Within the Scope of Health Tourism; A Study of Aesthetic Practices in Turkey: A Study on the Bakırkoy District Istanbul Province

Gülay TAMER BAKAR¹

Salim AKYÜREK²

¹Asist. Prof. Dr., PhD, İstanbul Gelişim University, İstanbul/Türkiye, gtamer@gelisim.edu.tr

²Asist. Prof. Dr., PhD, Near East University, North Cyprus, salim.akyurek@neu.edu.tr

Abstract: This study is conducted for determining the channels used by international patients to visit Turkey for the purpose of aesthetic treatment within the scope of health tourism in order to reach to the healthcare establishments in Turkey, their reasons for choosing Turkey, additional services offered by healthcare establishments along with healthcare services provided by them, and the level of satisfaction of international patients with the healthcare service they receive in Turkey. In this context, in regard to satisfaction level of the patients; it is questioned whether there is difference according to age, sex, education level, income level, nationality, the type of aesthetic medicine applications purchased, other applications provided besides healthcare services and subject-matter of complaints. The research is a descriptive field research carried out in private healthcare establishments in Bakırköy, İstanbul which operate in the aesthetic tourism sector. The sample of study consists of 240 patients came to private healthcare establishments for treatment purposes. The data were collected based on the questionnaire technique and SPSS 22 package program was used for analyzing the data. Variables were subjected to normality tests, and percentage, mean and standard deviation values were analyzed. In order to see the effects between variables in line with the developed hypotheses, t test and Anova test, besides regression analyses, were performed.

Keywords: *Health Tourism; Aesthetic Tourism; Medical Aesthetics; Aesthetics in Turkey; Patient Satisfaction.*

How to cite: Tamer Bakar, G., & Akyürek, S. (2020). Within the Scope of Health Tourism; A Study of Aesthetic Practices in Turkey: A Study on the Bakırkoy District Istanbul Province. *Logos Universality Mentality Education Novelty: Social Sciences*, 9(2), 1-25. doi: 10.18662/lumenss/9.2/41

1. INTRODUCTION

To determine the dimension of services related to aesthetic surgery, included to the scope of rapidly developing health tourism as a result of the positive moves made in Turkey and in the world, in the private healthcare establishments is critical. Each country of the world tries to be a focal point by creating attraction centers in order to have sufficient share in the field of health tourism. Health Tourism plays an important role in the Gross National Product (GNP) of many countries. It is also important in terms of employment, investment and foreign trade. Aesthetic surgery is a sub-branch of plastic surgery, and it is important to analyze the individuals using this health field, as generally called medical aesthetics, in terms of tourism. Individuals prefer healthcare centers in different countries because of the reasons such as offering of the healthcare they need at higher prices in their own country, or unavailability of the healthcare treatment and the specialist they prefer in their country.

In the field of health tourism, it is possible to see many researches on various subject-matters. However, there are pretty few studies which analyze aesthetic treatments and care services within the scope of health tourism. In the literature search conducted, there is no field research on international patients within the scope of health tourism conducted for aesthetic treatments in our country. The information obtained as a result of efforts in order to improve capacity of the country in the health tourism will contribute to the level of competition of the travel businesses, agencies, insurance companies and other health companies with developed countries, besides contribution to the national economy.

In the first section of the study, the concepts of tourism and health tourism, which is a type of the former, are explained. In the second section, the condition of aesthetic tourism, which is one of the elements of healthcare, in Turkey, and the preference reasons of patients are reviewed. In the third section, in the light of the data obtained from people came to get service from private healthcare establishments, the determinations related to nationality, sex, age, education level of patients, type of treatment they came for and their preference reasons, and the results and recommendations in line with these findings are tried to be put forth.

2. Literature review

2.1. Definition and Scope of Health Tourism

Health tourism briefly covers travels made for treatment purposes. It is called as health tourism if people travel to another region on the condition that to stay there, or to attend the activities having the aim of protecting their health (Altes, 2005). In other words, health tourism; it refers to the type of tourism that requires physical therapy and rehabilitation, and which enables the growth of healthcare establishments through international patient potential (Aydın, 2012). Health tourism covers utilization of health facilities in a country other than theirs by domestic and foreign tourists for at least one day or one night (Amzat, 2014). In terms of local tourists, it is also defined as benefiting from healthcare centers within the borders of the country more than one day or one night, and traveling by spending for purposes of healing, taking a trip or making a family visit (THF, 2010). Using the concepts of health and tourism side by side has led to the formation of many different perspectives. In this context, it is possible to see some different definitions, too.

The main idea of health tourism, which we can say as one of the oldest tourism variations in the world, is to get away from the routine pace of life of people that they work daily and to have treatment in a comfortable and different place, or to benefit from health activities to support their health needs in this direction. Individuals having a proper level of financial power in developed or developing countries want to take advantage of healthcare services at higher quality than the ones offered or which are not available in their country. In this context, health tourism has emerged as a result of cooperation with tourism in order to provide healthcare services to international patients in need of treatment about health problems requiring surgical applications and intervention in medical problems requiring specialization in the field (Çizel et al., 2012).

Health tourism, which is a type of tourism developed rapidly after the Second World War, is of great importance due to the benefits provided by it to the economies of countries (Ataman et al., 2017). Health tourism has become the most important branch of the tourism industry today. It is of great importance for developing countries since it brings together two important sectors, tourism and health. The increase in the number of health tourists from developed countries who want to visit developing countries indicates that competition in health tourism will increase by the time.

Especially in the last thirty five years, throughout the world that, it is seen that travels between countries have been increased and necessary

regulations have been made for health tourism. In parallel with the dynamism in international tourism, there has been serious progress in infrastructure and transportation facilities in the field of health. In this context, the recognition of countries with price advantage in treatments requiring medical intervention has gradually increased (Aktepe, 2013). As a result of increase in freedoms, together with the opportunities arisen as a result of ease of communications, cooperation and transportation between countries, individuals are encouraged to go to the developed regions of the world where higher quality services can be provided compared to the region they live in, and this also enables the increase in awareness in providing alternative healthcare services (Tontuş, 2018). This situation, experienced both individually and economically, also impacts the formation of public policy in terms of politics (Aydın, 2012).

2.2. Medical Tourism

Medical tourism considered as one of the sub-branches of health tourism is used in the sense of healthcare visits made by individuals to another country for the purpose of medical treatment. Travels made by individuals for getting treatment abroad are considered within the scope of medical tourism since they cannot get treatment based on the reasons that the said healthcare services demanded by them are not provided in their country of residence, the high price of the health service to be received in their own country, or even though such treatments are available, because they are not covered by their insurance (Karababa, 2017). The point to be considered in medical tourism is that these travels are made in a planned manner, across borders and for healthcare reasons. In addition, the common point of countries that attract medical tourists is that the treatments such as orthopedics, cardiology, plastic surgery are performed in such healthcare establishments.

In some sources, medical tourism and health tourism are not used in the same sense. Medical tourism is generally defined as “therapeutic tourism” different from health tourism. Cardiovascular surgery, radiotherapy, ophthalmic, dental, cyberknife treatments, transplantation, IVF applications within the scope of infertility; gender reassignment operations, aesthetic surgery, dialysis etc. can be counted among these treatments (Tengilimoğlu & Özdemir, 2013). From this point of view, medical tourism acts together with both the health and tourism sectors (Çizel et al., 2012).

The basic expectation of the patients from therapeutic tourism is to provide an environment that will feel safe, comfortable and untroubled in terms of the accuracy, economy and quality of the treatment services

provided to them and their families by the healthcare establishments. In medical tourism, hospitals, specialized personnel, technological development and expected reasonable prices are of great importance. Furthermore, the availability of professional organizations that will bring together the person or people who will get the healthcare services by medical tourism is of great importance in health tourism. Today, the increasing demand for medical tourism provides an advantage for the country (Frederick, 2023). Today, it is known that the purpose of tourism is not only to entertain people and to make them see new places. In addition to these, it is giving opportunity to them for enjoying the healing springs and climatotherapies.

2.3. Aesthetic Tourism

In recent years, the most attention grabbing element in health tourism has been aesthetics. Aesthetic tourism has been emerged from the fact that people preferring different countries to travel and stay for aesthetic operations. Aesthetic tourism usually consists of services related to travel, hospitality and trips, including entertainment and aesthetic procedures (Lunt et al., 2010). Aesthetic tourism also offers treatment, beautification and rejuvenation options. Aesthetic tourism is the most preferred health tourism area for the tourists.

Interventions that create innovation as a result of advances in medicine have contributed to the development of aesthetic tourism. In this context, so many medical interventions are made to extend the life expectancy of individuals, to satisfy their desire to look healthy and fit and to correct their aesthetic image-related disorders (Çakmut, 2013). Removal of existing deformity as a result of the intervention to be applied also contributes to psychological treatment of the individual (Bridge, 2006). Here, the psychological breakdown experienced by the individual is tried to be cured (Help, 2026). Being a healthy individual does not only mean a healthy body (Tengilimoğlu, 2013). Besides health of the body, also the psyche of the individual should also be well. Most of the time, it is seen that the treatment wanted by individuals as a result of aesthetic concerns is an arbitrary request rather than being a necessity (Soysal, 2017). Although are not intended for correct treatment, It is accepted that aesthetic interventions indirectly having the intent of treatment ven though they have no such direct treatment purpose (Moloğlu, 2017). Aesthetic tourism, which emerges as a reflection of the increasing number of medical and health tourists (Kangas, 2010), makes the individual feel good and to have a pleasant appearance, and therefore, the demands for medical interventions increase (Erlüle, 2015).

The demand for Spas and thermal waters offered within the scope of health tourism is increasing parallel to this.

Aesthetic medical interventions constitute the plastic and reconstructive surgery branch in the field of surgical operations. There are also different forms of aesthetic medical intervention systems. Hair transplant surgeries performed since 1930 are among the most important elements of aesthetic tourism today. Dental tourism, which is known as travel of individuals from places where they live to other places for various dental treatments, is also has a large share in aesthetic tourism. Especially in the field of cosmetics, the exclusion of dental treatments from insurance coverage in many developed countries brings along many factors such as long waiting time, price and quality relationship (Soysal, 2017).

Today's idea of being healthy is multidimensional and includes the physical, emotional, spiritual and mental health of individuals. To understand this information in-depth is the basis of Turkey to rise as one of the most popular medical and health tourism destinations in the world.

2.4. Health Tourism in Turkey and in the World

In a changing world, tourism trends are also changing rapidly. In this context, Turkey completed its strategic plan in 2001 for ensuring compliance with health regulations of the European Union, and began to implement the Health Transformation Program (HTP) in 2003 (Cohen, 2018). The aim of the health transformation is to establish a financially sustainable system that provides the society with fair, high quality and modern healthcare services, and has effective financial protection against high health costs. Within the scope of the Ministry of Health's 2013-2017 strategic plan, the “development of health tourism” was defined as primary transformation program (Erdoğan and Yılmaz, 2012). Turkey, within the scope of health transformation project, aims to deliver the high quality, modern and fair healthcare services to the desired level through financial sustainability activities.

Especially, the competency of aesthetic and plastic surgeons in Turkey in augmentation mammoplasty, rhinoplasty, gynecomastia, as well as in many different aesthetic fields, which captures the interest of individuals in foreign countries, triggers the increase in interest towards aesthetic tourism day by day. It is seen that many tourists from western and eastern countries, prefer Turkey particularly for cosmetic surgery. One of the most important reasons to prefer Turkey by different countries is the fact that surgical specialists are good in their field (Lunt & Carrera, 2010).

In this field of tourism including many aesthetic operations like abdominoplasty, mastopexy, face lifting, lifting various parts of the body, liposuction and filling, along with cosmetic operations such as hair transplantation, dental aesthetics and so on, Turkey has become one of the most important centers preferred. (Karababa, 2017). It has been determined that tourists prefer our country, especially, because of the higher prices of the same operations in different countries (Serel, 2017). It is seen that hair transplant operation, which is mostly preferred by men due to aesthetic concerns, has been demanded highly particularly by Saudi Arabia and some countries in the Middle East (Tontini, 2007). Turkey's most important advantage in hair transplantation is price. Today, many countries prefer Turkey for hair plantation operations. The highest number of patients is from the United Arab Emirates with a rate of 67% (Bayram, 2016).

In the world, the increasing number of middle class especially in the Middle East and Asia, has led to an increase in the demand for healthcare and treatment needs. Consequently, a desire of people to access more practical and developed healthcare services has arisen. In Table 1, the leading countries and outstanding treatments in the medical tourism market in the world are seen.

Table 1. Leading countries in the medical tourism market
and the treatments they stand out

Country	Treatment	Description	Price Advantage (compared to other countries)
Antigua	Alcohol and Drug Addiction	It serves patients from 30 different countries around the world for many addiction-related treatments.	40%
Barbados	Infertility	Treatments made in an environment where the patient is in peace are more effective.	40-50%
Brazil	Plastic Surgery	It is a type of healthcare preferred by people with high income levels.	20-30%
Costa Rica	Orthodontics and Dentistry	American and European tourists who want to have dental implants come here for treatments such as dental bridges and implants.	30-70%
Hungary		The most preferred place in the heart of Europe in the dental field.	40-75%

India	Cardiovascular Diseases	It takes the lead in the field of medical tourism, especially in the treatment of cardiovascular diseases in the world.	50-85%
Israel	Infertility	It is one of the countries that offers the most favorable conditions worldwide in terms of facilities.	30-50%
Malaysia	General Health Screening	It stands out with its affordable prices in all kinds of imaging and check-up operations.	70%
Mexico	Dentistry, Bariatric	It is an important destination for treatments related to dental, stomach and obesity problems, especially for Americans.	30-70%
Singapore	Cancer	It is the most popular country worldwide in cancer diagnosis and treatment.	30-40%
South Africa	Cosmetic Surgery, Cardiac Surgery	Since it is the country where the world's first heart transplantation was performed, it is an important and reliable country in these treatments.	40%
Thailand	All Treatments	It is the capital of the medical tourism market on a global scale.	40-75%
Turkey	Eye Treatments	In addition to being an important touristic center, it is an important medical tourism destination worldwide due to the high number of accredited healthcare centers.	40-50%

Source: Enache et al. (2013, p. 422)

Life style related diseases has been increasing faster than infectious diseases in the world. The desire of people to live long and their need for expensive and long-term treatment put significant pressure on the systems of local healthcare providers (Bilgi Dünyası, 2019). Health expenditures vary between 2% and 16% of the Gross National Product (khazar.org, 2019). As an economic indicator, health tourism plays an important role in the Gross National Product of many countries, creates businesses and jobs, attracts investments and improves foreign trade balance. Although health tourism is not the leader in terms of the number of health tourists compared to the tourism figures of the world, it is the most fund-consuming sector due to the high costs in relation to treatment prices and long stays. Additionally, health tourism has a positive impact on the development of the country's health systems. For these reasons, many countries try to develop health tourism, to

shift investments and economy to this sector, and to attract foreign medical tourists (Health Ministry, 2019).

3. Methodology

3.1. Purpose of the Research

This study is conducted in order to determine the channels used by international patients who visit Turkey for aesthetic treatment within the scope of health tourism for reaching to healthcare establishments in Turkey, their reasons for choosing Turkey, additional services offered by healthcare establishments along with healthcare services provided by them, and the level of satisfaction of international patients with the healthcare service they receive in Turkey. In this context, in regard to satisfaction levels of the patients; it is questioned whether there is difference according to age, sex, education level, income level, nationality, the type of aesthetic medicine applications purchased, other applications provided besides healthcare services and subject-matter of complaints.

3.2. Sample of the Research

Sample of the study consists of hospitals in Bakırköy district, Istanbul province that accept private patients from abroad. Simple random sampling method was used in the study. 240 international patients who came for treatment and received service from these hospitals participated in the study ($n = 240$).

3.3. Hypotheses of the Research

The hypotheses developed in accordance with the research problem are given below.

- H1: The satisfaction level of patients varies by their age.
- H2: The satisfaction level of patients varies by their sex.
- H3: The satisfaction level of patients varies by their education level.
- H4: The satisfaction level of patients varies by their income.
- H5: The satisfaction level of patients varies by their nationality.
- H6: The satisfaction level of patients varies by the type of aesthetic medicine applications purchased.
- H7: Other services offered besides healthcare services for patients affect the level of satisfaction.
- H8: The issues that patients complain about mostly while receiving service affect the level of satisfaction.

3.4. Data Collection Tools and Data Analysis

The data were collected through a face-to-face survey. Survey was prepared by Kamber (2014), Kaşlı et al. (2012), Zengingöl et al. (2012) based on the dimensions that affect the perception of service quality used in the studies of Bebeko (2000), Değirmen (2006), Kamber (2014), Odabaşı (2004), Olurunniwo et al. (2006), Parasuraman et al. (1988), Zeithaml et al. (1990). The questionnaire consists of two parts. The first part consists of expressions aimed at determining the demographic characteristics of patients, the type of aesthetic medicine applications purchased by them, the reasons for choosing our country, the channels to reach to the relevant health establishment, and the difficulties they experienced most while utilizing the aesthetic medicine application. In the second part, there are expressions for determining the level of satisfaction of the patients with the health service they receive. A five-point scale (1. Strongly disagree - 5. Strongly agree) was used for each statement aiming to measure the level of satisfaction. IBM SPSS Statistics 22 package program was used for data analysis. Variables were subjected to normality tests, and percentage, mean and standard deviation values were analyzed. In order to see the effects between variables in line with the developed hypotheses, besides regression analyses, t test and Anova test were performed.

3.5. Validity and Reliability of Data

Cronbach alpha coefficients were calculated for internal consistency of scales. The values obtained (.963) show that the consistency level of the replies to the questionnaire items is appropriate. The correlation value with the sum of scale values corresponding to each item was found to be higher than 0.300. According to the item analysis results, since the correlation value of each item of the scale varied between 0.634 and .906, it was not necessary to remove any item from the scale.

3.6. Descriptive Statistics

Demographic information about the participants is given in Table 2.

Table 2. Demographic information

Demographic information		Frequency (f)	Percent (%)
Sex	Male	140	58.3
	Female	100	41.7
Age	16-30	6	2.5
	31-45	133	55.4
	46-60	91	37.9
	61 and above	10	4.2

Education	High School	42	17.5
	Associate Degree	84	35.0
	Bachelor's Degree	55	22.9
	Master's Degree	57	23.8
	Doctoral Degree	2	0.8
Monthly income	1500-1999 \$	10	4.2
	2000-2499 \$	102	42.5
	2500 \$ and above	128	53.3
Total		240	100.0

Source: Authors' own conception

If Table-2 is reviewed, it is seen that 58.3% of the participants are male, 41.7% are female, most of them are between age 31- 45 (55.4%) and age 46-60 (37.9%), their education level is above high school, and their income is above 2000 \$.

Nationality information of the participants is given in Table 3.

Table 3. Nationality of the Participants

Country	f	%
Qatar	53	22.1
Germany	21	8.8
Libya	17	7.1
Italy	11	4.6
United Arab Emirates	12	5.0
Belgium	7	2.9
Sweden	2	.8
Netherlands	8	3.3
Hungary	4	1.7
France	4	1.7
Lebanon	12	5.0
Greece	4	1.7
England	7	2.9
Saudi Arabia	4	1.7
Iraq	13	5.4
Iran	9	3.8
Bulgaria	5	2.1
TRNC – (the Turkish Republic of Northern Cyprus)	20	8.3
Dubai	4	1.7
Azerbaijan	10	4.2
Syria	8	3.3
Russia	5	2.1
Total	240	100.0

Source: Authors' own conception

According to Table 3, the majority of international patients visiting private hospitals to receive medical aesthetic services are Qataris with 22.1% (n = 53). Germans follow this rate with 8.8% (n = 21). The ones who prefer our country least are Swedes with 0.8% (n = 2). A similar result is found in the review made based on the country of residence. Namely, the rate of nationality of the participants and the rate of the country where they live are almost the same. This shows us that the participants are the citizens of their country of residence. The distribution of the types of aesthetic medicine application that the participants get service for are given in Table 4.

Table 4. Aesthetic Medicine Applications Served

Application	f	%
Aesthetic Operations	51	21.3
Hair Transplant Applications	88	36.7
Anti-Aging Treatments	41	17.1
Skin Condition Treatments (acne, blemish, scar, mole)	7	2.9
Wrinkle Treatments	42	17.5
Laser Treatments	1	.4
Preventive Treatment and Care	2	.8
Other	7	2.9
Total	240	100.0

Source: Authors' own conception

If Table 4 is reviewed, it is seen that 36.7% of the participants prefer hair transplantation. It is determined that hair transplantation is followed by aesthetic operations with 21.3%, wrinkle treatments with 17.5% and anti-aging treatments with 17.1%. The length of stay of the participants in aesthetic medicine centers is shown in Table 5.

Table 5. Average Length of Stay in Aesthetic Medicine Centers

Length of Stay	f	%
1 week	101	42.1
2 weeks	131	54.6
1 month	8	3.3
Total	240	100.0

Source: Authors' own conception

According to Table 5, 54.6% of the participants stated their average length of stay in an aesthetic medicine center as 2 weeks while 42.1% of the

participants stated as 1 week. In Table 6, insurance status of the participants is given.

Table 6. Insurance Status of Participants

Insurance	f	%
State Insurance	138	57,5
Private Insurance	102	42.5
Total	240	100. 0

Source: Authors' own conception

According to Table 6, expenses for aesthetic treatment of the 57.5% of the participants are covered by state insurance, while expenses of 42.5% of them are covered by private insurance. In Table 7, the reasons for participants to prefer this region are given.

Table 7. The Reasons to Prefer the Region

Reason for Preference	f	%
Geographical proximity	151	62. 9
Turkey's rich tourism assets	132	55.0
Trust in the experience of Turkish physicians and healthcare professionals	179	74. 6
Quality of aftercare services	130	54. 2
Fast and sincere service understanding	103	42. 9
Hygienic and physical conditions of the healthcare establishment	187	77. 9
Lower treatment costs	88	36. 7
Lower food and transportation costs	106	44. 2
Recommendations and References	146	60. 8
Health tourism attractions	109	45. 4
Medical centers popularized by the media	187	77. 9

Source: Authors' own conception

If Table 7 is reviewed, "the hygienic and physical conditions of the healthcare establishment and "medical centers popularized by the media" rank first with a rate of 77.9%, the reason that "trust in the experience of Turkish physicians and healthcare personnel" rank second with a rate of 74.6%, while "geographical proximity" is in the third place with a rate of 62.9%. The least preference reason is "fast and sincere service understanding" with 42.9%. The arrival channels of participants to the healthcare establishments are given in Table 8.

Table 8. Arrival Channels of Participants to Healthcare Establishments

Channel	f	%
---------	---	---

Internet	137	57. 1
Newspaper, Magazine, Television, Social Media Ads	123	51. 2
Recommendations and References	151	62. 9
Foreign Agencies	150	62. 5
Intermediary Companies	172	71. 7
Insurance Companies	110	45. 8
International Agencies of Healthcare Companies	152	63. 3
Recommendation of a Physician	150	62.5

Source: Authors' own conception

According to Table 8, it is seen that intermediary companies have the highest rate (71.7%). It is determined that the international patients have reached to the related healthcare establishments through, respectively, the international agencies of healthcare companies (63.3%), recommendations and references (62.9%), foreign agencies (62.5%), recommendation of a physician (62.5%), internet (57%, 1), newspaper, magazine, television, social media advertisements (51.2%) and insurance companies (45.8%). The services provided along with the healthcare services are given in Table 9.

Table 9. The Services Provided along with the Healthcare Services

Additional Services	f	%
City tour	132	55, 0
Shopping Trip	149	62, 1
Touristic Culture Trips	106	44, 2
Excursions Promoting Local Food	157	65, 4

Source: Authors' own conception

If Table 9 is reviewed, it is stated that, besides the healthcare services provided, trips promoting local foods (65.4%) and shopping trips (62.1%), city tours (55%) and cultural touristic trips (44.2%) are organized. In Table 10, the distribution of the subject-matters that the participants complain about the most is given.

Table 10. Subject-Matter of Complaints

Subject-Matter of Complaints	f	%
Prices	109	45. 4
Language problem	187	77. 9
Accommodation	137	57. 1
Transfer	123	51. 2
Transportation	151	62. 9

Source: Authors' own conception

If Table 10 is reviewed, language problem (77.9%) comes first with the highest rate of complaints made by the patients. This complaint is followed by transportation problems with 62.9%, then by accommodation with 57.1%, by transfer with 51.2% and by prices with 45.4%. In Table 11, the distribution of replies to the aesthetic tourism satisfaction scale is provided.

4. Findings

The results of t-test regarding whether the satisfaction levels of patients varies by the sex are given in Table 11.

Table 11. The results of t-test regarding whether the satisfaction levels of patients varies by the sex

Variable	Sex	N	Mean	Std. Deviation	t	p
Satisfaction	Female	140	3.96	.89	2.660	.008
	Male	100	3.64	.96		

Source: Authors' own conception

First of all, p value of Levene's test was used for testing the assumption of homogeneity of variances and this value was found as .835. According to the independent groups t test, the satisfaction was found to vary significantly by sex ($t = 2.660$, $p = 0.008$), and satisfaction level of females were higher than the level of males. The results regarding if the average satisfaction level of patients vary according to age, education level, income level, nationality of the patients and the type of aesthetic applications are presented in Table 12.

Table 12. Anova test results related to relationship of level of satisfaction with age, education, income level, nationality and type of aesthetic applications

Variable			N	Mean	Std. Deviation	F	Sig.
Satisfaction	Age	16-30	6	3.99	.84	.481	.696
		31-45	133	3.78	.94		
		46-60	91	3.89	.93		
		61 and above	10	3.62	.87		
	Education	High School	42	3.93	.93	2.574	.038
		Associate Degree	84	3.71	.94		
		Bachelor's Degree	55	3.69	.98		
		Master's Degree	57	4.08	.80		
		Doctoral Degree	2	2.72	1.07		

Income	1500-1999 \$	10	4.01	.86	.416	.660
	2000-2499 \$	102	3.86	.90		
	2500 \$ and above	128	3.78	.96		
Nationality	Qatar	53	3.8361	.97213	.597	.92
	Germany	21	3.7738	.81358		
	Libya	17	3.6654	1.12455		
	Italy	11	4.0227	.83772		
	United Arab Emirates	12	3.9375	.81534		
	Belgium	7	3.4107	1.23050		
	Sweden	2	3.0000	1.41421		
	Netherlands	8	4.0938	.99609		
	Hungary	4	3.3906	1.18187		
	France	4	3.9688	.70986		
	Lebanon	12	3.4375	1.13724		
	Greece	4	3.7031	.88591		
	England	7	3.9018	.60795		
	Saudi Arabia	4	3.5938	.95402		
	Iraq	13	4.2212	.66518		
	Iran	9	3.7361	.74332		
	Bulgaria	5	4.2000	.83666		
	TRNC	20	3.7500	1.05210		
	Dubai	4	3.8750	.71807		
	Azerbaijan	10	3.7875	.91913		
	Syria	8	4.0469	.87612		
	Russia	5	4.2000	1.09545		
Type of Aesthetic Applications	Slimming Treatments	1	3.4375	.	2.187	.029
	Aesthetic Operations	51	3.9436	.92172		
	Hair Transplant Applications	88	3.5888	.95868		
	Anti-Aging Treatments	41	3.7348	.92805		
	Skin Condition Treatments (acne, blemish, scar, mole)	7	4.1429	.85446		
	Wrinkle Treatments	42	4.1741	.77481		
	Laser Treatments	1	5.0000			
	Preventive Treatment and Care	2	4.5313	.66291		
	Other	7	3.6518	.95392		

Source: Authors' own conception

Since the variances were not equal according to the Levene's test result, the Welch's Anova test was applied to investigate whether the satisfaction varies significantly with the age, education level and income level. For post hoc test, the Games-Howell test was used since the variances were not equal. It was observed that satisfaction did not vary significantly based on age groups ($F: .481, p = .696$), income level ($F: .416, p = .660$) and

nationality ($F: .597, p = .92$). It was determined that the education level caused a significant difference on the average level of satisfaction, and those with a higher education level (except for master's degree) were more dissatisfied than those with a low level of education. In other words, it is revealed that as the education level increases, the average satisfaction level decreases. It was concluded that the type of medical aesthetics significantly varied according to the level of satisfaction ($F: 2.187, p = .029$); in other words, there was a difference between the average satisfaction levels of international patients based on the type of medical aesthetics they received. In general, it was observed that the satisfaction level of patients with the treatments of skin problems such as acne, blemish, scar, mole, and wrinkle treatments as well as preventive treatments and care were quite high. The results of regression analysis regarding the effect of additional services provided along with the healthcare services on satisfaction are given in Table 13.

Table 13. The results of regression analysis regarding the effect of additional services provided along with the healthcare services on satisfaction

Dependent Variable	Level of Satisfaction					
Independent Variable (Additional Services Provided)	Beta (β)	t value	Level of significance of t value	R ²	F	Level of significance of F value
City tour	.070	.539	.590	.015	.905	.462
Shopping Trip	.207	1.517	.131			
Touristic Culture Trips	.183	1.323	.187			
Promotion of Local Food	-.030	-.213	.832			

Source: Authors' own conception

The R^2 value in Table 13 shows the extent of explanation of the change in satisfaction level, which is the dependent variable, by independent variables (city tour, shopping trips, touristic culture trips and excursions promoting local food). Accordingly, although it is seen that a small ratio, 1.5% of this change in level of satisfaction originates from these independent variables, the model trying to prove this effect is not statistically significant ($F = .905, p = .462 > .05$). When the β coefficients showing the relationship between the independent variables and the level of satisfaction, which is the dependent variable, and their significance levels were analyzed, it is also seen that there is no significant relationship between the dependent and independent variables ($\beta = .070, p > .05$; $\beta = .207, p > .05$; $\beta = .183, p >$

.05; $\beta = -.030$, $p > .05$). Namely, it has been determined that additional services such as city tours, shopping trips, touristic culture trips and trips promoting local foods, provided along with the healthcare services, have no effect on satisfaction levels. The results of regression analysis regarding the effect of subject-matters that patients complain about the most while receiving services on the satisfaction level are presented in Table 14.

Table 14. The results of regression analysis regarding the effect of subject-matters that patients complain about the most while receiving services on the satisfaction level

Dependent Variable	Level of Satisfaction					
Independent Variable (Subject Matter of Complaints)	Beta (β)	t value	Level of significance of t value	R ²	F	Level of significance of F value
Prices	-.028	-.182	.856	.017	.828	.531
Language problem	.172	.660	.510			
Accommodation	.275	1.293	.197			
Transfer	.148	.496	.620			
Transportation	.044	.304	.761			

Source: Authors' own conception

If Table 14 is reviewed, although it is seen that a small ratio, 1.7% of this change in level of satisfaction originates from these independent variables, the model trying to prove this effect is not statistically significant ($F = .828$, $p = .531 > .05$). When the β coefficients showing the relationship between the independent variables and the level of satisfaction, which is the dependent variable, and their significance levels were analyzed, it is also seen that there is no significant relationship between the dependent and independent variables ($\beta = -.028$; $\beta = .172$; $\beta = .275$; $\beta = .148$; $\beta = .044$, $p > .05$). Namely, issues such as prices, language problems, accommodation, transfer and transportation that international patients mostly complain about have no effect on their satisfaction level.

5. DISCUSSION AND CONCLUSION

Providing information about the efforts carried out in the field of health tourism, besides information about health treatments and technologies used by countries in this field have great economic contribution to the country in terms of increasing patient capacity. When some studies in

the field of health tourism are reviewed; trust in physicians and healthcare professionals appears to be the first factor affecting the selection of a medical tourism center (Zengingönül, 2012). However, Demirer, in his study conducted in 2010, showed that while the factors such as the quality of the treatment services applied in hospitals, the professionalism of the physician staff, the friendly service, and the prices were important factors for aesthetic tourists for choice of center, the geographical proximity was not seen as an important factor directing the choice of center.

According to the results of the study carried out in the marketing or international patients departments in 11 hospitals in Istanbul having International Joint Commission accreditation, it is stated that the most effective reaching means of patients from abroad are internet, intermediary companies, besides promotion offices and travel businesses outside the country.

Khafizova, in his study conducted in 2011, stated that travel agencies have an important place in the development of medical tourism.

It is even more important that the healthcare professionals are experienced and specialized in their field, as the services offered within scope of aesthetic tourism includes many complex procedures such as check-up, health screening, dental treatments, cardiac surgeries, cancer treatment, neurosurgery, organ transplantation. By the help of internet, easy access to the aesthetic tourism centers in the virtual environment is becoming more important.

By this research; in order to become preferable in health tourism for aesthetic treatment and care applications within the scope of health tourism, which should be more meaningful for Istanbul, it is revealed, first of all, that the expert team in healthcare centers, the latest technological devices, hygienic conditions, fast and friendly service understanding, as well as the price are critical for the tourists who receive service. The condition of the accommodation facilities and the communication skills of the intermediary companies delivering them there are important in the eyes of the tourists who receive healthcare services. By offering services such as culture tours, food excursions, shopping trips prepared for promotion of our country along with the treatment protocols to be applied and healthcare services, state incentives should be provided. The good command of foreign languages by the personnel in the healthcare establishments that provide services and provision of a comfortable transportation service are other positive factors in preference.

If the demographic data obtained as a result of the research is reviewed, it is seen that a little more than half of the participants are male,

most of them are between 31-60 years old, and have a high education level, and their income is over 2000 \$. Since health tourism is a costly tourism type and requires a certain awareness, it is considered that these results are normal. It is seen that the majority of international patients visiting private hospitals to receive medical aesthetic services are tourists from the Middle East. Qataris constitute the largest audience showing interest in Turkey for treatment. It is seen that the results are in parallel with the previous studies (Tontini, 2007). The rate of nationality of the participants and the rate of the country where they live are almost the same. This shows us that the participants are the citizens of their country of residence. When the preferred aesthetic applications are reviewed, it is seen that approximately two third of the tourists prefer hair transplantation applications. Hair transplantation is followed by aesthetic operations, wrinkle treatment and anti-aging treatments, respectively. All of the participants complete their treatments within 1-2 weeks and then return to their countries. The rate of those who stayed longer was found very low. This result corresponds to the expressions of staying for a short time and coming for treatment purposes in the health tourism definitions. It is seen that they prefer intermediary companies at the highest rate as their arrival channels to healthcare establishments. However, it is seen that each arrival channel has a separate effect on the treatment decision to a different extent. Additionally, it is observed that expenses of a little more than half of the participants are covered by the state, but the proportion of patients having private insurance is close to half.

If the participants' reasons for choosing the region are reviewed; it is seen that "the hygienic and physical conditions of the healthcare establishment" and "medical centers popularized by the media" takes the first place in the preference. "Trust in the experience of Turkish physicians and healthcare personnel" comes second. The least preference reason is "fast and sincere service understanding". It seems that speed in treatment is not a very desirable condition.

If the services provided along with the healthcare services are reviewed; it is determined that private hospitals organize activities promoting local foods, shopping trips, city tours and touristic culture trips within the scope of rehabilitation of patients, along with the healthcare services provided. It is considered that the contribution of such practices to the national economy by health tourism will increase. Language problem is one of the most frequently complained problems by the participants in accessing and benefiting from healthcare services. This problem is followed by

problems in transportation, accommodation, transfer and high prices respectively.

If the data regarding whether the satisfaction level of patients varies by the sex is reviewed, it is determined that the satisfaction level varies significantly by the sex, the average level of satisfaction of the patients varies by the sex variable, and the level of satisfaction of females are higher than males. The hypothesis "*H2: The satisfaction level of patients varies by their sex*" is accepted.

It has been determined that the education level causes a significant difference on the average level of satisfaction, and those with a higher education level (except for master's degree) are more dissatisfied than those with a low level of education. Namely, it has been revealed that as the level of education increases, the average satisfaction level decreases. In this context, the hypothesis "*H3: The satisfaction level of patients varies by their education level*" is accepted.

If the results regarding if the age, education level, income level, nationality of the patients and type of aesthetic applications make a difference in the average level of satisfaction is reviewed; it is observed that satisfaction does not vary significantly by the age group, income level and nationality. In this context, H1, H3, H4, H5 hypotheses are rejected.

It has been determined that the type of medical aesthetics varies significantly by the level of satisfaction, in other words, there is a difference between the averages of satisfaction according to the type of medical aesthetics received by international patients. In this context, the hypothesis "*H6: The satisfaction level of patients varies by the type of aesthetic medicine applications purchased*" is accepted. In general, it has been observed that the satisfaction level of patients with the treatments of skin problems such as acne, blemish, scar, mole, and wrinkle treatments as well as preventive treatments and care are quite high.

According to the analysis results for the hypotheses that the effect of the additional services provided along with the healthcare services and that the issues that patients complain about the most while receiving services, although it is seen, in relation to these two variables, that a small ratio of this change in level of satisfaction originates from these independent variables, the model trying to prove this effect is not found statistically significant. Namely, it has been determined that additional services such as city tours, shopping trips, touristic culture trips and trips promoting local foods, provided along with the healthcare services, and the issues that they most complained about such as prices, language problems, accommodation, transfer and transportation do not have any effect on their satisfaction level.

In this context, the hypotheses that “H7: *Other services offered besides healthcare services for patients affect the level of satisfaction.*” and “H8: *The issues that patients complain about mostly while receiving service affect the level of satisfaction*” are rejected. According to this result, it is evaluated that the satisfaction of patients is related to the quality and qualification of the treatment service they receive in general.

Besides comments and discussions, according to analysis results to determine the channels used by international patients to visit Turkey for the purpose of aesthetic treatment within the scope of health tourism in order to reach to the healthcare establishments in Turkey, their reasons for choosing Turkey, additional services offered by healthcare establishments along with healthcare services provided by them, and whether the average level of satisfaction of the international patients varies by the demographic variables, it is thought that it will contribute to the sector as a resource and in many other ways. In this context, healthcare establishments operating in the field of private health should primarily solve the problems related to quality and qualification in order to increase patient satisfaction and to ensure attracting more patients. It is anticipated that the targets set will be achieved primarily by not ignoring the importance of the media in promotions, and by ensuring the expected hygienic conditions, creating an environment of trust, and quality and qualified service. Furthermore, it is also important to employ personnel who can communicate with the patients and understand them to overcome the language problem, and to identify and find solutions to problems in transportation, accommodation and transfers. In this context, due to the effect of type of the medical aesthetics on satisfaction, it may be recommended to search the causes of dissatisfaction and to start improvement and development activities to increase satisfaction.

The research conducted is limited to private hospitals and the data obtained are limited to the sample. In order to support the obtained results, the data obtained from different samples in different time periods or from another sample may lead to obtaining different results and may cause the hypotheses to be retested.

REFERENCES

- Aktepe, C. (2013). Sağlık turizminde yeni fırsatlar ve Türkiye’de yerleşik sağlık işletmelerinin pazarlama çabaları [New opportunities in health tourism and marketing efforts of healthcare enterprises located in Turkey]. *İşletme Araştırmaları Dergisi*, 5(1), 170-188.
https://isarder.com/isardercom/2013vol5issue1/vol5_issue1_article010full_text.PDF

- Altes, A.G. (2005). The development of health tourism services. *Annals of Tourism Research*, 32, 262-266.
https://www.researchgate.net/publication/251512955_The_Development_of_Health_Tourism_Services
- Amzat, J., & Razum, O. (2014). *Medical sociology in Africa*. Springer International.
- Ataman, H., Esen, F., & Vatan, A. (2017). Medikal turizm kapsamında sunulan sağlık hizmetlerinde kalite ve hasta güvenliği [Quality and patient safety in health services provided within the scope of medical tourism]. *Uluslararası Sağlık Yönetimi ve Stratejileri Araştırma Dergisi*, 3(1), 28-44.
https://www.researchgate.net/publication/317066010_MEDİKAL_TURİZM_KAPSAMINDA_SUNULAN_SAGLIK_HİZMETLERİNDE_KALİTE_VE_HASTA_GUVENLİĞİ_HEALTH_SERVICE_QUALITY_AND_PATIENT_SAFETY_WITHIN_MEDICAL_TOURISM
- Aydın, O. (2012). Türkiye’de alternatif bir turizm: sağlık turizmi [An alternative tourism in Turkey: Health tourism]. *KMÜ Sosyal ve Ekonomik Araştırmalar Dergisi*, 14(23), 91-96.
<https://dergipark.org.tr/tr/pub/kmusekad/issue/10213/125512>
- Bayram, I. A. (2016). Yılda 100 bin turist saç ektirmek için ‘Türkiye’ye geliyor [100 thousand tourists come to Turkey to have a hair transplant a year].
<https://www.aa.com.tr/tr/saglik/yilda-100-bin-turist-sac-ektirmek-icin-turkiye-geliyor/586857>
- Bilgi Dünyası. (2019). <http://hakkinda-bilgi-nedir.com/turizm-cesitleri-nedir+turizm-cesitleri-hakkinda-bilgi>
- Bridge, C. (2006). Globalization and healthcare :’understanding helath and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6(4), 447-454. <https://doi.org/10.1586/14737167.6.4.447>
- Cohen, E. (2015). Medical tourism in Thailand. *AU-GSB e-Journal*, 1(1), 24-37.
https://www.researchgate.net/publication/288866124_Medical_tourism_in_Thailand
- Çakmut, Ö. Y. (2003). *Tıbbi müdahaleye rızanın ceza hukuku açısından incelenmesi* [Examination of consent to medical intervention in terms of criminal law]. Legal Yayıncılık.
- Çizel, B., Sönmez, N., & Akıncı, Z. (2012). *Antalya’da engelli turizminin gelişmesi için arz ve talep üzerine bir araştırma* [A research on supply and demand for the development of disabled tourism in Antalya]. Yigitler Grup Reklam.
- Demirer, E. Ö. (2010). *Türkiye’de medikal turizm ve geliştirilmesi: Örnek bir araştırma* [Medical tourism and its development in Turkey: An exemplary research]. [Unpublished master thesis]. Balıkesir University, Institute of Social Sciences, Balıkesir.
- Enache, E., Gabor, M. N., & Moroza, C. (2013). Considerations about dental tourism development and its specific marketing in Romania. *Revista Strategii*

- Manageriale*, Special Issue, 420-426.
<https://ideas.repec.org/a/brc/journal/v23y2013isp420-426.html>
- Erdoğan, S., & Yılmaz, E. (2012). Medical tourism: An assessment on turkey. *10th International Conference on Knowledge*, 1045-1060.
https://www.researchgate.net/publication/281555703_MEDICAL_TOURISM_AN_ASSESSMENT_ON_TURKEY
- Erlüle, F. (2015). *Türk Borçlar Kanunu'na göre, bedensel bütünlüğün ihlalinde manevi tazminat* [Moral compensation for violations of bodily integrity according to the Turkish Code of Obligations] (2nd ed.). Seçkin.
- Frederick, L. G. (2013). Medical tourists: Who goes and what motivates them? *Health Marketing Quarterly*, 30(2), 177-194.
<https://doi.org/10.1080/07359683.2013.787894>
- Health Tourism Department. (2019). Homepage. http://saglikturizmi.gov.tr/TR_183/ileri-yas-ve-engelli-turizmi.html
- Kangas, B. (2010). Traveling for medical care in a global world. *Medical Anthropology*, 29(4), 350-362. <https://doi.org/10.1080/01459740.2010.501315>
- Karababa, A. G. (2017). Türkiye'de sağlık turizminin ekonomik yönü [Economic aspects of health tourism in Turkey]. *Türk Sosyal Bilimler Araştırmaları Dergisi*, 2(2), 58-6
- Khafizova, L. (2011). *Medikal turizmin gelişmesinde seyahat işletmelerinin önemi ve Türkiye'deki durum* [The importance of travel businesses in the development of medical tourism and the situation in Turkey]. [Unpublished Master Thesis]. Istanbul University, Institute of Social Sciences, Istanbul.
- Lunt, N., & Carrera, P. (2010). Medical tourism: Assessing the evidence on treatment abroad. *Maturitas*, 66(1), 28.
<https://doi.org/10.1016/j.maturitas.2010.01.017>
- Lunt, N., Hardey, M., & Manion, R. (2010). Nip, tuck and click: Medical tourism and the emergence of web-based health information. *The Open Medical Informatics Journal*, 4(1), 1-11.
<https://doi.org/10.2174/1874431101004010001>
- Moloğlu, V. (2015). Yükselen bir değer olan medikal turizmin; Türkiye ekonomisine katkısı [Medical tourism, which is a rising value; Contribution to the Turkish economy]. *International Conference On Eurasian Economies*, 673-680.
<https://www.avekon.org/papers/1440.pdf>
- Serel, S. (2017). Estetik cerrahide hasta seçimi [Patient selection in aesthetic surgery]. *Adli Psikiyatri Dergisi*, 4(3), 36.
- Soysal, A. (2017). Sağlık turizmi: tehdit ve fırsatlar bağlamında Türkiye açısından bir durum değerlendirmesi [Health tourism: a situation assessment for Turkey in the context of threats and opportunities]. *Çatalhöyük Uluslararası Turizm*

- ve Sosyal Arařtırmalar Dergisi*, 2, 169-187.
<https://dergipark.org.tr/tr/download/article-file/1673274>
- Tengilimoğlu, D., & Özdemir, D. (2013). İleri age ve engelli turizmi [Advanced age and disabled tourism]. In D. Tengilimoğlu (Ed.), *Sağlık turizmi* [Health tourism] (pp. 136-137). Siyasal.
- Tengilimoğlu, K. (2013). Dünyada ve Türkiye’de medikal turizm [Medical tourism in the world and in Turkey]. In *Sağlık Turizmi Kitabı içinde* [Health Tourism Book] (p. 14). Siyasal Kitap Evi.
- Tontini, G. (2007). Integrating the Kano model and QFD for designing new products. *Total Quality Management & Business Excellence*, 18(6), 599–612.
<https://doi.org/10.1080/14783360701349351>
- Tontuş, Ö., & Nebioğlu, S. (2018). Turkey as a health tourism destination: Reviewing of 2015-2016 data. *Journal of Tourism and Hospitality*, 7(1), 336.
<https://doi.org/10.4172/2167-0269.1000336>
- Turkish Health Foundation (THF). (2010). *Dünyada ve Türkiye’de sağlık turizmi 2010* [Health tourism in the world and in Turkey 2010]. Efil.
- Yardımlı, İ. (2016). *Tüketici olarak hasta hakları* [Patient rights as a consumer]. Ankara.
- Zengingönül, O., Emeç, H., İyilikçi, D. E., & Bingöl, P. (2012). *Sağlık turizmi: İstanbul’a yönelik bir değerlendirme* [Health tourism: an evaluation for Istanbul]. T.C. Ministry of Development, Istanbul.