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Article

A study on the investigation of awareness of health employees about Medical Tourism in Turkey :
= Un estudio sobre el nivel de conocimiento y preparación de los profesionales de la salud sobre el turismo médico en Turquía

Revista internacional de turismo, empresa y territorio

Provided in Cooperation with:

ZBW OAS

Reference: Dökme, Sema/Yağar, Fedayi et. al. (2023). A study on the investigation of awareness of health employees about Medical Tourism in Turkey : = Un estudio sobre el nivel de conocimiento y preparación de los profesionales de la salud sobre el turismo médico en Turquía. In: Revista internacional de turismo, empresa y territorio 7 (1), S. 38 - 59.
<https://www.uco.es/ucopress/ojs/index.php/riturem/article/download/16206/14483>.
doi:10.21071/riturem.v7i1.16206.

This Version is available at:
<http://hdl.handle.net/11159/631457>

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Cita bibliográfica: Dökne, S.; Yagâr, F. y Ali Parlayan, M. (2023). A study on the investigation of awareness of health employees about Medical Tourism in Turkey. *Revista Internacional de Turismo, Empresa y Territorio*, 7 (1), 38-59. <https://doi.org/10.21071/riturem.v7i1.16206>

A study on the investigation of awareness of health employees about Medical Tourism in Turkey

Un estudio sobre el nivel de conocimiento y preparación de los profesionales de la salud sobre el turismo médico en Turquía

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Abstract

This study aims to determine the level of awareness of the healthcare personnel regarding the medical tourism. The study was conducted with healthcare professionals working in two private hospitals between February 20, 2016 and April 20, 2016. Within the scope of the study, 292 healthcare professionals were reached and SPSS 20.0 program was used in the analysis of the data. In the study, it was determined that the healthcare professionals have sufficient knowledge about medical tourism, do not show favoritism towards domestic or foreign customers, trust their hospitals' physicians, technical equipment and service quality, and that they only lack in foreign language skills. As a result, it was emphasized that it is necessary to establish a separate unit on medical tourism in hospitals, to improve the foreign language skills of the personnel in the shortest period of time, to make effective promotions to target markets, and to ensure that the unit participate in fairs and congresses as necessary.

Keywords:

Medical Tourism, Health Employees, Private Hospitals

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Resumen

Este estudio tiene como objetivo determinar el nivel de conciencia del personal de salud con respecto al turismo médico. El estudio se realizó con profesionales de la salud que trabajan en dos hospitales privados entre el 20 de febrero de 2016 y el 20 de abril de 2016. Dentro del alcance del estudio, se alcanzó a 292 profesionales de la salud y se utilizó el programa SPSS 20.0 en el análisis de los datos. En el estudio se determinó que los profesionales de la salud tienen conocimientos suficientes sobre el turismo médico, no muestran favoritismo hacia los clientes nacionales o extranjeros, confían en los médicos, el equipo técnico y la calidad del servicio de sus hospitales, y solo carecen de dominio de idiomas extranjeros. Como resultado, se enfatizó que es necesario establecer una unidad separada sobre turismo médico en los hospitales, mejorar las habilidades del personal en idiomas extranjeros en el menor tiempo posible, realizar promociones efectivas a los mercados objetivo y garantizar que la unidad participará en ferias y congresos según sea necesario.

Palabras clave:

Turismo Médico, Empleados de la Salud, Hospitales Privados, Turquía.

1. INTRODUCTION

One of the areas in which developed and developing countries are investing today is medical tourism, which is believed to be a great contribution to the country's economy. Medical tourism is defined as "touristic travels to receive medical treatments or undergo operations in foreign countries in order to benefit from the low treatment costs, generally in distant countries, because of the high domestic costs of treatment" (Acar et al., 2012). The low-level of costs in the places visited is emphasized in most of the definitions made (Lee and Spisto, 2007; Yu & Ko, 2012; Topuz, 2012; Connel, 2013; Buldukoğlu, 2014; Khan & Alam, 2014). For example, if a US citizen wants to get medical services in Brazil, India, Malaysia, Taiwan or Turkey, instead of his/her country, he/she can save money approximately 25-40%, 60-65%, 65-80%, 40-55% and 50- 65%, respectively. For example, in vitro fertilization treatment is approximately 15 thousand dollars in the US, whereas in Turkey this figure is about 3 thousand dollars (Daştan, 2014). Apart from the cost factor, there are factors that shape medical tourism. These include the increasing demands for health services due to reasons such as advances in communication, information and transportation technologies due to the effects of the media, Internet and other mass media, extension of lifespan, population increase, increase of health awareness, problems arising from health insurance systems, international accreditation possibilities, confidential or illegal treatments and developments regarding the patient rights (Topuz, 2012).

For this study, the province of Adana, which is one of the 6 largest provinces in terms of population density of Turkey, was selected. This province was selected due to the fact that it has a central location within its region, addressing approximately 20 million people in its surroundings and the South and Eastern Anatolia Region, and that it has 10% of the hospitals in Turkey accredited by Joint Commission International (JCI), that it is among the top 10 provinces preferred in terms of medical tourism in Turkey, and that it is considered as the "Health Tourism Center", together with the Province of Gaziantep, to target the countries of the Middle East under the Tourism Encouragement Law No. 2634.

2. MATERIAL AND METHOD

2.1. Background and Method

This study aims to determine the level of awareness of the healthcare personnel regarding the medical tourism. In the study, it was also aimed to determine whether there was a significant difference in the foreign/domestic patient selection and the opinions about communication with the patients according to occupational status, gender, educational level, foreign language level, working years in hospital and training regarding foreign patients. In the study, the field survey method was utilized on the basis of questionnaires.

2.2. Study Population and Sampling

The study population consisted of healthcare personnel working in two private hospitals (Adana Private Middle East Hospital and Adana Private Ortopedia Hospital) determined in the Province of Adana, Turkey. All permits were obtained from the required institutions for survey. The research was conducted between February 20, 2016 and April 20, 2016. Research permissions were obtained from both hospitals in order to conduct a questionnaire to health workers in the study. According to the data obtained from the hospitals, it was determined that there were 730 health personnel (physicians, nurses, administrative staff and other health workers (caregiver nurses, laboratory officers, patient consultants and physiotherapists) at the institutions at the time of the study, and sampling was preferred since it was difficult to reach all staff. It was calculated that the sample size should be at least 252 individuals at 95% confidence level according to the size of the study population. In the study, the questionnaire was applied to 292 individuals and the required sample size was achieved.

2.3. Data Collection Tool

The scale developed by Demirer (2010) was used in the study. The questionnaire consists of a total of 29 items about the demographic characteristics of health workers and their opinions on foreign patients. In the first five questions, the gender, educational status, profession, foreign language level and work years in the hospital were asked, and in the next five questions, whether they had received in-service training abroad or in their institutions, training on foreign patients, subject matter of the training, and finally their opinion about advantages of the domestic or foreign patient groups were asked. In the second part, where issues about foreign patients are evaluated, first difficulties about some important issues such as communication, appointment, payments were addressed, and then the reasons behind their hospital preferences were tried to be revealed. Multiple-choice and 5-point Likert type scale were used in the research questions. Healthcare professionals were asked to mark one of the (1) "I've almost always had problems", (2) "I've frequently had problems", (3) "Sometimes I've had problems", (4) "I've had very few problems", (5) "I never had a problem" options to assess the difficulties experienced regarding foreign patients; and they were asked to state their opinions about reasons for hospital preference by marking one of the (1) "Not effective", (2) "Partially effective", (3) "Neither effective nor ineffective", (4) "Very effective", (5) "Extremely effective" options.

Cronbach's Alpha reliability test was used to measure the level of accuracy and reliability of the questionnaire used in the study. It was observed that the value of the test was 0.82 and that the questionnaire was highly reliable.

2.4. Data Analysis

SPSS 20.0 program was used in the analysis of the questionnaires. Frequency distributions, arithmetic mean, standard deviation, cross tables and Chi square test methods were applied for the analysis of the data obtained from the questionnaires.

2.5. Findings

Demographic characteristics of the healthcare professionals included in the study are shown in Table 1 below. Accordingly, it is observed that the majority of the health workers was female (63.7%), the highest participation made by nurses (44.2%) and the foreign language levels were low (48.6%).

Table 1. Demographic Characteristics of the Participants

Demographic Characteristics	Number of People (n)	Percent (%)	Demographic Characteristics	Number of People (n)	Percent (%)
Gender			Educational Status		
Female	186	63,7	Primary education	8	2,7
Male	106	36,3	High School	27	9,2
Occupational Status			Vocational Higher School	105	35,8
Doctor	48	16,4	Bachelor's degree	127	42,9
Nurse	129	44,2	Post graduate	25	8,5
Administrative Unit	34	11,6			
Other Healthcare Professionals	81	27,7			
Foreign Language Level			Working Years in the Hospital		
Poor	142	47,6	Less than 1 year		
Medium	97	32,2	1-3 years	56	18,9
Good	46	15,5	4-6 years	76	25,4
Very good	7	2,4	More than 6 years	121	40,3
In-Service Training Received at the Institution			Training Provided on Foreign Patients		
Never received	11	3,8	Never received	72	24,2
I received a couple of times	111	37,0	I received a couple of times	161	54,0
I receive regularly	170	58,2	I receive regularly	59	19,8
In-Service Training Received Abroad			Domestic/Foreign Patient Choice		
Yes	20	6,8	Domestic customer	67	22,5
No	272	93,2	Foreign customer	47	15,7
			It doesn't matter	178	59,8
TOTAL	292	100,0	TOTAL	292	100,0

Regarding the training issue, the majority of the healthcare workers was found to receive regular in-house training (58.2%), several training about foreign patients (55.1%), and no training abroad (93.2%). It was determined that the training given about foreign patients was mostly related to the service provided to patient (72.9%), patient rights (72.9%) and the hospital facilities (53.4%). The analysis of the problems encountered by the healthcare professionals about the foreign patients

is shown in Table 2 below.

Table 2. The Problems Encountered by Healthcare Workers with Foreign Patients

States	Mean	Standard Deviation	I never had a problem	I've had very few problems	Sometimes I've had problems	I've frequently had problems	I've almost always had problems
In communication with the patient	4,0616	0,87910	7,7	4,9	3,3	,1	
About the food served at the hospital	4,4315	0,87663	6,1	4,0	6,8	,1	
About payments	4,7808	1,07788	3,6	1,0	,5		
Obeying the rules of the hospital	3,9349	0,82854	7,1	3,5	5,3	,1	
In communication with the intermediary institutions referring the patient	4,4007	0,74640	4,1	3,6	0,6	,7	
In communication with patient relatives	4,0685	0,86678	7,3	6,0	2,9	,8	
About appointments	4,6507	0,62692	1,9	2,3	,1	,3	,3
Due to cultural and country-based habits	3,8151	0,82906	0,5	6,2	7,7	,1	,3

According to Table 3, it is observed that healthcare professionals had no problems about payments (4.78 ± 1.07), appointments (4.65 ± 0.62), food served at the hospital (4.43 ± 0.87), and other issues. Apart from this, healthcare professionals were asked why the foreign patients admitted had chosen themselves and the results are shown in Table 3 given below.

According to Table 3, the major factors in choosing these hospitals for foreign patients were the physician staff (4.67 ± 0.79), technical equipment (4.49 ± 0.97), high-quality health service (4.43 ± 0.94), the international standard of the hospital (4.17 ± 1.07) and low treatment costs (4.13 ± 1.13). Apart from all these, it was observed that the health care workers were only undecided about the item "more tourist attractions besides health services" (2.86 ± 1.15).

Table 3. The Reasons of Foreign Patients for Choosing the Respective Hospitals According to Healthcare Workers

States	Mean	Standard Deviation	It's not a factor	Partial factor	Neutral	Major factor	Extremely significant factor
Low treatment costs	4,1336	1,13032	,8	,8	1,6	6,7	1,0
High-quality medical services	4,4315	0,94819	,1	,7	,8	4,7	3,7
Close geographical proximity	4,0719	1,01109	,7	,5	7,8	2,9	2,1
Being an inexpensive country	3,9418	1,13974	,8	,2	7,5	0,1	0,4
Having more tourist attractions besides health services	2,8630	1,15845	6,1	8,2	7,3	0,2	,2
Emphasis on hygiene	3,4178	1,40082	3,4	3,7	2,6	8,5	1,8
Duration of service	3,2500	1,30917	2,3	8,5	1,6	7,1	0,5
Technical equipment of the hospital	4,4932	0,97210	,4	,1	,9	3,0	2,6
Hospital's physician staff	4,6747	0,79968	,0	,1	,4	1,3	1,2
The hospital's international standard	4,1747	1,07788	,5	,1	1,6	9,1	0,7
Recommendation of intermediary institutions	3,7877	1,11663	,4	,6	5,7	7,4	3,9

Finally, it was studied to see whether there is a significant difference between the healthcare workers' demographic characteristics and the statements about approaches to domestic and foreign patients, and difficulties communicating with patients; and, cross-tables were used in case of any difference. The results of the analysis made are shown in Table 4 below.

Looking at the Table 4, there was no significant difference only between gender and the two dependent variables. A significant difference was found between *occupational status* and first dependent variable (0.001) and it was observed that doctors perceived domestic patients as more advantageous than other health professionals. Similarly, a significant difference was also found between *occupation status* and second dependent variable (0.010), and nurses were found to have more problems with foreign patients than other health care workers.

Table 4. Chi-Square Analysis

Demographic Characteristics (Independent Variables)	In your opinion, which type of patient is more advantageous, domestic or foreign? (1 st Dependent Variable)			Do you have problem communicating with foreign patients? (2 nd Independent Variable)		
	Chi-Square Value	Degree of Freedom	P Value	Chi-Square Value	Degree of Freedom	P Value
Occupational Status	21,828	6	0,001	21,612	9	0,010
Gender	2,375	2	0,305	5,393	3	0,145
Education Level	16,156	6	0,013	19,017	9	0,025
Foreign Language Level	21,737	4	0,000	17,700	6	0,007
Working Years in the Hospital	32,327	6	0,000	16,525	6	0,011
Training Received on Foreign Patients	28,994	4	0,000	25,510	6	0,000

Also, there was a significant difference between the *education level* and the first dependent variable (0.013), and it was observed that postgraduates viewed foreign customers as more advantageous than others. Similarly, there was a significant difference between *education level* and second dependent variable (0.025), and it was determined that the postgraduates had much fewer problems than the others.

There was a significant difference between the *foreign language level* and the first dependent variable (0.000), and it was observed that those who had good level of foreign language viewed foreign customers more advantageous than others. Similarly, there was a significant difference between *foreign language level* and second dependent variable (0.007), and it was determined that those having good level of foreign language had much fewer problems than the others.

There was a significant difference between the *working years in hospital* and the first dependent variable (0.000), and it was observed that the employees with lower working years viewed the domestic patients more advantageous than the others. Similarly, there was a significant difference between the *working years in hospital* and second dependent variable (0.011), and it was

determined that those who had worked shorter had much more problems than the others.

A significant difference was found between the *training status on foreign patients* and the first dependent variable (0.000), and it was observed that those who received regular training responded neutral, and those who had never received training viewed foreign patients less advantageous than the others. Similarly, there was a significant difference between the *training status on foreign patients* and second dependent variable (0.000), and it was determined that those who received regular training had much fewer problems than the others.

3. DISCUSSION

Perceived quality, satisfaction and reliability of clinics and staff were the factors affecting the visits of foreign patients to destination countries (Han & Hyun, 2015). It is also important to emphasize that confidence with the staff will reduce the financial and physical risk of the institution. In the study, the healthcare professionals emphasized that the high-quality health service (4.43), the medical staff of the hospital (4.67), and the international standard of the hospital (4.17) were highly effective in selection of the hospital. Similar results were also obtained in studies conducted by Akdu (2009) and Kiremit (2008).

Within the scope of medical tourism, patients are very eager to go to other countries to get better quality services at lower costs, to get services that do not exist where they live, and not to wait longer (Chuang et al., 2014). However, it should also be noted that the providers of these services must maintain a balance between quality, service and cost in medical tourism (Burns, 2015). In the study, healthcare professionals emphasized the importance of low cost of treatment (4.13) and inexpensiveness (3.94) in the selection of institutions. A study by Erdur (2013) showed a similar result, and found that the major effect in the selection of the institution was the affordable price.

According to Connell (2013), although medical tourism is linked to and developed in parallel with other tourism industries, many medical tourism activities are still carried out as very short trips. Wonkgkit and McKercher (2013) stated that destination managers could develop more appropriate and satisfactory medical tourism products and services for medical tourists if they could understand their nature and characteristics. In his study, he emphasized that people will not go to another country for just one dental care or check-up, but these can attract attention when combined with other activities such as spa and wellness. In the study, awareness of healthcare professionals were measured, and it was observed that their awareness was low in this regard. Healthcare professionals indicated that the extensive tourist attractions offered in combination with health

services did not have a great effect on the selection of institutions. This finding is also confirmed by the fact that only 7.9% of the participants had training about other tourism opportunities. A similar result was obtained in a study conducted by Fetsherin and Stephano (2016), and it was reported that the effect of being a tourism destination is very small compared to other factors (political environment of the country, quality of services and costs). It is emphasized in a study conducted by Akdu (2009) that medical tourism cannot be combined with other tourism activities.

In terms of countries of destination for medical tourism, health tourism gains popularity in these countries due to profitability and other economic effects. However, a more lucrative medical tourism becomes can have a negative impact on local customers and cause deviation from the national health care perspective in the country (Loh, 2015). In the study, 61.0% of the healthcare professionals responded with "doesn't matter", when asked "which one is advantageous, domestic or foreign customers?" Based on this result, we can say that most of the employees in the institution do not make such a distinction. Similar results were also obtained in a study conducted by Kiremit (2008), and it was reported that the employees did not make any distinction between domestic and foreign customers, and did not favor one over another.

In medical tourism, decision making process of foreign patients begins by researching the treatment of the disease. Then, it is decided to travel for treatment, the destination country is selected, and finally the agencies or institutions that provide these services are selected (Hanefeld et al., 2015). In these processes, the influence of the intermediaries is quite significant. In the study, healthcare professionals emphasized the importance of the referral from intermediaries on the selection of the institution (3.78).

Communication established between patients and service providers has a significant effect on health outcomes, satisfaction level and patient behavior (Yeah et al., 2013). In the study, it was observed that the healthcare professionals had no difficulty in communication with the patient (4.06), communication with the patient relatives (4.06), and communication with the intermediary organizations bringing the patient (4.40). A similar result was also obtained in the study conducted by Demirer (2010).

In order to be successful in medical tourism, foreign patients should be informed about procedures, treatment institutions, tourism opportunities and travel arrangements (Crooks et al., 2011). One of the best means to use for this kind of information dissemination is the websites of organizations. The studies conducted by Cormany and Baloglu (2011) and Frederick and Gan (2015) emphasized that web sites are very important for foreign patients and play an active role in their selections. In this context, the web sites of the studied hospitals were examined and it was observed

that there was no special section for foreign patients. It was found that only the Private Ortopedia Hospital has English and Arabic language option.

Institutions were found to be inadequate to provide training to healthcare professionals about foreign patients. Of the participants, 55.1% stated that they had been trained a number of times, 24.7% had never been trained and 20.2% had regular training. It was found that a large majority of trained individuals received training mostly on services provided to patients, patient rights and hospital facilities, whereas training on the service provided to patient relatives, foreign language and other tourism facilities were found to be insufficient. A similar result was also obtained in the study conducted by Akdu (2009), and insufficient number of trained personnel was emphasized.

4. CONCLUSION AND RECOMMENDATIONS

It has been observed in the study that the level of awareness of the healthcare professionals is high and that they have adequate knowledge about medical tourism. As a result, it was emphasized that it is necessary to establish a separate unit on medical tourism in hospitals, to improve the foreign language skills of the personnel in the shortest period of time, to make effective promotions to target markets, and to ensure that the unit participate in fairs and congresses as necessary.

Since the number of studies about medical tourism in Adana and surrounding provinces was inadequate, this study is believed to contribute to the studies in the field and to the related hospital managers in decision making issues. The fact that this study reflects the thoughts of health personnel working in only two private hospitals between certain dates constitutes the limitation of the study, hence it cannot be generalized to all health personnel in Adana and Turkey. In this regard, it may be advisable for further studies to include more people in the research and to conduct the study locally.

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