatments, in vitro fertilization, physical rehabilitation and hemodialysis are the main areas that attract medical tourists to our country (Akbulut, 2010: 35).

Tourists coming to our country for medical tourism have profiles in two different categories. These two groups (Translation, 2008 : 9):

1. Patients from Middle East and African countries to developed countries for treatment purposes,
2. Patients from EU countries go to developing countries due to both the problem of appointment and the high cost.

Advantages of Turkey in terms of medical tourism; High service quality, trained doctors and health workers, high hotel service quality, staff who

speak foreign languages, technology infrastructure, price advantage, tourism opportunities, being a Muslim country, having 6 million population living abroad with insurance, diversity of package programs (sea, spa, skiing, nature, history, culture) and the existence of package holiday opportunities for the patient and his family during the recovery period (Cohen , 2001 , 6: 87).

“World Eye Group” can be considered as one of the leading examples of medical tourism in our country. The hospital performs eye surgery on an average of 2,000 foreign patients every month, with an experienced medical staff serving in 19 different languages and a professional team trained in health tourism. It transfers patients from abroad from the airport to the hotel, from the hotel to the hospital, with its representatives in many countries in Europe and the online reservation system it provides via its website. It organizes accommodation for the requested period in 4 and 5 star hotels or in the rooms of the hospital (Standard-Suite) that is not equal to the comfort of a 5 star hotel if desired, and also offers examinations, tests and surgeries in a package. These packages are offered to all patients coming to the hospital from outside of Istanbul and demanded (Cumhuriyet Newspaper, 2009, April 30).

Within the package programs offered specially to patients coming from abroad; Round-trip flight ticket, airport pick-up, 3 nights accommodation at 4 or 5 star hotel, transfers between airport-hotel-hospital, pre-examinations and examinations, surgery with standard "lasik" method for both eyes, meeting the first medication of the patients, inside the hospital Services such as private Turkish, German, Dutch or English-speaking companion and half-day city tour are offered (Dünya Göz Hospital Group). Likewise, "Acıbadem Health Group" and "German Eye Hospital" are considered among the leading institutions in this field with similar practices (Altın et al., 2012: 157).

2.7.2. Elderly and Disabled Tourism

According to the data of the United Nations, more than 500 million people in the world today live with a physical or mental disability. Today, constituting the infrastructure of tourism; The fact that transportation, accommodation and

other items are planned so that they can be used by disabled people is proof that disabled people now also create a potential for tourism. Clinical hotels, recreation areas, holiday villages, nursing homes, etc. facilities for elderly people and disabled people; Activities such as sightseeing tours, occupational therapies, elderly care services, rehabilitation services in clinic hotels, special care for the disabled and sightseeing tours are organized and this area serves as a branch of health tourism (<http://www.saglik.gov.tr>).

2.7.3. Tourism with Spa and Wellness

Tourism, which is the modern form of health tourism and called "spa & wellness", is a health-oriented holiday form that combines relaxation and satisfaction. Its subject is the improvement of physical and mental health in the health tourism center. This type of center can be a classic health resort, spa or private hotel. Important services offered by this type of tourism; health and nutrition, beauty and wellness, anti-stress and relaxation, and fitness and training (Florian and Jürgen, 2005 : 2).

"Spa", which has a wider scope than the word meaning, is not only water and mud therapies today; It is a name given to facilities that provide health cure services such as hot water pool, various massage therapies, aromatherapy, beauty and care, and it is a name given to water healing, health from the use of water, hot, cold and different forms of water flow, drip, shower, spraying. It is used in the sense of integrative therapy in which the feelings of rest and relaxation are acquired (Este Spa , 2018: 2).

The word "wellness", on the other hand, refers to being well and fit in mind, body, soul and relationships. It provides people to feel themselves spiritually, physically, mentally and relationally well and fit; Wellness includes all kinds of massage, skin care, mud and algae baths, bathtub treatments, body care and healthy lifestyle methods made with natural products such as thalassotherapy (Akbulut, 2010 : 35).

The concept and philosophy of well-being, that is, the concept and philosophy of well-being, was first expressed by the American doctor HalbertDunn in his article in 1959, in which he defined human beings as a whole and dependent on the environment with their body, soul and

mind . Well-being is, for some, a philosophical perspective in which the true nature of being is confronted. For others, personal development is a state of being at peace with yourself physically, mentally and spiritually. In addition, it is stated that well-being is related to happiness rather than physical health, that people's health is not sufficient to be happy, the concepts of health and happiness are different, and well-being includes both concepts (Smith & Kelly, 2006 : 4).

The intense interest and rapid development of the customers in the spa & wellness sector brings along new searches in this sector. The most preferred methods in spa centers are color and light therapies applied in classical Finnish saunas, aromatherapy sessions applied in steam rooms for the physical and mental health of the body and helping to remove toxins, and applications for beauty and relaxation such as relaxing the body in heated seats after massage . Although the main axis of health tourism in Turkey is thermal tourism, thermal tourism is accepted as a part of a wider tourism type called spa in the world and other spa activities other than thermal tourism are also developing rapidly in our country (Yücel, 2003 : 2).

2.7.4. Thermal Tourism

In developed countries, modern medicine seeks a solution against serious health problems that cause labor loss in a significant part of the working population, but now people prefer natural treatment methods. At this point, thermal treatment units; It updates its importance with health protection, healthy life and thermal treatment programs (Selvi, 2002 : 96).

The word "term" comes from the word "thermos" which means hot in Latin. The word "Term", which was used to mean public baths in the Roman times, was later used to mean the place where water is taken. Natural hot waters are expressed as "thermal", the temperature properties of water are "thermic", and the examination of natural hot water resources and their arrangement for use for health purposes are expressed as thermalism (Akbulut, 2010: 36).

Utilizing healing natural water resources such as hot springs, hot springs and drinking in accordance with health rules and using these resources as a

means of treatment is called "thermalism". It is known that thermalism is one of the oldest treatment and beauty methods (Ateşoğlu and Bayraktar, 2012: 95).

Thermal tourism, or thermalism, which is a sub-branch of health tourism, is for tourists to use cold and hot mineral waters for health purposes with drinking and external applications; It is a type of tourism that covers the meeting of transportation, accommodation and hospitality requirements (Hersh, 2010: 207).

People who move for a certain period of time for the purpose of cure and treatment need infrastructure facilities that will meet their accommodation, nutrition, cure and treatment application, rest and entertainment needs in the places they go. This event, which takes effect within the supply and demand rule of the economy, has been named as thermal tourism and has formed an important tourism type today . Accordingly, thermal tourism; Travels made to benefit from thermal water and climate elements for a certain period of time, accommodation arising from these travels and meeting the needs are defined as the type of tourism that emerges from the values included in health tourism (Tunçsiper and Kaşlı, 2008: 120).

Drinking and drinking from the water sources, which are defined as "healing waters" among the people; The ones used in external applications are known by names such as ýlan, girme, çermik, hamam, boiling water, ılısu. In tourism, they are called "spa center" or "thermal center". The sustainability of thermal cure and treatment times throughout the year brings a distinct attraction to the tourism sector (Hersh, 2010: 208).

Thermal tourism; In addition to various methods such as thermomineral water bath, drinking, inhalation, mud bath; It occurs with the use of thermal waters for recreational and recreational purposes as well as cure (treatment) applications performed by combining supportive treatments such as climate cure, physical therapy, rehabilitation, exercise, psychotherapy, diet (Erdoğan and Akınoğlu, 2008 : 5) .

Treatment with thermal spring waters; It is a multi-functional treatment method that includes concepts such as thermal water, thermal therapy

techniques, supportive treatments, and psychotherapy . Thermal therapy, which is a natural treatment method based on science, is applied in a period of two or three weeks by bringing patients with similar health problems together in a specific place. Thermalism is not just a form of treatment and tourism done by bathing in the thermal water in the baths. Thermalism enables people to relax and recover in terms of social, psychological and health (Graber-Duvernay, 2003 : 91).

Traditional thermal therapy tourism, consisting of thermal cures and long treatments, began to be popular in the 19th century. In today's modern tourism understanding, interest in thermal and spa centers is increasing. The therapeutic properties of the thermal water in these centers are an important criterion that directs the demand for the centers. Demand for thermal tourism; The therapeutic properties of water depend on factors such as the quality of the investments, the state of natural resources, additional tourism investments and the demographic characteristics of the region . In addition, there is a direct proportion between the variety of balneotherapy applications offered in the thermal facility and the customer demand (Tu nçsiper and Kaşlı, 2008: 122).

In developed and developing countries, with the changing world view, the importance given to the quality of life has increased. By giving priority to the use of natural resources in the protection of human health, the use of thermal waters, which are a natural healing element, gains great importance. In Europe, where 17% of the population was over 65 years old in the 2000s, it is estimated that this rate will increase to 20% in 2025. Particularly, people who are 50 years old and over, defined as the 3rd generation, who have higher purchasing power, create preventive treatment in health and the desire to stay fit and the demand for thermal tourism opportunities whose quality is constantly increasing (Özok, 2008 : 16).

Various unions and organizations are formed in order to gather the thermal tourism facilities that direct today's thermal concept and new formations under certain roofs. ISPA - International SpaAssociation (International Spa Association), ASPA - Australasian SpaAssociation (Australia and New Zealand Spa Association), ESPA - European Spas Association (European

Spas Association) are some of them. These unions also have some sub-organizations. TÜRKAP (Turkish Tourists Association) is a member of ESPA (Este Spa, 2018: 2).

2.7.5. Thermal Tourism as a Branch of Health Tourism and Thermal Tourism Enterprises in Turkey

Under this heading; Some basic concepts within the scope of thermal tourism, Diseases that spa treatment and spa treatment are effective thermal tourism management and its characteristics, The development and current situation of thermal tourism in the world, The development and current situation of thermal tourism in Turkey, the importance of thermal tourism and the problems of thermal tourism in our country, Culture and tourism. Ministry of Health and thermal tourism development studies, certification of thermal tourism facilities, institutions responsible for the evaluation of thermal waters and their duties, legal regulations related to healing waters and thermal tourism in Turkey, and comprehensive information on thermal tourism and the situation of thermal tourism in our country (Emir and Durmaz, 2009 : 25)

2.8. Tourism in Turkey

Turkey has an advantageous position on the world economy and in the world tourism market in terms of historical and socio-cultural resources. Our country has always preserved its feature of being an open-air museum, as it has hosted many civilizations and cultures in history. On the other hand, Turkey's favorable climatic conditions and rich natural resources have led to the holiday and recreation opportunities that few countries in the world can offer. In addition, considering that export and long-term foreign currency inflows of Turks working abroad will not be permanent, tourism has turned into an industry that provides intensive employment and foreign exchange earnings (Akbulut, 2010: 37).

We participate in tourism fairs and advertise our country with promotional activities carried out by the Ministry of Culture and Tourism in 37 countries around the world with 40 cultural and promotion consultancy / attaché offices. In addition, it is aimed to carry out advertising activities in newspapers and magazines with the highest circulation, television and radio

channels with the highest ratings, shopping malls, airports and other public places and internet environments with a promotional budget of \$ 100 million in 2012 ([http : //www.antalyakulturturizm.gov.tr/Eklenti/7966,tanitma-genel-mudurlugu-sunumupdf. pdf? 0,](http://www.antalyakulturturizm.gov.tr/Eklenti/7966,tanitma-genel-mudurlugu-sunumupdf.pdf?0)).

Based on this information, among the strengths of Turkish tourism; climate, historical value, natural resources and largely intact nature, the hospitality and traditions of the Turkish nation, the existence of a social structure that is aware of the social and economic value of tourism, its young population that can quickly adapt to the phenomenon of tourism, its recognition and high market share in the main markets and The existence of travel agencies and airline companies working exclusively for our country, the cultural richness and historical heritage in Anatolia, its unique sociological and cultural structure and the supply of a combination of east and west, the existence of a coastal structure and wind that allows yacht tourism, is more than other competing countries in the Mediterranean basin. The existence of new and better quality facilities, the dynamism experienced in domestic tourism, the geographical structure and transportation facilities suitable for tourism diversification, the improvement in the Turkish economy and the adaptation to the changing demand in international tourism (DPT, 2007 : 81).

The weaknesses of Turkish tourism are; The state of the infrastructure, the inability of the development in the quality and support sectors to effectively respond to the needs, the adverse effects of the negative news in the international media on Turkish tourism, the confusion of authority in strategic planning and decision-making at the regional scale, the inadequacy in technical infrastructures and energy issues, Not being in harmony with the immediate environment and original architecture, lack of standardization among the tourism management documents obtained from the Ministry of Culture and Tourism and municipalities, and this causing confusion, lack of coordination in the use of the resource allocated for promotion and marketing, the historical, natural and cultural heritage Marketing activities with low budgets due to the difficulties in demonstrating competitive advantages and not acting, and cheap prices can be considered as an attraction (Dyson , 200 4: 631).

2.9. Tourism Development in Turkey

While dealing with the development of the tourism sector in our country, first of all, it is necessary to touch on the historical process. Due to its geographical location, Turkey has been the scene of many travels since ancient times; Especially during the Seljuk period, the inns and caravanserais on the Silk Road energized the passenger traffic in Anatolia. These inns and caravanserais on the trade route started to be replaced by hotels with more modern accommodation after the opening of the Eastern railway between Istanbul and Paris in 1870. After the First World War and during the years of the War of Independence, tourism movements decreased in Turkey, and the revival of tourism only occurred with the regulations made in the field of transportation in the first years of the Republic (Çımat and Bahar, 2003: 15).

In 1923, under the leadership of Atatürk, the first serious institutionalization experience was initiated with the Turkish Traveler Association (Turing Automobile Association). The first legal studies on tourism took place within the Tourism Directorate established within the Ministry of Economy in the 1937 Cemal Bayar government. Since 1957, the tourism sector in Turkey has started to be handled at the ministerial level. In the following years, our country started to meet the phenomenon of international tourism; While the number of tourists visiting Turkey in 1950 was only 30,000, this number exceeded 500,000 for the first time in 1965 and reached 2,000,000 in 1985, in 1990 as an effect of the positive changes seen in global tourism. It has reached over 5,000,000. (<http://w2.anadolu.edu.tr/aos/kitap/ioltp/2291/unite12.pdf>).

After these dates, tourism in our country has begun to be considered together with its social, economic and environmental aspects. Because it has been observed that the numerical values achieved in tourism in our country do not meet the historical and natural riches. For this purpose, tourism promotion laws were enacted through legal regulations, tax and customs exemptions were given special foreign currency allowances. With these measures, great developments have been experienced, and between 1984

and 1990, the tourism sector has been a sector that grew approximately 12.1% (Çimat and Bahar, 2003 : 15).

Turkey, which hosted nearly 10 million tourists in 1997, is now among the top 20 countries with the highest tourist and tourism income. The efforts of the state and private sector in the development of tourism in Turkey is an undeniable fact. It is noteworthy that the state included tourism in its 5-year development plans and chose Aegean, Marmara and Antalya as pilot regions. Established in 1955, the Turkish Tourism Bank and its incentive loans caused significant increases in the number of accommodation facilities. Today, Turkey, together with its accommodation facilities and tourism centers, is in an important position in terms of tourism in the world (Gülbahar, 2008: 158).

2.10 . Tourism Policy in Turkey

Tourism, which is an important source of income for the Turkish economy, is at an important point for our country. This sector, which is an important source of foreign currency for the economy, is important in creating new job opportunities, thus reducing the unemployment rate and overcoming the balance of payments problems. For this reason, the tourism sector can be considered as the key sector in our country's economic development strategy (<http://dergi.teskomb.org.tr/254/index2.asp?dp=s26>).

While the development of tourism in our country continues at increasing rates every year, the Ministry of Tourism has announced its target in the 2023 Tourism Strategy. As stated in the "Turkey Tourism Strategy 2023" document; "Turkey has a long-term tourism strategy and the main goal of this strategy is to become one of the top 5 countries in the world that attracts the most tourists and earns the highest tourism income in 2023". Today Turkey; In domestic and foreign tourism, it has managed to become one of the few tourism countries in the world by adopting a tourism understanding of international standards. In addition, the tourism sector plays an important role in overcoming the problems faced by the country's economy (Aydın, 201 2: 92).

In the last decade, the government has decided to leave all policies, business and product-centered understanding in the tourism sector in investment, management and marketing, and to transform it into a target-oriented understanding planned within the scope of physical, cultural and social environment harmony. It has been announced that the powers, responsibilities and relations of the Ministry of Tourism, sectoral organizations and local administrations will be evaluated within a new legal framework within this understanding. Along with these regulations, the decision that the infrastructure of the legislation that increases the powers and opportunities of sector organizations and local administrations will be improved was also taken within this program (İçöz, 2009: 2257).

It is another decision taken to give importance to the promotional projects for the creation of the "Turkey" brand in the field of tourism and to observe the coordination of these projects, especially with foreign trade and foreign capital policies. It has been announced that by reviving Turkey's rich tourism potential, an initiative will be initiated to reach the position it has gained in recreational tourism in the fields of fair, business-congress, sports and cultural tourism, which have an important place in the global tourism share; In addition, it was emphasized that all necessary contributions will be made to make Istanbul's tourism potential especially evaluated and to activate this potential in coordination with local governments (<http://www.tbmm.gov.tr/hukumetler/HP58.Htm>).

As a result, tourism is a sector that increases foreign exchange inflows and contributes to the country's economy with its employment opportunities, and has an important share in the establishment of global peace with its increasing and integrating effect on international communication.

2.11 . Tourism Features in Turkey

Unlike other sectors, tourism almost consists of a cross-section of sectors. It receives input from many different areas such as transportation, accommodation, food and beverage and presents a complex structure. Tourism displaying such a complex structure has distinctive features (Akbulut, 2010 : 37).

The efficiency of tourism in the country's economy is high. It is important for the country's economy as it affects the foreign exchange supply in a short time with a small amount of imports, provides more employment opportunities, creates high added value and eliminates the imbalance between regions. Tourism is not a sector that produces essential goods and services and meets these needs. Because touristic consumption is included in the non-compulsory (culture, leisure time, comfort, etc.) consumption group. Tourism is an expression of social efficiency. Tourism, as well as economic efficiency, socio get efficiency is also in question (Mueller and Kaufmann, 2004: 1).

The basic raw material of tourism is the historical, natural and cultural values of the country. That is, their main raw materials are the country's natural supply sources. In tourism, there is less mechanization and automation compared to other sectors. Therefore, the need for the labor factor is much higher than in other sectors. Services in tourism are consumed as soon as they are produced; They cannot be stocked like in other sectors. The tourism sector in Turkey shows a continuous development. In this development, the importance that our country attaches to the promotion service abroad has a significant effect on the package programs that are prepared especially for people with medium income (Çimat and Bahar, 2003: 16).

Apart from this, the increase in the number of trained personnel and the diversification of accommodation facilities are other factors in the development of tourism. In addition, the frequent transportation area used by tourists coming to Turkey is the airline; (74%), followed by road (16%), seaway (10%) and railway (1%). In addition, the duration of stay of the tourists coming to Turkey is prolonged and this situation provides more foreign currency inflow . It is known that the tourists coming to Turkey prefer the summer season as a holiday season, and August is the month when the most tourists come in the summer season. However, the tourism season has recently extended between March and October, and even in the winter months, due to the tourists coming to our southern coasts , it extended until December (Gülbahar, 2008: 158).

Tourism revenues (approximately \$ 6 billion), which have a value of around 3.5% in national income in our country, are of great importance in our country's economy. In this respect, it is gratifying that the amount of foreign currency earned by tourists coming to Turkey exceeds the foreign currency amount of Turkish citizens going to other countries ([http://w2.anadolu.edu.tr/aos / Kitap / ioltp / 2291 / unite12.pdf](http://w2.anadolu.edu.tr/aos/Kitap/ioltp/2291/unite12.pdf)).

2.12 . Types of Tourism in Turkey

The tourism sector in Turkey has shown a remarkable development especially in the post-1983 period . This development was realized as a result of the realization of the importance of the tourism sector in the said period and the incentives provided for the development of the sector. In our country, touristic activities have gained diversity in areas such as youth tourism, golf tourism, congress (meeting) tourism, mountaineering tourism, winter sports tourism (Çimat and Baha r, 2003 : 17).

2.12 .1.Student and Youth Tourism

Student and youth tourism are touristic trips that involve students and teachers of educational institutions and are generally held collectively. Young people want private, simple, discounted accommodation, where they can meet other young people. Apart from this, young people are more open to movement, adventure and change due to their psychological structure and their participation in touristic movements is higher than other age groups (Akbulut, 2010: 38).

Youth tourism in our country is generally considered within the scope of travels made by taking advantage of the discounted transportation and accommodation opportunities offered to the young population with limited financial opportunities and mostly continuing their education. “With the initiatives of the Ministry of Culture and Tourism, young people benefit from public institutions and some private sector facilities with appropriate opportunities, which enables young people to participate in tourism effectively (Emir and Durmaz, 2009: 25).

In addition, a guide has been published by the Ministry of Culture and Tourism to support young people, including student dormitories affiliated with Yurtkur, Ministry of Forestry Rest Camps, Youth Camps of the General Directorate of Youth and Sports , and facilities that offer special discounts for young

people. (<http://www.kultur.gov.tr/TR/BelgeGoster.aspx?F6E10F8892433CFF679A66406202CCB04607E66A6C64180A>, (19.05.2016)

2.12. 2. Golf Tourism

Golf is an outdoor sport that is usually played in an area of 500,000 m² with natural and artificial obstacles for the participants, and it is also a large income-generating activity (Dyson, 2004: 631). Golf facilities with investment certificates from the Ministry of Culture and Tourism in our country are shown below.

Investment Certified Golf Facilities

Kaya Belek Belek-Antalya

Mediterranean Golf Club Belek-Antalya

Köprüçay Golf Serik-Antalya

The Scala Nova Golf And Country Soke-Aydin

Kemerburgaz Golf Kemerburgaz-Istanbul

MIR Club Country Pendik-Istanbul

Pine Bay Sarigerme Golf Resort Sarigerme-Mugla

World Of Wonders White House Kocaçam Mevkii-Aksu Antalya
(<http://www.kulturturizm.gov.tr>) .

2.12. 3. Congress (Meeting) Tourism

Turkey is an important destination with its proximity to European countries. It offers ideal opportunities for congress tourism with its shores, cultural values and modern accommodation facilities, especially Istanbul, Izmir, Antalya, Mugla. Daily trips for those participating in congress tourism connect Istanbul to major cities of the USA, the Middle East and Asia

(<http://www.kultur.gov.tr/TR/BelgeGoster.aspx?F6E10F8892433CFF679A66406202CCB0371D42C1019AB9A7>).

2.12 .4. Mountain and Winter Tourism

As a result of rapid development and industrialization, people go to the beaches in the summer and to the mountainous, snowy and forested places in the winter in order to escape from a stressful and unhealthy environment for a while. In this way, mountain and winter tourism was born. Studies that pioneered mountain and winter tourism around the world were carried out especially in Central and Northern European countries, followed by countries such as Canada, America and Japan (Akbulut, 2010: 38).

It is possible to define mountain tourism, which has started to develop in our country in recent years, as a type of tourism made in order to stay alone with the calm and quiet nature away from the noise of city life and to get to know nature. Ağrı Mountain, Beydağlar, Erciyes Mountain, Aladağlar, Kaçkar Mountain Range, Süphan Mountain are our main mountains where mountaineering tourism is made (<http://www.sucenneti.net/dagcilik-turizmi.html>)

In our country, 43 areas where winter sports can be done, especially in provinces such as Bursa, Kayseri, Erzurum, Bolu, Kars, Kastamonu, Isparta, Aksaray, Gümüşhane, Kocaeli and Bitlis, serve as Winter Sports Tourism Centers (<http://www.kultur.gov.tr/EN/BelgeGoster.aspx?F6E10F8892433CFF060F3652013265D605DF63DF09F5FDEC>).

2.12 .5. Hunting Tourism

Hunting tourism is one of the alternative tourism types that can be done in many regions of our country and provides the renewal of nature and people. Hunting tourism is a different application of tourism, and it is the activities that people with hunting characteristics do with certain rules in order to satisfy their hunting curiosity. Wild animals that are allowed to be hunted in our country change every year according to their species and hunting times. These changes are determined by the annual Central Hunting Commission Decisions. In our country; Wild boar, roe deer, hybrid wild goat,

hooked horn goat, Anatolian wild sheep, red deer, wild goat, jackal, fox are allowed to hunt. <http://file.yabantv.com/haber/1/6/7/8 / 8 / 2014-2015-AV-YEAR-AV-TOURISM APPLICATIONALIMATI.htm>, (02.11.2016)

2.12 .6. Rafting Tourism

Rafting tourism can be defined as advancing in the direction of water flow with wild flowing streams with boats suitable for its purpose. There are many streams in our country suitable for this type of sport . Especially Coruh River is one of the most suitable rivers in the world for rafting . There are quite suitable places in our country for river skiing, canoeing and rafting, also known as river tourism. Göksu River, Çoruh River, Manavgat Stream, Dim Stream, Köprüçay and part of Fırat river are very suitable places for rafting (Akbulut, 2010: 40).

2.12 .7. Cave Tourism

Caves in Turkey have an important potential in terms of tourism diversity. It is thought that the number of caves suitable for cave tourism in our country is more than 20,000. While Pınarözü Cave in Isparta is more than 16 km long; Peynirlikönü Cave in Mersin is the deepest cave (<http://file.yabantv.com/haber/1/6/7/8/8/2014-2015-AV-YILI-AV-TURIZMIYGULAMA ITALIMATI.htm>).

2.12 .8. Yacht Tourism

Today, yacht tourism is one of the most common and popular tourism types in Turkey, which is surrounded by the sea on three sides. Between 1983-1992, the sea tourism sector emerged in the international competition environment that emerged as a result of the opportunity to work freely and trade in tourism services for travel and sports purposes between Turkish ports and territorial waters (http://www.denizticaretodasi.org.tr / Shared%20Documents / Deniz%20Ticaretini%20Magazine / nisan_ek_15.pdf).

2.12. 9.Sports Tourism

Sports tourism is a type of tourism with a high financial return. Some cities introduce themselves as sports cities and pay attention to their technical

infrastructure and equipment by making the necessary investments in this field. The contribution of sports to tourism is in two different ways: While sports activities can be a suitable means of launching due to their popular characteristic, they become a part of tourism directly by causing mass travels. For the national matches in our country, for the travel of our expatriates from abroad or for the matches of Turkish teams playing with foreign teams, the group of fans who have moved can be given as an example (Yıldız and Aydın, 2013 : 269).

2.12 .10. Health tourism

In summary, travels for treatment are the subject of health tourism. In other words, health tourism is a form of tourism that enables the growth of health institutions by using the international patient potential with those who need physical therapy and rehabilitation . Especially after the 1990s, it is seen that in addition to the public health services in Turkey, the private sector has also made serious investments in health services. As a result of these developments, private health institutions, especially in large provinces, have increased at a level that can compete with European standards (<http://www.ktbyatirimisletmeler.gov.tr/TR,11508/genel-tanim.html>)

2.13. Factors Affecting Tourism in Turkey

Among the social factors affecting tourism in our country; urbanization, population increase, decrease in working hours and the effect of trade unions, the spread of education, changes in family life and home conditions, developments in modern technology and mass media, changes in social values, positive effects of medical developments on human life, increasing interest of the state and economic developments. One of the most important factors that enable tourism to become a mass event is the leisure or free time that people have. Factors affecting leisure time; population growth, urbanization, decrease in working hours and the effect of trade unions, increase in education, changes in family life and home conditions, developments in technology and communication tools, development of national economies, changes in social values, positive effects of medical

developments on human life and the increasing interest of the state (Göçen et al. , 20 11: 493).

2. 14 . Economic Effects of Tourism in Turkey

In our country, tourism with the qualifications gained nationally and internationally; It has become a sector that improves investments and business volume, generates income, provides foreign exchange inflows, creates new employment areas, affects social and cultural life, and facilitates the fulfillment of politically important social functions. Tourism, which is one of the cornerstones of the Turkish economy, emerges as an issue especially emphasized by governments seeking solutions to the problems of foreign trade deficit, inflation and unemployment (Emekli, 2005 : 99).

Tourism is known as a sector that benefits and contributes to the economy with its foreign currency generating effect, balance of payments, elimination of external deficits and employment as well as contribution to GNP. In addition, the aspect of reducing unemployment with the new employment opportunities it creates shows that the tourism sector is a fundamental stone in the economy. If we evaluate tourism in Turkey, active foreign tourism has made significant progress since the 1980s; With a program launched in the economy (1985), this sector has taken its place among the sectors that are wanted to be promoted. The tourism sector has a quality that can be considered as a key sector in the economic development strategy in our country, and with the important developments it has shown since the 1980s, tourism in Turkey has become a famous tourist attraction center for all tourists in the world (Çimat and Bahar, 2003: 18) . .

2. 15 . Health Tourism in Turkey

Health tourism is a type of tourism that has recently entered the agenda of Turkey. Recently, incomes related to health tourism in the world increased by an average of 6 times to \$ 3 billion; He encouraged Turkey, which is one of the countries that wanted to operate in this field, to take initiatives in this regard (Aydın 2012 : 93).

The Prime Ministry State Planning Organization carries out the planning and promotion activities related to health and tourism in our country. Both the Ministry of Culture and the Ministry of Health should work in coordination in order to provide quality and effective health services for tourism health and tourists. Studies in this field are included in the development and investment plans carried out by the State Planning Organization (<http://www.spaturkey.Com/spa-article.asp?Id=2>).

According to the plans of the SPO, Turkey pays great attention to medical tourism in order to regulate the seasonal and geographic distribution of tourism and to create new areas for the preferences of changing consumers in foreign markets. In recent years, our country has been able to provide health services at a level that can compete with quality health services in developed countries, and tourists from all over the world have been brought to Turkey for treatment purposes. Especially in the 1990s, it is seen that in addition to the health services in the public sector, private sector representatives also made significant investments in health services in Turkey (Erdoğan et al., 2008 : 10).

As a result of these developments, although private health institutions that can compete with European standards have started to increase in big cities such as Ankara, Istanbul and Antalya, it is seen that the construction and operating costs of the opened health facilities are very high. One of the most important ways to reduce these costs is to open up healthcare facilities to foreign markets. Therefore, in order to support these advantages of Turkey, there is a unit established in the Ministry of Health for the advancement of health tourism for health institutions and organizations. Health tourism is considered as one of the priority areas in the Turkey Tourism Strategy 2023 Draft Report prepared by the Ministry of Culture and Tourism (<https://www.ktb.gov.tr/Eklenti/906,ttstratejisi2023pdf.pdf?0>)

In addition, congresses have been held at international level in the field of health tourism in Turkey for three years. It is aimed that local and foreign public and private sector institutions and organizations that have a say in their field will participate in these organizations by increasing their number. Health tourism has become an important field of activity in our

country in recent years; Medical tourism, thermal tourism, SPA and Wellness, elderly tourism, disabled tourism, sports tourism are also divided into special service branches. For this reason, investors should be attracted to our country for health tourism and the state should give necessary incentives for this (Kaya et al., 2014 : 70).

2. 16 . The Place of Health Tourism in Tourism Activities in Turkey

If tourism types are classified according to the aims of the participants, it is seen that they are grouped under two main headings as alternative tourism and traditional tourism. Health tourism is in the alternative tourism group of these types. Health tourism; Taking a different place among other tourism activities in our country, it enables the facilities serving in this field to grow and develop further by using the international patient capacity together with the people who need physical therapy and rehabilitation. One of the reasons people travel from one place to another is undoubtedly health. People have traveled in the past to find health and well-being. For this reason, the place of health tourism in touristic activities such as coastal tourism and mountaineering tourism in our country is different from other fields because it is of vital importance and not only "pleasure", it is performed due to health-related obligations (surgery, operation, prosthesis, etc.) (Özok , 2008: 17).

2.1 7 . Health Tourism Policy in Turkey

Our country has the opportunity to become a regional power in health tourism. Based on this power, investments are made in health tourism such as wellness facilities, clinic guesthouses and geriatric treatment centers. Our country has made a significant progress in the tourism sector with the health transformation program; As a result of this situation, going abroad for health services has decreased significantly (http://www.saglikturizmi.org.tr/f_akben_makale.html).

In order to explain health tourism in a good way, it is necessary to mention the health system in our country. The distribution of current health personnel in Turkey is given according to the 2010-2014 Strategic Action Plan of the Ministry of Health. It is aimed to increase these numbers in terms of a better quality and more planned operation in line with the targets in the ministry's

action plan. Some developments stated in the 2010-2014 action plan of the Ministry of Health can be briefly mentioned as follows (<http://www.saglik.gov.tr>; Ministry of Health 2010-2014 Strategic Action Plan).

In particular, the newly defined clinical guesthouse can be established and opened by using the existing physician staff, provided that they carry the physical characteristics of the hospital, depending on any private hospital in the same province. Geriatric treatment centers will be able to provide health and care services for elderly people as well as elderly tourism. A new model that can serve as an example to the world in elderly tourism will develop rapidly in Turkey, health institutions to be opened in tourism regions will be licensed and audited with the Ministry of Culture and Tourism and will only serve for health tourism. The condition of establishing and operating a health unit will be stipulated in hotels with a capacity of more than 500 beds. These units will carry the conditions of the clinic and can be opened by any health institution or independently (Akbulut, 2010: 37).

2.1 8 . Types of Health Tourism in Turkey

2.1 8 .1. Thermal Tourism

The official institution authorized in health tourism studies in Turkey is the Ministry of Health. The Ministry of Health divided the cities in Turkey into three main groups as A, B and C in terms of health tourism. Health tourism cities in Turkey determined by the Ministry of Health are determined as follows according to the groups (<http://www.saglikturizmi.gov.tr/50-c-grubu.html>):

A Group Tourism Cities: Istanbul, Gaziantep, Adana, Kayseri, Ankara, Izmir, Mersin, Nevşehir, Muğla, Antalya, Hatay, Bursa, Aydın, Edirne, Denizli, Erzurum.

Group B Tourism Cities: Balıkesir, Konya, Afyonkarahisar, Kütahya, Yalova, Bolu, Rize, Trabzon, Kocaeli, Samsun.

C Group Tourism Cities: Adıyaman, Ağrı, Amasya, Artvin, Tokat, Bayburt, Karabük, Bilecik, Bingöl, Bitlis, Burdur, Tunceli, Karaman, Çanakkale, Çankırı, Çorum, Diyarbakır, Şanlıurfa, Kırıkkale, Kilis, Elazığ, Erzincan,

Eskişehir , Giresun, Uşak, Batman, Gümüşhane, Hakkari, Isparta, Kars, Van, Şırnak, Osmaniye, Kastamonu, Kırklareli, Malatya, Kahramanmaraş, Yozgat, Bartın, Mardin, Mus, Niğde, Ordu, Zonguldak, Ardahan, Düzce, Skarya, Siirt , Sinop, Sivas, Aksaray, Iğdir.

When it comes to health tourism in Turkey, the first thing that comes to mind is thermal tourism. Due to the geographical structure in Turkey, the number of fault lines is quite high. In regions where there are many fault lines, the number of hot springs is also high. Therefore, thermal tourism acts as the locomotive in the field of health tourism in Turkey. Figure 3 shows Turkey's thermal tourism centers. The availability of these resources all over the country makes thermal health tourism to be integrated with other tourism types. It is possible to evaluate thermal health tourism together with sea, third age, hunting, yacht, golf, mountain, winter and congress tourism. Although the exchange rate in many European countries is around 120 days a year, this period is around 300 days in Turkey. The significant length of the course period is an important advantage in terms of thermal health tourism. <http://www.ozelhastaneler.org.tr/images/Documents/sanal%20k%C3%BCt%C3%BCphane/D%C3%9CNYA%E2%80%99%20DA%20VE%20T%C3%9CRK%C4%B0YE%E2%80%99%20DE%20%SA%C4%9ELIK%20TURN%C4%BOZM%C4%B0-2010.pdf> .

2.1 8 .2. Medical Tourism

When compared to other countries, Turkey has some advantages in terms of medical tourism. These advantages that Turkey has in the field of medical tourism are as follows (Deva Health Group 2004):

Health services in our country are cheaper than other countries. The service capacity of the hospitals and the number of qualified employees are quite high. As Turkey is close to the Middle East, Balkans and European countries, it can serve both developed countries in the west and Muslim countries. In addition, although the number of staff who can speak foreign languages is not sufficient in public hospitals, there are sufficient numbers in private hospitals. Geographically, Turkey is located in the middle of Asia and Europe. The process has begun for entry into the European Union

countries. Especially after the 1990s, it was observed that in addition to public health services in Turkey, the private sector also made significant investments in health services. As a result of these developments, private health institutions, especially in big cities, have increased at a level that can compete with European standards. The opening of these health facilities, which have high costs in terms of construction and operation, to foreign markets is gradually becoming obligatory in terms of reducing these costs ([http:// www.kultur.gov.tr](http://www.kultur.gov.tr))

For medical tourism purposes to Turkey, the Netherlands, Germany, Austria, Belgium, Norway, Finland, Switzerland, England, Iraq, TRNC, Algeria, Libya, Kuwait, Egypt, Turkmenistan, Russia, Azerbaijan, Kazakhstan, Jordan, United Arab Emirates, Syria, Every year thousands of patients come from countries such as Bulgaria and Poland for treatment (Kaya et al., 2014: 71).

2.1 8 .3. Elderly Tourism

In our country, since the customer portfolio in thermal treatment is generally composed of elderly and people with limited mobility, it is necessary to ensure that these people can easily benefit from thermal baths. In addition, elderly tourists generally benefit from rehabilitation services. In addition to the natural and cultural beauties of Turkey, the quality services it offers are at reasonable prices compared to many countries, which is an advantageous situation for elderly (third age) tourism. In our country, with the amendments made in 2011 in the Private Hospitals Regulation dated 2002, the way for health tourism was enabled; This regulation paved the way for treatment centers to carry out elderly care and rehabilitation. In the Regulation, it is stated that Geriatric Treatment Centers can be established within the hospital "in order to provide services to elderly patients with a multidisciplinary approach" and can provide services in buildings that comply with the conditions specified in this Regulation (Aslanova, 2013 : 130).

2.1 9 . Economic Potential of Health Tourism in Turkey

The state has provided great convenience to organizations operating in the Health Tourism sector. In recent years, one of the economic problems that have emerged as a problem that needs to be addressed especially is the

reduction of the current account deficit. In addition, it can be seen that tourism revenues are considerably higher than tourism expenditures within the tourism income and expenditure balance in the tourism sector of Turkey. It is seen that after 1980, significant incentives were provided for tourism. The important point that explains this situation is interpreted as the rapid progress of the globalization movements taking place around the world. In addition to its direct effects, tourism also has indirect effects. These effects are interpreted as their interactions with other sectors other than tourism, namely the external economy. For example, the tourism sector contributes significantly to the development of small and medium-sized enterprises. The desired benefit will be obtained from the tourism potential when the necessary infrastructure is established, by contributing to the industrialization of foreign currency income at the same time. As a labor-intensive and high value-added sector, tourism also plays a positive role on the local workforce. In this case, it shows a feature that eliminates regional differences in income distribution (Baş ar et al., 2016: 10).

2. 20 . Factors Developing and Restricting Health Tourism in Turkey

2. 20 .1. Developing Factors

There are some factors that improve the health tourism in our country: “The high quality of hospital infrastructure and equipment, the education and experience level of physicians and service providers at the standards of western countries, the price advantages it offers compared to other countries...” Apart from these; The main factor in the development of health tourism in general and medical tourism in particular is the price differences between countries. There are significant price differences especially in complex surgical interventions (Batı Akdeniz Development Agency, 2011 : 2).

In addition to price differences, exchange rate differences are another important factor. In medical tourism, the appreciation or loss of the country's currency in one of the destination countries can cause patients to easily change their destination due to comparative price advantages or disadvantages (İçöz, 2009 : 2258).

The privatization of services in the field of health causes organizations serving in this field to compete with each other. In addition, it has led individuals to give importance to their personal health and to adopt a healthy lifestyle. Again, by organizing tour organizations for health tourism, it has been facilitated for individuals to travel in this regard.

2. 20 .2. Restricting Factors

The most important obstacle to medical tourism is the problem of convincing potential visitors that medical interventions in developing countries are at the level and quality of their own. There are serious doubts in European countries that the hygiene conditions during and after treatment in India are not sufficient (www.elsevier.com/locate/tourman).

The factors that improve health tourism are quite high compared to the factors that restrict them. Therefore, it can be said that entering this market will be advantageous in the long run. An important part of the restrictive factors are regulations in the field of insurance, education and telecommunications (especially insurance systems that limit treatments in foreign countries), domestic, regulatory, infrastructural and capacity-related limitations and intense competition in the market (İçöz, 2009 : 2259).

Among the things to be done to overcome these difficulties; Legal regulations on the subject, reduction of formalities, quality assurance in the service provided, qualified personnel, keeping up with technological developments, appropriate infrastructure and elimination of transportation difficulties.

CHAPTER 3

METHOD

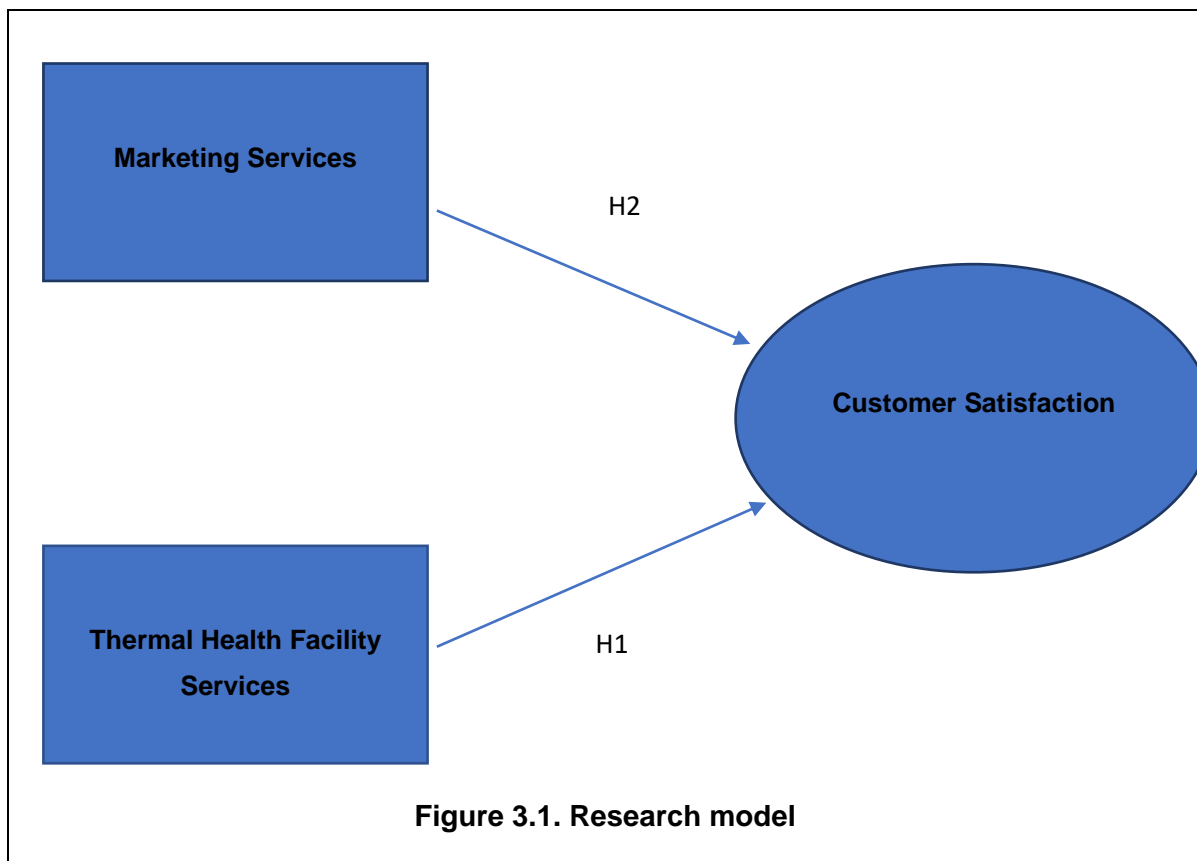
In this section, the purpose and scope of the research, its question and model, its rationale and level of analysis and research method will be given.

3.1. Research Model

This research was conducted with a descriptive research model. Descriptive research is a research model that tries to explain situations, past or present events, concepts and relationships related to a problem. This research design is illustrated in “**Figure 3.1**” below. Depending on the basic research model below, the dependent variable in this study is customer satisfaction, and the independent variables are marketing services and primary health care services. In addition, **research questions** are also stated here. In the light of these distinctions, a basic research proposal was formed.

“Customer satisfaction in Turkish Thermal Health Tourism is affected by marketing services and thermal health businesses services.”

In the light of this proposition, this study states that "Turkish Thermal Health Tourism contributes to the country's tourism and economy." He will put forward his thesis and investigate it.



3.2. Universe, sample and selection

While determining the research sample, customers, managers and employees of thermal health sector enterprises throughout Turkey were taken into consideration. In determining the individuals to be included in the research sample, the relevant rates were determined by the cluster sampling method. This method is used to homogenize the heterogeneous main mass. According to official records, there are 89 facilities with tourism management certificate in Turkey. The facility list in (Appendix 3) was used in our research. However, feedback was received from 73 facility managers. The number of customers with data obtained is 1468. Survey interviews were conducted with 73 (27 senior + 46 mid-level) managers and 506 employees.

3.3. December's Research Data Collection Three Categories

The data collection form prepared for the research consists of three parts. Data collection techniques in those demographic survey method seçilmiştir.çalış 8 , the company dealing with 3,6 related services totaling been asked 17 statement. To manage demographic 8 , relating to the operation 6 , p associated with ribbing targets 1, f about fiyatlandır on 2, d is probably related with the third and t about utundur the four a total of 24 expression were asked. Customers demographic 4 , it ilgili1 with effective tools wire preferred , k onakl but because of ilgili1 , it relates to wire reservations sorular2 h izmet with ilgili4 , fiyat related Question 1 and t sum to 50l about utundur on 18 expression sorulmuştur.anket forms It was applied to 73 managers, 506 employees and 1468 customers selected by randomized sampling method. In all statistical analyzes, 0.05 significance level was taken as basis.

Managers, employees and the creation of a questionnaire administered to customer Selcuk University Social Sciences Institute, Department of Business Administration students from the post in 2012 by Professor John Policy Dr. Mahmut Tekin's PhD dissertation on "Marketing Mix Elements in Hospitality Businesses Providing Services for Thermal Tourism in Turkey: An Exemplary Field Study" (Appendix 1). Permission to use the questionnaire was obtained by e-mail dated 30.04.2021 (Appendix 2). The form used in the thesis;

" The data in the study were collected through two separate questionnaires prepared to be applied to hotel managers and customers. During the preparation of the questionnaire developed to be applied to hotel managers, literature was searched and the questionnaire applications of existing studies related to the field were examined. The questionnaire questions were developed in consideration of Harman's (2007) study. "

specified. It is adapted to our study subject by quoting this questionnaire .

3.3.1. Manager and Employee Socio-demographic Data Form

The first section of the thermal hotels in the Turkish thermal health tourism development of the country's tourism and economy to contribute to the determination of for managers and gender of employees, age, marital status , educational status, they work in sections , tasks, working hours and a total professional experience in the positions they hold a total of about 8 consists of title .

3.3.2 . Employee Survey Question Form

As can be seen in Table 3.1, used as a data collection tool in the research, there are 17 questions, 9 and 8 demographic, in total for the thermal hotel business in the Employee Questionnaire Questionnaire .

Table 3.1 . Distribution of employee survey questions according to sub-dimensions

Dimensions	Number of questions	Question Numbers
Questions about demographic characteristics	8	1,2,3,4,5,6,7,8
General information about the business	3	1, 2, 3
Service-related questions	6	4, 5, 6, 7, 8, 9

3.3.3 . Executive Questionnaire Questionnaire

In the Manager Questionnaire Questionnaire , which is used as a data collection tool in the research, there are 16 questions consisting of 5 groups and a total of 24 questions, 8 of which are demographic.

The first group in the Leaders Survey Information Form available thermal hotel on business for there are 6 questions.

In the second group, there is 1 question to determine which marketing goals are taken into account and the importance levels of the goals considered . This question 5s Likert d erecel the scope Lowering the " not important " , " not important " , " neither important nor unimportant " , "important" and " very important " to be positive than negative, including 1 to 5 intermittent condition has been brought.

In the third group, there are 2 questions about pricing. In the first of the questions, there are 12 suggestions for determining the issues that thermal hotel businesses take into account when determining the prices of the services they provide and the degree of importance of these issues. In the second question, there are 7 propositions to determine the considerations and importance levels in price differentiation. In both questions, the answers to the propositions were divided into five degrees according to the 5-point Likert Rating: "not important at all", "not important", "undecided", "important" and "very important".

Polls in fourth place in the group three questions *delivery of services* is related to n. In two questions, travel agencies and the rate of using the internet in the sales of the services were asked, and in the third question, the issues taken into consideration in the selection of travel agencies that cooperate in the distribution of the services and their importance levels were investigated with 7 suggestions according to the 5-point Likert Rating .

The fifth group of questions is about the *promotion* component of the marketing mix . There are 4 questions in this group .

Table 3.2 .Distribution of manager survey questions according to sub-dimensions

Dimensions	Number of questions	Question Numbers
Questions about demographic characteristics	8	1,2,3,4,5,6,7,8
General information about the business	6	1, 2, 3, 4, 5, 6
Questions about marketing goals	1	7
Pricing questions	2	8, 9
Distribution questions	3	10, 11, 12
Questions about promotion	4	13, 14, 15, 16

3.3.4 . Customer Survey Question Form

There are 10 questions in the "Customer Survey Question Form", one of the survey forms used as data collection tools in the research . Four of the survey questions are aimed at determining the demographic

characteristics of the hotel guests participating in the survey. In the following questions, respectively; The tools that are effective in the hotel preferences of the guests, what is the reason for staying at the hotel, whether travel agencies and internet are used in hotel reservations, and what services are desired to be in a thermal hotel business are asked. With the nine suggestions in the last question posed to the guests, the points that guests pay attention to in their hotel preferences and their importance levels were investigated according to the 5-point Likert Rating.

Table 3.3 .Distribution of customer survey questions according to sub-dimensions

Dimensions	Number of questions	Question Numbers
Questions about demographic characteristics	4	1, 2, 3, 4
Question about the tools that are effective in choosing the hotel	1	5
Question about the reason for the stay	1	6
Hotel reservations inquiries	2	7, 8
Service-related questions	4	9, 10.7, 10.8, 10.9
Question about price	1	10.6
Questions about promotion	5	10.1, 10.2, 10.3, 10.4, 10.5

3.4. Analyzing Data

In the study , a questionnaire form designed to be applied to hotel managers, employees and customers to determine the contribution of 3, 4 and 5 star thermal health sector enterprises throughout Turkey to the country's tour and economy . Informed consent and informed consent were obtained in order to put the questionnaire into practice . The research but three about to reach the s three arrows at the different analysis were used. In our three exercises , Cronbach's Alpha coefficient was used to evaluate the reliability of the questionnaire . The data obtained in the study were analyzed using the SPSS (Statistical Package for Social Sciences) for Windows 23.0 program. Descriptive statistical evaluation of the data number as Choose method of y in trouble, mean, standard deviation is used. The continuous quantitative comparison of data between two independent groups

t-test was used to compare quantitative data between continuous single or more than two independent groups delta nl of (Oneway) Anova test. After the Anova test, the Scheffe test was used as a complementary post-hoc analysis to determine the differences. Pearson's correlation and regression analysis were applied among the continuous variables of the study. The findings in the 95% confidence interval, 5% significance the was evaluated on the nipping surface.

CHAPTER 4

RESULTS

In this section, for the solution of the research problem, the findings obtained as a result of the analysis of the data collected by the hotel managers, employees and customers through scales in determining the contribution of the thermal health sector enterprises participating in the research to the country's tourism and economy are included. Explanations and comments were made based on the findings.

4.1. Socio-Demographic Findings

The socio-demographic information of the managers, employees and customers of the thermal health sector enterprises participating in the survey is included in this section.

4.1 .1 . Employees

The socio-demographic information of the employees participating in the survey is included in this section.

Table 4.4 .Demographic distribution of employees

	Dear)	Percent (%)
Gender		
Male	250	49,4
Woman	256	50,6
Age		
18-25	10	2.0
26-35	246	48,6
36-45	118	23,3
46-55	92	18,2
56 and over	40	7.9
Age Avg.	28.14 ± 10.15	Min.10 Max. 5 0
marital status		
Single	183	36,2
The married	323	63,8
Education status		
High school	470	92.9
University	36	7.1

Table 4 . In 4 , the distribution of employees according to their demographic status is given. Table 4 . 4 When examined, according to the gender of the employees included in the study; 49.4% (n = 250) were male, 50.6% (n = 256) were female, by age; 2.0% (n = 10) were between 18-25 years old, 48.6% (n = 246) were between 26-35 years old, 23.3% (n = 118) were between 36-45 years old , 18.2% (n = 92) 46-55 years old, 7.9% (n = 40) 56 years and above, mean age (28.14 ± 10.15; Min.10, Max 50), according to their marital status; 36.2% (n = 183) were single, 63.8% (n = 323) were married, according to their education level; 92.9% (n = 470) of them were L , 7.1% (n = 36) of them were University.

Table 4.5 .Employee demographic distribution (continued)

	Dear)	Percent (%)
Department of Work		
Water Management	54	10,7
Front office	254	50,2
Infirmary	13	2.6
Kitchen	48	9.5
Hotel	9	1.8
Accounting	14	2.8
Reception	68	13,4
Thermal	19	3.8
Curing Center	27	5.3
Task		
Receptionist	208	41.1
Officer	79	15,6
Thermal doctor	14	2.8
Chef	34	6.7
Cost control	10	2.0
Reservation chief	91	18,0
Masseur	19	3.8
Hot chief	16	3.2
Business manager	27	5.3
Reservation clerk	8	1.6
Working time in current position		
0-5 years	234	46,2
6-10 years	190	37,5
Between 11-15 years	7	1.4
Between 16-20 years	4	0.8
21 years and above	71	14,0
Total professional experience		
0-5 years	86	17,0
6-10 years	284	56.1
Between 11-15 years	52	10,3
Between 16-20 years	9	1.8
21 years and above	75	14,8

Table 4 . In 5 , the distribution of the employees according to their demographic status is given. Table 4 . 5 When examined, according to the departments of the employees included in the study ; 10.7% (n = 54) water business, 50.2% (n = 254) front office, 2.6% (n = 13) infirmary, 9.5% (n = 48) kitchen, 1.8% (n = 9) hotel, 2.8% (n = 14) accounting, 13.4% (n = 68) reception, 3.8% (n = 19) thermal, 5.3% (n = 27) cure center, according to their duties; 41.1% (n = 208) were receptionists, 15.6% (n = 79) were civil servants, 2.8% (n = 14) were thermal doctors, 6.7% (n = 34)) Chef, 2.0% (n = 10) cost control, 18.0% (n = 91) reservation chief, 3.8% (n = 19) masseur, 3.2% (n = 16) hot chef, 5.3% (n = 27) business manager, 1.6% (n = 8)

reservation clerk, according to the working hours in his position; 46.2% (n = 234) between 0-5 years, 37.5% (n = 190) between 6-10 years, 1.4% (n = 7) between 11-15 years , 0.8% (n = 8) between 16-20 years, 14.0 % (n = 71) 21 years and over, according to their total professional experience; 17.0% (n = 86) 0-5 years, 56.1% (n = 284) 6-10 years, 10.3% (n = 52) 11-15 years 1.8% (n = 9) were between 16-20 years, 14.8% (n = 75) were 21 years and over.

4.1.2 . Managers

The socio-demographic information of the managers participating in the survey is included in this section.

Table 4 .6 .Demographic distribution of managers

	Dear)	Percent (%)
Gender		
Male	61	83,6
Woman	12	16,4
Age		
26-35	15	20,5
36-45	33	45,2
46-55	14	19,2
56 and over	11	15.1
Age Avg.	32.87 ± 9.64	Min.20 Max. 5 0
marital status		
Single	14	19,2
The married	59	80,8
Education status		
High school	23	31,5
University	50	68,5
Department of Work		
General management	27	37,0
Hotel	46	63,0
Task		
manager	50	68,5
General manager	8	11,0
Operations Manager	8	11,0
Director of human resources	4	5.5
Business Manager	3	4.1
Working time in current position		
0-5 years	8	11,0
6-10 years	29	39,7
Between 11-15 years	7	9.6
Between 16-20 years	15	20,5
21 years and above	14	19,2
Total professional experience		
6-10 years	10	13,7
Between 11-15 years	14	19,2
Between 16-20 years	21	28,8
21 years and above	28	38,4

Table 4 . In 6 , the distribution of managers according to their demographic status is given. Table 4 . 6 When examined, according to the gender of the managers included in the study; 83.6% (n = 61) were male, 16.4% (n = 12) were female, by age; 20.5% (n = 15) were between 26-35 years old, 45.2% (n = 33) were between 36-45 years old, 19.2% (n = 14) were between 46-55 years old , 15.1% (n = 11) were 56 years and older, mean age (32.87 ± 9.64 ; Min.20, Max. 50), according to their marital status; 19.2% (n = 14) were single, 80.8% (n = 59) were married, according to their education level; 31.5% (n = 23) High school, 68.5% (n = 50) University, according to the departments they work in; 37.0% (n = 27) of the general management, 63.0% (n = 46) of the hotel, according to the duties of the managers; 68.5% (n = 50) were managers, 11.0% (n = 8) were general managers, 11.0% (n = 8) were business managers, 5.5% (n = 4) human resources manager, 4.1% (n = 3) business manager, 11.0% (n = 8) between 0-5 years, 39.7% (n = 29) 6-10 years, 9.6% (n = 7) between 11-15 years, 20.5% (n = 15) between 16-20 years, 19.2% (n = 71) 21 years and above, according to their total professional experience; 13.7% (n = 10) between 6-10 years, 19.2% (n = 14) between 11-15 years, 28.8% (n = 21) between 16-20 years 38.4% (n = 28) of them were 21 years and above.

4.1.3 . Customers

The socio-demographic information of the customers participating in the survey is included in this section.

Table 4.7 .Customers demographic status distribution

	Dear)	Percent (%)
Gender		
Male	850	57.9
Woman	618	42.1
Age		
16-25	199	13,6
26-35	154	10,5
36-45	277	18.9
46-54	413	28.1
55 and over	425	29,0
Age Avg.	34.84 ± 13.91	Min.10 Max. 50
Education status		
Primary education	258	17,6
High school	519	35,4
Associate Degree	159	10,8
University	359	24,5
Master and above	173	11,8
Profession		
Officer	481	32,8
Worker	241	16,4
Retired	287	19,6
Student	114	7.8
Own business	106	7.2
Housewife	125	8,5
Employer	2nd	,one
Unemployed	92	6.3
Other	20	1.4
Total	1468	100,0

Table 4 .7 distribution is given according to customer demographics. When Table 4 .7 is examined, according to the gender of the customers included in the study; 57.9% (n = 850) were male, 42.1% (n = 618) were female, by age; 13.6% (n = 199) were between 16-25 years old, 10.5% (n = 154) were between 26-35 years old, 18.9% (n = 277) were between 36-45 years old 28.1% (n = 413) 46-54 years old, 29.0% (n = 425) 55 years and above, mean

age (34.84 ± 13.91 ; Min.10, Max 50), according to education level; 17.6% (n = 258) primary education, 35.4% (n = 519) high school, 10.8% (n = 159) associate degree, 24.5% (n = 359) University, 11.8% (n = 173) Master's and above, according to their profession; 32.8% (n = 481) were civil servants, 16.4% (n = 241) workers, 19.6% (n = 287) retired, 7.8% (n = 114) student, 7.1% (n = 106) were self-employed, 8.5% (n = 125) housewives, 0.1% (n = 2) employers, 6.3% (n = 92) were unemployed and 1.4% (n = 20) were from other professions.

4.2 . Business Related Findings

The operating information of the managers and employees of the thermal health sector enterprises participating in the survey is included in this section.

4.1.1 . Employees

The business information of the employees participating in the survey is included in this section.

Table 4.8 .Business characteristics distribution (Employee)

	Dear)	Percent (%)
Business type		
Thermal Hotel	506	100,0
Business star rating		
3 star	86	17,0
4 stars	200	39 , 5
5 stars	220	43,5
Operating activity period		
Less than 1 year	57	11,3
1-5 years	41	8.1
6-10 years	285	56,3
11-15 years	63	12,5
More than 15 years	60	11.9
Task level in the business		
Team member	506	100,0
Number of operating personnel		
30-60	335	66,2
61-80	35	6.9
81-100	81	16,0
101-120	31	6.1
141 and over	24	4.7
Total	506	100,0

Table 4 are given the task of running their business information distribution in .8. Table 4 when .8 analyzed, based on the operating mode; 100.0% (n = 506) thermal hotel, shown by the number of stars; 17.0% (n = 86) 3-star, 39.5% (n = 200) 4-star, 43.5% (n = 286) 5-star, According to the duration of operation; 11.3% (n = 57) Less than 1 year, 8.1% (n = 41) 1-5 years, 56.3% (n = 285) 6-10 years, 12.5% (n = 63) 11-15 years, 11.9% (n = 60) More than 15 years, 100.0% (n = 506) team members according to the task level in the business, 66.2% (n = 335) 30-60 according to the number of operating personnel among people, 6.9% (n = 35) 61-80 people, 16.0% (n = 81) 81-100 people, 6.1% (n = 31) 101-120 people, 4.7% (n = 24) 141 people and over.

4.1.2 . Managers

Business information of the managers participating in the survey is included in this section.

Table 4.9 .Business characteristics distribution (Manager)

	Dear)	Percent (%)
Business type		
Thermal Hotel	73	100,0
Business star rating		
3 star	6	8,2
4 stars	40	54,8
5 stars	27	37,0
Operating activity period		
1-5 years	8	11,0
6-10 years	49	67.1
11-15 years	7	9.6
More than 15 years	9	12,3
Task level in the business		
Senior executive	18	24,7
Middle manager	55	75,3
Number of operating personnel		
30-60	49	67.1
61-80	4	5.5
81-100	11	15.1
101-120	3	4.1
141 and over	6	8,2
Total	73	100,0

Table 4 business information they served .9 manage distribution is given. Table 4 when .9 analyzed, based on the operating mode; 100.0% (n =

73) thermal hotel, shown by the number of stars; 8.2% (n = 6) 3-star, 54.8% (n = 40) 4-star, 37.0% (n = 27) 5-star, According to the operating period of the business; 11.0% (n = 8) 1-5 years, 67.1% (n = 49) 6-10 years, 9.6% (n = 7) 11-15 years, 12.3% (n = 9)) More than 15 years, 24.7% (n = 18) senior manager, 75.3% (n = 55) mid-level manager, 67.1% (n = 49) 30- 60 people, 5.5% (n = 4) 61-80 people, 15.1% (n = 11) 81-100 people, 4.1% (n = 3) 101-120 people, 8.2% (n = 6) was determined to be 141 people and above.

4.3 . Reliability Analysis Results

The items of the scales used in the study were made using the Cronbach's Alpha reliability analysis. The scale in the evaluation criteria of the Cronbach's Alpha coefficient; $0.00 \leq \alpha < 0.40$ is not reliable, $0.40 \leq \alpha < 0.60$ is low reliability, $0.60 \leq \alpha < 0.80$ is highly reliable, $0.80 \leq \alpha < 1.00$ is highly reliable. Reliability analysis of questions about thermal health enterprise services, questions about marketing services, and questions about customer satisfaction asked to managers and employees used in the study were given.

4 .3.1 . Thermal Health Facility Services Scale (Employee) Reliability Analysis

Table 4 .10 .Thermal health enterprise services scale reliability analysis

Scale Name	Cronbach's Alpha	N of Items
Thermal Health Facility Services	,715	58

As a result of the analysis, the Cronbach's Alpha value of the Thermal Health Facility Services scale was determined to be 0.715.

Table 4.11 .Reliability analysis of thermal health enterprise services scale expressions

Thermal Health Management Services Scale IR Phrases	Cronbach's Alpha
In what way do the guests come to the business more often?	, 741
Considering the distribution of the guests coming to the establishment according to their purpose of arrival, what is the most frequent arrival reason?	, 702
Considering the average of a year, what are the local rates of guests staying in the business?	, 750
Considering the average of a year, what are the rates of guests staying in the establishment compared to their foreignness?	, 769
Considering the average of a year, what is the total ratio of the guests staying in the establishment according to their domestic / foreign status?	, 715
The facility offers outdoor swimming pool services for thermal / treatment purposes.	, 703
The facility offers indoor swimming pool services for thermal / treatment purposes.	, 679
The facility offers children's pool services for thermal / treatment purposes.	, 684
Jacuzzi pool services are provided for thermal / treatment purposes.	, 708
Thermal pool services are provided for thermal / treatment purposes in the enterprise.	, 686
The facility offers thermal pool services with Jacuzzi for thermal / treatment purposes.	, 719
Shock pool services are provided for thermal / treatment purposes at the facility.	, 720
Private family bath services are provided for thermal / treatment purposes in the business.	, 696
Sauna services are provided for thermal / treatment purposes in the facility.	, 729
Aroma therapy services are provided for thermal / treatment purposes in the enterprise.	, 700
Herbal bath services are provided for thermal / treatment purposes in the enterprise.	, 713
Mud baths services are provided for thermal / treatment purposes in the enterprise.	, 729
Milk bath services are provided for thermal / treatment purposes in the enterprise.	, 706
Massage unit services are provided for thermal / treatment purposes in the establishment.	, 715
Fitness center services are provided for thermal / treatment purposes at the facility.	, 680
Walkways services are provided for thermal / treatment purposes in the enterprise.	, 708
Solarium unit services are provided for thermal / treatment purposes in the enterprise.	, 708
X-ray and cardiography services are provided for thermal / treatment purposes in the enterprise.	, 722
Physical therapy unit services are provided for thermal / treatment purposes in the enterprise.	, 714
Hamмам services are provided for thermal / treatment purposes in the enterprise.	, 726
Other services are offered for thermal / treatment purposes in the enterprise.	, 700
An additional fee is required from the guests in case of using telephone services in the establishment.	, 709
An additional fee is required from the guests if the laundry services are used in the establishment.	, 723
An additional fee is required from the guests if the thermal pool services are used in the establishment.	, 711
An additional fee is requested from the guests if the massage services are used in the establishment.	, 715
An additional fee is requested from the guests if the sauna service is used in the establishment.	, 715

Table 4.12 .Reliability analysis of thermal health enterprise services scale expressions (Continued)

Thermal Health Management Services Scale IR Phrases	Cronbach's Alpha
An additional fee is required from the guests in case of using the parking lot service in the facility.	, 715
An additional fee is requested from the guests if the solarium service is used in the establishment.	, 720
An additional fee is required from the guests in case of benefiting from the fitness center services in the establishment.	, 698
An additional fee is requested from the guests if the private bathrooms services are used in the establishment.	, 715
An additional fee is required from the guests if internet services are used in the establishment.	, 715
An additional fee is required from the guests if other services are used in the establishment.	, 700
The services to be offered in the enterprise are determined by examining the articles of law.	, 695
The services to be offered in the business are determined by taking the practices of competitors as a model.	, 682
The services to be offered in the enterprise are determined by taking the suggestions of the experts.	, 715
The services to be offered in the enterprise are determined by conducting market research.	, 718
The services to be offered in the business are determined by evaluating the demands of the guests.	, 716
The services to be offered in the business are determined based on experience.	, 715
The services to be offered in the business are determined by other studies.	, 725
Since the service quality of the services offered in the enterprise is appropriate, no initiative is made in this regard.	, 711
The services offered in the enterprise are improved by conducting researches on the subject.	, 697
The services offered in the business are improved by taking the suggestions of experts on the subject.	, 713
The services offered in the business are improved by evaluating the demands of the guests.	, 706
The services offered in the business are improved by obtaining new trends.	, 695
The services offered in the business are improved based on their experiences.	, 695
The services offered in the business are improved by taking the practices of competitors on the subject.	, 700
The services provided in the enterprise are improved through training programs for the personnel.	, 715
The services offered in the business are improved by other studies.	, 710
Is service provided to the staff?	, 708
In-service trainings are made by the sales / marketing department-	, 709
In-service trainings are made by the managers of each department.	, 700
In-service trainings are made by relevant experts.	, 718
In-service training is provided by the Human Resources department.	, 728

Table 4 .1 1 and Table 4 .1 2 from Alpha coefficient of 0.715 is considered that appear when it is seen that the reliability of the scale. Even if the variables decrease with a slight difference in reliability, this difference is acceptable with an optimistic approach. For this reason, these variables can be included in the scale. Therefore; There is no need to exclude any variables from the scale and the reliability of the scale is high.

4.3.2 . Marketing Services Scale (Manager) Reliability Analysis

Table 4.13 .Marketing services scale reliability analysis

Scale Name	Cronbach's Alpha	N of Items
Marketing Services	, 843	55

As a result of the analysis, Cronbach's Alpha value of Marketing Services scale was determined as 0.843.

Table 4 .14 .Reliability analysis of marketing services scale expressions

Marketing Services statements	Cronbach's Alpha
What are the importance levels of the goals to be achieved with marketing activities?	, 838
The image of the hotel in determining the prices of the services provided	, 838
Price sensitivity of customers in determining the prices of the services offered	, 837
The targeted level of sales in determining the prices of the services offered	, 832
The intensity of competition in determining the prices of services provided	, 837
The cost of the service in determining the prices of the services provided	, 840
The quality of the service in determining the prices of the services provided	, 840
Service diversity in determining the prices of the services provided	, 835
The amount of profit targeted in determining the prices of the services provided	, 829
Commission rates paid to intermediaries in determining the prices of the services provided	, 836
Legal regulations in determining the prices of the services provided	, 839
Current economic situation across the country in determining the prices of services provided	, 834
Campaign and sales policies in determining the prices of the services offered	, 835
Prices of suppliers in price discrimination	, 836
Number of customers in price discrimination (group of individuals)	, 833
According to the season (in and out of season) in price differentiation	, 842
Payment method in price differentiation (payment by credit card with cash installments)	, 835
Price practices of competing businesses in price discrimination	, 836
Guest occupational groups (hotel or agency employee, Ministry of Tourism personnel, TURSAB personnel, etc.)	, 838
The frequency of the customer's accommodation in price discrimination	, 836
What is the rate of benefiting from travel agencies in the sale of the services?	, 839
The agency's popularity in the selection of travel agencies cooperating in the sale of services	, 835
Financial strength of the agency in the selection of travel agencies cooperating in the sale of services	, 838

The quality of their services in the selection of travel agencies cooperating in the sale of the services	, 839
Reliability in the selection of travel agencies cooperating in the sale of services	, 839
The number of customers they can reach in the selection of the travel agencies cooperating in the sale of the services	, 837
The capacities to reach unreachable markets in the selection of travel agencies cooperated with in the sale of services	, 840
Being outside of the current geography in the selection of the travel agencies that cooperate in the sale of the services	, 843
Other considerations in the selection of travel agencies cooperating in the sale of services	, 858
What is the rate of using the internet in the sale of the services?	, 847
Revenue development direction in the last 5 years	, 846
Promotions are made for existing customers.	, 844
Promotions are made towards airline companies.	, 842
There is a promotion towards tour operators.	, 841
Promotions are made towards food and beverage businesses.	, 840
They are promoted towards shopping businesses (jewelery, carpet, stone, etc.).	, 845
Promotion is made for potential customers.	, 846
There is a promotion towards accommodation businesses.	, 843
There is a promotion for trade and industrial organizations.	, 841
Promotions are made for non-profit organizations.	, 841
Promotions are made against official offices.	, 846
Promotion is made towards travel agencies.	, 845
Promotions are made towards sports clubs.	, 842
Promotions are made for those who make decisions on behalf of the customer.	, 843
Other target groups are promoted.	, 843
Promotion activities are carried out by hotel staff.	, 844
Promotion activities are carried out in partnership with a marketing consultancy company.	, 843
Promotion activities are carried out with a marketing consultancy company.	, 844
Promotion activities are carried out in partnership with an advertising agency.	, 843
Promotion activities are carried out with other studies.	, 842
The effectiveness of advertising, one of the promotional tools used to increase sales and make customers prefer the hotel	, 836
The effectiveness of personal sales, one of the promotional tools used to increase sales and make customers prefer the hotel	, 836
Effectiveness of public relations / promotion, one of the promotional tools used to increase sales and make customers choose the hotel	, 843
The effectiveness of personal sales, one of the promotional tools used to increase sales and make customers prefer the hotel	, 837
Effectiveness of public relations / promotion, one of the promotional tools used to increase sales and make customers choose the hotel	, 843

Table 4 . Considering that the Alpha coefficient is 0.843 at 14 , it is seen that the scale has reliability. Even if the variables decrease with a slight difference in reliability, this difference is acceptable with an optimistic approach. For this reason, these variables can be included in the scale. Therefore; There is no need to exclude any variables from the scale and the reliability of the scale is high.

4 .3.3 . Customer Satisfaction Scale Reliability Analysis

Table 4 .15 .Customer satisfaction scale reliability analysis

Scale Name	Cronbach's Alpha	N of Items
Customer happiness	,763	37

As a result of the analysis, the Cronbach's Alpha value for the Customer Satisfaction scale was determined as 0.763.

Table 4.16 .Reliability analysis of customer satisfaction scale expressions

Customer Satisfaction Scale IR Phrases	Cronbach's Alpha
Which tools are effective in your hotel choice-Friend, relative advice	,783
Which tools are effective in your hotel choice-Travel agency	,765
Which tools are effective in your hotel choice-Previous travel experience?	,779
Which tools are effective in your hotel choice-TV Programs	,762
Which tools are effective in your hotel choice-Ads	,751
Which tools are effective in your hotel preference-Internet	,753
Which tools are effective in your hotel preference-Fairs	,762
Which tools are effective in your hotel preference-Other	,763
What is your reason for staying at the hotel you are in?	,820
Do you use travel agencies for your hotel reservations?	,743
Do you use the internet for your hotel reservations?	,745
Which of the following services would you like to be offered in a thermal hotel - Outdoor swimming pool?	,752
Which of the following services would you like to be offered in a thermal hotel? Thermal pool	,767
Which of the following services would you like to be offered in a thermal hotel - Massage unit?	,743
Which of the following services would you like to be offered in a thermal hotel - Solarium unit?	,748
Which of the following services would you like to be offered in a thermal hotel-Indoor swimming pool?	,758
Which of the following services would you like to be offered in a thermal hotel? Thermal pool with jacuzzi	,743
Which of the following services would you like to be offered in a thermal hotel-Herbal bath?	,746
Which of the following services would you like to be offered in a thermal hotel - Fitness center	,741
Which of the following services would you like to be offered in a thermal hotel? Children's pool	,749
Which of the following services would you like to be offered in a thermal hotel - Private family bath?	,751
Which of the following services would you like to be offered in a thermal hotel? Mud baths	,749
Which of the following services would you like to be offered in a thermal hotel?	,751
Which of the following services would you like to be offered in a thermal hotel-Jacuzzi pool?	,759

Which of the following services would you like to be offered in a thermal hotel? Sauna	, 741
Which of the following services would you like to be offered in a thermal hotel-Milk bath?	, 751
Which of the following services would you like to be offered in a thermal hotel - X-ray and cardiography	, 756
Which of the following services would you like to be offered in a thermal hotel - Others?	, 763
Mark the Following Thoughts According to Your Participation Level - The advertising activities carried out by a hotel business are effective in choosing a hotel.	, 746
Mark the Following Thoughts According to Your Participation Level - Personal sales activities carried out by a hotel business are effective in choosing a hotel.	, 747
Mark the Following Thoughts According to Your Participation Level - Public relations and promotional activities carried out by a hotel business are effective in choosing a hotel.	, 756
Mark the Following Thoughts According to Your Participation Level - The promotion / sales incentive activities carried out by a hotel business are effective in choosing a hotel.	, 771
Mark the Following Thoughts According to Your Participation Level - The pathologist, television and internet marketing activities run by a hotel business are effective in choosing a hotel.	, 752
Mark the Following Thoughts According to Your Participation Level - Price is an important factor when choosing a hotel business.	, 777
Mark the Following Thoughts According to Your Participation Level - The image of the hotel is an important factor when choosing a hotel business.	, 750
Mark the Following Thoughts According to Your Participation Level - The service quality of the hotel is an important factor when choosing a hotel business.	, 759
Mark the Following Thoughts According to Your Participation Level - The hotel's service diversity is an important factor when choosing a hotel business.	, 754

Table 4 . Considering that the Alpha coefficient is 0.763 in 16 , it is seen that the scale has reliability. Even if the variables decrease with a slight difference in reliability, this difference is acceptable with an optimistic approach. For this reason, these variables can be included in the scale. Therefore; There is no need to exclude any variables from the scale and the reliability of the scale is high.

4.4 . T Test and Analysis of Variance

4.4. 1 . Thermal Health Management Services (Employee) T Test and Variance Analysis

T tests and variance analysis in which the opinions of 506 employees participating in the study about the thermal health enterprise are compared according to demographic data are given below.

Table 4 .17 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the incentive groups (n = 506)

Scale	Gender	n	s	t	p
Thermal Health Facility Services (Employee)	Male	250	28.48	2.82	-1,577 , 116
	Woman	256	28.91	3.23	

As can be seen from the above table, the average of the opinions of 250 male employees regarding thermal health services (28.48 ± 2.82), and the average of 256 female employees (28.91 ± 3.23) were determined. The average of female employees' views on thermal health facility services is higher. The H_{1a} hypothesis was rejected because the significance value of their views on thermal health facility services was $0.116 > 0.05$.

Table 4 .18 .Comparison of the scores of the employees from the thermal health facility services scale according to their age groups (n = 506)

Scale	Age	n	s	Min	Max	F	p	Difference	
Thermal Health Facility Services (Employee)	18-25	10	25,40	3.65	21	30	8,445	000	1-3
	26-35	246	28.95	2.61	20	33			
	36-45	118	29,40	2.43	20	33			
	46-55	92	28,08	3.34	19	30			
	56 and over	40	27,31	4.76	20	32			

As can be seen from the table above, the average opinion of 10 employees between the ages of 18-25 who participated in the study about thermal health facility services is min. 21, max. 30 (25.40 ± 3.65), the average of 246 employees between the ages of 26-35 is min. 20, max. 33 (28.95 ± 2.61), the average of 118 employees between the ages of 36 and 45 min. 20,

max. Between 33 (29.40 ± 2.43), the average of 92 employees between the ages of 46-55 is min. 19, max. Between 30 (28.08 ± 3.34), the average of 40 employees with 56 and over min. 20, max. 32 (27.31 ± 4.76) were detected. It was found that there was a statistically significant difference between the points that the employees got from their opinions about thermal health facility services ($p < 0.05$). The average of the opinions of the employees between the ages of 36-45 about thermal health facility services is low. The H_{1b} **hypothesis was accepted** since the significance value of the employees' views on thermal health facility services was $0.000 < 0.05$.

Table 4 . 19 .Comparison of the scores of the employees on the thermal health enterprise services scale according to marital status groups (n = 506)

Scale	marital status	n	s	t	p
Thermal Health Facility Services (Employee)	Single	183	29.17	3.06	2,662 , 008 *
	The married	323	28.43	3.00	

As it can be understood from the table above, the average of the views of 183 unmarried employees participating in the study about thermal health facility services (29.17 ± 3.06) and the average of 323 married employees (28.43 ± 3.00) were determined. The average opinion of single employees about thermal health facility services is higher. The H_{1c} **hypothesis was accepted** since the significance value of their views on thermal health facility services was $0.008 < 0.05$.

Table 4 . 20 .Comparison of the scores obtained by the employees on the thermal health facility services scale according to the educational status groups (n = 506)

Scale	Education Status	n	s	Min	Max	F	p
Thermal Health Facility Services (Employee)	High school	470	28.75	2.87	19	33	1.744 , 187
	University	36	28.05	4.74	19	33	

* $p < 0.05$

As can be seen from the table above, the average of the opinions of 470 high school graduates participating in the study about thermal health facility services is min. 19, max. 33 (28.75 ± 2.87), the average of 36 university graduates is min. 19, max. 33 (28.05 ± 4.74) were detected. It was determined that there was no statistically significant difference between the

points that the employees got from their opinions about thermal health facility services ($p > 0.05$). The average of the opinions of high school graduate employees about thermal health enterprise services is higher. H_{1d} hypothesis was rejected because the significance value of the views of the employees about thermal health enterprise services was $0.000 > 0.05$.

Table 4 . 21 .Comparison of the scores obtained by the employees on the thermal health enterprise services scale according to the department groups they work in (n = 506)

Scale	Department of Work	n	s	Min	Max	F	p	Difference
Thermal Health Facility Services (Employee)	Water Management	23	24,58	3.86	19	30	20,195	000 *
	Front office	285	28.38	3.14	19	33		
	Infirmary	13	32.66	0.00	32	32		
	Kitchen	48	30.62	0.93	30	32		
	Hotel	9	28.81	2,51	26	33		
	Accounting	14	29,28	1.41	26	30		
	Reception	68	30,38	2.05	24	33		
	Thermal	19	27,29	0.15	26	27		
	Curing Center	27	26.66	0.00	26	26		

* $p < 0.05$

The average of the opinions of 23 employees of the water management department participating in the research about thermal health facility services is min. 19, max. 30 (24.58 ± 3.86), the average of 285 employees of the front office is min. 19, max. 33 (28.38 ± 3.14), the average of 13 employees of the infirmary is min. 32, max. 32 (32.66 ± 0.00), the average of 48 employees of the kitchen min. 30, max. 32 (30.62 ± 0.93), the average of 9 employees of the hotel is min. 26, max. 33 (28.81 ± 2.51), the average of 14 employees in accounting min. 26, max. 30 (29.28 ± 1.41), the average of 68 employees of reception min. 24, max. 33 (30.38 ± 2.05), the average of 19 employees of the thermal department is min. 26, max. 27 (27.29 ± 0.15), the average of 27 employees of the cure center is min. 26, max. 26 (26.66 ± 0.00) were detected. It was found that there was a statistically significant difference between the points that the employees got

from their opinions about thermal health facility services according to their departments ($p < 0.05$). The average of the opinions of those working in the infirmary about thermal health facility services is higher. The H_{1e} hypothesis was accepted since the significance value of the employees' opinions about the thermal health facility services was $0.000 < 0.05$.

Table 4 . 22 .Comparison of the scores of the employees from the thermal health facility services scale according to their job groups (n = 506)

Scale	Task	n	s	Min	Max	F	p	Difference	
Thermal Health Facility Services (Employee)	Receptionist	208	28,22	3.72	19	33			
	Officer	79	28,55	1.65	26	30			
	Thermal doctor	14	32.47	0.71	30	32			
	Chef	34	29.88	0.68	26	30			
	Cost control	10	30.33	1.05	30	33			
	Booking Chief	91	29.37	1.66	28	33	11,664	000	3-1
	Masseur	19	27.47	0,61	27	30		*	
	Hot chief	16	31.83	0.66	29	32			
	Business Manager	27	25,55	4.15	19	33			
	Booking Officer	8	28.41	2.01	27	33			

* $p < 0.05$

As it can be understood from the table above, the average of the opinions of 208 receptionists participating in the study on thermal health care services is min. 19, max. 33 (28.22 ± 3.72), the average of 79 officers is min. 26, max. 30 (28.55 ± 1.65), the average of 14 thermal doctors is min. 30, max. 32 (32.47 ± 0.71), the average of 34 cooks min. 26, max. 30 (29.88 ± 0.68), the average of 10 Costcontrols is min. 30, max. 33 (30.33 ± 1.05), the average of 91 reservation chefs is min. 28, max. 33 (29.37 ± 1.66), the average of 19 masseurs is min. 27, max. 30 (27.47 ± 0.61), the average of 16 hot chefs is min. 29, max. 32 (31.83 ± 0.66), the average of 27 Business Responsible is min. 19, max. 33 (25.55 ± 4.15), the average of 8 Reservation Officers is min. 27, max. 33 (28.41 ± 2.01) were detected. It was found that there was a statistically significant difference between the points that the

employees got from their opinions about thermal health facility services according to their duties ($p < 0.05$). The average of the views of the thermal doctor about the services of the thermal health facility is higher. **The H_{1f} hypothesis was accepted** since the significance value of the employees' opinions about the thermal health facility services was $0.000 < 0.05$.

Table 4 . 23 .Comparison of the scores obtained by the employees from the thermal health facility services scale according to the working time groups in their positions (n = 506)

Scale	Working time in current position	n	s	Min	Max	F	p	Difference	
Thermal Health Facility Services (Employee)	0-5 years	234	29,27	2.88	20	33	20,945	,000*	2-5
	6-10 years	190	27,31	3.24	19	33			
	11-15 years	7	28,57	0.97	28	30			
	16-20 years	4	29.33	0.00	29	29			
	21 years and above	71	30.48	1.03	30	32			

As it can be understood from the table above, the average of the opinions of 234 employees with a working period of 0-5 years in the position about thermal health facility services is min. 20, max. 33 (29.27 \pm 2.88), 6-10 years, min. 19, max. 33 (27.31 \pm 3.24), the average of 7 employees between 11-15 years is min. 28, max. 30 (28.57 \pm 0.97), the average of 4 employees between 16-20 years is min. 29, max. 29 (29.33 \pm 0.00), the average of 71 employees with 21 years or more is min. 30, max. 32 (30.48 \pm 1.03) were detected. It was determined that there is a statistically significant difference between the points that the employees got from their opinions about the services of the thermal health facility according to the working time in their position ($p < 0.05$). The average of the views of the thermal health enterprise services, which has a working period of 21 years or more, is higher. **The H_{1g} hypothesis was accepted** because the significance value of the employees' views on thermal health enterprise services was $0.000 < 0.05$.

Table 4. 24 .Comparison of the scores of the employees from the thermal health enterprise services scale according to the groups of total occupational experience (n = 506)

Scale	Total Professional Experience time	n	s	Min	Max	F	p	Difference
Thermal Health Facility Services (Employee)	0-5 years	86	28,07	1.37	22	30	12,406	,000*
	6-10 years	284	28,21	3.61	19	33		
	11-15 years	52	30,00	1.73	28	33		
	16-20 years	9	27.85	1.19	26	29		
	21 years and above	75	30.44	1.03	29	32		

As can be seen from the table above, the average of 86 employees with a total professional experience of 0-5 years about thermal health facility services is min. 22, max. 30. The average of 284 employees between 30 (28.07 \pm 1.37), 6-10 years, min. 19, max. 33. The average of 52 employees between the ages of 33 (28.21 \pm 3.61), 11-15 years is min. 28, max. 33 (30.00 \pm 1.73), the average of 9 employees between 16-20 years is min. 26, max. 29 (27.85 \pm 1.19), the average of 75 employees with 21 years or more is min. 29, max. 32 (30.44 \pm 1.03) were detected. It was determined that there is a statistically significant difference between the points that the employees got from their opinions about thermal health facility services according to their total professional experience period ($p < 0.05$). The average of the opinions of the employees about the thermal health enterprise services with a total professional experience of 21 years or more is higher. **H₁₅ hypothesis was accepted as the** significance value of the employees' views on thermal health enterprise services was 0.000 < 0.05 .

Table 4 . 25 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the operating time groups of their businesses (n = 506)

Scale	Operating Activity Duration	n	s	Min	Max	F	p	Difference
Thermal Health Facility Services (Employee)	Less than 1 year	57	24.81	3.44	19	30	36,254	,000*
	1-5 years	41	29.72	1.93	24	33		
	6-10 years	285	29.11	2.63	19	33		
	11-15 years	63	28.46	3.11	20	33		
	More than 15 years	60	29.96	2.00	28	33		

As it can be understood from the table above, the average of the opinions of 57 employees with a business activity period of less than 1 year about

thermal health facility services is min. 19, max. Between 30 (24.81 ± 3.44), the average of 41 employees with a business activity period of 1-5 years is min. 24, max. Between 33 (29.72 ± 1.93), the average of 285 employees with 6-10 years of operation is min. 19, max. Between 33 (29.11 ± 2.63), the average of 63 employees with 11-15 years of operation is min. 20, max. Between 33 (28.46 ± 3.11), the average of 60 employees with more than 15 years of operating activity is min. 28, max. 33 (29.96 ± 2.00) were detected. It was determined that there is a statistically significant difference between the points that the employees got from their opinions about the thermal health facility services and the operating duration of the business ($p < 0.05$). The average of the opinions of the employees with a business life of more than 15 years about thermal health enterprise services is higher. Since the significance value of the views of the employees about thermal health enterprise services is $0.000 < 0.05$, the H_1 hypothesis was accepted.

Table 4 . 26 .Comparison of the scores obtained by the employees from the thermal health enterprise services scale according to the number of personnel groups of the enterprises (n = 506)

Scale	Number of Business Personnel	n	s	Min	Max	F	p	Difference
Thermal Health Facility Services (Employee)	30-60	335	28.93	2.81	19	33	6,471	000 *
	61-80	35	28.34	3.69	19	33		
	81-100	81	27,28	3.72	20	33		
	101-120	31	29.46	2.01	26	33		
	141 and over	24	29.75	2.19	26	33		

As can be seen from the table above, the average of the opinions of 335 employees, whose number of operation personnel is between 30-60, about thermal health facility services is min. 19, max. The average of 35 employees between 33 (28.93 ± 2.81), 61-80 people is min. 19, max. The average of 81 employees between 33 (28.34 ± 3.69), 81-100 people is min. 20, max. The average of 31 employees between 33 (27.28 ± 3.72) and 101-120 is min. 26, max. Between 33 (29.46 ± 2.01), the average of 24 employees with 141 and above employees is min. 26, max. 33 (29.75 ± 2.19) were detected. It was found that there was a statistically significant difference between the points that the employees got from their opinions about thermal health facility services and the number of personnel in the enterprise ($p < 0.05$). The average of the opinions of the employees in the enterprise with 141 and more

personnel about thermal health enterprise services is higher . H_{1} hypothesis was accepted because the significance value of the opinions of the employees about the thermal health enterprise services was $0.000 < 0.05$.

4.4.2 . Marketing Services (Manager) T Test and Variance Analysis

T tests and variance analysis, in which the opinions of 73 managers participating in the study on marketing services are compared according to demographic data, are given below.

Table 4 . 27 .Comparison of the scores of the managers from the marketing services scale according to gender groups (n = 73)

Scale	Gender	n	s	t	p
Marketing Services (Manager)	Male	61	31.70	1.33	-1.169 , 246
	Woman	12	32,22	1.71	

The average of 61 male managers participating in the study about marketing services (31.70 ± 1.33) and the average of 12 female managers (32.22 ± 1.71) were determined. The average of female managers' views on marketing services was higher . H_{2a} hypothesis was rejected because the significance value of their opinions about marketing services was $0.246 > 0.05$.

Table 4 . 28 .Comparison of the marketing services scores of the managers according to age groups (n = 73)

Scale	Age	n	s	Min	Max	F	p	Difference	
Marketing Services (Manager)	26-35	15	31.37	2.24	28	34	6,753	000	3-4
	36-45	33	31.65	1.10	30	34			
	46-55	14	31,33	0.00	31	31			
	56 and over	11	33,33	0.00	33	33			

The average of 15 managers between the ages of 26-35 participating in the study is min. 28, max. Between 34 (31.37 ± 2.24), the average of 118 managers between the ages of 36-45 is min. 30, max. Between 34 (31.65 ± 1.10), the average of 14 managers between the ages of 46-55 is min. 31, max. Between 31 (31.33 ± 0.00), the average of 11 managers 56 and over is min. 33, max. 33 (33.33 ± 0.00) were detected. It was determined that there is a statistically significant difference between the points the managers got from their opinions about marketing services ($p < 0.05$). The average of

opinions of managers aged 56 and over about marketing services is higher. Since the significance value of managers' opinions about marketing services is $0.000 < 0.05$, the H_{2b} hypothesis was accepted.

Table 4 . 29 .Comparison of the marketing services scores of the managers according to marital status groups (n = 73)

Scale	marital status	n	s	t	p
Marketing Services (Manager)	Single	14	31.61	2.11	-, 504 , 616
	The married	59	31.83	1.19	

The average of the opinions of 14 single managers participating in the study about marketing services (31.61 ± 2.11) and the average of 59 married managers (31.83 ± 1.19) were determined. The average of the views of married managers on marketing services is higher. The H_{2c} hypothesis was rejected because the significance value of the opinions about marketing services was $0.616 > 0.05$.

Table 4 . 30 .Comparison of the marketing services scores of the managers according to the educational status groups (n = 73)

Scale	Education Status	n	s	Min	Max	F	p	Difference
Marketing Services (Manager)	High school	23	31.47	1.42	29	34	1,668	' 201
	University	50	31.93	1.38	28	34		

* $p < 0.05$

The average of the opinions of 23 high school graduates participating in the study about marketing services is min. 29, max. 34 (31.47 ± 1.42), the average of 50 university graduates is min. 28, max. 34 (31.93 ± 1.38) were detected. It was found that there was no statistically significant difference between the scores obtained by the managers from their opinions about marketing services ($p > 0.05$). The average of university graduate managers' views on marketing services is higher. The H_{2d} hypothesis was rejected because the significance value of the managers' views about marketing services was $0.000 > 0.05$.

Table 4 . 31 .Comparison of the scores obtained by the managers from the marketing services scale according to the departmental groups (n = 73)

Scale	Department of Work	n	s	Min	Max	F	p	Difference
Marketing Services (Manager)	General management	27	31.50	1.46	28	34	1,767	,188
	Hotel	46	31.95	1.35	29	34		

* $p < 0.05$

The average of the opinions of the 27 managers in the general administration participating in the research about marketing services is min. 28, max. 34 (31.50 ± 1.46), the average of 46 managers in the hotel is min. 29, max. 34 (31.95 ± 1.35) were detected. It was found that there was no statistically significant difference between the points the managers got from their opinions about marketing services according to their departments ($p > 0.05$). The average of hotel managers' views on marketing services is higher. The H_{26} hypothesis was rejected because the significance value of the managers' views about marketing services was $0.000 > 0.05$.

Table 4 . 32 .Comparison of the marketing services scores of the managers according to the task groups (n = 73)

Scale	Task	n	s	Min	Max	F	p	Difference
Marketing Services (Manager)	manager	50	31.89	1.35	29	34	2,134	,086
	General manager	8	32,08	1.03	31	34		
	Operations Manager	8	30.50	1.16	28	31		
	Director of human resources	4	32.33	1.58	30	34		
	Business Manager	3	32,00	2.40	29	34		

* $p < 0.05$

The average of the opinions of 50 managers participating in the research about marketing services is min. 29, max. 34 (31.89 ± 1.35), the average of 8 general managers is min. 31, max. 34 (32.08 ± 1.03), the average of 8 business managers is min. 28, max. 31 (30.50 ± 1.16), the average of 4 human resources managers is min. 30, max. 34 (32.33 ± 1.58), the average of 3 business managers is min. 29, max. 34 (32.00 ± 2.40) were

determined. It was determined that there was no statistically significant difference between the points that the managers got from their opinions about marketing services according to their duties ($p > 0.05$). The average opinion of the Human Resources Manager on marketing services is higher. The H_{2f} hypothesis was rejected because the significance value of the managers' views about marketing services was $0.000 > 0.05$.

Table 4 . 33 .Comparison of the marketing services scale scores of the managers according to the working time groups in their positions (n = 73)

Scale	Working Time in Current Position	n	s	Min	Max	F	p	Difference	
Marketing Services (Manager)	0-5 years	8	32.75	2.02	28	34	9,982	,000 *	3-5
	6-10 years	29	31.79	1.18	29	34			
	11-15 years	7	30,19	1.06	29	31			
	16-20 years	15	30.97	0,61	30	31			
	21 years and above	14	32.90	0.85	31	33			

The average of the opinions of the executives who participated in the research with a working period of 0-5 years about marketing services is min. 28, max. Between 34 (32.75 ± 2.02), the average of those between 6-10 years is min. 29, max. 34 (31.79 ± 1.18), the average of those between 11-15 years is min. 29, max. Between 31 (30.19 ± 1.06), the average of those between 16-20 years is min. 30, max. Between 31 (30.97 ± 0.61), the average of those with 21 years or more is min. 30, max. It has been detected between 31 (32.90 ± 0.85). A statistically significant difference was found between the points the managers got from their opinions about marketing services according to the duration of their employment ($p < 0.05$). The average of the opinions of the executives who have a working period of 21 years or more about marketing services in their positions is low. The H_{2g} hypothesis was accepted since the significance value of the managers' views on marketing services was $0.000 < 0.05$.

Table 4 . 34 .Comparison of the marketing services scores of the managers according to the groups of total professional experience (n = 73)

Scale	Total Professional Experience time	n	s	Min	Max	F	p
Marketing Services (Manager)	6-10 years	10	32,06	2.26	28	34	2,483 , 068
	11-15 years	14	31.95	1.41	30	34	
	16-20 years	21	31.11	1.18	29	32	
	21 years and above	28	32.11	0.99	31	33	

The average duration of the total professional experience participating in the research of 6-10 years is min. 28, max. 34 (32.06 ± 2.26), the average of those between 11-15 years is min. 30, max. 34 (31.95 ± 1.41), the average of those between 16-20 years is min. 29, max. 32 (31.11 ± 1.18), the average of those with 21 years or more is min. 31, max. 33 (32.11 ± 0.99) were detected. It was determined that there was no statistically significant difference between the points that the managers got from their opinions about marketing services according to the total professional experience period ($p > 0.05$). The average of the opinions of managers with a total professional experience of 21 years or more about marketing services is higher. The H_{2h} hypothesis was rejected because the significance value of the managers' views about marketing services was $0.000 > 0.05$.

Table 4 . 35 .Comparison of the scores obtained by managers from the marketing services scale according to the operating time groups of their businesses (n = 73)

Scale	Operating Activity Duration	n	s	Min	Max	F	p
Marketing Services (Manager)	1-5 years	8	31.50	0.85	30	32	1,693 , 177
	6-10 years	49	31.97	1.35	28	34	
	11-15 years	7	30.76	1.90	29	33	
	More than 15 years	9	31.85	1.48	30	34	

As can be seen from the table above, the average of the opinions of 8 managers with a business activity period of 1-5 years about marketing services is min. 30, max. 32 (31.50 ± 0.85), 6-10 years of business activity is min. 28, max. 34 (31.97 ± 1.35), the average of 7 managers with 11-15 years of operation is min. 29,

max. Between 33 (30.76 ± 1.90), the average of 9 managers with more than 15 years of business activity is min. 30, max. 34 (31.85 ± 1.48) were detected. It was found that there was no statistically significant difference between the points obtained from the managers' views on thermal health facility services and the operating duration of the enterprise ($p > 0.05$). The average of the opinions of managers with a business activity period of 6-10 years about thermal health management services is higher. H_{21} hypothesis was rejected since the significance value of the managers' views on thermal health care services was $0.000 > 0.05$.

Table 4 . 36 .Comparison of the marketing services scores of the managers according to the task level groups (n = 73)

Scale	Task Level	n	s	Min	Max	F	p
Marketing Services (Manager)	Senior executive	18	31,55	1.58	28	34	
	Middle manager	55	31.86	1.34	29	34	662 419

As can be seen from the table above, the average of the opinions of 18 senior executives about marketing services is min. 28, max. Between 34 (31.55 ± 1.58), the average of 55 mid-level managers is min. 29, max. 34 (31.86 ± 1.34) were detected. It was determined that there was no statistically significant difference between the scores obtained from the managers' opinions about marketing services and their job levels ($p > 0.05$). The average of mid-level managers' views on marketing services is higher. The H_{21} hypothesis was rejected because the significance value of mid-level managers' views on marketing services was $0.000 > 0.05$.

Table 4 . 37 .Comparison of the scores obtained by managers from the marketing services scale according to the number of personnel groups of their businesses (n = 73)

Scale	Number of Business Personnel	n	s	Min	Max	F	p	Difference
Marketing Services (Manager)	30-60	49	32,16	1.27	28	34		
	61-80	4	30.33	1.27	29	32		
	81-100	11	31,03	1.34	29	34	3,529	011*
	101-120	3	30.88	2.14	29	33		
	141 and over	6	31,55	1.24	30	34		

As can be seen from the table above, the average of 49 managers, whose number of operating personnel is between 30-60, about marketing services is min. 28, max. Between 34 (32.16 ± 1.27), the average of 4 managers with

61-80 operating personnel is min. 29, max. The average of 11 employees between 32 (30.33 ± 1.27), the number of operating personnel between 81 and 100 people is min. 29, max. Between 34 (31.03 ± 1.34), the average of 3 employees with 101-120 employees is min. 29, max. Between 33 (30.88 ± 2.14), the average of 24 employees with 141 or more operating personnel is min. 30, max. 34 (31.55 ± 1.24) were detected. It was determined that there is a statistically significant difference between the scores obtained from the managers' views on marketing services and the number of business personnel ($p < 0.05$). The average of the opinions of the managers about marketing services in the company, which has 30-60 employees, is higher. The H_{2k} hypothesis was accepted since the significance value of the managers' opinions about marketing services was $0.000 < 0.05$.

4.4.3. Customer Satisfaction (Customer) T Test and Variance Analysis

T tests and variance analysis, in which the opinions of 1468 customers participating in the research on customer satisfaction are compared according to demographic data are given below.

Table 4 . 38 .Comparison of the customer satisfaction scale scores of customers according to gender groups (n = 1468)

Scale	Gender	n	s	t	p
Customer happiness	Male	850	16,21	1.60	, 973
	Woman	618	16,13	1.68	

The average of the satisfaction opinions of 850 male customers participating in the study (16.21 ± 1.60) and the average of 618 female customers (16.13 ± 1.68) were determined. Average satisfaction of male customers is higher. H_{3a} hypothesis was rejected because the significance value of customers' satisfaction was $0.331 > 0.05$.

Table 4 . 39 .Comparison of customer satisfaction scores by age groups (n = 1468)

Scale k	Age	n	s	Min	Max	F	p	Difference
Customer happiness	16-25	199	17.04	0.89	15	18	128,172	000
	26-35	154	16.33	1.27	13	18		
	36-45	277	16.36	1.67	10	18		
	46-54	413	14.89	1.68	12	18		
	55 and over	425	16.84	1.17	13	18		

* $p < 0.05$

The satisfaction average of 199 customers between the ages of 16-25 who participated in the study is min. 15, max. The satisfaction average of 154 customers between the ages of 18 and 35 (17.04 ± 0.89), min. 13, max. The satisfaction average of 277 customers between the ages of 18 (16.33 ± 1.27), 36-45 is min. 10, max. Satisfaction average of 413 customers between the ages of 18 (16.36 ± 1.67), 46-54 min. 12, max. Between 18 (14.89 ± 1.68), the average satisfaction of 425 customers 55 and above is min. 13, max. 18 (16.84 ± 1.17) were detected. It was found that there is a statistically significant difference between the scores obtained by the customers from their satisfaction opinions ($p < 0.05$). The average of satisfaction opinions of customers between the ages of 16-25 is higher. **H_{3b} hypothesis was accepted** since the significance value of customers' satisfaction opinions was $0.000 < 0.05$.

Table 4.40 .Comparison of customer satisfaction scores according to education groups (n = 1468)

Scale	Education Status	n	s	Min	Max	F	p	Difference
Customer happiness	Primary education	258	17.62	0.86	15	18	168,824	000
	High school	519	16,55	1.40	12	18		
	Associate Degree	159	16,08	1.19	14	18		
	University	359	15.39	1.64	10	18		
	Master and above	173	14.62	1.32	13	16		

* $p < 0.05$

The satisfaction average of 258 primary school graduates participating in the study is min. 15, max. Among 18 (17.62 ± 0.86), the average satisfaction of 519 high school graduates is min. 12, max. The satisfaction average of 159 customers between 18 (16.55 ± 1.40), associate degree graduates is

min. 14, max. Between 18 (16.08 ± 1.19), the satisfaction average of 359 university graduates is min. 10, max. Between 18 (15.39 ± 1.64), the average satisfaction of customers with a master's degree and above is min. 13, max. 16 (14.62 ± 1.32) were detected. It was found that there is a statistically significant difference between the scores obtained by the customers from their satisfaction opinions ($p < 0.05$). The average of satisfaction opinions of primary school graduates is higher. **H_{3c} hypothesis was accepted as the** significance value of customers' satisfaction opinions was $0.000 < 0.05$.

Table 4 . 41 .Comparison of the scores obtained by customers from the customer satisfaction scale according to occupational groups (n = 1468)

Scale	Profession	n	s	Min	Max	F	p	Difference
Customer happiness	Officer	481	15.30	12	18	81,660	000	7-8
	Worker	241	16,52	10	18			
	Retired	287	16.99	14	18			
	Student	114	17.05	16	18			
	Own business	106	14.35	13	17			
	Housewife	125	17,07	15	18			
	Employer	2nd	13.78	13	13			
	Unemployed	92	17,13	15	18			
	Other	20	16,29	12	16			

The satisfaction average of 481 customers, whose profession is civil servant, participating in the research is min. 12, max. Between 18 (15.30 ± 1.51), the average satisfaction of 241 workers who are workers is min. 10, max. Among the 18 (16.52 ± 1.69), the satisfaction average of 287 retired customers is min. 14, max. Between 18 (16.99 ± 1.04), the average satisfaction of 114 students who are students is min. 16, max. Between 18 (17.05 ± 0.96), the average satisfaction of customers working in their own business is min. 13, max. Between 17 (14.35 ± 1.50), the average satisfaction of customers who are housewives is min. 15, max. Between 18 (17.07 ± 1.18), the average satisfaction of customers who are employers is min. 13, max. Between 13 (13.78 ± 0.00), the average satisfaction of unemployed customers is min. 15, max. Between 18 (17.13 ± 0.88), the average satisfaction of customers in other professions is min. 12, max. 16 (16.29 ± 1.41) were detected. It was determined that there is a statistically significant difference between the

scores obtained by the customers from their satisfaction opinions according to their professions ($p < 0.05$). The average satisfaction rate of unemployed customers is higher. **H_{3d} hypothesis was accepted as the** significance value of customers' satisfaction opinions was $0.000 < 0.05$.

4.5 . Correlation Analysis

In this section, the means, standard deviations and correlation analyzes of the research scales are shown.

Table 4 . 42 .Average and standard deviations of thermal health enterprise services , marketing services, and customer satisfaction scales

Scales		ss
Thermal Health Facility Services	28.70	3.04
Marketing Services	31.79	1.40
Customer happiness	16,17	1.64

Average and standard deviation of thermal health facility services (28.70 ± 3.04), average and standard deviation of marketing services (31.79 ± 0.40) and average and standard deviation of customer satisfaction (16.17 ± 1.64) were determined has been. In this context, it has been determined that there is more understanding of marketing services.

The analysis results on whether the variables subjected to the study in the study are related to each other are given in Table 3.59. Here are three variables; Correlation analysis results regarding the relationship between the dependent variable thermal health enterprise services, independent variables marketing services and customer service are included.

Table 4.43 .Correlation analysis of thermal health facility services, marketing services and customer satisfaction scales

	TSIH	Marketing services	Customer happiness
Thermal Health Facility Services	r = 1		
	p =		
Marketing services	r = ,331 **	1	
	p = ,000		
Customer happiness	r = ,314 **	,399 **	1
	p = ,001	,002	

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

As can be seen from the table, there is a positive and significant relationship between thermal health enterprise services, marketing services and customer satisfaction at the level of 0.01. It was found that there was a moderate relationship between customer satisfaction of thermal health business services ($r=0.314$), and a moderate relationship between marketing services and customer satisfaction ($r=0.399$).

4.6. Regression Analysis

This chapter provides three used in accustomed three attachments regression analysis was also performed.

Table 4.44 .Development of Thermal Health Tourism in Turkey, Its Contribution to Tourism and Economy of the Country

Model Summary				
Model	Correlation	Correlation Square	Corrected Correlation Square	Standard Error of Estimation
one	,387 ^a	,150	,146	,28129

a. Predictors: (Fixed), Thermal health services, Marketing services.

ANOVA ^a						
Model		Sum of Squares	Degree of Freedom	Average of Squares	F	Shallow.
one	Regression	7,003	2nd	3,502	44,256	,000 ^b
	Error	39,800	503	,079		
	Total	46,803	505			

a. Dependent Variables: Customer satisfaction.

b. Predictors: (Fixed), Thermal health services, Marketing services.

Coefficients ^a						
Model		Non-Standardized Coefficients		Standardized Coefficients	t	Shallow.
		B	Std. Error	Beta		
one	(Constant)	1,454	,181		8,031	,000
	Marketing Services	,396	,042	,383	9,313	,000
	Customer happiness	,089	,075	,049	1,187	,236

a. Dependent Variables: Thermal health services, Marketing services.

Here, we can say that each marketing service increases the thermal health business services by .396 points. It can be interpreted that the thermal health business, which does not provide any marketing services, can get an average of 1.454 points. The contribution of the development of thermal health tourism in Turkey to the country's tourism and economy has been examined. The test results of the model are given in Table 4.44. As seen in Table 4.44, there is a 38.7% relationship between thermal customer satisfaction and health business services and marketing services, according to the correlation value in the model summary. It is understood that marketing services and thermal health business services explain customer satisfaction at the level of 15.0%. When we look at the Anova table, the model is considered to be significant since the 0.00 significance value of the established model was found to be less than 0.05.

Here, we can say that each marketing service increases the thermal health business services by .396 points. It can be commented that the thermal health business, which does not provide any marketing services, can get an average of 1.454 points.

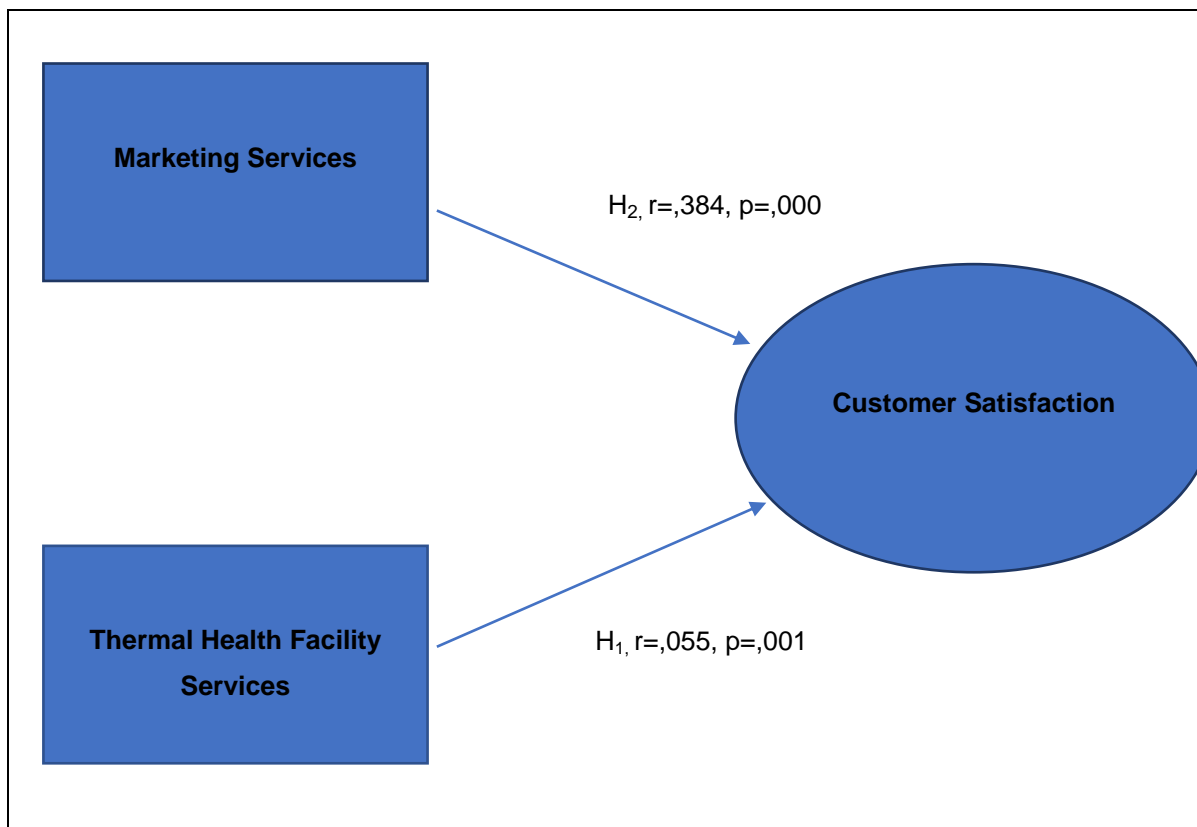


Figure 4.2. Testing the main hypothesis of the research through the model

When the final results are examined, the thermal health business services of the thermal health sector employees, the thermal health services marketing of the thermal health sector managers and the satisfaction views of the customers are positively and significantly related to each other. This situation;

“Customer satisfaction in Turkish Thermal Health Tourism is affected by marketing services and thermal health businesses services.” (Basic hypothesis supported). (Figure 4.2)

CHAPTER 5

DISCUSSION

The reason for this research is to determine the contribution of the Turkish thermal health tourism development to the tourism and economy of the country. At the end of the research, by examining the relationship between dependent and independent variables, it was aimed to create a source for Turkish thermal health tourism, its effect on the country's tourism and economy.

Although the economic return of thermal tourism among alternative tourism types is high, thermal tourism activities are not at the desired level in our country. Ilban and Kaşlı (2009 : 1276) defined the reason for this as “problems in marketing, recreational opportunities, private sector initiative, planning, tourism diversity and trained workforce”. This result is consistent with our research purpose.

Tunçsiper and Bezirgan (2010 : 15) stated the economic importance of tourism in regional development and in order to determine the economic dimension of thermal tourism, which is one of the alternative tourism types, in line with the opinions of local people, businesses and tourists in the region, they stated that there are high levels of differences between these three segments.

Tunçsiper and Kaşlı (2008 : 123), in their study on the sample of Balıkesir Gönen district, revealed that thermal tourism movements affect the economy of the district very closely and these touristic movements have economic effects in many different sectors.

In the study of Özdemir and Kervankıran (2011 : 20), it was determined that the local people of Afyonkarahisar see tourism activities as an economic event.

Tunçsiper and Bezirgan (2010 : 16), in the study in which the opinions of three different groups about the effect of thermal tourism on economic development in Emet district were taken, they concluded that their perspectives on the economic effects of tourism on regional development were at a positive level in three groups.

According to the findings obtained in the research conducted by İlban and Kaşlı (2009 : 1277) in Gönen to determine the problems affecting the development of thermal tourism, the problems in front of the development of the Gönen Thermal Tourism Center follow a parallel course to the current tourism problems and are mainly marketing, recreational opportunities, special It has been revealed that there are problems with sector initiative, planning, tourism diversity and trained workforce.

In his study, Kervankıran (2011 : 382) concluded that local people are aware of the importance of tourism in the economic and socio-cultural revival of the region, but also observe the negative effects of tourism.

Cihangir (2016 : 25) found that the Ilgın district, which he chose as a sample, could not be adequately established and invested, the accommodation facilities in the region were not sufficient, and therefore tourists visiting the region had to be content with renting a room only.

Discussion of Findings Regarding Thermal Health Facility Services

Considering the findings regarding the individual characteristics of the participants, according to their gender; 49.4% (n = 250) were male, 50.6% (n = 256) were female. The reasons for this ratio to be approximate to each other are that the tourism sector provides uninterrupted service 24 hours a day, 7 years a week, 365 days a year. Accordingly, long working hours, limited vacation opportunities, low wages, and in addition, verbal and physical harassment incidents experienced by the woman while performing her job or harassment by employees at high positions put women in a difficult

position and have a negative effect on work efficiency. (Türker, 2002: 55). At the same time, reasons such as women's inability to withstand excessive workload due to their physical characteristics, non-standard working hours, high probability of being called to work at any time, and women being individuals working in double shifts both at home and at work cause important problems for women (Demirkol et al. , 2004 : 71).

In our study, the average of female employees' opinions about thermal health care facility services is higher. The significance value of thermal health facility services according to the gender of the thermal health facility employees was found to be $p > 0.05$. Tunçsiper and Bezirgan (2010 : 17) concluded that gender is not an important distinguishing feature in their study on the sample of Emet district.

If a married employee loses his current job, he and his family members must consider the costs (Günel, 2009 : 15).

Kılıç (2014 : 419) revealed in his study that the education level of those working in the tourism sector is below the national average.

The employment problem in the tourism sector has been revealed by studies that are generally caused by reasons such as seasonality, high working hours, low wages, overtime (Gürdal, 2002 : 9 ; Günel, 2009 : 16 ; Yanardağ and Avcı 2012 : 39 ; Kaya and Atçı , 2015).

Approximately 67% of the employees working in the thermal tourism facility have 5 years or less than 5 years of professional experience, a young population (approximately 63% under the age of 34), and this result (Özdemir and Kervankıran, 2011: 2.5) seems to be supported.

Discussion of Findings Regarding Marketing Services

In the study conducted by İri, İnal and Türkmen (2011 : 81), "The Importance of Recognition in City Marketing: Measuring the Awareness of the Niğde Region", it aimed to determine how well-known Niğde and its region is.

As a result of the research carried out, hotel business marketing managers stated that travel agencies have important functions in the marketing of hotel

businesses and in this direction they are effective in marketing hotels (Emir, 2010 : 1245) .

Tosun et al. (2008 : 127) determined that as the number of stars and beds of hotel enterprises increase, their marketing understanding changes positively. Similarly, Eren (2003 : 40) determined that as the number of stars in hotel businesses increases, the level of marketing understanding also increases.

Eren (2003 : 41) and their research concluded that the marketing understanding of hotel businesses differs according to the ownership status of the businesses and that chain hotel businesses have a more advanced marketing approach than independent hotel businesses.

Tosun et al. (2008 : 128), in their research on 4 and 5 star 247 hotel businesses in Turkey, determined that a significant majority of businesses are close to the understanding of production and product, and that the understanding they are the least close to is social marketing.

In their research on 62 hotel establishments in Fethiye, Kethüda and Çalışkan (2011 : 49) determined that hotel businesses are close to sales understanding in terms of integrated marketing activities and approach to profitability, and that they are close to modern marketing understanding in terms of customer relations and customer orientation. In addition, the results obtained in this study on customer communication, which is an important aspect of marketing understanding in hotel businesses,

Genç and Erdoğan (2013 : 195) evaluated the relational marketing activities of 83 hotel businesses operating in Zonguldak, Karabük and Bartın provinces, and it was found that the businesses were far from an effective complaint method and they generally asked the customers if they had any complaints when they left the hotel and established post-sales communication with them. They determined.

Discussion of Findings Related to Customer Satisfaction

It is observed that 85% of the customers coming to hotel businesses belong to the age group 34 and over . This result (Sandıkçı, 2008 : 45) work n then it is seen that the supports.

In Karakuş's study (2012 : 40), when the age variables of the individuals who participated in the research conducted in the thermal centers in the Nevşehir-Kozaklı region were examined, 41.6% consisted of individuals between the ages of 26-35, while 27.6% were individuals between the ages of 18-25. 22.1% of the individuals between the ages of 36-45, 5.2% of the individuals between the ages of 46-55, while 3.6% of them consist of variables aged 56 and over.

Tokatlı (2015 : 46) 's "Towards the ancient city of Ephesus Foreign Tourists Visiting Research" by name in his study; It has been determined that as the education level of foreign visitors increases, the awareness of the ancient city of Ephesus increases, foreign guests do not make use of magazines and newspapers as a source of information, they mostly get information from their friends or relatives.

In a study conducted by Sandıkçı and Gürpınar (2008 : 103) in the Aegean region, the majority of the participants were those with an income of 1501-3000 TL (40.4%).

When evaluated depending on marital status in Kaçar's (2014 : 48) study, 214 people were single people and 186 people were married.

In a study conducted by Sandıkçı and Gürpınar (2008 : 104) in the Aegean region, 40% of the participants were "resting", 38.2% "treatment" and 21.8% were work, curiosity and others.

In the study conducted by Emir and Durmaz (2009 : 26), although Afyonkarahisar is regarded as a leader in thermal tourism by public institutions and some non-governmental organizations in the province, the majority of them do not agree with this situation in the study.

Karakuş (2012 : 42) In a study conducted depending on the factors that affect their vacation in Kozaklı, the fact that it offers cheap holiday opportunities is 45.6% of the participants said "I agree" and "I strongly agree", and therefore it affects tourists' vacationing in Kozaklı. can be said to be an important reason for preference.

According to the literature, thermal tourism; It is a type of tourism in which the middle age group and mostly women participate (Albayrak and Örnek, 2017: 295 ; Akbulut, 2010: 36).

According to the literature, thermal tourism is a type of tourism that mostly appeals to low or middle income (Arli et al., 2018: 169).

According to the literature, as the education level of those participating in thermal tourism increases, the level of expectation and satisfaction from thermal facilities decreases, so the education level changes satisfaction (Aşık, 2014: 109).

In the research conducted by Akşit-Aşık (2016 : 1161) on 432 customers staying at four thermal facilities in Edremit, it was determined that customer expectations were not met in terms of service quality.

In the study conducted by Sandıkçı (2008 : 46), satisfaction levels of women in reception / registration services, flat services, food and beverage services and spa cure center services were found to be higher than men.

Social media provides an important advantage in increasing the awareness of hotels in providing communication between parties (Eröz and Doğdubay, 2012: 143).

Problems such as insufficient research, environmental problems, infrastructure problems, insufficient publicity, and inability to utilize the potential of thermal resources are similar to other studies in the literature (Sevindi, 2008 : 115 ; Oltulular, 2018 : 45 ; Ergen, 2018 : 32 ; Çiftçi, 2018 : 25).

According to a study conducted by Emir and Kılıç (2011 : 3609), customers' satisfaction and expectations differ in terms of service dimensions in 5-star hotels according to their gender.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1. Results

Here, a general summary of the study is made . The researched **thermal health enterprise;**

50.6% of its **employees are** female, 48.6% are between the ages of 26-35, their average age is 28, 63.8% are married, 92.9% are high school graduates, 50.2% are in the front office. 46.2% have a service of 0-5 years in their current position, 56.1% have a total professional experience of 6-10 years, 56.3% have a business life of 1-5 years, and It was determined that 66.2% had 30-60 employees in their businesses. Among the 506 thermal health facility employees participating in the study, women, 36-45 years old, single, infirmity, thermal doctors, working in the position of 21 years or more, and those with a total professional experience period, employees with a business activity period of more than 15 years, 141 and It has been determined that the employees of the enterprises with more personnel have different views about the thermal health facility services.

Leaders of the 83,6'n% male, 45,2'n% between 36-45 years, mean age of 32, married 80,8'n%, 68,5'n% of university graduates, the hotel manager 63,0'n% 68.5% was a manager, 39.7% worked in positions between 6-10 years, 38.4% had a total professional experience of 21 years or more, 67.1% had an operating period of 6-10 years. 75.3% of them are mid-level managers and 67.1% of them have 30-60 employees. It was determined that 73 managers who participated in the study were 56 years old and over, the working time in their position was 21 years or more, 4-star thermal facility

managers, and thermal health facility managers with 30-60 employees had different opinions about marketing services.

It was determined that 57.9% of the **customers** were male, 29.0% were 55 and over, the average age was 34, 35.4% were high school graduates, and 32.8% were memoirs. It was determined that 1468 customers participating in the study, between the ages of 16-25, primary school graduates and unemployed people have different opinions about customer satisfaction.

As a result of the reliability analysis of the scales used in the application part of the study, thermal health enterprise services, marketing services and customer satisfaction scales were found to be moderately reliable.

It was found that there is a moderate positive relationship between thermal health facility services customer satisfaction ($r = 0.314$), marketing services and customer satisfaction ($r = 0.399$). Thermal health business services of thermal health sector employees, thermal health services marketing of thermal health sector managers and customer satisfaction views are positively and significantly correlated with each other.

There is a correlation of 38.7% between thermal health facility services and marketing services and customer satisfaction. Term A line health services businesses variation of (diversity) 15.0% 'ninpazarl up serv meat and variables can be attributed to customer satisfaction. When we look at the A nova table, since the value of 0.00 significance of the model established was found to be less than 0.05, the model was accepted as meaningful. It can be interpreted that each increase in marketing services here increases the services of thermal health enterprises by $i .396$ points. This situation has revealed that the developments in Turkish thermal health tourism will contribute to the general tourism revenues and economy of the country.

6.2. Suggestions

In this section, suggestions are made for practitioners and researchers according to the results obtained in the research.

Recommendations for Practitioners

- Thermal hotels mainly host customers who prefer these hotels for health and treatment purposes. However, thermal facilities in all countries cannot provide equipment for health and treatment. For example, many thermal hotels cannot provide physical therapy units. Within the scope of providing products that meet the needs and expectations of consumers, such deficiencies in health and treatment units must be eliminated.
- When it comes to the quality of the treatment services provided by thermal hotels, the shortage of physicians, health personnel and technical personnel working in the field of thermal applications should be eliminated.
- Thermal tourism is a type of tourism that can serve customers with health problems and those who prefer these hotels for recreational purposes. In this case, the personnel working in the thermal hotel should be provided with the necessary training in this field. In addition, it is important that the physical condition of the hotel is designed to serve guests with health problems.
- In order to train personnel with the necessary qualifications and to ensure that thermal accommodation enterprises meet the standards that can serve the international market, the necessary courses should be opened and the deficiencies in service quality should be eliminated.
- Considering the impact of thermal service marketing services on customer satisfaction and thermal healthcare business services, it is necessary to ensure that customers benefit from thermal health services more effectively. For this purpose, awareness programs should be developed under the guidance of thermal health facility managers.
- Considering that the quality of thermal health services offered according to higher age, seniority and working time in the same workplace increases, mentoring practices should be used functionally in coping with the problems of inexperienced employees who are new to the profession and younger.

- The pressure of supervision and workload on the branch team members should be alleviated at all times, and the psychological aspect of the team members should not be ignored.
- Trainings should be organized for thermal health facility managers and team members to better understand customers, and at first, the perceptions of customer satisfaction of managers should be increased.
- Physical and infrastructural deficiencies of thermal health enterprises should be eliminated as soon as possible, and more alternatives should be offered to the team members regarding the departments they want to work with. In addition, meetings and various activities should be organized to strengthen communication within the thermal health facility.
- Awareness-raising seminars should be organized to encourage the customers who come for treatment and their relatives to participate in the treatment process in the thermal health facility. In this sense, various events should be organized for customers and their relatives on certain days in order to ensure that customers and their relatives can get together with the thermal health facility.
- In order to raise the falling credibility of the thermal health enterprise employee profession, it is necessary to support thermal health enterprise employees, especially with the statements and actions of the higher levels of the state. In addition, there is a need to produce policies that will increase the personal rights of thermal health facility employees and solve their economic problems. In addition, relocation policies should be revised to allow more flexibility for thermal health business workers.
- Considering the impact of the experiences of thermal health facility managers and employees on customer satisfaction and therefore on the economy and tourism of the country, it would be appropriate to assign managers and employees who have just started the profession in places where they can achieve success more easily. In this sense, thermal health facility managers and employees should be assigned in service areas after gaining professional experience for a while.

- Directing thermal health facility managers and employees to activities aimed at ensuring their personal and professional development will increase the quality of customer service. In this sense, thermal health facility managers and employees should be given opportunities such as attending a certain number of scientific meetings per year and visiting thermal health enterprises in different countries.
- Measures should be taken to encourage the directors and employees of the thermal health facility to orient themselves to graduate education. In addition, more emphasis should be placed on practice in undergraduate education.

Recommendations for Researchers

- In the literature, it is seen that there are very limited studies on the effect of thermal health tourism on the economy and tourism of the country. For this reason, researchers' in-depth studies on the effect of thermal health tourism on the economy and tourism of the country will increase awareness.
- Considering the positive contributions to the economy and tourism of the country, in order for thermal health enterprises to have a more efficient structure, customer satisfaction and thermal health enterprise services development programs should be introduced for thermal health enterprise managers and employees.
- Quantitative studies can be conducted to reveal more clearly the relationship of each of the factors emerging in the customer satisfaction dimension of the research with thermal health enterprises and services.
- In addition to the contribution of thermal health tourism customer satisfaction in the context of the economy and tourism of the country, the contributions it will provide to managers and employees individually can be investigated.
- Research can be conducted to reveal the effect of thermal health facility managers and employees on customer satisfaction problem solving skills.

- It is important to conduct theoretical studies in order to expand the existing literature further considering Turkish thermal health tourism.
- Most of the guests staying in thermal hotels in our country are domestic customers. It is important to carry out promotional activities at the international level in order for the thermal facilities in our country to get the necessary share from the foreign tourism market.
- The results of the survey show that the value of the customer's hotel image does not match the level of interest that hotels give to him. Thermal hoteliers emphasize the goal of "increasing the reputation of the hotel" among the goals they want to achieve with marketing. However, among the factors that prefer the thermal hotel, customers should pay more attention to the expectations of the customers in terms of the importance they attach to the appearance of the hotel.
- The results of the survey show that customers do not match the level of advertising, personal selling, public relations, hotel business advertising and direct marketing, and the extent to which hotels address this situation. Finance focuses on advertising campaigns to increase hotel sales and make customers feel better. However, the use of advertising tools lags behind customer expectations. Thermal hotels should target their advertising activities according to the needs of the customers.
- Thermal hotels mostly work with their employees for advertising. In order to increase the efficiency of advertising activities and increase sales and income, it is important to get the support of businesses specialized in this field.
- Most of the customers who prefer thermal hotels in our country are middle-aged and elderly customers. Diversification of services in thermal hotels to attract middle-aged and older customers and younger customers is important to increase sales by expanding the customer base to be addressed.

- The results of the study show that the customers who prefer thermal hotels are more important for the service quality in their hotel needs. It is important to meet customer expectations by focusing on improving the quality of thermal hotel services.
- According to the research, customers are similar in age to the importance of hotel factors. Thermal hotels should continue their marketing efforts and act by focusing on the age groups of their customers. It is important to provide different services for different age groups and focus on different advertising and distribution tools.
- According to the survey, customers show similarities in their professions with the importance of factors they consider in hotel needs. Thermal hotels should act in line with their customers' professions while continuing their marketing efforts. It should be noted that customers in the same profession have similar expectations in terms of services, distribution and advertising activities and marketing measures should focus on this.

In terms of the contribution of the research to the literature;

It is thought that the academic study, which is about determining the contribution of the development of Turkish thermal health tourism to the tourism and economy of the country, is based on the findings obtained from previous scientific studies, the ideas expressed and the approaches discussed. In academic studies conducted as a continuation of each other, previous studies on the subject of research were reviewed and it was seen that the study was studied for the first time in the Turkish literature. Within the scope of the process called literature review in academic research, studies such as researching, finding, analyzing, reading, classifying, summarizing and synthesizing previously published works related to the research subject were carried out. In the literature review and analysis, the point the previous literature has reached on the subject under investigation was determined, the gaps and omissions in the literature were revealed, and it was determined where our own study would fit in the previous literature. Considering that the literature review is an indispensable requirement for academic research, a

total of 122 literature has been reached. In academic work; The purpose, research questions, problem situation, hypotheses, methods, findings and results are presented with the support of the information obtained as a result of the literature review. It has gained a scientific depth and identity with the literature review done as required by academic research. The contribution of academic research to humanity and science has also been shown with the importance it attaches to literature review. It is thought that the research carried out by taking into account the previous studies on the subject will eliminate the important deficiencies in subjects such as originality, competence, responding to the needs of the target audience and contribution to science. In the scientific study carried out with the literature review, almost all of the technology, equipment, systems, ideas and trends that are a part of daily life have been adequately evaluated. Literature search was carried out in different formats and details in book and article studies, undergraduate, graduate and doctoral theses, project and thesis proposals, and even assignments. Literature reviews were made as separate sections in thesis proposals and theses, and mainly in introduction sections for articles. It was not easy to search the literature, read and synthesize the resources found, especially during the thesis stage, and the process was followed meticulously and systematically. As a result of the realization of the thesis, contributions were made to scientific knowledge and benefits on thermal health enterprise services, marketing services and customer satisfaction. From the results obtained, it is thought that the managers, employees and customers of the thermal health facility will benefit from the contribution of the Turkish thermal health tourism development to the country's tourism and economy. The research has been studied for the first time in the Turkish literature. It is thought that this study, which is the first review, will contribute to the literature. Due to the empirical, theoretical or methodological contribution of the research to the literature, it will be able to increase accessibility by being translated into publication. In this study, different from Turkish and foreign literature, thermal health enterprise services, marketing services and customer satisfaction are examined in terms of thermal health enterprise managers, employees and customers. It is believed that the fact that the study was conducted to 73 thermal health facility managers, 506 employees

and 1468 customers in Turkey will contribute to the development of Turkish thermal health tourism in the country's tourism and economy, as well as to the management of thermal health enterprises . In the first stage of putting research results into practice, taking into account the pandemic process, thermal health facility services, marketing services and customer satisfaction trainings should be programmed.

REFERENCES

- A Abadi, FA Sahebi, IG, Arab, A., Alavi A. & Karachi, H. (2018). Application of best-worst method in evaluation of medical tourism development strategy. *Decision Science Letters*, 7, 77-86.
- Abubakar, AM & Ilkan, M. (2016). Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management*, 5 (3), 192–201.
- Abubakar, AM, Ilkan, M., Meshall Al-Tal, R. & Eluwole, KK (2017). eWOM, revisit intention, destination trust and gender. *Journal of Hospitality and Tourism Management*, 31, 220--227
- Acar, N., & Turan, A. (2016). A Study on Health Tourism Awareness of Healthcare Professionals: Example of AHI Evran University Training and Research Hospital Employees, *Cumhuriyet University Journal of Economics and Administrative Sciences*, 17 (1), 17-36
- Adeola, O., Boso, N. & Evans, O. (2018). Drivers of international tourism demand in Africa, *Business Economics*, 53 (1), 25-36.
- Adiyia, B. and Vanneste, D. (2018). Local tourism value chain linkages as pro-poor tools for regional development in western Uganda. *Development Southern Africa*, 1-15.
- Adom, D., Hussein, EK and Agyem, JA (2018). Theoretical and conceptual framework: mandatory ingredients of a quality research. *International Journal of Scientific Research*, 1 (7), 438-441.
- Afrodita, B. (2012). Models of Tourist Development in the Context of Regional Development. *Annals of the University of Oradea: Economic Science*, 1 (1), 507-512
- Agarwal, S., Ball, R., Shaw, G. and Williams, AM (2000). The geography of tourism production: Uneven disciplinary development ?. *Tourism*

Geographies: An International Journal of Tourism Space, Place and Environment, 2 (3) 241-263.

Agiormirgianakis, G., Magoutas, A., & Sfakianakis, G. (2013). Determinants of Profitability in the Greek Tourism Sector Revisited: The Impact of the Economic Crisis. *Journal of Tourism and Hospitality Management*, 1 (1). 12-17.

Aguirre, J., Mateu, P. and Pantoja, C. (2019). Granting airport concessions for regional development: Evidence from Peru. *Transport Policy*, 74, 138-152.

Ahmad, W. and Sun, J. (2018). Modeling consumer distrust of online hotel reviews. *International Journal of Hospitality Management*, 71, 77–90.

Akadiri, SS and Akadiri, AC (2019). Examining the Causal Relationship between Tourism, Exchange Rate and Economic Growth in Tourism Island States: Evidence from Second Generation Panel. *International Journal of Hospitality & Tourism Administration*, 1-16.

Akan, Y., & Işık, C. (2009). The Effect of Foreign Visitor Expenditures on Economic Growth (1970-2007). *Anatolia: Journal of Tourism Research*, 20 (2), 197-203.

Akbolat, M., & Deniz, NG (2017). Development of Medical Tourism in Turkey and Comparison with Some Countries. *International Journal of Global Tourism Studies*, 1 (2), 123-139.

Akbulut, G. (2010). Spa Tourism and Its Problems in Turkey. *Gaziantep University Journal of Social Sciences*, 9 (1), 35-54

Akdağ, S., & Seçilmiş, C. (2018). The Relationship Between Tourism Revenues and GDP in OECD Countries: Dynamic Panel and Panel Causality Analysis. *Journal of Human and Social Sciences Research*, 7 (4), 2960-2977.

- Akgöz, E., & Gürsoy, Y. (2014). Foreign Language Learning, Desires and Stability in Tourism Education: Selçuk University Beyşehir Example. *Journal Of Tourism and Gastronomy Studies*, 2 (1), 18-19.
- Akın, A., Yaşar, M., & Akın, A. (2012). The Place and Importance of Tourism Sector in Economy. *Journal of Academic Research and Studies*, 4 (7), 63-81
- Akkılıç, ME (2003). Benefits in Tourism Marketing and a Tourist Satisfaction Model Proposal. *Fırat University Journal of Social Sciences*, 13 (2), 211-232.
- Aksatan, M., & Aktaş, G. (2012). Customer relationship management in small accommodation businesses: Alacati example. *Anatolia: Journal of Tourism Research*, 23 (2) 233 - 247.
- Aksoy, B., & Coşkun, M., (2017). Changes in Turkey's recent foreign trade, *Gazi Faculty of Education Journal*, 24 (3).
- Akşit-Aşık, N. (2016). The Effect of Perceived Service Quality on Customer Satisfaction: A Study in Thermal Hotels. *Journal of International Social Research*, 9 (47), 1161-1168.
- Aktaş, C. (2005). Determining the most appropriate regression equation for the variables affecting Turkey's tourism revenues. *Doğuş University Journal*, 6 (2), 163-174.
- Aktaş, AR, Kaplan, F., & Kocaman, S. (2013). The Relationship Between Tourism and Economic Growth: A Panel Data Analysis on Mediterranean Countries. S. Sarı, AH Gencer and İ. Sözen (Jun.). *International Conference on EurasianEconomies*. (pp. 755-760). Istanbul: Beykent University.
- Aktepe, C. (2013). New Opportunities in Health Tourism and Marketing Efforts of Resident Health Care Enterprises in Turkey. *Journal of Business Studies*, 5 (1), 170-188.

- Aktepe, C. (2018). New Opportunities in Health Tourism and Marketing Efforts of Resident Health Care Enterprises in Turkey. *Journal of Business Studies*, 5 (1), 170-188.
- Alacadağlı, E. (2019). Information Management, Digitalization and Turkish Health System. *Electronic Turkish Studies*, 14 (2), 68-86.
- Al - Amin, M., Makarem, SC, & Pradhan, R. (2011). Hospital ability to attract international patients: A conceptual framework. *International Journal of Pharmaceutical and Healthcare Marketing*, 5 (3), 205-221
- Albayrak A., & Örnek, E. (2017). Satisfaction Level of Customers with Thermal Facilities in Yalova-Armutlu and Their Intention to Visit Again. *The Journal of Academic Social Science Studies*, 62, 295-315.
- Altes, AG (2005). The development of health tourism services, *Annals of Tourism Research*, 32 (1), 168–171.
- Altın, U., Bektaş G., Antep Z., İrban A., (2012). Turkey Market for Health Tourism and International Patients. *Acibadem University Journal of Health Sciences*, 3,157-163.
- Amudha, R., Cresenta, SM L, Nalini, R., & Alamelu, R. (2016). Pharma tourism: Building a healthy and wealthy India. *Asian Journal of Pharmaceutical and Clinical Research*, 9 (4). 27-29.
- Aniza, I., Aidalina, M., Nirmalini, R., Inggit, M., & Ajeng, T. (2009). Health Tourism In Malaysia: The Strength And Weaknesses. *Journal of Community Health*, 15 (1), 7-15.
- Annette B., & Arellano R. (2007). Patients without borders: the emergence of medical tourism. *International Journal of Health Services*, 37 (1), 193-8.
- Antony , JK, and Jacob, JM (2019). Crisis management in the tourism industry-the role of social media platforms. *Atna Journal of Tourism Studies*, 14 (1), 83-96.

- Archer, N., Fevrier-Thomas, U., Lokker, C., McKibbin, KA, & Straus, SE (2011). Personal health records: A scoping review. *Journal of the American Medical Informatics Association*, 18 (4), 515-522
- Arcodia, C. and Whitford, M. (2006). Festival Attendance and the Development of Social Capital, *Journal of Convention and Event Tourism*, 8 (2), 1-18.
- Arı, H. (2017). Medical Tourism from Marketing Perspective and Turkey's Place in Medical Tourism. *Journal of Health Management*, 1 (1), 1-10
- Arlı, D., Bauer, C. and Palmatier, RW (2018). Relationalselling: Past, present and future. *Industrial Marketing Management*, 69, 169-184.
- Aslanova, K. (2013). Health Tourism and Health Tourism Law in Turkey. *Eurasia Journal of International Studies*, 3 (3), 129-145.
- Aşık, N. (2014). A Research to Determine the Satisfaction Levels of Thermal Hotel Customers. *International Refereed Journal of Marketing and Market Research*, 1 (2), 109-123.
- Ataman, H., Esen, MF, & Vatan, A. (2017). Quality and Patient Safety in Health Services Provided Under Medical Tourism. *International Journal of Health Management and Strategies Research*, 3 (1), 28-44.
- Ateşoğlu, İ. and Bayraktar, S. (2012). The impact of word of mouth marketing on tourists' destination selection. *International Journal of Management Economics and Business*, 7 (14), 95-108.
- Avcı, N. (2018). The Effects of Tourism on the Quality of Life of the Local People - The Case of Çeşme District. *Anatolia: Journal of Tourism Research*, 29 (2), 164-174.
- Aydemir B, Kılıç SN. (2017). Third age tourism in the world and in Turkey. *Yüzüncü Yıl University Journal of the Institute of Social Sciences, Special Issue*, 1 (3), 1-11

- Aydın, D. (2008). Health tourism in Turkey and its place in the Middle East. Health Tourism Development Association Health Tourism Bulletin, 1 (5), 1-2.
- Aydın, O. (2012). An Alternative Tourism in Turkey; Health Tourism, Karamanoğlu Mehmetbey University, Journal of Social and Economic Research, 1 (14), 91-96.
- Aydın G, Aydın BK. (2015). Health tourism marketing practices and comparative situation analysis in the world and in Turkey. Journal of Marketing and Marketing Research, 16 (1), 1-21.
- Aydın, A., Darıcı, B., & Taşçı, HM (2015). Economic Factors Affecting International Tourism Demand: An Application on Turkey. Erciyes University Faculty of Economics and Administrative Sciences Journal (45), 156-167.
- Başar, S., Kunu, S., Bozma, G. (2016). The Effect of Education and Health Expenditures on Economic Growth: An Application on Turkey. İğdir University Journal of Social Sciences, 10.
- West Mediterranean Development Agency (2011). Health Tourism Sector Report, 1-36, Isparta.
- Baykul, A., & Maden, SI (2017). Regional Development and Tourism Relations: An Evaluation on the Tr61 Region. International Journal of Global Tourism Studies, 1 (2). 65-73.
- Bayramoğlu, T., & Arı, YO (2015). The Relationship Between Tourism and Economic Growth in Greece Economy: A Time Series Analysis. Computational Methods in Social Sciences, 3 (1), 89-93.
- Baysal, D. (2016). The share of health tourism in Turkey's tourism income: 2000-2015. NKÜ Balkan Journal of Social Sciences, 1 (1), 250-261.
- Beer, A. D. Rogerson, CM, Rogerson, Jayne M. (2014). Decent work in the southafrican tourism industry: Evidence from tourist guides. Urban Forum, 25, 89 -103.

- Bektaş, G., & Şimşek, F. (2016). The importance of mobile health services in elderly health tourism. *Health Care*, 2016, 3 (4), 179-180.
- Belloumi, M. (2010). The Relationship between Tourism Receipts, Real Effective Exchange Rate and Economic Growth in Tunisia. *International Journal of Tourism Research*, 12 (5), 550–560.
- Bilen, M., Yılandı, V., & Eryüzlü, H. (2017). Tourism Development and Economic Growth: A Panel Granger Causality Analysis in the Frequency Domain. *Current Issues in Tourism*, 20 (1), 27-32.
- Bilgiçli, İ. and Altınkaynak, F. (2016). Place and Importance of Tourism Industry in Turkish Economy; Approach with the Economic Paradigm. *International Journal of Management Economics and Business*, ICAFR 16 Special Issue, 560-580.
- Bouzahzah, M. and Menyari, YE (2013) International Tourism and Economic Growth: The Case of Morocco and Tunisia. *The Journal of North African Studies*, 18 (4), 592-607.
- Buzcu, Z., & Birdir, K. (2019). Medical Tourism Analysis in Turkey: A Study in Private Hospitals. *Gaziantep University Journal of Social Sciences*, 18 (1), 311-327
- Caballero, S., Mugomba, DC (2007). Medical Tourism and its Entrepreneurial Opportunities - A Conceptual Framework for Entry into the Industry, (Master Thesis), Göteborg University, School of Business, Economics and Law, Graduate Business School, Tourism and Hospitality Management,
- Carrera, PM & Bridges, JFP (2006). Globalization and healthcare: Understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6 (4), 447-454.
- Chandran, SD, Mohamed, ASP, Zainuddin, A., Puteh, F., & Azmi, NA (2017). Medical Tourism: Why Malaysia is a Preferred Destination ?. *Advanced Science Letters*, 23 (8), 7861-7864.

- Chen, JS, Prebensen, N., & Huan, TC (2008) Determininig the motivation of wellnesstrevellers. *Anatolia: An International Journal of Tourism and Hospitality Research*, 19 (1), 103–115.
- Chen, YC, Roebuck, AE, Sami, A., Ersin, Ö. H., & Mirro, MJ (2017). The use of electronicpersonal health records to improve medicationadherence and patient engagement: A randomized study of non-valvularatrialfibrillation patients. *The Journal of Innovations in CardiacRhythm Management*, 8 (8), 2804.
- Cihangir, İ.S. (2016). *Economic Role of Thermal Tourism Potential in Regional Development: An Application in Iğın Thermal Facilities*. (Unpublished Master Thesis). Necmettin Erbakan University, Institute of Social Sciences, Konya.
- Cohen, E. (2006). Medical tourism in Thailand. *Turk-Kazakh International Tourism Conference: newPerspectives and values in World Tourism and Tourism Management in the Future*. 20-26 November 2006, Alanya: Conference Proceedings, 87-117 .
- Connell, J. (2006). Medical tourism: sea, sun, sandand... surgery. *Tourism Management*, 27 (6), 1093-1100.
- Cumhuriyet Newspaper (2009, April 30). *The World Turned Towards Eye Health Tourism*.
https://www.cumhuriyetarsivi.com/sign/buy_page.xhtml?page=1961968 , (01.05.2021).
- Çağlar, N., & Bulgan, G. (2016). Branding of Termal Kent Sandıklı and Media, *International Management Journal of Economics and Business*, 12 (28), 225-242
- Translation, F. (2008). Global economic crisis increases the importance of health tourism, *Health Tourism Development Association Health Tourism Bulletin*, 1 (6), 1-29

- Çımat, A., & Bahar, O. (2003). An Evaluation on the Place and Importance of the Tourism Sector in the Turkish Economy, *Journal of Akdeniz Faculty of Economics and Administrative Sciences*, 3 (6), 1-14.
- Çiftçi, G. (2018). A Research on Thermal Tourism Entrepreneurship Balıkesir Example. (Unpublished Master Thesis). Balıkesir University Institute of Social Sciences, Balıkesir.
- Çımat, A., Bahar, O. (2003). An Evaluation on the Place and Importance of the Tourism Sector in the Turkish Economy, Akdeniz University, Antalya, 1-18;
<http://www.transanatolie.com/turkce/turkiye/turkiye%20gercekleri/turizm%20ve%20ekonomi-05Cimat.pdf>, (31.12.2020)
- Çontu, M. (2006). Alternative Tourism Types and Kızılcahamam Thermal Tourism Example, (Unpublished Master's Thesis), Institute of Social Sciences, Abant İzzet Baysal University, Sakarya.
- Dalkıran GB. (2017). Thrace region as a health tourism destination. *Social Sciences Research Journal*. 6 (4), 162-178.
- De la Barre, Ken, de la Barre, S., & Taggart, M. (2005). A feasibility study for a yukon health and wellness tourism industry, <http://www.tc.gov.yk.ca/pdf/2005HealthandWellnessPartI.pdf>, (06.12.2020).
- Demirkol, Ş., Fidan, F., & Pelit, E., (2004). Problems Encountered by Female Employees in the Tourism Sector and an Application in Hotel Management, Abant İzzet Baysal University, *Journal of the Institute of Social Sciences*, 1 (8), 71-88.
- Deva Health Group (2004). Second Antalya Health Summit Final Declaration, Antalya.
- State Planning Organization (DPT). (2007). Ninth Five-Year Development Plan, Tourism Specialization Commission Report, 1-100, Ankara.

- Dyson, RG (2004). Strategic development and SWOT analysis at the University of Warwick. *European Journal Of Operational Research*, 152, 631-640.
- Edinsel S, Adıgüzel O. Turkey's position and developments in health tourism in the world countries in the last five years. *Çankırı Karatekin University Journal of FEAS*, 2014; 4 (2): 167-190.
- Retired, G. (2005). Tourism Policies in the European Union and Cultural Tourism in Turkey, *Aegean Geography Magazine*, 1 (14), 99-107
- Emir, O. and Durmaz, G. (2009) An Evaluation on the Thermal Tourism Image of Afyonkarahisar: *Anatolia: Journal of Tourism Research*, 1 (20), 25-32 .
- Emir, O. (2010). The Role of Travel Agencies in Marketing of Hotel Businesses: An Evaluation by Hotel Businesses, *Ege Academic View*, 14 (10), 1245-1256.
- Emir, O. and Kılıç İ. (2011). Relationship between customer satisfaction levels and demographic characteristics: An application in five-star hotel businesses in Antalya, *Journal of Yaşar University*, 21 (6), 3609-3610.
- Erdoğan, E., & Aklanoğlu, F. (2008). Thermal tourism and Afyon-Gazlıgöl example, Ankara University, *E-journal of New World Science Academy*, 1 (3), 83-92
- Erdoğan, M. (2018), Firm-Specific, Sectoral and Macroeconomic Determinants Affecting the Financial Performance of Tourism Businesses. *Mustafa Kemal University Journal of Social Sciences Institute*, 15 (41). 101-127.
- Eren, D. (2003). Marketing Approach and Market Orientation in Hotel Management: A Research Conducted in Four and Five Star Hotels Operating in Turkey and Its Results (Unpublished Master's Thesis), Mersin: Mersin University Institute of Social Sciences, Mersin

- Ergen, FD (2018). Medical Tourism Entrepreneurship in Turkey: The Case of Istanbul. (Unpublished Doctoral Thesis). Balıkesir University Institute of Social Sciences, Balıkesir.
- Eröz, SS, and Doğdubay, M. (2012). The Role of Social Media and Ethical Relationship in Tourist Product Selection. Dokuz Eylül University Faculty of Economics and Administrative Sciences Journal, 1 (27), 133-157.
- Este Spa (2018) . <http://www.estespa.com/masaj.asp>. (06.12.2020).
- Faulkner, B. (2001). Towards a framework for tourism disaster management. Tourism Management 22 (2), 135-147.
- Florian, H. & Jürgen, RK (2005). Concept to integrate europeansupplementary qualifications in tourism management into national systems of vocationaltraining, European SupplementaryQualification in Tourism Management, Trainer Guide, http://www.eu-eqt.de/en/EU-EQT_Trainerguide_EN.pdf, (31.12.2020).
- Genç, E., & Erdoğan, E. (2013) . Traditional Marketing Practices in Hotel Businesses: A Research in Zonguldak, Karabük and Bartın Provinces. Afyon Kocatepe University Journal of the Faculty of Economics and Administrative Sciences, 15 (2), 195- 216.
- Gholipour, HF, Tajaddini, R., & Al-mulali, U. (2014). DoesPersonalFreedomInfluenceOutbound Tourism? Tourism Management (41), 19-25.
- Göçen, S., Yirik, Ş. and Yılmaz, Y. (2011). Crises and Effects of Crises on Tourism Sector in Turkey, Süleyman Demirel University Journal of Faculty of Economics and Administrative Sciences, 16 (2), 493-502
- Graber-Duvernay, B. (2003). Évaluationdesthérapeutiquesnonmédicamenteuses: l'exemple duthermalisme. Paris: La Presse Thermale et Climatique. 140: 91-108

- Gülbahar, O. (2008). The Effect of Tourism on Current Account Balance in Turkey After 1980, *Journal of Qafqaz University*, 154-169.
- Gülen, KG, & Demirci, S. (2011). Health Tourism Sector in Turkey, Istanbul:, Istanbul Chamber of Commerce (ITO).
- Günel, V. (2005). A study to determine the profile and touristic behavior of local tourists coming to the province of Mardin, *Journal of Geographical Sciences*, 3 (2), 55-67
- Gündüz, H., & Güler, ME (2015). Selecting Appropriate Suppliers by Using Multi-Criteria Decision Making Techniques in Thermal Tourism Enterprises, *Dokuz Eylül University Faculty of Economics and Administrative Sciences Journal*, C.30, P.1, p. 203-222.
- Günel, Ö. D. (2009). Seasonality Problem in Tourism Sector and the Effect of Seasonal Employment on Organizational Commitment of Sector Employees: A Study on Hospitality Employees. (Unpublished Doctoral Thesis). Dokuz Eylül University, Institute of Social Sciences, İzmir.
- Gürdal, M. (2002). Structural Analysis of Vocational Tourism Education in Turkey, Schooling-Quality of Education-Internship-Employment Problems and Solutions. *Tourism Education Conference-Workshop*.
- Hersh, A. (2010). Evaluate the impact of Tourism Services Quality on customer's satisfaction. *Interdisciplinary Journal Of Contemporary Research In Business*. 6 (2), 207-234
- Horowitz, Michael D., & Rosensweig, Jeffrey A. (2007). Medical tourism - health care in the global economy. *The PhysicianExecutive*, November-December.
- Hutchinson, Becca. Medical tourism growing worldwide, <http://www.udel.edu/PR/UDaily/2005/mar/tourism072505.html>. (31.12.2020).
- <http://www.antalyakulturturizm.gov.tr/Eklenti/7966,tanitma-genel-mudurlugu-sunumupdf.pdf?0>.,). (31.12.2020).
- <http://dergi.teskomb.org.tr/254/index2.asp?dp=s26>, (31.12.2020).

<http://www.tbmm.gov.tr/hukumetler/HP58.Htm>, p.1, (31.12.2020).

<http://w2.anadolu.edu.tr/aos/book/ioltp/2291/unite12.pdf>, (31.12.2020).

<http://www.kultur.gov.tr/TR/BelgeGoster.aspx?F6E10F8892433CFF679A66406202CCB04607E66A6C64180A>, p.1, (31.12.2020).

<http://www.kulturturizm.gov.tr> (31.12.2020).

<http://www.sucenneti.net/dagcilik-turizmi.html>, (31.12.2020).

<http://file.yabantv.com/haber/1/6/7/8/8/2014-2015-AV-YILI-AV-TURIZMI-APPLICATIONITALIMATI.htm>, (31.12.2020).

http://www.denizticaretodasi.org.tr/Shared%20Documents/Deniz%20Ticaret%20Dergisi/nisan_ek_15.pdf, (31.12.2020).

<http://www.ktbyatirimisletmeler.gov.tr/TR,11508/genel-tanim.html>, (31.12.2020).

<https://www.ktb.gov.tr/Eklenti/906,ttstratejisi2023pdf.pdf?0>(31.12.2020).

<http://www.spaturkey.com/spa-article.asp?id=2>, (31.12.2020).

http://www.saglikturizmi.org.tr/f_akben_makale.html, (31.12.2020).

<http://www.saglik.gov.tr>; Ministry of Health 2010-2014 Strategic Action Plan, (31.12.2020).

<http://www.saglikturizmi.gov.tr/50-c-grubu.html>, (31.12.2020).

<http://www.ozelhastaneler.org.tr/images/Documents/sanal%20k%C3%BCt%C3%BCphane/D%C3%9CNYA%E2%80%99%20DA%20VE%20T%C3%9CRK%C4%B0YE%E2%80%99%20DE%20%SA%C4%9C%20TUR%C4%B0ZM%C4%B0-2010.pdf>, (31.12.2020).

www.elsevier.com/locate/tourman, (31.12.2020).

İbiş, S. (2008). Medical tourism: number one in efficiency, SPA and Wellness Magazine, 2 (4), 13–17.

- İçöz, O. (2009). Medical (Medical) Tourism and Turkey's Possibilities in the Scope of Health Tourism, *Journal of Yaşar University*, 4 (14), 2257-2279
- İlban, MO, & Kaşlı, M. (2009). A Research in Gönen to Determine the Problems Affecting the Development of Thermal Tourism. *Ege Academic View*, 9 (4), 1275-1293.
- İri, R., İnal, ME, & Türkmen, HH (2011). The Importance of Recognition in City Marketing: A Study on Measuring the Awareness of the Niğde Region. *Niğde University Faculty of Economics and Administrative Sciences Journal*, 4 (1), 81-96.
- Jones, CA & Keith, LG (2006). Medical tourism and reproductive outsourcing: the dawning of a new paradigm for healthcare. *International Journal of Fertility and Women's Medicine* , 51 (6), 251-261.
- Kaçar, M. (2014). Recreation Demand of Customers from Thermal Tourism Enterprises "Balıkesir Province Example" (Unpublished Master Thesis), Balıkesir University Institute of Health Sciences Balıkesir.
- Karakuş, M. (2012). Evaluation of Kozaklı in Terms of Thermal Tourism and Recreational Activities, (Unpublished Master's Thesis), Balıkesir University Institute of Health Sciences, Balıkesir.
- Kaya, İ. and Atçı, D. (2015). Analysis and Evaluation of Working Hours in Turkish Tourism Sector. *Çağ University Journal of Social Sciences*, 12 (2), 23-47.
- Kaya, S., Yıldırım, HH, Karsavuran, S., Özer, Ö. (2014). Turkey Medical Tourism Evaluation Report 2013, Ankara. TR Ministry of Health, General Directorate of Health Services, Department of Health Tourism, 1-72.
- Kervankıran, İ. (2011). An Example of Alternative Agriculture Studies in Afyonkarahisar Province: Geothermal Greenhouse . *Marmara Geographical Review* , 24 (1), 382-402.

- Kethüda, Ö. & Çalışkan, G. (2011). Marketing Approach of Hotel Businesses: A Research in Hotels in Fethiye. *Düzce University Institute of Social Sciences Journal*, 1 (1), 49-73.
- Kılıç, Y. (2014). Educational Status and Manpower Planning of Tourism Sector Employment. *Educational Sciences Research Journal*, 4 (1), 419-436.
- Kılıç, S., & Demir, S. (2017). Determination of Factors Affecting Tourism Demand of Domestic Tourists in Tourism Marketing: The Case of Sinop Province. *Hitit University Journal of Social Sciences Institute*, 10 (1), 75-77
- Kozak, MA, Evren, S., & Çakır, O. (2013). Tourism paradigm in the historical process. *Anatolia: Journal of Tourism Research*, 24 (1), 7-22.
- Köşker, H., & Kahyaoğlu, M. (2015). Profile of local tourists visiting Suphan Mountain, *Bitlis Eren University Journal of Social Sciences Institute*, 4 (1), 75-92.
- Leung, R. (2009). Vacation, adventure and surgery? <http://www.cbsnews.com/stories/2005/04/21/60minutes/main689998.shtml>, (06.12.2020).
- Logilife, (2007). How will you get better tomorrow? <http://www.marslogistics.com/logilife/Journal/Sayi19/futurizim.asp>, (06.12.2020).
- Mueller, H., & Kaufmann, EL (2004). Wellness tourism: market analysis of a special health tourism segment and implications for the hotel industry. *Research Institute for Leisure and Tourism*, University of Berne, Switzerland, http://www.lanzkaufmann.ch/doc/pub_art_vacationmeeting.pdf (31.12.2020.)
- Neelankantan, S. (2003), *India's Global Ambitions*, *Far Eastern Economic Review*, 6 November

- Oltulular, F. İ. (2018). A Research Towards the Determination of Current Situation and Problems in Medical Tourism Entrepreneurship: The Case of Izmir. (Unpublished Master Thesis). Balıkesir University Institute of Social Sciences, Balıkesir.
- Omay EGG and Erdoğan C. (2013). Health tourism in Turkey: opportunities and threats. *Mediterranean Journal of Social Sciences*, 4 (10), 424-431.
- Özdemir, MA and Kervankıran, İ. (2011). Determination of Local People's Approaches on Tourism and Its Effects: The Case of Afyonkarahisar. *Marmara Geographical Journal*, 1 (24), 1-25
- Özok, G. (2008). Thermal tourism investments in Turkey, *Health Tourism Bulletin*, 1 (6), 16-20.
- Özsarı, SH. and Karatana Ö. (2013). Turkey's situation in terms of health tourism. *Journal of Kartal Training & Research Hospital / Kartal Training and Research Hospital Medical Journal*, 24 (2), 136-144.
- Roney, SA. (2002). Reflections of the transition period from Fordism to post Fordism on tourism: mass tourism and alternative tourism. *Anatolia: Journal of Tourism Research*, 13 (1), 9-14.
- Ross, K. (2001). Health tourism: an overview. *HSMIAI Marketing Review*, <http://www.hospitalitynet.org/news/4010521.search?query=%22health+tourism%22>, (31.12.2020).
- Sandıkçı, M. (2008). Health Expectations and Customer Satisfaction in Thermal Tourism Businesses. (Unpublished PhD Thesis), Afyon Kocatepe University, Institute of Social Sciences, Afyonkarahisar.
- Sandıkçı, M., & Gürpınar, K. (2008). The Perceived Importance of Cure Services in Thermal Tourism Enterprises: A Study in the Aegean Region. *Afyon Kocatepe University Journal of the Faculty of Economics and Administrative Sciences*, 10 (1), 103-121 .

- Scott, DB (2004). A Bibliography of the Tourism Climatology Field to 2004. Second International Workshop on Climate, Tourism and Recreation (pp. 236-257). Greece: Orthodox Academy of Crete.
- Cypress, MS (2002). The role of promotional mix elements in thermal product marketing: a comparison in terms of companies implementing timeshare systems in the thermal zone and other thermal hotel businesses. DEÜ. Journal of İ.İ.BF, 17 (1), 95-104.
- Sevindi, C. (2008). Thermal Tourism Potential of Sağssa Thermal Spring (Siirt), Atatürk University Faculty of Letters Journal of Social Sciences, 1 (40), 115-131.
- Smith, MR . and Kelly, C. (2006). Wellness tourism, Tourism Recreation Research, 31 (1), 1-4, [http://www.trrworld.org/01-editorial\(01\).pdf](http://www.trrworld.org/01-editorial(01).pdf), (31.2.2020).
- Tokatlı, D. (2015). Effects of Brand Awareness on Consumer Buying Decision; A Research for Foreign Tourists Coming to Visit Ephesus. (Unpublished Master Thesis). Adnan Menderes University, Institute of Social Sciences, Aydın.
- Tosun, C., Okumus, F., Fyall, A. (2008). Marketing Philosophies: Evidence from Turkey. Annals of Tourism Research, 35 (1), 127-147.
- Tunçsiper, B., & Kaşlı, M. (2008). Economic Effects of Thermal Tourism: Gönen Example. Journal of Commerce and Tourism Education Faculty, 1 (1), 120-135.
- Tunçsiper, B., & Bezirgan, M. (2010). Perception of Economic Effects of Thermal Tourism, A Study in Emet District. Gümüşhane University Journal of Social Sciences Electronic, 2 (1), 1-20.
- Türker, N. (2002). An Application Regarding the Perspective of Environmental Sensitivity of Hospitality Managers, (Unpublished Doctorate Thesis), Hacettepe University, Institute of Social Sciences, Ankara.

- Yanardağ, M. Ö. & Avcı, M. (2012). Employment Issues in Tourism Sector: An Empirical Study on Marmaris, Fethiye and Bodrum Districts. *Aegean Strategic Research Journal*, 3 (2), 39-62.
- Yardan ED, Dikmetaş H, Us NC, Yabana B. (2014). Health tourism in Turkey and the World. *Journal of Performance and Quality in Health*, 8 (2), 27-42.
- Yıldız, E. And Aydın, SA (2013). Evaluation of the Olympic Games in Terms of Sustainable Development , *Journal of Sport Sciences Hacettepe*, 24 (4), 269--282
- Yücel, C. (2003). Great opportunities in SPA tourism. TÜRSAB R&D Department, <http://www.havuzsauna.com/detay.asp?y=201>, (31.12.2020).

ATTACHMENTS

Annex 1: Questionnaire Form

To whom it May concern,

This survey study is carried out with the aim of obtaining information about the development of thermal health tourism in Turkey and the contribution of thermal facility managers to the country's economy in relation to the thesis titled " Development of Thermal Health Tourism in Turkey, Its Contribution to the Tourism and Economy of the Country " .

The study is important in terms of revealing the information thermal facility managers will give about the development of thermal health tourism in Turkey and its contribution to the country's economy . The information you provide will be kept strictly confidential. By participating in the survey, you will support a scientific study. Thank you in advance for your interest and time in this study.

Best regards.

Orhan TUNCER
Near East University
Department of Business

EMPLOYEE SURVEY FORM

Employee Demographic Information

1. Gender

Female Male

2. Age

3. Marital status

Single Married

4. Education status

Illiterate Primary Education High School University / Doctorate

5. The department where he works

6. Your Task: (Please specify)

7. Your working time in your current position:

0-5 years 6-10 years 11-15

years

16-20 years 21 years and above

8. Your total professional experience:

0-5 years 6-10 years 11-15

years

16-20 years 21 years and above

BUSINESS QUESTIONS

1. In what way do the guests come to the business more often?

1 Individual 2 As a group 3 Via agencies 4 A social security institution (Retirement fund, Bağ-kur, SSK, etc.) 5 Other-specify:.... ..

2. Considering the distribution of the guests coming to your business in proportion to their purpose of arrival, what is the most frequent arrival reason?

1 Health / treatment 2 Rest 3 Entertainment 4 Work / Meeting 5 Other (please specify):

3. When you consider the average of a year, state the rates of the guests staying in your establishment according to their local / foreign status.

Domestic% Foreign, = Total 100%

QUESTIONS ABOUT THE SERVICE

4. Which of the following services are offered for thermal / treatment purposes in your business? (More than one option can be selected.)

1 Outdoor swimming pool 6 Thermal pool with jacuzzi 11 Herb bath 16 Walkways

2 Indoor swimming pool 7 Shock Pool 12 Mud baths 17 Solarium unit

3 Children's pool 8 Private family bath 13 Milk bath 18 X-ray and cardiography

4 Jacuzzi pool 9 Sauna 14 Massage unit 19 Physical Therapy Unit

5 () Thermal pool 10 () Aroma therapy 15 () Fitness center 20 () Turkish bath 21 () Other-specify:... ..

5. In the event that the following services are used in your business, an additional fee is requested from the guests? (More than one option can be selected.)

1 () Telephone 2 () Laundry 3 () Thermal pool 4 () Massage 5 () Sauna 6 () Parking lot
7 () Solarium 8 () Fitness center 9 () Private bathrooms 10 () Internet 11 () Other-specify:... ..

6. How do you determine the services to be offered in your business? (More than one option can be selected.)

1 () By examining the articles of the law 4 () By doing market researches
2 () Taking the practices of competitors as examples 5 () Evaluating guest requests
3 () Taking the suggestions of experts 6 () Based on our experience 7 () Other-specify:... ..

7. How do you improve the services provided in your business? (More than one option can be selected.)

1 () Our service quality is good, we do not have any initiative in this regard.
2 () By doing research on the subject 6 () Based on our own experience
3 () Taking the suggestions of experts on the subject 7 () Taking the practices of competitors on the subject as an example
4 () By evaluating guest requests, 8 () By making training programs for staff
5 () Following new trends 9 () Other-state:

8. Do you provide in-service training for your staff?

1 () Yes 2 () No

9. Who or which departments do the in-service trainings? (More than one option can be selected.)

1 () Sales / marketing department 2 () Own manager of each department 3 () Relevant experts 4 () Human Resources Department

EXECUTIVE SURVEY FORM

Employee Demographic Information

1. Gender

Female Male

2. Age

3. Marital status

Single Married

4. Education status

Illiterate Primary Education High School University / Doctorate

5. The department where he works

6. Your Task: (Please specify)

7. Your working time in your current position:

0-5 years 6-10 years 11-15

years

16-20 years 21 years and above

8. Your total professional experience:

0-5 years 6-10 years 11-15

years

16-20 years 21 years and above

BUSINESS QUESTIONS

Name of the Business:

1. The city where the business operates:

2. Your Business Type:

1 Hotel 2 Holiday Village

3. The number of stars of your business:

1 4 stars 2 5 stars

4. Operating period of your business:

1 Less than 1 year 2 1-5 years 3 6-10 years 4 11-15

years

5 more than 15 years

5. Your duty in business:

1 Senior manager 2 Mid-level manager 3 Team member

6. Number of personnel in your business:

1 30-60 2 61-80 3 81-100 4 101-120 5 121-140 6 141 and over

QUESTIONS ABOUT MARKETING GOALS

7. Indicate the Importance Level of the Goals You Want to Achieve with Marketing Activities.

1. It Is Not Important At All; 2. Not Important; 3. Neither Important nor Not Important; 4. Important; 5. Very Important

QUESTIONS ABOUT PRICING

8. Indicate the Importance Level of the Matters You Consider in Determining the Prices of the Services You Offer.

1. It Is Not Important At All; 2. Not Important; 3. Neither Important nor Not Important; 4. Important; 5. Very Important Issues;

The image of the hotel. 1 2 3 4 5

Customer sensitivity to price 1 2 3 4 5

Target level of sales 1 2 3 4 5

Competition intensity 1 2 3 4 5

Cost of the service 1 2 3 4 5

Quality of service 1 2 3 4 5

Service variety 1 2 3 4 5

Targeted profit amount 1 2 3 4 5

Commission rates paid to intermediaries 1 2 3 4 5

Legal regulations 1 2 3 4 5

Current economic situation across the country 1 2 3 4 5

Campaign and sales policies 1 2 3 4 5

9. Indicate the Significance Levels of the Matters You Consider in Price Discrimination.

1. It Is Not Important At All; 2. Not Important; 3. Neither Important nor Not Important; 4. Important; 5. Very Important Issues;

Suppliers' prices 1 2 3 4 5

Number of customers (Group, individual) 1 2 3 4 5

According to the season (in and out of season) 1 2 3 4 5

Payment method (cash, installment, credit card payment) 1 2 3 4 5

Price practices of competitors 1 2 3 4 5

Guest profession groups 1 2 3 4 5

(hotel, agency employee, Ministry of Tourism staff, TURSAB staff, etc.)

Customer stay frequency 1 2 3 4 5

QUESTIONS ABOUT DISTRIBUTION

10. To what extent do you benefit from travel agencies in the sale of your services?

1%... .. (please state) 2 I don't use it

11. State the importance level of the issues you take into consideration in the selection of the travel agencies you cooperate with in the sale of your services.

1. It Is Not Important At All; 2. Not Important; 3. Neither Important nor Not Important; 4. Important; 5. Very Important

Considerations;

Agency popularity 1 () 2 () 3 () 4 () 5 ()

Financial strength of the agency 1 () 2 () 3 () 4 () 5 ()

Quality of their services 1 () 2 () 3 () 4 () 5 ()

Reliability 1 () 2 () 3 () 4 () 5 ()

The number of customers they can reach 1 () 2 () 3 () 4 () 5 ()

Their capacity to reach markets that we cannot reach 1 () 2 () 3 () 4 () 5 ()

Being outside of our geography 1 () 2 () 3 () 4 () 5 ()

Other (please specify) 1 () 2 () 3 () 4 () 5 ()

12. To what extent do you use the internet in the sale of your services?

one % (please state) 2 () I don't use it

QUESTIONS ABOUT HOLDING

13. Please indicate the development direction of your sales revenue in the last 5 years?

1 () Increasing rapidly 2 () Increasing 3 () Staying the same 4 () Decreasing 5 () Decreasing rapidly

14. Which target groups are you promoting? (More than one option can be selected.)

1 () Existing customers 6 () Potential customers 10 () Government offices

2 () Airline companies 7 () Accommodation companies 11 () Travel agencies 3 () Tour operators 8 () Trade and industrial organizations 12 () Sports clubs 4 () Food and beverage businesses 9 () Non-profit organizations 13 () On behalf of the customer decision makers 5 () Shopping (jewelery, carpet, stone, etc.) businesses 14 () Other (specify)

15. By whom are promotional activities carried out? (More than one option can be selected.)

1 () Hotel staff 3 () A marketing consulting firm

2 () In partnership with a marketing consulting company 4 () In partnership with an advertising agency 5 () Other (please specify)

16. State the effectiveness of the promotional tools you use to increase your sales and make customers prefer your hotel.

1. Not Effective 2. No Effect 3. Neither active nor inactive 4. Active 5. Very Effective

Promotion Tools;

Advertisement 1 () 2 () 3 () 4 () 5 ()

Personal selling 1 () 2 () 3 () 4 () 5 ()

Public relations / promotion 1 () 2 () 3 () 4 () 5 ()

Promotion (sales development) 1 () 2 () 3 () 4 () 5 ()

Direct marketing (telephone, direct mail, internet marketing)

1 () 2 () 3 () 4 () 5 ()

Customer Survey Question Form

1. Your Gender: 1 () Male 2 () Female

2. Your age: 1 () 16-25 2 () 26-35 3 () 36-45 4 () 46-54 5 () 55 and over

3. Education Status: 1 () Primary Education 2 () High School 3 () Associate Degree 4 () University 5 () Master's Degree and Above

4. Your profession: 1 () Civil servant 2 () Worker 3 () Retired 4 () Student 5 () Own job

6 () Housewife 7 () Employer 8 () Unemployed 9 () Other

5. What are the tools that are effective in your hotel choice? (More than one option can be selected.)

1 () Advice from friends, relatives 2 () Travel agency 3 () Previous travel experience 4 () TV Programs

5 () Advertisements 6 () Internet 7 () Fairs 8 () Other (Please specify)

6. What is your reason for staying at your hotel?

1 () Health / Treatment 2 () Work / Meeting 3 () Rest 4 () Entertainment 5 () Other (Please specify)

7. Do you use travel agencies for your hotel reservations?

1 () Yes 2 () Partially 3 () No

8. Do you use the internet for your hotel reservations?

1 () Yes 2 () Partially 3 () No

9. Which of the following services would you like to be provided in a thermal hotel? (More than one option can be selected.)

1 () Outdoor swimming pool 6 () Indoor swimming pool 11 () Children's pool 15 () Jacuzzi pool

2 () Thermal pool 7 () Thermal pool with jacuzzi 12 () Private family bath 16 () Sauna

3 () Aroma therapy 8 () Herbal bath 13 () Mud baths 17 () Milk bath

4 () Massage unit 9 () Fitness center 14 () Walking paths 18 () X-ray and cardiography

5 () Solarium unit 10 () Others (please specify)

10. Mark the Following Thoughts According to Your Level of Participation.

Advertising works carried out by a hotel business is a factor in my preference for a hotel.

Personal sales activities of a hotel business are a factor in my choice of hotel.

Public relations and promotional activities run by a hotel business are a factor in my choice of hotel.

The promotion / sales incentive activities carried out by a hotel business are a factor in my choice of hotel.

Catalog, telephone, television and internet marketing activities carried out by a hotel business are a factor in my choice of hotel.

Price is an important factor when choosing a hotel business.

The image of the hotel is an important factor when choosing a hotel business.

The service quality of the hotel is an important factor when choosing a hotel business.

The variety of service of the hotel is an important factor when choosing a hotel business.

Annex 2: Permission to Use Survey Form

https://outlook.live.com/mail/0/deeplink?popoutv2=1&version=20210419002.04

Yanıtla | Sil | Gereksiz | Engelle

İt: Re: Anket formu

----- Özgün ileti -----
Kimden : gamzetemizel@gmail.com
Kimne : orhantuncer1 <orhantuncer1@mynet.com>
Gönderme tarihi : 30 Nisan 2021 Cuma 13:43
Konu : Re: Anket formu

Merhaba Orhan Hocam,
Elbette anketleri kullanabilirsiniz. Ekte uyguladığım her iki anketin de word halini yolluyorum yararlanırsanız diye. İyi çalışmalar dilerim.
Saygılarımla...
Gamze TEMİZEL

orhantuncer1 <orhantuncer1@mynet.com>, 30 Nis 2021 Cum, 13:34 tarihinde şunu yazdı:

Merhaba Gamze Hocam,
Doktora tezinizdeki kullanmış olduğunuz anket formunu izniniz olduğu takdirde doktora tezimde kullanmak istiyorum. Bu konuda bana yardımcı olursanız çok memnun olurum.
Saygılarımla...
Orhan Tuncer

Annex 3: List of Thermal Hotels with the Ministry of Culture and Tourism Operation Permit Certificate

Facility Name	Facility Type	Facility Class	Facility Province	Facility District
ADANIS PARK THERMAL HOTEL	Thermal Hotel	3 Star	Kahramanmaraş	Twelvefebruary
ADEMPIRA THERMAL SPA HOTEL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
ADRINA HEALTH & SPA HOTEL	Thermal Hotel	5 stars	Balıkesir Chamber of Commerce and Industry	Edremit
AKRONES THERMAL SPA CONVENTION SPORT HOTEL	Thermal Hotel	5 stars	Afyonkarahisar	Center
ALMIRA HOTEL THERMAL SPA & CONVENTION	Thermal Hotel	5 stars	Bursa	Osmangazi
ALTIN YUNUS RESORT & THERMAL HOTEL CESME	Thermal Hotel	5 stars	Izmir	Fountain
ANADOLU HOTELS ESENOĞA THERMAL	Thermal Hotel	5 stars	Ankara	Akyurt
ANCERE THERMAL HOTEL	Thermal Hotel	4 Star	Samsun	Basin
ANDİNATA HOTEL CANDIES THERMAL	Thermal Hotel	3 Star	Cankiri	Atkaracalar
ARMADA GRANNOS HOTEL THERMAL SPA & CONVENTION CENTER	Thermal Hotel	5 stars	Ankara	Haymana
ARMAS THERMAL KIRŞEHİR HOTEL	Thermal Hotel	4 Star	Kirsehir	Center
ATAOL ÇAN THERMAL HOTEL & SPA	Thermal Hotel	4 Star	Canakkale	Bell
BALÇOVA THERMAL HOTEL	Thermal Hotel	4 Star	Izmir	Balcova
BAŞAK THERMAL HOTEL	Thermal Hotel	4 Star	Ankara	Kizilcahamam
BB STEEL PALAS BURSA	Thermal Hotel	5 stars	Bursa	Osmangazi
BLACKBIRD THERMAL HOTEL & SPA	Thermal Hotel	4 Star	Yalova	Thermal
BOLU THERMAL HOTEL	Thermal Hotel	4 Star	Divided	Center
BOYUGÜZEL THERMAL HOTEL	Thermal Hotel	3 Star	Bursa	Osmangazi
BUDAN THERMAL SPA HOTEL & CONVENTION CENTER	Thermal Hotel	5 stars	Afyonkarahisar	Center
GREAT HOTEL TERME	Thermal Hotel	4 Star	Kirsehir	Center
CROWNE PLAZA BURSA CONVENTION & THERMAL SPA	Thermal Hotel	5 stars	Bursa	Lotus
CAGLAYAN HOTEL	Thermal Hotel	3 Star	Bursa	Inegol
ÇAM THERMAL RESORT & SPA CONVENTION CENTER	Thermal Hotel	5 stars	Ankara	Kizilcahamam
DADAK THERMAL SPA & WELLNESS HOTEL	Thermal Hotel	4 Star	Nevsehir	Kozakli
DOCTOR'S HOTEL THERMAL FACILITY	Thermal Hotel	4 Star	Ankara	Haymana
ELIZ THERMAL HOTEL CONVENTION SPA WELLNESS	Thermal Hotel	5 stars	Ankara	Kizilcahamam
ENTUR THERMAL HOTEL	Thermal Hotel	3 Star	Balıkesir Chamber of Commerce and Industry	Edremit
EUPHORIA AEGEAN RESORT AND THERMAL HOTEL	Thermal Hotel	5 stars	Izmir	Seferihisar
FİMAR LIFE THERMAL RESORT HOTEL	Thermal Hotel	5 stars	Amasya	Center
FORM THERMAL HOTEL	Thermal Hotel	3 Star	Balıkesir Chamber of Commerce and Industry	Edremit
GARDEN KALE HOTEL	Thermal Hotel	3 Star	Afyonkarahisar	Center
GIRAN PARK THERMAL HOTEL	Thermal Hotel	4 Star	Diyarbakir	Cermik
GÖNLÜFERAH HOTEL	Thermal Hotel	4 Star	Bursa	Osmangazi
GÖZLEK THERMAL FACILITIES	Thermal Hotel	3 Star	Amasya	Center
GRAND YAZICI CLUB TURBAN	Thermal Hotel	4 Star	Mugla	Marmaris
GREEN THERMAL HOTEL	Thermal Hotel	3 Star	Yalova	Thermal
GÜLÜMSER HATUN THERMAL HOTEL & SPA	Thermal Hotel	4 Star	Kutahya	Center

GUNGOR OTTOMAN PALACE THERMAL RESORT	Thermal Hotel	5 stars	Hatay Chamber of Commerce and Industry	Antioch
GÜRE SARUHAN THERMAL HOTEL	Thermal Hotel	4 Star	Balikesir Chamber of Commerce and Industry	Edremit
HAMAMÖZÜ THERMAL HOTEL	Thermal Hotel	3 Star	Amasya	Hammamözü
HAYMANA MIDAS THERMAL HOTEL	Thermal Hotel	4 Star	Ankara	Haymana
HERAKLES THERMAL HOTEL	Thermal Hotel	3 Star	Denizli Chamber of Commerce and Industry	Pamukkale
HİERAPARK THERMAL & SPA HOTEL	Thermal Hotel	4 Star	Denizli Chamber of Commerce and Industry	Pamukkale
HİLAS THERMAL RESORT	Thermal Hotel	3 Star	Samsun	Ladik
HOTEL LIDYA SARDES THERMAL & SPA	Thermal Hotel	4 Star	Manisa	Salihli
Facility Name	Facility Type	Facility Class	Facility Province	Facility District
ILICA SPA & WELLNESS THERMAL RESORT	Thermal Hotel	5 stars	Izmir	Fountain
İ.MT THERMAL HOTEL	Thermal Hotel	4 Star	Istanbul	Tuzla
İKBAL THERMAL HOTEL & SPA	Thermal Hotel	5 stars	Afyonkarahisar	Center
JURA HOTELS FAYON THERMAL	Thermal Hotel	5 stars	Afyonkarahisar	Center
KARAHAYIT NATURE THERMAL SPA HOTEL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
KAYA İZMİR THERMAL & CONVENTION HOTEL	Thermal Hotel	5 stars	Izmir	Narlıdere
KERVANSARAY THERMAL	Thermal Hotel	5 stars	Bursa	Osmangazi
KIRKGEÇİT THERMAL RESORT HOTEL	Thermal Hotel	3 Star	Canakkale	Biga
KOREL THERMAL RESORT CLINIC & SPA	Thermal Hotel	5 stars	Afyonkarahisar	Center
LYCUS RİVER	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
MARIGOLD THERMAL HOTEL & SPA	Thermal Hotel	5 stars	Bursa	Osmangazi
MAY THERMAL HOTEL	Thermal Hotel	5 stars	Afyonkarahisar	Chestikli
MERCURE HOTELS BURSA THE PLAZA THERMAL & SPA	Thermal Hotel	5 stars	Bursa	Osmangazi
NARLIGÖL THERMAL HOTEL	Thermal Hotel	4 Star	Nigde	Center
NG GÜRAL AFYON WELLNESS & CONVENTION	Thermal Hotel	5 stars	Afyonkarahisar	Center
ON'LİVE HOTEL	Thermal Hotel	4 Star	Izmir	Fountain
ORKİS PALACA THERMAL HOTEL & SPA	Thermal Hotel	5 stars	Kahramanmaras	Twelvefebruary
PAM THERMAL HOTEL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
PERTEK THERMAL HOTEL	Thermal Hotel	3 Star	Tunceli	Pertek
PIRIL HOTEL	Thermal Hotel	4 Star	Izmir	Fountain
POLAT THERMAL HOTEL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
RAMADA BURSA ÇEKİRGE THERMAL SPA HOTEL	Thermal Hotel	4 Star	Bursa	Osmangazi
RAMADA RESORT KAZDAĞLARI THERMAL & SPA	Thermal Hotel	5 stars	Balikesir Chamber of Commerce and Industry	Edremit
RETAJ THERMAL HOTEL & SPA	Thermal Hotel	4 Star	Yalova	Thermal
RICHMOND PAMUKKALE THERMAL HOTEL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
ROZA RESORT HOTEL	Thermal Hotel	5 stars	Nevsehir	Kozakli
SAFA SORGUN THERMAL HOTEL	Thermal Hotel	5 stars	Yozgat	Sorgun
SAFRAN THERMAL RESORT HOTEL	Thermal Hotel	5 stars	Afyonkarahisar	Chestikli
SANDIKLI THERMAL PARK RESORT & SPA	Thermal Hotel	5 stars	Afyonkarahisar	Chestikli

CONVENTION CENTER				
SHERATON CESME HOTEL RESORT & SPA	Thermal Hotel	5 stars	Izmir	Fountain
SINDIRGI OBAM THERMAL RESORT & SPA	Thermal Hotel	4 Star	Balikesir Chamber of Commerce and Industry	Conflict
SPA HOTEL CLUP THERMEMARIS	Thermal Hotel	4 Star	Mugla	Dalaman
SPA HOTEL COLOSSAE THERMAL	Thermal Hotel	5 stars	Denizli Chamber of Commerce and Industry	Pamukkale
TERMA CITY HOTEL	Thermal Hotel	4 Star	Yalova	Thermal
THERMAL RESORT ORUÇOĞLU	Thermal Hotel	5 stars	Afyonkarahisar	Center
THERMALYA THERMAL HOTEL	Thermal Hotel	4 Star	Nevsehir	Kozakli
THERMALIUM WELLNESS PARK HOTEL	Thermal Hotel	5 stars	Yalova	Thermal
THERMO VITAL HOTEL	Thermal Hotel	3 Star	Yalova	Thermal
UYSAL THERMAL HOTEL	Thermal Hotel	3 Star	Eskisehir	Odunpazarı
UROFIZ THERMAL HOTEL	Thermal Hotel	4 Star	Ankara	Haymana
WYNDHAM GRAND IZMIR OZDILEK	Thermal Hotel	5 stars	Izmir	Balcova
STRUCTURAL HOTEL	Thermal Hotel	3 Star	Nevsehir	Kozakli
YILDIZ HOTEL THERMAL	Thermal Hotel	3 Star	Bursa	Osmangazi
YONCALI RIVER THERMAL HOTEL & SPA	Thermal Hotel	4 Star	Kutahya	Center
YONCALI THERMAL HOTEL SPA	Thermal Hotel	4 Star	Kutahya	Center

Annex 4: Hypotheses Chart

Thermal Health Enterprise Services (Employee) Sub-hypotheses	Supported	Not supported
The H1a hypothesis was not supported, since the significance value between the gender of the thermal health facility employees and the services of the thermal health facility was statistically $p > 0.05$.		-
The H1b hypothesis was supported as the significance value between the ages of the thermal health facility employees and the thermal health facility services was statistically $p < 0.05$.	+	
The H1c hypothesis was supported since the significance value between the marital status of the employees of the thermal health facility and the services of the thermal health facility was statistically $p < 0.05$.	+	
The H1d hypothesis was not supported, since the significance value between the thermal health enterprise employees' educational status and the thermal health enterprise services was statistically $p > 0.05$.		-
The H1e hypothesis was supported as the significance value between the departments where thermal health facility employees work and thermal health facility services was statistically $p < 0.05$.	+	
The H1f hypothesis was supported as the significance value between the duties of the thermal health facility employees and the thermal health facility services was statistically $p < 0.05$.	+	
The H1g hypothesis was supported since the significance value between the thermal health facility employees' working time in the position and the thermal health facility services was statistically $p < 0.05$.	+	
The H1h hypothesis was supported as the significance value between the total occupational experience of the thermal health enterprise employees and the thermal health enterprise services was statistically $p < 0.05$.	+	
The H1i hypothesis was supported since the significance value between the service life of the thermal health facility employees and the thermal health facility services was statistically $p < 0.05$.	+	
The H1j hypothesis was supported since the significance value between the number of personnel of the thermal health facility employees and the thermal health facility services was statistically $p < 0.05$.	+	
Marketing Services (Manager) Sub-hypotheses		
The H2a hypothesis was not supported, since the significance value between the gender of thermal health facility employees and marketing services was statistically $p > 0.05$.		-
Since the significance value between the ages of thermal health facility employees and marketing services was statistically $p < 0.05$, H2b hypothesis was supported.	+	
The H2c hypothesis was not supported, since the significance value between the marital status of employees of the thermal health facility and marketing services was statistically $p > 0.05$.		-
The H2d hypothesis was not supported, since the significance value between the education status of the thermal health facility employees and the marketing services was statistically $p > 0.05$.		-
The H2e hypothesis was not supported, since the significance value between the departments where thermal health facility employees work and marketing services was statistically $p > 0.05$.		-
The H2f hypothesis was not supported, since the significance value between the duties of thermal health facility employees and marketing services was statistically $p > 0.05$.		-
The H2g hypothesis was supported as the significance value between the working time of the thermal health facility employees in their positions and the marketing services was statistically $p < 0.05$.	+	
The H2h hypothesis was not supported as the significance value between the total occupational experience of thermal health facility employees and marketing services was statistically $p > 0.05$.		-
The H2i hypothesis was not supported, since the significance value between the duration of activity of the thermal health facility employees and their marketing services was statistically $p > 0.05$.		-
The H2j hypothesis was not supported, since the significance value between the job levels of thermal health facility employees and marketing services was statistically $p > 0.05$.		-
The H2k hypothesis was supported, since the significance value between the	+	

enterprises and marketing services of the thermal health enterprise employees was statistically $p < 0.05$.		
Customer Satisfaction Sub-hypotheses		
The H3a hypothesis was not supported, since the significance value between the gender of the thermal health facility customers and customer satisfaction was statistically $p > 0.05$.		-
The H3b hypothesis was supported as the significance value between the ages of customers in the thermal health facility and customer satisfaction was statistically $p < 0.05$.	+	
The H3c hypothesis was supported as the significance value between the customers' educational status and customer satisfaction was statistically $p < 0.05$.	+	
The H3d hypothesis was supported as the significance value between the customers' professions and customer satisfaction was statistically $p < 0.05$.	+	

CURRICULUM VITAE



Name Surname: ORHAN TUNCER

e-mail: orhantuncer1@mynet.com
orhantuncer6506@gmail.com

PERSONAL INFORMATION

Date of Birth: 1965 Haymana / Ankara

Marital Status: Married - 2 Children

Foreign Language: English

EDUCATIONAL INFORMATION

- Near East University University, in the field of **Business Management**, at the **doctoral** dissertation stage
- Turkish Aeronautical Association University , **Master's Degree ; Business**
- Inönü University, Malatya **School of Health** ; Health Education Undergraduate Completion
- Gevher Nesibe **Health Education Institute** ; Department of Medical Statistics and Computing
- Anadolu University, **Faculty of Business Administration** ; Department of Business

SEMINAR, COURSES AND DOCUMENTS

- Ankara University and Medical Tourism Association** ; 4th International 3rd Year Spring Tourism and Dynamics Congress Participation Certificate, (**24-25 October 2016**)
- **Certificate of participation in the Healthy Community-Healthy Future** themed Public Health Days organized by **Sasam Institute of Health-Sen** (**18-19 October 2016**)
- **Russia southernyuniversity is** organized by the 1st International Congress of Management Studies (1.International Management Research Congress) , **Thermal Tourism Facilities Design Criteria** on participation and presentation document (**19-20 March 2016**)

- 1st International Management Research Congress organized by **Russia Southery University** , **Examination of Customer Complaints in Thermal Enterprises** and poster presentation document (**19-20 March 2016**)
- **Russian Federation**, Kislovodsk University of Economics; Participation in the Scientific Congress on Market Transformation in the International Health Sector, Presentation, Article and Certificate on the **Importance of Health Tourism in Turkey** , (**24/28 October 2015 Russia**)
- **Ministry of Health**, Public Health Institution **of Turkey**; National Water and Health Congress (Water Disinfection Training Certificate), (**2015**)
- Ministry of Health**, Public Health Institution **of Turkey**; International Biocidal Congress Participation Certificate, (**2015**)
- Ankara University and Medical Tourism Association** ; 3rd International 3rd Age Spring Tourism and Dynamics Congress Participation Certificate, (**2015**)
- **Health Tourism Association** , Ministry of Health, Ministry of Culture and Tourism; International 6th Health Tourism Congress Participation Certificate, (**2015**)
- Ankara Development Agency** ; Training Certificate on Foreign Trade, (**2015**)
- **Health Informatics Summit** Participation Certificate with the Main Theme of Efficiency in **Health** , (**2015**)
- **Ankara University** School of Foreign Languages; English Preparatory Completion Certificate, (2015)
- **Educon** ; Management Techniques and Teamwork Certificate, (**2015**)
- **Educon** ; Job Hunting and Effective Communication Techniques Certificate, (**2015**)
- **Health Tourism Association** , Ministry of Health, Ministry of Culture and Tourism; International 5th Health Tourism Congress Participation Certificate, (**2014**)
- Ankara University and Medical Tourism Association** ; 2nd International 3rd Age Spring Tourism and Dynamics Congress, Certificate of Attendance, (**2014**)
- **Tübitak, Ankara University** , NİHA; Water Management Participation Certificate in the 21st Century, (**2013**)
- **Turkish Aeronautical Association University** ; Graduation Project on Customer Expectations in Health Tourism Businesses, (2013)
- **Ankara University** ; Graduation Thesis on Europe and Turkey Health Tourism, (**2012**)
- **Ankara University** European Community Application Center; European Union Expertise Certificate, (2012)
- **WallStreetInstitute** ; Good Degree in English (Advanced Level), (**2012**)
- **Başkent Communication**; Diction Training Certificate, (**2011**)
- **Justice and Development Party** Political Academy; Certificate of Education, (**2011**)
- **Ankara University** ; Graduation Thesis on Drinking Water Disinfection, (**2010**)
- **Ankara University** European Community Application Center; European Union Basic Education Certificate, (**2010**)

- **ESAAM** ; International 3rd Anti-Aging Congress Participation Certificate, (**2007**)
- **Turkish Toxicology Association** ; Cosmetic Safety Training Program, (**2007**)
- **Ministry of Health** , European Union Comprehensive 20-21 February 2007 Biocidal Project Training, (**2007**)
- **Ministry of Health** , European Union Comprehensive 27-30 March 2007 Biocidal Project Training, (**2007**)
- **Ministry of Health** , European Union Comprehensive 2-4 April 2007 Biocidal Project Training (**2007**)
- Ministry of Health , European Union Comprehensive 11-12 April **2007** Biocidal Project Training (**2007**)
- **Bruks the** line performed well, the European Union Harmonization in the Scope of Work '*Health Protection of Consumers*' Moroccan Scanning the meeting, the Ministry of Health on Behalf Participation (**2006**)
- **Ministry of Health** ; Public Health Training Certificate, (**2006**)
- **Ministry of Health**, Legislation Study on Thermal Facilities, **2003-2005**)
- **Ministry of Health** , Thermal Tourism Workshops, (**2004-2005**)
- Ankara Provincial Health Directorate** , Training Program on Health Management, (**1998**)
- **Ministry of Health** ; Certificate of Appreciation, (**1997**), Food Safety Training Certificate, (**1997**).
- Ankara Provincial Health Directorate** ; Organizational Management, Vision, Mission, Sales, Total Quality, Change Management, Leadership, Provisional Training and Motivation Training Participation Certificate in the Scope of the Provincial Administration Law No. 5442, Management Development Training, (**1997**)

Published Articles:

- 1 - Customer Health Expectations in Thermal Tourism Businesses** (Asos Journal, Academic Research Journal, Year 3 / Issue 20 / December 2015 / P.53-60)
- 2 - Importance and Place of Health Tourism in Turkey** (Journal of Kislovodsk University of Economics, 24-28 October 2015)
- 3 - Customer Loyalty in Thermal Tourism Marketing in Turkey** (The Russian Academic Journal, Bol, 34: 49-53 December 2015)
- 4- Examination of Customer Complaints in Thermal Facilities** (Russia Volgograd State Medical Universty Magazine 27-26 March P: 49-50)

Published Papers:

- 1 -The Turkish Journal of Occupational / Environmental Medicine and Safety (Disinfection and Control in Drinking and Swimming Pool Water .ISSN: 2149-4711)** (Ministry of Health, Public Health Institution of Turkey)
- 2- - - The 1st International Management Research Congress , hosted by Hacettepe University on 19-20 March 2016, organized by the Russian University of Southern University, at the Congress on 'INTERACTION IN MANAGEMENT AND NEW PARADIGMS': Oral presentation on the Design Criteria of Thermal Tourism Facilities presentation .**

INSTITUTIONS WITH DUTY

2015- Ministry of Health, General Directorate of Health Research; **Medical Technologist**

2012-Ministry of Health General Directorate of Management Services; **Researcher**

2003-Ministry of Health, General Directorate of Primary Health Care Services; **Branch manager**

2002- Çanakkale Provincial Health Directorate, **Deputy Provincial Health Director**

1999- Ankara Provincial Health Directorate; Food and Environmental Control **Branch Manager**

1998- Ankara Provincial Health Directorate; Education **Branch Manager**

1997- Ankara Süleyman Demirel **Health Vocational High School Teacher**

1996- **Teacher of** Amasya Göğnücek **Health Vocational High School**

1994-Health Education Institute ; **Health Technician**

1992- Ankara Provincial Health Directorate; **Environmental Health Technician**

1988- Ankara Gölbaşı Health Center; **Environmental Health Technician**

PLAGIARISM REPORT

TÜRKİYE'DE TERMAL SAĞLIK TURİZMİ GELİŞİMİ, ÜLKE
TURİZMİNE VE EKONOMİSİNE KATKISI by ORHAN TUNCER
(20159428)

ORIGINALITY REPORT

10%	8%	2%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	docs.neu.edu.tr Internet Source	2%
2	acikerisim.deu.edu.tr:8080 Internet Source	1%
3	acikerisim.gelisim.edu.tr Internet Source	1%
4	www.researchgate.net Internet Source	1%
5	dergipark.gov.tr Internet Source	1%
6	www.scribd.com Internet Source	1%
7	turad.org Internet Source	1%
8	acikerisim.deu.edu.tr Internet Source	1%

www.gecekitapligi.com

ETHICS COMMITTEE REPORT



SCIENTIFIC RESEARCH ETHICS COMMITTEE

03.09.2021

Sayın Orhan Tuncer,

“Türkiye’de Termal Sağlık Turizmi Gelişimi, Ülke Turizmine Ve Ekonomisine Katkisi” isimli çalışmanız ile ilgili sorunuz değerlendirilmiştir. Çalışmanız BAEK’nun aktif hale gelmesinden önce gerçekleştiği için etik kurulu izni gerekmemektedir.

Doç. Dr. Direnç Kanol

BAEK Raportörü