



**A CLUSTER ANALYSIS OF MEDICAL TOURISTS BASED ON
MOTIVATIONS: THE CASE OF TÜRKİYE**

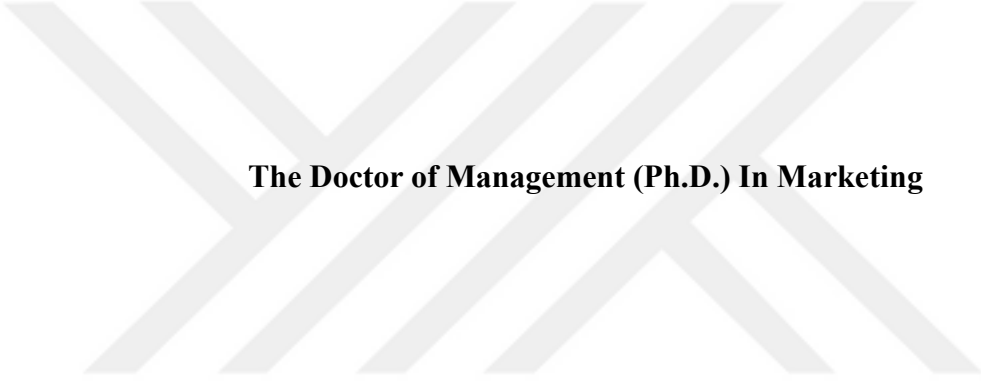
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Eskişehir 2024

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MOTIVATIONS: THE CASE OF TÜRKİYE**

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The Doctor of Management (Ph.D.) In Marketing

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Anadolu Üniversitesi

Sosyal Bilimsel Enstitüsü

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ÖZET

MEDİKAL TURİSTLERİN MOTİVASYONLARINA DAYALI KÜMELEME ANALİZİ: TÜRKİYE ÖRNEĞİ

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Turizm endüstrisi; küresel olarak en önemli sektörlerden biri olarak kabul edilir, kar üretir, iş olanakları yaratır ve ülkelerin ekonomilerini canlandırır. Son yıllarda çeşitli turizm türleri ortaya çıkmış olup, tıbbi turizm bunlardan en önemlilerinden biri olarak öne çıkmaktadır. Tıbbi turizm kapsamında yurt dışına seyahat eden insan sayısı birçok nedenle artmıştır. Bunlar arasında yükselen fiyatlar, uzun bekleme süreleri, sağlık çalışanlarının profesyonelliği, ülkelerin sunduğu hizmet kalitesi, doğal güzellikler, hava şartları ve diğer faktörler bulunmaktadır.

Türkiye, dünyanın en büyük tıbbi turizm destinasyonlarından biri olarak kabul edilmektedir. Yüksek itibarı ve çeşitli tıbbi tedavilerdeki hizmet kalitesi nedeniyle yüz binlerce tıbbi turist Türkiye'yi tercih etmektedir. Bu araştırma, Türkiye'ye çeşitli tedaviler için gelen tıbbi turistlerin kişilikleri ve onları Türkiye'yi tıbbi turizm destinasyonu olarak seçmelerine neden olan farklı motivasyonları belirlemeyi amaçlamaktadır. Veriler, İstanbul'daki önemli hastanelerde tıbbi turizm hizmetleri sunan 554 tıbbi turistten toplanmıştır.

Bu çalışma, tıbbi turizm endeksine dayalı olarak Türkiye'ye gelen tıbbi turistleri çeşitli tedaviler için etkili bir şekilde kategorize etmeyi amaçlamaktadır. Aynı zamanda demografik, davranışsal ve psikografik özelliklere göre profiller oluşturmayı hedeflemektedir. İki aşamalı küme analizi teknikleri, verileri farklı kümeler halinde incelemek ve kategorize etmek için kullanılmıştır.

Farklı özelliklere sahip katılımcıları ayırt etmek amacıyla, tıbbi turizm endeksi bireylerin ülkeleri tıbbi turizm hedefi olarak seçme nedenlerini belirlemede bir kriter olarak seçilmiştir. Kümeleme analizi sonuçları, benzer özelliklere ve motivasyonlara sahip bireyleri içeren dört farklı küme bulunduğunu ortaya koymuştur. Analiz ayrıca bu dört kümenin birbirleri arasında demografik özellikleri ve davranışsal özellikleri açısından belirgin farklılıklar olduğunu göstermiştir. Bununla birlikte, psikografik özellikler açısından bir farklılık olmadığı görülmüştür. Tüm kümelerin üyeleri Plog modeline göre orta düzeyde merkezileşme göstermiştir.

Türkiye'yi tıbbi turizm destinasyonu olarak seçmeye iten motivasyonlar açısından, birinci ve ikinci kümelerin üyeleri için temel motivasyon Türk hastanelerinin sunduğu tıbbi hizmet kalitesidir. Buna karşılık, üçüncü ve en büyük kümenin üyeleri için ana motivasyon Türk hastanelerinde tedavi maliyetlerinin düşük olmasıdır. Aynı zamanda, dördüncü kümenin üyeleri turistik çekicilikler tarafından yönlendirilmiştir. Her bir grup ihtiyacına etkili bir şekilde yanıt vermek, turizm endüstrisindeki paydaşlar için farklı yaklaşımlar ve stratejiler gerektirmektedir.

Anahtar Sözcükler: Sağlık turizmi, Medikal turizm, Medikal Turizm Endeksi, Plog Modeli, Motivasyon teorisi, İki aşamalı kümeleme analizi.

ABSTRACT

A CLUSTER ANALYSIS OF MEDICAL TOURISTS BASED ON MOTIVATIONS:

THE CASE OF TÜRKİYE

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The tourism industry is considered one of the most important sectors globally, generating profits, creating job opportunities, and boosting the economies of countries. In recent years, various forms of tourism have emerged, with medical tourism being among the most prominent. The number of people traveling abroad for medical tourism has increased for several reasons, including rising prices, long waiting queues, the efficiency of healthcare professionals, the quality of services provided by countries, natural landscapes, weather conditions, and other factors.

Turkey is considered one of the greatest medical tourism destinations in the world. Hundreds of thousands of medical tourists choose Turkey due to its high reputation and the quality of its services in various medical treatments. This research aims to identify the types of medical tourists coming to Turkey for various treatments based on their personalities and the different motivations that led them to choose Turkey as a destination for medical tourism. The current research provides an effective categorization of medical tourists coming to Turkey for various treatments based on the medical tourism index. It also aims to build profiles according to demographic, behavioral, and psychographic characteristics. Data were collected from 554 medical tourists receiving treatment at major hospitals in Istanbul that offer medical tourism

services. Two-step cluster analysis techniques were employed to examine and categorize the data into different clusters. In order to distinguish respondents based on different characteristics, medical tourism index was chosen as a criterion to identify individuals' motivations for selecting countries as destinations for medical tourism. The results of cluster analysis revealed the existence of four distinct clusters, each comprising individuals with similar characteristics and motivations. The analysis also demonstrated differences in demographic characteristics among members of the four clusters, as well as clear variations in behavioral traits. However, no differences were observed among the clusters in terms of psychographic characteristics, with members of all clusters showing moderate centrality according to the Plog model.

Regarding the motivations that drove individuals to choose Turkey as a destination for medical tourism, the primary motivation for members of the first and second clusters was the quality of medical services provided by Turkish hospitals. In contrast, the main motivation for members of the third and largest cluster was the lower costs of treatment in Turkish hospitals. Meanwhile, members of the fourth cluster were driven by the tourist attractions of the destination. Effectively addressing the needs of each group will require different approaches and strategies for owners of companies and agencies that provide tourism services to foreigners.

Keywords: Health tourism, medical tourism, Medical Tourism Index, Plog Model, Motivation theory, two step cluster analysis.

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.../.../20....

ETİK İLKE VE KURALLARA UYGUNLUK BEYANNAMESİ

Bu tezin bana ait, özgün bir çalışma olduğunu; çalışmamın hazırlık, veri toplama, analiz ve bilgilerin sunumu olmak üzere tüm aşamalarında bilimsel etik ilke ve kurallara uygun davrandığımı; bu çalışma kapsamında elde edilen tüm veri ve bilgiler için kaynak gösterdiğimi ve bu kaynaklara kaynakçada yer verdiğimi; bu çalışmanın Anadolu Üniversitesi tarafından kullanılan “bilimsel intihal tespit programıyla tarandığını ve hiçbir şekilde “intihal içermediğini” beyan ederim. Herhangi bir zamanda, çalışmamla ilgili yaptığım bu beyana aykırı bir durumun saptanması durumunda, ortaya çıkacak tüm ahlaki ve hukuki sonuçları kabul ettiğimi bildiririm.

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(Name and Surname of the Student)

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CAGR	: Compound annual growth rate
COPD	: Chronic obstructive pulmonary disease
Eroustst	: European statistics
FTAs	: Foreign Tourist Arrivals
FUE	: Follicular Unit Extraction
GDP	: Gross domestic product
GWl	: Global Wellness Institute
ICSI	: Intra Cytoplasmic Sperm Injection
ISO	: International Organization for Standardization
Ispa	: International Spa Association
IVF	: In vitro fertilization
JCI	: (Joint Commission International)
LRFM	: (Length, Recency, Frequency, Monetary) Analysis
MT	: Medical Tourism
MTA	: Medical Tourism Association
MTI	: Medical Tourism Index
PICSI	: Physiological intracytoplasmic sperm injection
spa	: Salus/Sanum per aquam
TURKSTAT	: Turkish Statistical Institute
UN	: United Nations
USHAŞ	: Uluslararası Sağlık Hizmetleri Alanında Türkiye’de Sunulan
WHO	: World Health Organization

CHAPTER ONE

1 INTRODUCTION

Health tourism has become one of the most popular sectors worldwide and is considered as an important source of improving a country's income and strengthening its economy. The significant interest and clear trend in medical tourism has led to the travel of individuals from industrialized countries to travel to developing countries like India and Thailand to improve their health and undergo medical procedures (Pekers en, 2021: 590). Developing countries now play a strong and fierce role as powerful competitors in the medical tourism market, thanks to the efficiency and quality of services they offer to health tourists according to international standards. In Turkey, medical tourism has become very important and has attracted government attention due to the large number of health tourists coming to the country to improve their physical, mental, and emotional well-being. As a result, there has been an increase in the number of facilities offering medical tourism services, and the number of hospitals obtaining international accreditations has also risen (Alt n et al., 2012: 157).

In the service industry, companies and service providers consider customers as one of the most valuable assets. Understanding their needs, satisfying them in a way that creates value, and exceeding their expectations is the basis for maintaining existing customers, attracting new ones, and achieving a sustainable competitive advantage (Tsai et al., 2015: 65). Identifying customer needs, surprising them with services that exceed their expectations, and responding to their needs promptly and with appropriate quality all contribute to building long-term relationships and converting ordinary customers to highly loyal ones who speak positively about the company and its exceptional services within their social circles and enhance customer repurchase intentions (Alt n et al., 2012 :157). Therefore, companies give all their attention to managing their relationships with customers (Customer Relationship Management - CRM) by understanding the preferences of customers in order to retain them

and attract more. Customer segmentation is considered to be one of the most important ways to understand customers, identify their characteristics, and provide services that exceed their expectations (Zhang et al., 2007; Ozer, 2001; Bassi, 2007; Reynolds, 2006; Roy, 2000).

Customer segmentation is considered to be the most powerful strategy in customer relationship in the management and value creation. Various methods, including statistical techniques and data mining, are used to analyze customer data. This enables companies to design targeted marketing strategies for each customer segment, helping them meet their needs and expectations effectively.

In the health tourism sector, the economic potential of the country is significant and tremendously growing. Consequently, intense competition exists between countries (Hyun & Han, 2015: 20). Medical tourism is a highly competitive market, making it essential to distinguish oneself and gain a competitive edge. Therefore, understanding customers and segmenting them is of utmost importance for institutions and companies offering health tourism services. (Taheri, 2021 :5).

Organizations seek to adopt a comprehensive marketing approach. An effective comprehensive marketing approach aims to efficiently meet the needs of patients and create value for them by identifying hidden needs and providing unique and innovative healthcare services that patients may not have considered but will increase their satisfaction if realized (Purcarea, 2019: 93).

Segmenting consumers into different segments has numerous advantages. Generally, market segmentation allows companies to think deeply and evaluate their current positions and the position they aim to reach in the future. This forces companies and organizations to offer better products and services compared to their competitors and to make greater efforts to understand what consumers want and expect from the company. Moreover, it involves providing products and services that surpass consumers' aspirations and visions. Market segmentation is an opportunity for companies to rethink and re-evaluate the market, leading to the emergence of new perspectives. Market segmentation enables a company to understand

the differences in consumers' needs, creating a harmonious connection between the company's strengths and the aspirations and needs of consumers (Leisch et al., 2018: 8).

Market segmentation also enables companies to focus on a specific group of consumers who can meet their needs and exceed their expectations. This ultimately creates a competitive advantage for the company. Additionally, it helps the company develop a clear marketing plan by creating marketing plans for specific customer groups. Thus, (1) They allocate marketing funds instead of spending them on consumers who are not interested in their products, and (2) By gaining loyalty from their current customers and attracting more of them through offering a competitive advantage that creates value for them, they can preserve and attract a customer base (Dolnicar et al., 2018: 8). The correct understanding of how to segment customers is extremely important because it leads to profitable targeting and successful marketing and promotional campaigns (Brotspies & Weinstein, 2017: 164).

In the field of health tourism, market segmentation provides clear insights into the behaviors and attitudes of health tourism consumers in a highly competitive environment focused on healthcare consumers to enable them to manage their health effectively. Market segments and sectors help in targeting these segments and providing them with the necessary products. Researchers have used multiple segmentation criteria, but there is no consensus on a single method for market segmentation and division. The selection of the right method and segmentation variables to identify the right The diverse and numerous market segments pose a challenge for promotion and marketing teams. (Dolnicar et al., 2018: 9). For example, some studies that have been conducted on market segmentation in the field of health tourism use patient profiles to segment tourists, employing psychographics variables. Other studies used behavioral variables, while some employed demographic variables to segment the health market (Torkzadeh et al., 2018: 9).

1.1 Problem Of the Study

Medical tourism is one of the main types of health tourism. In the literature, we can find different definitions and perspectives on medical tourism (ayci & abu hashesh, 2020: 4). In this research proposal, the following definition is accepted as the most comprehensive, in addition to including the critical reason for undertaking such trips: “Medical tourism means purposeful travel to a foreign country for the intended medical treatment in order to maintain good health, improve the quality of life or appearance of the patient.”. The main reason for travelling is financial or qualitative reasons or due to the inability to access certain services in the patients’ countries (it may result from a lack of medical personnel, lack of knowledge, equipment or required procedures, or long queues to obtain the required medical treatment, as well as from legal restrictions medical tourism often includes sightseeing, cultural and religious sights in the places visited)” (Ban & Kim, 2020: 2).

Medical tourism is growing rapidly worldwide, increasing from about \$10 billion USD in 2012 to approximately \$33 billion USD in 2019. Alongside this growth, many countries are striving to become competitive destinations for medical tourism. Medical tourism focuses on travel, culture, and leisure activities in tourist attractions while receiving medical services such as treatments, health check-ups, and cosmetic procedures (Ban & Kim, 2020: 2).

According to Beladi, and Hollas (2019), many countries actively promote medical tourism in order to stimulate economic growth. Consequently, numerous nations and local governments have invested in medical tourism, considering it a high-value-added industry (Beladi et al. 2019:122).

Turkey aims to become a global leader in medical tourism, enjoying a distinguished status among nations. Over the past decade, Turkey has emerged as one of the most important countries in the field of medical tourism for several reasons: well-qualified medical professionals, advanced medical technology, and healthcare organizations accredited by international standardization organizations. As a result, Turkey has become a well-known

and sought-after destination for medical tourism, hosting over one million medical tourists from around the world annually (Erdoğan & Yilmaz, 2019: 1025). According to the Turkish Statistical Institute, the number of medical tourists who visited Turkey in 2022 exceeded 1,250,000 medical tourists, while statistics from the first half of 2023 showed that more than 750,000 medical tourists had visited Turkey for medical tourism purposes (USHAŞ, 2023).

Globally, there is a significant acceleration in the growth of the tourism industry, with the most notable sector being medical tourism. Therefore, competition has intensified significantly between different countries, each striving to increase its market share and secure a larger portion of the industry. The appropriate market segmentation is considered the cornerstone of success in this colossal industry, as well as the suitable targeting of specific sectors. There are many methods and variables used for market segmentation, each with its own advantages and disadvantages (Torkzadeh et al. 2019: 122).

In the healthcare sector, market segmentation is considered essential for understanding the behaviors and preferences of medical tourists. This in turn enables the provision of focused and valuable products and services to healthcare consumers. Effective segmentation allows organizations to concentrate on a specific group of consumers whom they can serve efficiently and effectively (Zhou et al. 2020: 1). Due to the important role of market segmentation, researchers have used various criteria and variables, but there is no consensus on the best method for market segmentation. Different segmentation criteria and variables lead to the identification of different consumer segments (Dryglas et al. 2018: 235).

In studies that conducted segmentation based on patient profiles, only a small number used demographic variables to identify the characteristics of each segment (Gopichandran & Chetlapalli, 2013; Chen et al., 2013; Liu & Chen, 2009; Kolodinsky & Reynolds, 2009). Some studies have used behavioral variables to segment medical tourists. For example, Kono (2010) employed the AIO model (Activities, Interests, and Opinions) in one study to segment patients based on their lifestyle patterns.

Woo et al. (2014) utilized the LRFM model (Length, Recency, Frequency, and Monetary) to divide the market in a different research study. Recent research in the LRFM model have utilized psychographic factors for segmentation. Halab et al. (2003) is one of the few studies that employed psychographic variables to segment tourists according to their life attitudes. Researchers in recent studies segmented medical tourists based on their travel motives (Dryglas et al., 2018).

Fetscherin and Stephan (2016) published a paper presenting the Medical Tourism Index, a performance indicator based on an assessment of a country's attractiveness as a medical tourism destination. They discovered that "country environment", "destination tourism", "cost of medical tourism" and "medical facilities and services" are major factors that influence the choice of tourism destination for treatment (Fetscherin and Stephan, 2016).

Despite the growing interest in establishing a connection between entertainment and health, previous research studies have not explored the types of personality of medical tourists and their impact on travel behavior. Furthermore, the Plog model has not been used to understand the personality traits of health tourists. This study aims to classify medical tourists who come to Turkey for medical tourism according to the medical tourism indicator, i.e., based on push and pull factors. This study will also illuminate this unexplored area by linking the psychographics components of the medical tourist's personality with their chosen travel behaviors and motivational factors, as well as with social and demographic components.

1.2 Aim Of the Study

The tourism sector is one of the main sectors and driving forces that Turkey relies on to raise its economy. It plays an important role in creating employment opportunities, moving the economic wheel, and increasing national income. Health tourism is one of the main sectors that provides the state with added value and increase its revenues through foreign exchange. According to the Turkish National Plans, health tourism revenues will reach 150 billion dollars by 2023 (Işık et al., 2021: 220).

This study aims to categorize medical tourists visiting Turkey for medical tourism purposes and identify segments of medical tourists based on their motivations in the literature of medical tourism with the goal of understanding the factors influencing the decisions of medical tourists to travel to Turkey for medical treatment. It also provides an overview of the segmentation of health tourists on Plog's psychographic model of personality types, demographic and behavioral factors.

The study's objectives will be achieved by addressing the following research questions:

What are the significant motivating factors for choosing a medical destination by medical tourists?

What segments of tourists can be distinguished based on these motivating factors?

What are the characteristics of these segments in terms of size and social composition, travel behavior, and psychographics planning?

Are there any differences between segments concerning demographics -social composition, travel behavior, and psychographic variables?

1.3 Importance of the Study

Since health is the most precious asset, people interested in this topic. This has led to an increase in people traveling from one country to another to improve and maintain their health, and has contributed to an improvement of the economies of the countries. It is clear that focusing on investment in this sector brings significant economic benefits and is a clear indicator of a country's progress.

In Turkey, as evident from development plans covering the period from 1996 to 2023, there is a gradual effort to increase awareness of medical tourism, establish new markets for medical tourism, and generate tourism revenues throughout the year by strategically distributing medical tourism across the country. Medical tourism has also become directly

linked to the Turkish Ministry of Health, employing responsible agents to ensure the quality of medical services provided to medical tourists (Şen, 2020: 9).

Turkey occupies a significant position among countries that provide healthcare services, and although Turkey is increasing its share in the market day by day, it is believed that it has not yet reached the desired level in terms of income. Qualified and trained medical professionals, diversity in sub-specialties, and its unique geographical location have enabled Turkey to create a promising image for itself among competing countries around the world. It is expected that in 2023, Turkey will host two million patients through medical tourism and generate revenues of \$20 billion as a result of this service (Kadioğlu et al., 2021: 4).

According to the Ministry of Health (2019), Turkey ranks sixth in the global health tourism after the United States, Germany, Thailand, and India, based on the number of foreign patients. Istanbul, Antalya, Ankara, Izmir, Muğla, Karaman, Aydın, and Adana, are the cities in Turkey that patients prefer for medical tourism. Antalya, Muğla, and Aydın provide emergency medical services, while Ankara, Izmir, and Istanbul provide more comprehensive medical care (Dağlı, 2021: 31). After organizing health tourism in Turkey, the quality of health services has become higher, and the number of health tourists has increased, Turkey became the preferred destination for most of the world's demographics, for health tourism comes to Turkey from all countries of the world to perform fertilization operations, plastic surgery, eye surgery, hair transplantation, heart surgery, brain surgery, spinal surgery, dental surgery, and orthopedic surgery. Having lower prices with high-tech standards seems to gain a real competitive advantage for the Turkish health tourism industry (Nakhaeinejad, et al., 2021: 4). In the field of medical tourism, in this highly competitive industry, customer classification and segmentation into sectors are a key driver of success, given that patients have diverse needs and characteristics. Customer classification is a well-recognized and commonly utilized concept in the field of tourism. The classification strategy compels firms to outperform competition by focusing on a certain group, enabling efficient service and value creation. This establishes a lasting competitive edge. It also helps the marketing

departments focus on targeting specific individuals within the group. (Dimitrovski et al., 2016: 261).

This research contributes in two main ways. Firstly, it provides a general overview of the segmentation of health tourists based on their motivations in the literature of health tourism. Secondly, by focusing on the type of personality of tourists to medical destinations, the research includes a more comprehensive set of personal characteristics than those commonly used in health tourism segmentation studies. Specifically, in addition to the popular use of social and demographic characteristics in health tourism segmentation studies, the author also examines travel behavior and psychographics characteristics. While there are studies that delve into the psychographics characteristics of tourists as a whole (Dedeoğlu et al., 2019), there is a lack of research directed toward understanding the personal traits of different market segments. This research gap poses challenges in discerning medical tourist preferences and desires, effectively identifying suitable segments, and developing strategies and advertising campaigns adapted specifically to specific target markets.

1.4 Limitations of the Study

Despite its contributions, it is certain that this research has some limitations. Firstly, this study was aimed at some medical tourists in certain hospitals in Istanbul, such as Medicana and Medical Park. It would be beneficial if further research that focus on other cities such as Izmir and Ankara for medical tourism. Additionally, this study used a modest sample size, focusing on a convenient sampling method. Undoubtedly, a larger sample size and the use of alternative data collection methods may provide more accurate results for future studies. Finally, the current study focused on specific methods and factors for segmenting the medical tourism market in Turkey. Future studies may benefit from studying this phenomenon by using different factors and segmentation methods.

One of the main challenges faced was the refusal of some institutions to collect information from foreign patients within their healthcare facilities, citing concerns about the

inconvenience of the patients and the potential for such information to reach competing entities. It would be advisable for the government and educational institutions to recommend these institutions to facilitate the collection data for purely academic purposes by students.

1.5 Definitions Of Constructs

Table 1.1. The constructs definitions

Constructs	Definitions	Reference
Health tourism	Health tourism is a type of tourism that involves travelling to another country or region for the purpose of improving overall health through various treatments or receiving healthcare services.	(Altın, U., et al. 2012, Büyüközkan, G., 2021)
Medical tourism	a state of physical well-being pursued by individuals for the purpose of improving their physical health through various services such as cosmetic surgery, organ transplants, dental implants, and therapies. and it is not simply the absence of illness or disability, as some may think.	(Arisi, A. 2022, WHO,2021)
Wellness tourism	as a comprehensive and integrated process of all relationships relating to tourism and travel to another country, for individuals whose primary motivation is to maintain or improve their health, including all aspects of their physical, mental, spiritual, and emotional well-being.	(Mueller & Kaufmann, 2001, GWI, 2017).
Elderly tourism	Elderly tourism is a type of health tourism that combines care, rehabilitation, and medical treatment for the elderly, that	(TÜRSAB, 2014, Yeşil, S.2018).

	includes the care of people aged 65 and older.	
Disabled tourism	defined disability tourism as the provision of preventive, curative, and rehabilitative health services to facilitate the lives of people with disabilities and integrate them into society during travel.	(Saygılı, T, et al. 2021, Bozça, R., et al. 2017).
Market segmentation	Through market segmentation, companies divide huge and diverse markets into smaller, defined market segments and sub-segments that can be reached more efficiently and effectively with products and services tailored to their individual needs.	(Kotler, P., Armstrong, 2017, Cortez, R., et.al. 2021).
Plog model	Plog's model suggests that people's travel preferences are determined by their personality traits, values, and life experiences. The model also proposes that travelers may move along a continuum from psychocentric to allocentric as they gain more experience and exposure to travel.	(Plog,1974, Plog 2001, Cruz-Milan, O .2016)

Push and pull factors	defined motivating factors as internal forces that lead tourists to seek activities that meet their needs and desires, while attraction factors are destination-generated forces that tourists consider when choosing a specific destination.	(Crompton, 1979; Dann, 1977).
Medical tourism index	The medical tourism index evaluates a country's appeal as a medical tourism destination by considering healthcare expenses, quality of facilities and services, overall environment, and attractiveness.	(Fetscherin & Stephano, 2016).

CHAPTER TWO

HEALTH TOURISM

2 INTRODUCTION TO HEALTH TOURISM

Health tourism is a type of tourism that involves traveling to another country or region for the purpose of improving overall health through various treatments or receiving healthcare services (Altın et al., 2012: 1005). Health tourism can involve a wide range of medical treatments, including cosmetic surgeries, dental procedures, fertility treatments, organ transplants, and specialized medical operations that may not be available in a patient's home country (Büyükozkan, 2021: 2). In recent years, health tourism has become a focal point of interest for individuals in most countries around the world due to various factors such as rising medical costs, long waiting lists for medical procedures, and a desire for more affordable or specific healthcare options. Many countries around the world have developed specialized medical facilities and services to meet the growing demand for health tourism which will make the industry lucrative for both healthcare providers and tour operators. In recent years, health tourism has gained in popularity as a new type of tourism and industry (Momeni et al., 2018: 307).

Health tourism is fast growing in business with increasing competition in the world. Therefore, health tourism enables patients to access high-quality healthcare at lower cost and with shorter waiting times for treatment. As a result, patients are seeking for medical care so they will travel from advanced countries such as Australia, the United Kingdom, and the United States to developing countries such as Costa Rica, India, and Thailand (Momeni et al., 2018: 307).

There are many types of health tourism, including thermal tourism, medical tourism for the elderly and disabled, and rehabilitation services. Medical tourism also includes the following services:

- 1) Improving patient's health with options such as dental treatments, spas, and massage.
- 2) Rehabilitation services such as kidney dialysis and elderly care.
- 3) Surgical intervention such as cosmetic surgeries, surgery, hair transplant surgery, and cardiovascular surgery (Büyükožkan, 2021: 2).

Medical tourism is considered one of the essential components of health tourism and a fundamental branch falling under it, as it combines the fields of both medicine and tourism. It provides patients with medical services such as surgeries and various treatments to improve people's health while providing entertainment, relaxation, and the enjoyment of nature. The medical tourism industry is growing significantly, reaching total revenues of \$61 billion in 2016, and is expected to quadruple to \$150 billion by 2023, with a CAGR of 15% (Lwin, 2021: 2).

Medical tourism is the most lucrative branch of tourism. Focusing on and investing in this industry will provide countries a significant competitive advantage and will be the most effective factor in achieving stability and economic development (Nakhaeinejad et al., 2021: 3).

Because medical tourism provides countries with a competitive advantage, there is fierce competition between countries. In recent years, the number of people who are moving from their countries to other countries for medical tourism has increased. As a result, countries compete to capture the highest share of the market by retaining current customers and attracting new ones (Arueyingho et al., 2021: 3).

Many countries are striving to attract more tourists by establishing themselves as hotspots for medical tourism. Medical tourism has caught the attention of nations, notably Turkey, which aims to dominate the global medical tourism market and direct medical tourists towards its facilities, securing the largest share of medical tourists from all over the world. The number of visitors and the resulting industry revenues can gauge the value of

tourism in Turkey. According to the WHO, it is estimated that 40 million tourists have visited Turkey between 2017-2022 (Kradah, 2021: 46).

Turkey has grown to be a major tourist destination due to It possesses a rich history and ancient heritage, in addition to its charming beauty and moderate climate. A large number of medical tourists visit Turkey, mostly from European countries, the United States, and Canada, as well as from Arab countries such as Iraq, Kuwait, Qatar, and Libya (Alili, 2015: 1). According to the Turkish Ministry of Tourism, the number of tourists who were arriving in Turkey for the purpose of medical tourism in 2022 reached approximately 1,258,382 tourists (Kültür ve Tüizm Bakanlığı, 2021: 3).

Turkey seeks to be the leading competitor among countries in this field by adjusting its marketing strategy to its legal and marketing structures, with a focus on the medical consumer. The goal is to maintain current customers and attract more of them by providing advanced medical equipment, competitive costs, high quality services, and shorter waiting times. According to the Ministry of Health in Turkey, health tourism has been classified into numerous categories:

- 1- Medical tourism,
- 2- Thermal tourism,
- 3- Senior tourism, and
- 4- Disabled tourism (Özkan, 2019: 56).

In 2011, medical tourism was covered by legal regulations, and Turkey developed specific policies for medical tourism. Medical tourism became a national policy, establishing a direct relationship with the Turkish Ministry of Health. Additionally, efforts were made to educate the responsible agents within the industry to ensure the provision of high-quality healthcare services. As a result, the Turkish Ministry of Health underwent restructuring, and a central agency (Health Tourism Directorate) was established to regulate medical tourism across all facilities offering healthcare tourism services. Turkey, on the other hand, has been

going through a major healthcare reorganization since 2002. The reorganization's purpose is to increase the efficiency of the health system so that quality control can be ensured in compliance with international health standards.

According to Alili (2015), with the control of medical tourism, the quality level of medical care has improved significantly, and the number of medical tourists has risen. In the healthcare tourism industry, Turkey has become one of the most famous countries in the world. "Medical tourists travel from all over the world to Turkey for cosmetic surgery, hair transplant operations, eye surgeries, infertility treatments, open-heart surgeries, dermatological diseases, brain surgeries, orthopedic surgeries, dental procedures, cancer treatment and other high-tech procedures at discounted prices. Turkey appears to have gained an important competitive advantage by reducing prices while maintaining high standards" (Alili, 2015: 39).

2.1 History and Growth of Health Tourism

Health Tourism is not a recent phenomenon but rather an ancient practice. It is considered one of the oldest industries discovered by humans. Nowadays, people can easily access the medical advantages and relaxation of nearby rivers and hot springs. In the past, it was believed that bathing in rivers such as the Nile would be physically and mentally purified. In 4200 BC, the Sumerians built therapeutic water baths and temples in areas with hot springs. In 1500 BC, a temple was built to honor the ancient Greek god of healing, and people came to the temple in the belief that he would heal them (Türkoğlu Önder, 2022: 35). During the Roman Empire, the Romans established baths for entertainment and therapy throughout Europe, including hot and cold baths, and baths became an integral part of life for healing and relaxation. Some of the baths built during the Roman Empire are still in operation today (Uçak, 2016: 1).

In the 12th and 13th centuries, the Japanese employed hot mineral water to heal their soldiers after wars. In the 18th century, and as a result deadly diseases are spread, many

health hospitals were established. Diseases such as liver, tuberculosis, and bronchitis began to be treated, where people from neighboring countries came to those hospitals for treatment; Entering the 21st century, with technological advancement, modern medical tourism has emerged, where the importance of medical tourism has increased, and competition has arisen among countries to attract medical tourists (Moloğlu, 2015: 674). It can be said that medical tourism has been around the world, and Where people traveled for long periods to either individually or collectively treatment (Uçak, 2016: 1).

2.2 Types of Health Tourism

2.2.1 Medical Tourism

The phenomenon of medical tourism is rapidly growing (Uçak, H. 2016: 1). The term "medical tourism" has recently drawn a significant attention from researchers and academics worldwide. Generally, medical tourism includes two activities: medical activity and tourist activity. Medical tourism often involves traveling from one country to another to obtain high-quality treatment results with lower costs. According to many researchers, some of the main reasons for the rise of medical tourism are the increase in patient waiting lists, international exchange rates, lower medical costs in developing countries, and technological advancements in medical equipment (Campra et al., 2022: 1). Healthcare has become the focus of countries' interests. For example, the United States spent 17% of its Gross Domestic Product on healthcare services in 2020 (Miller et al., 2021: 115).

In recent years, Turkey has focused on improving its health and tourism sectors to become the top destination for medical tourism in the world. One of the most important strategies that be implemented by Turkey to achieve its goal is using various marketing and promotion strategies to help portray the ideal vacation resort in the minds of tourists. Additionally, the Ministry of Tourism and Culture reports that the Turkish state earned \$2.5 billion during the years 2020-2021 by studying competitive markets and developing appropriate strategies that attracted millions of tourists (USHAŞ, 2022). As a result, of the

high demand for Turkey as a medical tourism destination, Turkey has built many hospitals in most Turkish cities equipped with the latest medical equipment and highly qualified and professional staff. There are 1812 certified health tourism facilities in Turkey; most of them are in the private sector. Istanbul ranks first in the number of its facilities and income. Ankara, Antalya, and Izmir follow Istanbul in the number of facilities (Közüyaş, 2022: 21).

2.2.1.1 The Concept of Medical Tourism

Medical tourism is one type of tourism that is developed for people who are traveling abroad from country to other for medical treatment, including improving physical health through various services such as cosmetic surgery, organ transplants, dental implants, and therapies, as well as improving mental health through health resorts and wellness treatments (Arici et al., 2022: 32). Medical tourism is expressed as the patient traveling to receive high-quality medical services at affordable costs (Kördeve, 2016: 53). According to Arici's definition, medical tourism is not only about traveling for health purposes but also encompasses an industry that combines the highest technical competence and reasonable costs for both health and tourism (Arici et al., 2022: 48).

WHO recognizes medical tourism as "a state of physical well-being pursued by individuals for the purpose of improving their health, and it is not simply the absence of illness or disability, as some may think" According to the Turkish Ministry of Health, the following categories have been classified for medical tourists:

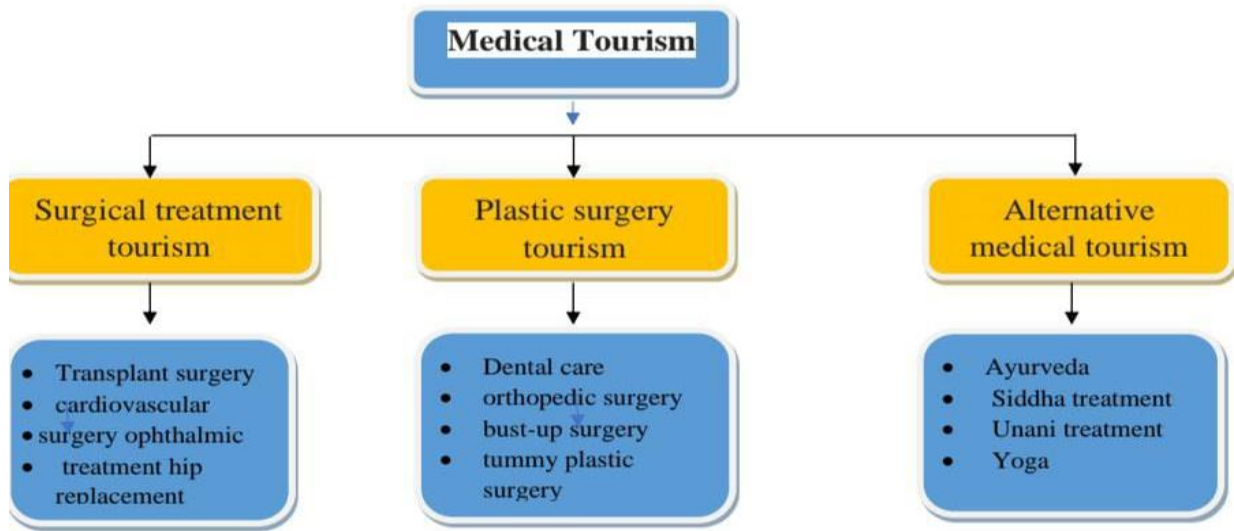
- 1) Every individual who travels from his or her country to another, whether it is a nearby or distant destination, seeking physical, mental, or spiritual treatment.
- 2) Travelers with a sudden health condition that requires them to go to the hospital for treatment.
- 3) "Patients from countries that have bilateral health agreements" for individuals who come to Turkey to receive health services within the scope of bilateral agreement protocols by the Ministry of Health (Sağlık Bakanlığı, 2021).

Individuals who participate in medical tourism activities are called medical tourists. They are defined as individuals who seek to improve their physical and mental health through various healthcare services in different locations outside of their place of residence. The primary goal of a medical tourist when planning a medical trip is health considerations. While the secondary goal is to achieve comfort, relaxation, and enjoyment. Reasons for the development of the medical tourism industry include lower costs, long waiting periods, advanced technologies in some destinations, especially in emerging ones, and transportation costs (Yılmaz, 2022: 17). At the beginning of the emergence of health tourism activities, there was a flow from developing countries to advanced countries, but now this trend has reversed, and what is called "reverse globalization" has emerged, as tourists seek to obtain high-standard health services and low-cost travel from advanced countries to developing countries. Developing countries have become famous destinations for medical tourism after their progress in the field of medical technology, lower costs, and professional medical staff, in addition to beautiful tourist attractions in these countries (Arisi, 2022: 44).

2.2.1.2 Types of medical tourism

Medical tourism can be classified into three subcategories: surgical tourism, cosmetic surgery tourism, and alternative medicine tourism. Figure 1 shows each type with the medical services they provide. The countries which competing among the best countries that offer medical surgical services are Japan, Malaysia, the United States, Singapore, Thailand, Jordan, Turkey, Costa Rica, South Korea, and Mexico. There is intense competition among these countries due to variations in treatment costs (Gautam, 2020:182).

Figure 2.1. The Structure of Medical Tourism



Source: (Gautam & Bhatta, 2020)

In the era of technological advancement and globalization, more and more patients are seeking surgical treatments abroad. Studies and research results indicate that the estimated value of this industry has reached billions of dollars. The high costs of surgical treatment and waiting lists in the primary country of residence, along with the lack of medical staff, equipment, and devices, are among the main factors of medical tourism. Additionally, the increasing ease with which potential patients can access information about medical tourism destinations and affordable international travel is a contributing factor (Healy, 2009:125).

According to Gautam & Bhatta (2020), the most common surgeries that individuals travel from developed to developing countries are organ transplantation, heart and vascular surgery, eye surgery, and hip replacement surgery (Gautam et al., 2020:189).

According to Amorn Thoongsuwan, cosmetic surgery tourism refers to individuals traveling from their home countries to other countries for cosmetic surgeries, which include dental treatment, bone surgery, thoracic surgery, abdominal cosmetic surgery, and skin treatment (Ritwatthanavanich, et al., 2018: 97).

Cosmetic surgery is the top choice for the medical tourism industry, which is worth \$60 billion. Furthermore, the dental tourism market is considered one of the most important markets for plastic surgery tourism. In the global market, Central and South America are the leading countries in the dental industry. In 2020, the dental industry market reached \$1.3 billion. Due to cost advantages, dental tourism trips are increasing especially in developing countries. The size of the European market is approximately \$689.4 million. Turkey is considered one of the world's leading countries in the field of dental industry. It is ranked among the top five countries in Europe, alongside Poland, Hungary, Croatia, and Bulgaria. Patients who prefer dental tourism and services in Turkey save around 50-65% (WHO, 2021).

Alternative medical tourism is a term that describes the travel of patients from one country to another in order to utilize natural substances in various treatments instead of traditional treatments used in hospitals.

According to de Almeida, 40% of Americans use some form of alternative medicine (de Almeida, et al., 2022: 67). The WHO defines it as the term "complementary medicine" or "alternative medicine" refers to a wide range of health practices that help improve human health without the need to use internationally recognized traditional medicine methods (World Health Organization, 2019).

Alternative medicine includes Ayurveda, yoga, chiropractic, orthopedic manipulation, meditation, massage therapy, acupuncture, relaxation techniques, Siddha treatment, and Unani medicine.

- 1) **Ayurveda:** Ayurveda offers a comprehensive system of preventive healthcare. It is one of the traditional healthcare systems in India, dating back thousands of years. Ayurveda relies on ancient treatments such as the use of herbs and wild, natural plants that contribute to improving human health. The concept of Ayurveda is based on a deep understanding of the daily lifestyle of individuals. By identifying people's lifestyle patterns in a certain place, a proper diet and lifestyle can be understood and

tailored for these individuals. The science of Ayurveda consists of the following five elements: such as air, fire, water, ether, and earth (Kulamarva, 2023: 1).

- 2) **Yoga:** Yoga is a comprehensive system aimed at enhancing human physical, mental, emotional, and spiritual well-being, as well as promoting growth and overall harmony of the human body. The science of yoga first emerged in ancient India around 5000 years ago. It serves as a tool for self-development through the holistic health of individuals, encompassing their physical, mental, emotional, and spiritual health. The science of yoga is based on the principle that the human body possesses energies and abilities that are extraordinary for self-building and self-healing. It does not seek the direct cause of illness but rather examines the holistic factors that contribute to these conditions and addresses them. These factors include improper lifestyle habits, excessive unwarranted thoughts, excessive anxiety, sleep, work environment, and environmental factors that can interact with natural factors and affect the body's performance, diminishing its energy (Dutta et al., 2022: 115).
- 3) **Sidhha Treatment:** This treatment utilizes foods to improve the physical and mental level of the patient and reduce the risk of diseases.
- 4) **Unani Medicine:** One of the treatment options for psoriasis, a chronic skin disease is the use of complementary and alternative medicines (Parveen, et al., 2022: 511).

2.2.1.3 Medical tourism in the world

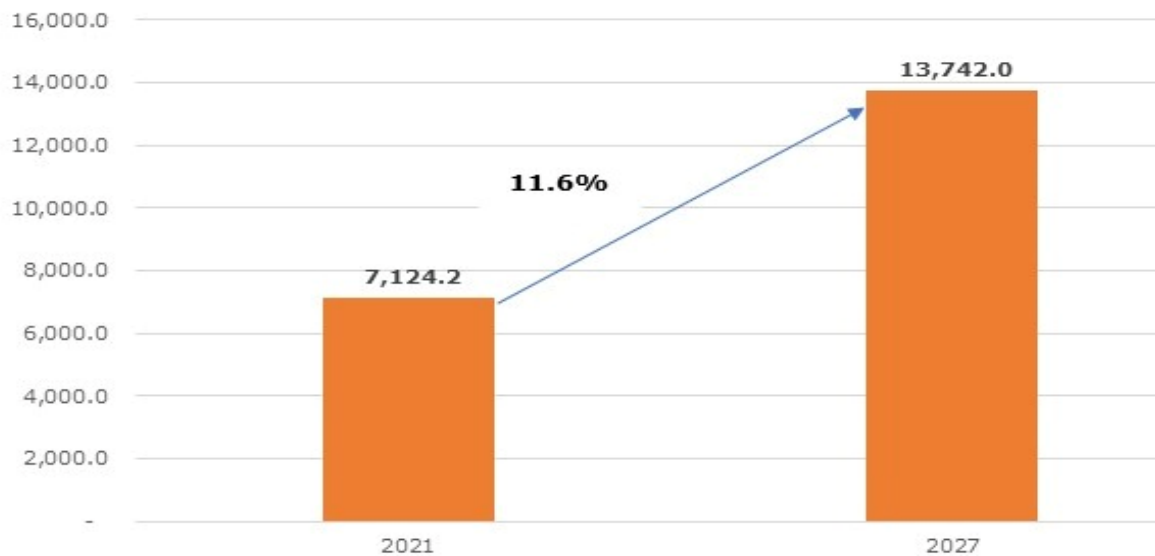
Medical tourism is considered one of the most important sources of revenue for many countries; therefore, there is fierce competition to gain the most share in this industry. Through medical tourism, before choosing a destination, individuals can conduct a comparison to obtain medical tourism services, such as comparing doctors, treatment methods, service quality, prices offered by their home country, and services provided abroad. In addition, they can choose the most appropriate country that offers the quality of services, treatment costs, and technological development used. The aging of the global demographics, the prevalence of diseases, rehabilitation opportunities, the diversification of health services,

the increase in specialized surgical procedures, the problems facing health systems in some countries, and the expectations of low-cost and high-quality services have increased people's interest in traveling for treatment or healthcare reasons (Yılmaz et al., 2022: 65).

The development of the internet and tourism has made it easy for people to obtain information about institutions that offer high-quality services in the medical tourism field. Due to significant increase in medical tourists and high level of awareness and focus on the smallest details, more than ever before, Due to the significant increase in medical tourists and the increased awareness and focus on small details, more than ever before, as a result, the medical tourism sector is growing and becoming the focus of stakeholder interest. On account of the high level of medical services offered to medical tourists, the technological development in the field of medical services, international travel has become easier and more cost-effective than ever before, and the cost advantages offered by countries to medical tourists, the short waiting lists, all of these reasons enabled medical tourism to spread widely to many regions around the world, including Europe (Aydın, 2012: 93).

In Europe, the size of the medical tourism market exceeded four billion dollars in 2020 and is expected to rise to 11.6% from 2021 to 2027 (See Figure 2.2). According to the 2021's European Medical Tourism Report, Germany, France, Austria, Switzerland, and Belgium are among the top countries in Europe that offer advanced and prestigious medical services at relatively reasonable prices. Eastern Europe has lower costs for surgical, medical, and dental surgery procedures.

Figure 2.2. Europe Medical Tourism Market Report, 2021- 2027 (USD Million)



Source: Europe Medical Tourism Market Report, 2021.

These countries are equipped with excellent medical facilities and abundant environmentally friendly natural resources that aid patients in their recovery and improve their psychographics well-being. Low-cost medical treatment in the region is available at rates between 40% and 80% less than those in the United States. For example; Bavaria in Germany has Approximately 400 hospitals that provide high-quality and affordable medical services in various areas such as cardiac surgery, cardiology, orthopedics and others (European Medical Tourism Report, 2021) .

South Asia and South America are also among the most preferred regions for American medical tourists, as there are various reasons for going to those regions for treatment, the most important of which is the high price and long waiting lines in the United States of America (Yilmaz et al., 2022: 65).

Developing countries began to acquire a large share in the medical tourism sector, such as Singapore, Poland, Hungary, India, and Jordan, including Turkey, these countries prioritize competitive prices, accessibility, quality, and satisfaction (Tengilimoğlu, 2019: 8).

The United States of America is the top-ranked country in medical tourism when it comes to leading countries due to its numerous technological inventions in the health sector, and it is the country that sets the rules in this field in the world. On the other hand, the European Union countries stand behind the United States of America for reasons such as offering high-quality services and technological investments. In addition, the Far East and Asia countries have high profits and fast-growing economies in the field of health tourism. India, Singapore, Taiwan, and Thailand are examples of countries like this.

Nevertheless, Turkey is one of the countries that have enhanced its position in the field of medical tourism in recent years. From this perspective, it can be said that people have prefer to use medical services in developing countries due to reasonable pricing policies and improved service quality in developing countries such as Turkey, India, and Thailand (Zsarnoczky, 2018: 67).

According to the "MTI" Medical Tourism Index 2021 in the table below, medical tourism is ranked according to several criteria. The top five countries are Canada, Singapore, Japan, Spain, and England, respectively. Turkey is ranked 30th out of 46 countries (Medical Tourism.com, 2021).

Table 2.1. Medical Tourism Index Ranking by Country 2021

Overall MTI Ranking	Country	Ratio
1.	Canada	76.47
2.	Singapore	76.43
3.	Japan	74.23
4.	Spain	72.93
5.	United Kingdom	71.92
6.	Dubai	71.85
7.	Costa Rica	71.73
8.	Israel	70.78
9.	Abu Dhabi	70.26
10.	India	69.80
11.	France	69.61
12.	Germany	69.29
13.	Oman	69.03
14.	South korea	68.81
15.	Czech Republic	68.32
16.	Taiwand	67.93
17.	Thailand	66.83
18.	Italy	66.75
19.	Dominican Republic	66.32
20.	Argentina	66.26
21.	Portugal	65.96
22.	South Africa	65.82
23.	Hungary	65.69
24.	philippines	64.99
25.	Colombia	64.95
26.	Eygept	64.81
27.	Malta	64.75
28.	Brazil	64.35
29.	Poland	64.10
30.	Turkey	63.91
31.	Morocco	63.80
32.	Bahrain	63.65
33.	China	63.47
34.	Greece	63.45
35.	Saudi arabia	63.32
36.	Jordan	63.26
37.	Panama	62.77
38.	Tunisia	61.78
39.	Qatar	61.13

Sources: <https://www.medicaltourism.com>

According to the World Health Organization (WHO) survey, about 40% of respondents preferred medical tourism because of its advanced technology and more than 32% preferred it because of its high-quality medical services. Medical facilities with advanced equipment have a competitive advantage in attracting more patients to the medical tourism market. Better quality medical care provided by destination countries with the help of local authorities helps to increase patients' confidence in using the healthcare services available in the countries. Furthermore, assessing quality through accreditation from a reputable institution is pivotal to creating confidence in the quality of healthcare (WHO, 2019).

2.2.1.4 *Medical tourism in Turkey*

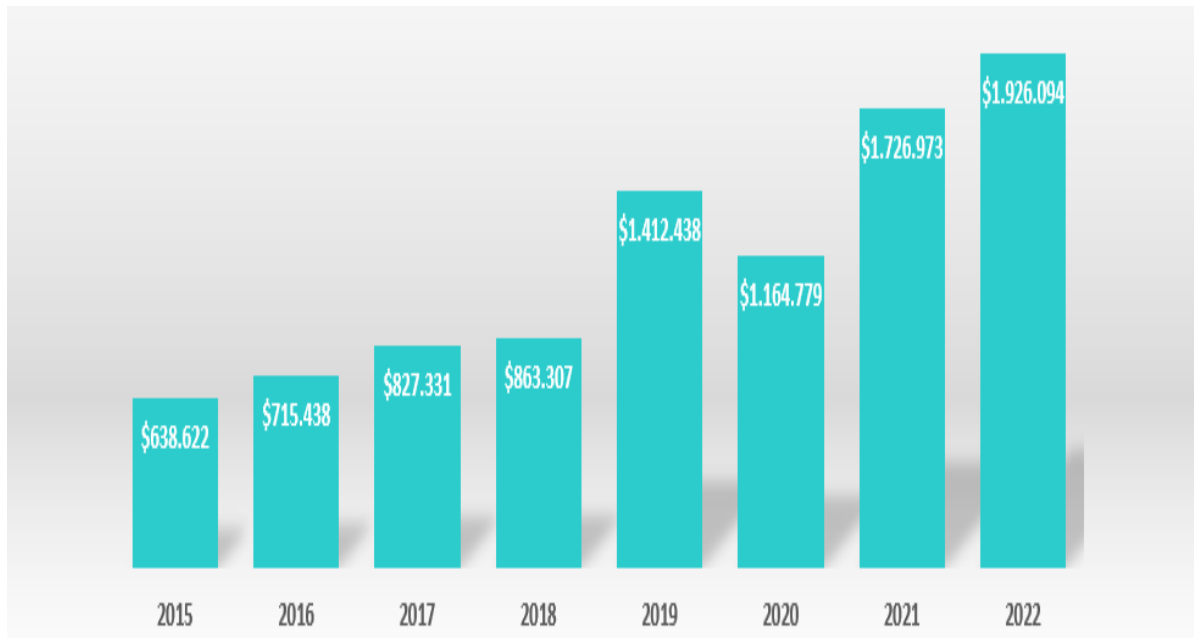
Data indicates that over the past decade, Turkey has been among the top choices for medical tourists in medical tourism (Özçelik et al., 2021: 59). One of the main reasons for this preference, is the quality of medical services provided, ease of travel and visa, good medical staff, and affordability of medical services. For instance, the cost of open-heart surgery in Turkey ranges from \$8,500 to \$21,000, while in Spain it costs about 43,000 \$. Spine surgery in Germany can cost upward 30,000 \$, but in Turkey, the same surgery can be done for no more than 8,000 \$ (TÜRSAB, 2014). According to the Medical Tourism Index, Turkey ranks 30th among medical tourists' preferred destinations due to the quality of medical facilities and services it offers (MIT, 2020).

According to MTA, 2017, between the years 2016-2017, 40% of medical tourists traveled to the United States for treatment, while 16% traveled to Germany, and over 12% traveled to Turkey for medical tourism. According to the data from TUIK, it seems that the number of foreign tourists to Turkey was approximately 41 million in 2014, 41 million in 2015, 31 million in 2016, 38 million in 2017, and 45 million in 2018. It is seen that the number of foreign patients in Turkey from 2014 to 2015 was 2,219,576. Although this number is daily increasing, it accounts for about 1% of all tourists. The number of foreign

patients consists of health tourists and those assessed under the framework of tourism health (Sağlık Bakanlığı, 2019: 18).

In 2019, within the framework of health tourism and tourist health, 701.046 patients received medical services in Turkey. Tourism revenue from foreign tourists coming for health and medical reasons and citizens residing abroad amounted to 1,492,438 thousand USD in 2019. Due to the global epidemic in 2020, the number of health tourists has decreased 407,423 patients preferred to receive medical services in Turkey. The tourism sector associated with doctor visits declined to 1,164,779 \$ in 2020. In 2021, 670,730 people received medical services and revenue was approximately 1,726,973 \$. In 2022, 1.258.382 people received medical services which were estimated to be worth 1.926.094.000 \$ (TUİK,2022). Turkey welcomes millions of tourists every year. It is noted that tourists who come to Turkey are considered international patients. The chart below shows the annual income from tourists visiting Turkey for health tourism. See Figure 2.3

Figure 2.3. Revenue from Health Tourism



Source: Turkish Statistical Institute (TURKSTAT, 2023).

2.2.1.5 Different treatments in turkish hospitals

In Turkey, the tourism industry is considered one of the fastest-growing and accelerating sectors due to the significant influx of tourists from around the world; Turkey received more than 36 million tourists in 2019. Healthcare in Turkey is a combination of public and private healthcare. It operates a comprehensive healthcare system where all citizens are registered with the National Social Insurance Agency, which provides free medical care in public hospitals. As in other European countries, high waiting times allow the private health sector to coexist by providing high-quality services (Köroğlu, et al., 2021: 52). Leading and large medical facilities and centers are located in the three largest cities in Turkey (Istanbul, Ankara, and Izmir), providing comprehensive services to foreign patients. All arrangements and activities are organized from the moment of arrival to departure (Donahue, et al., 2000: 244).

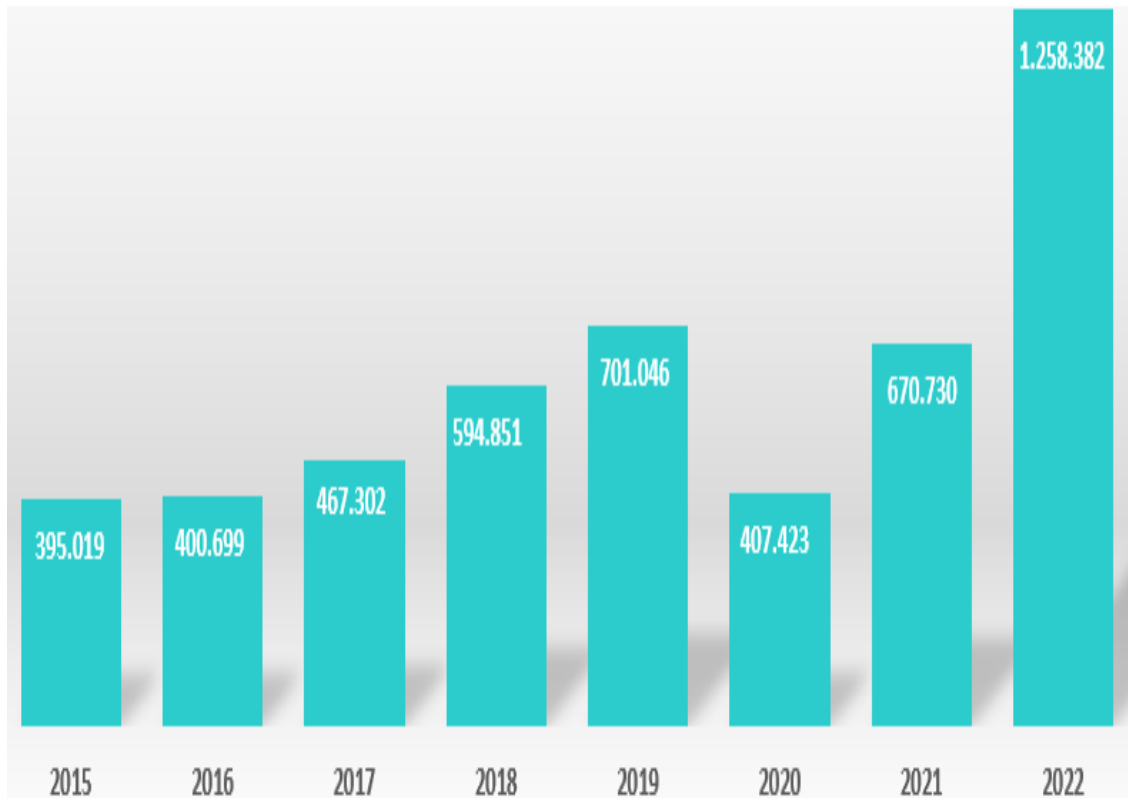
In recent years, Turkey has attracted medical tourists from all over the world for treatment, as it offers a level of medical services that is competitive with adequate medical services in developed countries. After the 1990s, it was found that the private sector has invested seriously in health services in addition to public medical services in the country. As a result of these developments, private medical facilities have begun to expand, especially in large cities, to a level that can compete with European standards. In addition, Turkey's geographical location and well-educated workforce in the medical sector are among the important advantages of Turkey in medical tourism. Most medical tourists come to Turkey from neighboring regions such as the Arab countries, Middle East, Turkic States, Russia, and North Africa. More recently, patients who are tired of avoiding high prices in North America and Europe or long waiting times in 52 countries, visit Turkey for medical tourism (Köroğlu, et, al., 2021: 53).

Turkey is considered one of the most important countries in the world in several specialties, including organ transplantation (bones, kidneys, liver, pancreas, and stem cells),

genetic testing, and neurosurgery (brain cancer, degenerative spinal diseases, spinal surgery, and epilepsy surgery), ophthalmology, dentistry, and hair transplantation, with one of the world's largest networks of eye clinics in Istanbul. Medical costs in Turkey are very affordable compared to Western European countries. For this reason, millions of people visit Turkey every year to receive medical treatment. Moreover, Turkey has become a special center for hair transplant surgery. Turkey offers short waiting times and high-quality medical care at affordable prices, especially in the fields of organ transplantation, oncology, orthopedic surgery, neurosurgery, and radiotherapy. Medical services in the country are very advanced. Additionally, Turkish Airlines, the country's national carrier, offers medical travel deals for tourists seeking medical treatment at discounted rates. The cost of high-quality healthcare in Turkey is 50% to 65% less than in the United States (Sag, 2021: 298).

In 2022, more than 1.25 million foreigners visited Turkey solely to receive medical treatment and treatment services, as shown in Figure 2.4. More than 50 Turkish hospitals are accredited have received. The JCI (Joint Commission International) is the most trusted international organization for evaluating the performance of medical centers. According to this indicator, Turkey is one of the countries offering medical tourism services. JCI accreditation means that the hospital provides high-quality and safe medical treatment, has well-organized facilities, and offers a comfortable patient-friendly environment. Figure 4: Number of medical tourists visiting Turkey for medical tourism (Köroğlu et al., 2021: 268).

Figure 2.4. Number of medical Tourists visiting Türkiye



Source: Turkish Statistical Institute (TURKSTAT, 2023)

Turkish specialists have received training and gained experience in top-tier global hospitals. Turkey has advanced cancer treatment facilities due to its hospitals being equipped with state-of-the-art equipment. Prostate cancer in its early stages has a nearly 100% cure rate. Turkish medical institutes excel in surgical treatments, particularly in cosmetic treatment hospitals where they have successfully conducted intricate reconstructive surgeries for severe injuries or congenital malformations. Turkey leads the globe in hair transplants. Turkish hospitals provide permanent hair restoration services, including transplantation for the scalp, mustache, and beard. Women primarily use hair restoration treatments for alopecia areata and eyebrow loss. Follicular Unit Extraction (FUE) hair transplantation is the most efficient method for moving donor hair roots to the desired location. Follicular unit extraction (FUE) is the process of gathering individual donor follicles with little harm to the donor site and

follicles. Specialized microsurgical devices are utilized to create minuscule incisions in the skin of the donor site. The collected follicles are preserved in a nutritional solution to enhance their viability. After the roots have been prepared for planting, the surgeon carefully places each root individually into the designated spot. According to Köroğlu et al. (2021: 53), hair restoration surgeons can transplant a maximum of 5,000 hair grafts in one procedure and ensure the expected results.

Neurosurgical hospitals are in high demand among medical tourists for performing surgery on the spine, brain, and spinal cord, including procedures for traumatic brain injuries, tumors, and myelocytes. Turkish neurosurgeons specialize in treating epilepsy, Parkinson's disease, stroke, and other medical conditions. Turkey is the location of the world's largest eye hospital, Dünyagöz Hospital, situated in Istanbul. Over 100 eye operations are conducted daily. Most procedures are conducted utilizing laser technology. The clinic specializes in treating glaucoma, cataracts, refractive errors, and retinal illnesses (Sag et al., 2021: 299).

Turkey has gained global recognition for its infertility treatment services in recent years, leading to the rise of fertility tourism. Medical facilities are effectively utilizing assisted reproductive technologies like IVF, ICSI, PICSI, and Pre-implantation Genetic Diagnosis. Germ cells can be frozen and preserved indefinitely if needed. The centers employ egg donation and surrogacy programs. Notable medical institutes in this area include Jinepol Women's Health and IVF Clinic, and the Department of Reproductive Medicine in Istanbul (Köroğlu et al., 2021: 54).

Heart surgery is also available for patients in Turkey. Hospitals utilize a combination of sophisticated open-heart surgery, interventional cardiology techniques, and minimally invasive vascular treatments for various cardiac interventions such as coronary artery dilatation, ASD closure, and mechanical valve implantation (Köroğlu et al., 2021: 54). Table 2.2 displays the primary medical specialties that foreign patients seek treatment in, including Gynecology, internal medicine, ophthalmology, medical biochemistry, general surgery,

dentistry, orthopedics and traumatology, infectious diseases, and Otolaryngology (USHAŞ, 2022).

Table 2.2. Preferences of foreign health tourists coming to Turkey for various treatments (first 10 diseases)

No.	clinic
1.	Gynecology and Obstetrics
2.	Internal medicine
3.	Ophthalmology
4.	Clinical biochemistry
5.	General surgery
6.	Dental Clinic Procedures
7.	Musculoskeletal system surgery
8.	Infectious diseases
9.	ENT
10.	Plastic diseases

Source: Bükecik, N. (2024).

2.2.2 Wellness tourism

2.2.2.1 *The concept of wellness*

Wellness refers to the absence of disease (Dann, 1959). People today are very concerned about their health and are working in various ways to improve their physical, mental, and emotional health. There are many definitions of health in general, and although they do not fit together, most definitions focus on specific aspects of well-being: the basic dimensions of well-being, how individuals interact with their well-being, and how they

enhance it. However, everyone agrees that wellness represents a strong desire to improve the individual's health in all aspects physically, mentally, and emotionally (Chi et al., 2020: 2).

Most people have a misconception about health and wellness, always focusing on the absence of disease and death. Wellness is not a superficial state, but a complex state made up of intertwined levels of wellness. Therefore, we must explore all its aspects to achieve good health (Smith et al., 2008: 39).

According to Ardell (1985), well-being represents the wise decisions that individuals make to improve their health. Mayer and Sweeney (2005) also suggested that well-being is achieved through virtuous behavior, in which well-being involves promoting positive ideas for people to alter their health-related lives and achieve a holistic state of health encompassing that includes mental, emotional, and physical aspects. In other words, well-being is self-discovery and the pursuit of a good and optimal life (Chi et al., 2020: 2).

Dann (1959) explains the term wellness as a combination of the human body, spirit, and mind. Dann (1959) describes that human health should be viewed from multiple physical, psychographics, and physiological aspects (Dann, 1959: 787).

Gorton (1988) describes emotions as an important aspect of improving individuals' overall health, suggesting that a wellness model should include "emotions" because emotions generate energy, and the energy stored in the human body is mostly expressed through discomfort and dissatisfaction. As a result, Gorton developed a four-dimensional wellness structural model, which includes the body, spirit, mind, and emotions (Gorton, 1988: 25).

Ardell (1986) also developed Dunn's proposed wellness model, presenting a five-dimensional model. Ardell's model consists of five dimensions: self-responsibility, fitness, nutritional awareness, stress management, and environmental sensitivity. The World Health Institute added another dimension of society as a pivotal factor in health. Thus, according to the institute, well-being consists of the following dimensions:

- Physical aspects: Includes engaging in physical activity, maintaining good hygiene, and consuming healthy cholesterol-free food.

- Mental aspects: Involves understanding one's surroundings, problem-solving abilities, and fostering creativity in life.
- Emotional aspects: Encompasses accepting others around oneself, recognizing one's own emotions and feelings, and embracing them as they are.
- Spiritual aspect: Involves meditation, contemplation of the universe, defining one's purpose, and understanding the reason for one's existence.
- Social aspect: Relates to communicating and interacting with others and society in meaningful and purposeful ways.
- Environmental aspect: Involves promoting a positive connection between the environment, human actions, choices, and well-being (GWI, 2022).

2.2.2.2 The concept of wellness tourism:

According to the World Health Organization, health and well-being are not simply the absence of disease, as people commonly believe. Instead, it is a comprehensive state of good physical health, and good mental health (World Health Organization, 2020). This means that people's perception of health in many aspects of life has shifted is changed from simply not being sick or disabled to being healthy. Dun argues that general health is important to human life and contends that "Due to the flow and acceleration of events, the individual is formed by an integrated environment of interconnected elements, which is a continuous sequence of body, mind, and soul within a rapidly evolving context" in order to improve their health conditions (Chi et al., 2020: 2).

Wellness tourism has been defined by Voigt et al. (2011) and Mueller Kaufmann (2001) as a comprehensive and integrated process of all relationships that relating to travel to another country, for individuals whose primary motivation is to maintain or improve their health, including all aspects of their physical, mental, spiritual, and emotional well-being (Mueller and Kaufmann, 2001: 7).

Meera and Vinodan (2019) argue that there is a strong relationship between wellness tourism and health, as everyone seeks to improve their health, and wellness is one way to

achieve that. If health is considered a comprehensive concept, and wellness tourism is one of its sub-sectors, then these sectors are not identical but interrelated (Meera et al., 2019: 280).

According to Dillette (2021), there is a distinct difference between medical tourism and wellness tourism. Dillette and colleagues emphasized that wellness tourism includes both healthy and unhealthy people who travel to other countries for medical care or general well-being purposes. On the other hand, medical tourism focuses solely on unhealthy people seeking medical care in another country with better service at a lower cost (Dillette et al., 2021: 3).

Researchers interested in wellness tourism point out that health-conscious guests often think of services that make them healthier overall, physically, mentally, and spiritually, such as weight control, anti-aging treatments, and stress relief. With the growth of the wellness tourism sector, countries, medical institutions, and marketing companies are focusing on promoting physical, spiritual, emotional, and mental well-being through various tourism activities. Wellness tourism includes a wide range of activities and products, such as yoga, meditation, acupuncture, body massages, thermal pools, steam baths, and mineral water (Mueller and Kaufmann, 2001: 7).

Wellness tourism requires a comprehensive range of services including proper healthy nutrition, physical fitness, cosmic contemplation, relaxation and rest, and training the mind to solve problems effectively through rational thinking, and beauty care, in addition to regular sleep and wakefulness in the morning. All of these activities have become major requirements of consumers for the comprehensive improvement in all aspects of health (Callaghan, 2021: 268). In summary, the modern approaches to wellness include the holistic approach to health (disease prevention), focused on creating harmony in the physical, mental, spiritual, and social aspects of life, on well-being, and on building responsibility for one's health (He, 2021: 2936). Wellness tourism consists of two types of tourism:

- Spa tourism

- Thermal tourism

2.2.2.2.1 *Spa tourism*

Medical tourism, wellness tourism, and spa tourism have grown significantly due to the increase in lifestyle disorders, the movement of people from the countryside to cities, and the increase in the elderly demographics worldwide (Aydin et al., 2021: 781). The continuous development of countries and communities has undesirable effects, often manifesting as stress and fatigue due to overcrowding and excessive workload. People experiencing fatigue and exhaustion require further health treatments that lead to relaxation, proper health guidance, and prevention of issues and disorders, whether physical, psychographics, or mental (Stier-Jarmer et al., 2021: 781). Wellness tourism includes the use of mineral water containing sulfur compounds, as well as the utilization of hot thermal waters for treatment and relaxation, alongside participation in various sports and cultural activities.

According to the Global Wellness Institute (GWI) on an international level, the Spa market is an important commercial sector in the medical tourism industry. Specifically, in 2017 the spa sector had more than 149,000 facilities, with revenues of \$93.6 billion and 2.5 million employees. The Spa sector is expected to grow at an annual rate of 9.9% between 2015 and 2017 and reach \$128 billion in revenues by 2022 (GWI, 2017).

Mueller and Kaufmann (2001) suggest that while "spa" and "wellness" are comparable terms, wellness is more complete and health resorts are a key component of it. Moreover, spa procedures are utilized for medicinal purposes, distinguishing them from other terminology. The term "spa" originates from the Latin abbreviation "sanus per aquam" which means "health through water". Spa activities refer to activities conducted in both aquatic and non-aquatic facilities aimed at enhancing physical and mental well-being through a range of activities, services, and therapies provided by professionals (Mueller and Kaufmann, 2001: 6).

As per the Global Spa Summit, spas play a role in enhancing wellness and medical recovery by offering therapeutic and professional services to rejuvenate the body, mind, and spirit.

GWI has been assessing the worldwide and local health sector since 2007. The most recent data and information from the Wellness Institute was available as of the conclusion of 2021. In 2020, the institute reported that over 160,000 resorts offered wellness items with health services. The total revenue generated by these resorts was \$68 billion. Before 2020, there was consistent revenue growth in this industry, increasing at an annual rate of 8.7%. Following the onset of COVID-19, wellness resorts experienced a substantial decline, resulting in a 38.6% contraction in the wellness tourism sector. GWI predicts that resort sales would have a significant recovery, potentially reaching \$151 billion by 2025. In 2020, the top five main markets were the United States with \$15.1 billion, China with \$6.3 billion, Germany with \$5.7 billion, Japan with \$4.2 billion, and France with \$2.7 billion (GWI, 2021).

2.2.2.3 Thermal tourism:

According to Silvestri (2017), most studies specializing in tourism concluded that tourists are seeking out activities that ultimately lead to a "healthy balance of body, mind, and spirit." This is a primary reason why health tourism has gained such important interest and turned into a modern tourism product (Silvestri et al., 2017: 55). According to Cohen & Bodeker (2010), thermal tourism can be defined as tourism in which individuals travel from one place to another to relax, enjoy leisure time, and reduce stress and routine of daily life through the use of hot water for physical, People experiencing fatigue and exhaustion require further health treatments that lead to relaxation, proper health guidance, and prevention of issues and disorders, whether physical, psychographics, or mental (Stier-Jarmer et al., 2021: 781), and mental purposes (Cohen & Bodeker, 2010: 8). Thus, Thermal tourism is the main component of wellness tourism (Smith & Puczkó, 2009; Chen et al., 2013).

Jung & Kim (2016) note that the development of this new travel trend in tourism is related to increasing daily pressures due to workload, disease prevalence, and the need for new and more sustainable lifestyles. According to a World Health Organization report (2014), the expansion and growth of thermal tourism is mainly due to the global response to people's needs for physical comfort. Studies and reports on wellness tourism show that thermal tourism is a fundamental part of this type of tourism, accounting for 41% of it. Therefore, the primary goal of thermal tourism is to maintain and improve health during travel (Heung et al., 2013: 346).

Thermal hotels and specialized lodging facilities that focus on mineral water treatments are one of the main attractions for wellness tourists. Thermal hotels are usually built in the closest to natural thermal water resources that come from the earth or mountains. Thermal hotels offer various therapeutic services. These hotels offer hot and sulfur water baths, skin care services, aromatherapy baths, mud baths, a variety of massage activities with special oils, fitness centers, artificial tanning cabins, and many water-based, mineral-based, and sulfurous water activities (Zorluet et al., 2013: 346).

According to Yapa (2022), there are three main goals of thermal tourism: preventive health to avoid illness, therapeutic services to treat a specific illness, and rehabilitative therapy with the aim of rehabilitation. These are recommended by doctors and cannot be performed without medical consultation, including the following treatments:

- Hydrotherapy - Baths, hot and cold baths, and hydromassage, more commonly known as balneotherapy
- Climatic treatment - suitable climatic conditions
- Heliotherapy - sunbathing
- Aerotherapy - an air bath
- Thalassotherapy and algae
- Aromatherapy - essential oils.

The main advantages of thermal tourism are, firstly, people usually stay longer than other types of tourism, and secondly; it is an area that is visited year-round, thirdly; health resorts are generally located in rural areas, which is an important factor in boosting the local economy (Alén et al., 2006: 246).

2.2.2.3.1 Thermal tourism in the world:

While thermal tourism is a new niche in the industry, tourism has always been associated with improved health and well-being. Thermal tourism generally is known to take place through recreation, rest, and relaxation. Travel for better health is the most requested aspect in the history of tourism. The industry caters to a growing number of people, who can be both tourists and patients. Many thermal destinations have emerged recently, especially in Asia. Thermal water has been used since ancient times. In ancient times, people used to visit places that were believed to have healing powers. Examples of this are the spas and thermal facilities that were built during the Roman Empire. After the fall of the Roman Empire, many of these facilities lost their functions, but they still attract health tourists today (Cook, 2008: 4).

Since the mid-1990s, thermal tourism has become an alternative form of tourism due to globalization and competition. Countries like India, Cuba, Costa Rica, Thailand, Singapore, Colombia, and Malaysia are increasingly prioritizing thermal tourism. For this reason, the main region for thermal tourism today is Asia. India is one of the most visited destinations for thermal tourism.

The annual growth rate of thermal tourism in India reached 30% by 2015. In Europe, hot springs have become a center where people use them not only for therapeutic purposes but also for many recreational activities. Due to the improvement of material conditions in the world at the end of the 19th century and the beginning of the 20th century, the advancement of technology, and the great developments in the field of transportation, hot springs serve almost all people, apart from being a recreational center used only by people with high financial income, but rather it has become accessible to everyone without

exception. Many countries have provided significant incentives and investments for the development of thermal tourism development and recognize the importance of thermal tourism for human health (Kılıçarslan, 2019: 1136).

In the European market, countries such as Hungary, Romania, Germany, Italy, Austria, and France are market leaders that offer thermal tourism along with medical services to their visitors. Countries that have proven themselves in thermal tourism mentioned above. A high portion of their income depends solely on thermal tourism (Çalış, 2022: 22). Looking at the data for the above countries, Hungary hosts an average of 10 million people, Germany 10 million people, France 1 million people, Russia 8 million people, and Switzerland 800 thousand people for thermal tourism. Only about 13 million people travel to Japan (Beppu City) with a demographics of 126 million, a far Eastern country, for thermal tourism.

In Europe, many spa centers have healing natural mineral waters that have proven themselves well in thermal tourism. If we list the top countries in the sector in the field of thermal tourism in Europe, based on the number of tourists they receive; Germany, France, Switzerland, Italy, Greece, Russia, Hungary, and Czech, the listed countries generate a lot of income from thermal tourism investments. Among these, there are nearly 270 thermal centers with official registration in Germany, which has a well-developed and important thermal sector tourism. These thermal facilities in Germany have a bed capacity of approximately 770,000 beds (Alkier Radnic et al., 2009: 75).

2.2.2.3.2 Thermal tourism in Turkey:

Previously, it was noted that people living in Turkey also benefited from hot springs. The most used spa places in Turkey were in the cities of Ankara and Bolu. Also, it was determined that the Aegean civilizations used the hot springs in the cities of Pamukkale and Manisa during their stay in Anatolia. The Phrygians, an important civilization that lived in central Anatolia for many years, have hot springs, especially in Afyon and Seferhisar (Çalış, 2022 :37). According to studies in the early 1990s, Turkey has over 1500 thermal and mineral

springs with temperature ranges between 20-120 degrees Celsius, due to the mountains that surrounding Turkey from every direction (Gürcan, 2022 :26).

Turkey is the richest country in geothermal resources, which ranks first in Europe, and among the top seven countries in the world. The thermal water of Turkey is superior to the thermal water of Europe in terms of temperature and flow. In balneotherapy, the temperature of the spring water should not drop below 20 degrees Celsius. This minimum temperature also corresponds to the temperature of the hot water resources in Turkey. Turkey's hot springs water resources are rich in sulfur, radon, and salt (Şengül et al., 2019 : 63).

According to the Turkish Health Tourism Association, there are more than 1,800 hot springs in Turkey, but only 6% of them are used for tourism purposes. There are 196 medical facilities in 46 provinces of Turkey. 10 million domestic tourists and more than 300,000 foreign tourists take advantage of these hot springs annually for disease treatment, rest, and rehabilitation. Ten of these facilities have been approved as medical centers by the relevant authorities such as the Ministry of Health. Additionally, the Turkish Ministry of Tourism and Culture has granted them a tourism investment certificate. The total number of beds in these ten facilities is 2,461. The number of beds in 30 facilities that are not medical clinics but have obtained a tourism business license is 8,562. Apart from these, there are 156 facilities with a capacity of 16,000 beds that have been approved by the local administrations (Cihangir, 2016 :19). Table 2.3 shows the number and temperatures of the total 229 hot springs water sources in Turkey by region (Şengül et al., 2019: 64).

Table 2.3. The number of hot springs waters in Turkey by region and their temperature

Region Name	Cold waters (0-19 °C)	Hot waters (20-25 °C)	Hot waters (26-36 °C)	Very hot (26-36 °C)	Total
Marmara	7	8	8	30	53
Aegean	5	17	28	31	81
Central Anatolia	10	10	14	17	51
Black Sea	4	4	3	3	14

Mediterranean	1	3	2	-	6
Eastern Anatolia	4	7	8	5	24
Total	31	49	69	86	299

Source: Şengül and Bulut, 2020: 64

Through the above table, it is seen that the hot springs water resources in Turkey are mainly located in the regions of the Aegean Sea, Marmara, and Central Anatolia, and the hot water is mostly concentrated in the warm and hot water categories. Approximately 33.5% of the hot springs in Turkey are located in the Aegean region. Central Anatolia Region (28%), Marmara Region (20%), the East and Southeastern Anatolia Region (10%), Mediterranean Region (4.5%), and Black Sea Region (3.5%) follow this region. The number of domestic and foreign visitors to the thermal facilities annually is shown in Table 2.4.

Table 2.4. Number of Domestic and Foreign Visitors to Thermal Facilities by Years.

Years	Domestic	Foreign	Total
2012	789.472	451.399	1.5240.871
2013	902.961	477.242	1.380.203
2014	1.008.152	552.052	1.560.204
2015	1.142.306	534.921	1.677.227
2016	1.1444.082	203.828	1.347.910
2017	1.681.399	358.458	2.039.857
2018	1.902.216	611.026	2.513.242
2019	1.875.162	702.230	2.577.392
2020	570.594	79.632	650.226

Source: Ministry of Tourism and Culture.

According to 2020 data, it is noted that the number of foreign visitors to thermal facilities was 702,230, and there was a significant increase in the number of foreign visitors between 2012 and 2020.

While traditional thermal tourism activities in Turkey used to take place around hot springs, today they are being implemented in very modern and high-quality settings.

Natural groundwater is transported from the mountains to areas with potential water scarcity for investment in spring water (Çalik, 2022: 37).

Due to the updating of accommodation facilities, improving the quality of services (medical, semi-medical, and tasting), and the growing international demand for affordable medical services, more and more Turkish health resorts to international tourists. Hot springs are considered places for social gatherings, where tourists and local residents come together. Here, conversations are exchanged, local food and drinks are shared, Turkish poems and literature are recited, various musical instruments are played, folk songs are sung, and different dances are performed. Bathhouses serve as social spaces where friends, relatives, and neighbors gather to socialize and reminisce about beautiful memories of the past. Over time, the culture of the well-known 'Turkish bath' has evolved. According to literary studies, bathhouse culture spread during the Ottoman Empire era, where hot springs had a significant influence on the development of this culture (Kervankıran, 2016: 115).

2.2.3 Elderly tourism

Senior tourism, also known as third-age tourism, is a type of health and leisure tourism that caters to seniors aged 65 and over by offering health and leisure services. With the development of global health opportunities and the increase in life expectancy, the elderly are outnumbering the young, especially in Europe, which is referred to as the "old continent." Due to demographic changes, the mortality rate among the older generation is declining, while the birth rate is decreasing and life expectancy is increasing. According to United Nations estimates, the number of people aged 60 and over was around 600 million in 1999 and is expected to grow to over two billion by 2050. Additionally, global statistics indicate that the proportion of people aged 80 and over is expected to grow rapidly and that people aged 65 and over face difficulty performing most of their daily activities, while those aged 75 and over are more susceptible to infectious diseases and disabilities. Therefore, these

individuals are striving to improve their quality of life and maintain good health by seeking healthcare services.

According to United Nations statistics, in the next two decades, the elderly will undoubtedly account for half of the consumer tourism market, making senior tourists an important part of the tourism industry. With the noticeable increase in the number of senior tourists and their positive impact on national economies, governments began to take an interest in developing senior tourism and introduced many policies that affect this industry. On the other hand, care services are provided in clinical hotels, entertainment districts, resorts, and elderly nursing homes to maintain the health of elderly. By using these services, senior tourism continues to develop and become one of the most important types of health tourism (Yao et al., 2019: 572).

2.2.3.1 The concept of Elderly tourism

Increasing life expectancy among older adults is a pervasive phenomenon that affects the world (United Nations, 2017). According to the World Health Organization, aging is believed to be caused by the accumulation of cellular and molecular damage over time. Accumulation of damage and disability leads to a gradual decline in cognitive and physical abilities, mobility impairment, and consequently, an increased risk of disease. The World Health Organization defines the elderly as those aged 60 years and older, which is a consistent standard for most scientists and researchers (World Health Organization, 2021).

The gradual increase in the number of elderly in the world creates economic and social problems related to meeting the needs of these individuals in various areas such as health, social security, and social services. These problems have become prevalent in almost all countries worldwide. With the increase in life expectancy, the number of elderly tourists is expected to increase in current markets in developed countries. The needs of these consumers include a variety of factors such as the desire to feel closer to medical care. The market is made up of these individuals, who have a heterogeneous structure in terms of their social and demographic characteristics, needs, and motivations, is growing and developing

day by day, and countries that can meet this demand with effective marketing strategies may prove its superiority (Tengelimoğlu, 2020: 138).

Global development and rising health awareness, have increased great interest in elderly tourism, thereby, the tourism industry should consider the travel trends of senior customers. Seniors are more likely to take vacations year-round than the general demographics. In recent years, the tendency of elderly tourists to spend their vacation abroad has been increasing. On average, seniors spend more time on vacation than other average travelers (Yaba, 2020: 26). According to a report by the Turkish Ministry of Health in 2014, elderly tourism means a type of health tourism that combines care, rehabilitation, and medical treatment for the elderly (TÜRSAB, 2014). In another definition, elderly tourism is a type of health tourism that includes the care of people aged 65 and older (Yeşil, 2018:18).

According to Aydin (2011), senior tourism refers to individuals aged 65 years and older who travel from one country to another to improve their quality of life through visiting beautiful tourist destinations for relaxation, improving their mental health, visiting hospitals, undergoing examinations and receiving treatments that aim to improve the physical health of seniors. Senior tourism is defined as seniors who are unable to take care of themselves and need to travel to other places to meet their care needs. these dependents require assistance from others to meet their daily routine needs such as dressing, eating, drinking, personal hygiene, housework, shopping, and toilet needs due to various reasons (aging, illness, disability, etc.) (Ozari et al., 2013: 140). Therefore, senior tourism has emerged to meet the needs of the elderly. Accredited hotel staff in nursing homes, elderly care centers, as well as hospitals, and tourist resorts, provide services for seniors (Dikmetaş et al., 2014 :140).

Today, with the improvement of health and social conditions, life expectancy has increased in both developed and developing countries. As a result, the demographics of people aged 60 and over has increased. With aging mortality declining rate globally, the tourism opportunities created by seniors represent a great opportunity for health tourism investors. With medical advancements, life expectancy is increasing, especially in developed

countries. For this reason, the elderly demographics, also known as the "third age group," will be a great potential group for countries with high tourism expectations. People in this group prefer to spend their vacation in warm countries and take advantage of health tourism services. Seniors and people with disabilities prefer more vacation options, such as luxury tourism (sightseeing tours, occupational therapy), In addition to the following services:

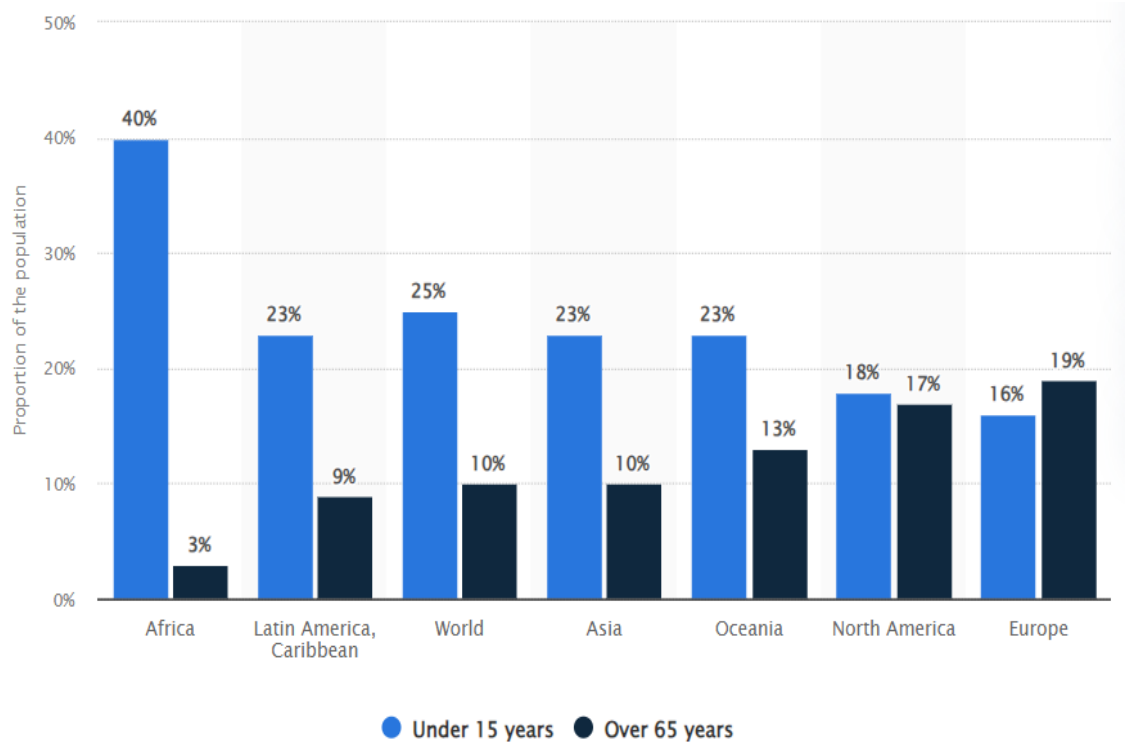
- Aged care services (in nursing homes or rehabilitation services),
- Rehabilitation services in medical hotels,
- special guided tours, and visits for disabled people (Gülmez, 2012 :38).

2.2.3.2 Elderly tourism in the world

In the past, senior tourism did not receive significant attention due to the low demand for this branch of the tourism industry, although today it faces a very strong trend that has unique characteristics from other segments in the tourism sector (Norman et al., 2001: 115; Szmigin and Carrigan, 2001:1092). As a result of the significant and ongoing increase in the number of elderly people and the emergence of their specific needs, there is a need to focus on the importance of this demographics.

Figure 2.5 displays the proportion of specific age groups in the global population and various regions in 2023. Approximately 25% of the global population is under 15 years old, whereas 10% is beyond 65 years old. Africa has the world's youngest population. In the continent, 40% of the population is under 15 years old, while less than 3% are over 65, suggesting a low life expectancy in many countries. In Europe, a greater proportion of the population is over 65 years old compared to those under 15 years old (statsita, 2023). Elderly individuals exhibit distinct biological, behavioral functions, and trends compared to younger individuals. In 1995, the American Travel Association published a document called 'Senior Travelers +55' in the travel industry. This document analyzes the differences in behaviors between young and elderly travelers, including their destination preferences, activities, motivations for travel, length of stay, and choices of accommodation (Alén et al., 2012: 143).

Figure 2.5 Proportion of selected age groups of world population and in regions in 2023



Sours: (Statista, 2023).

Figure 2.6 show that variations in the numbers of travelers according to the purpose of the trip and according to age groups.

Figure 2.6. Main reasons reported for not participating in tourism by age group, EU, 2022

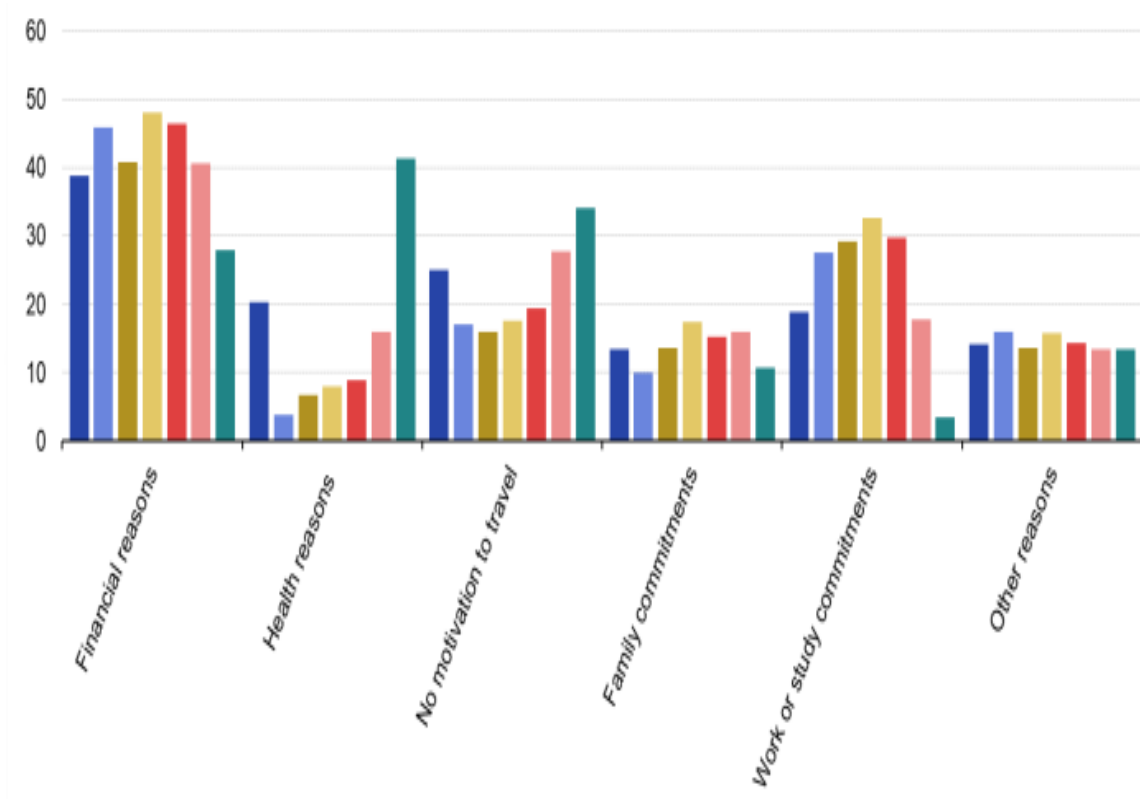


Table 2.5 shows that 18% of the total residents of the European Union who engaged in tourism activities outside their country were over 65 years old, while the percentage of the young demographics who traveled for tourism purposes reached 24%. The statistics also revealed variations among countries. In Sweden, the proportion of elderly tourists traveling abroad was 24%, whereas this category constituted 10% in Bulgaria and Lithuania.

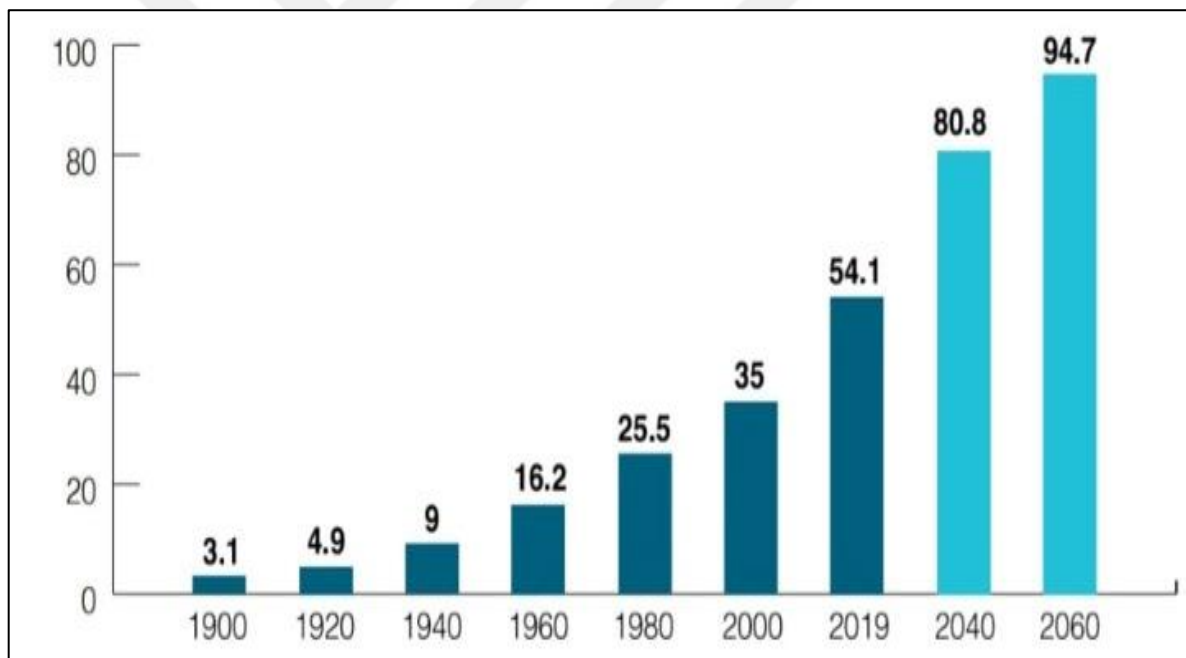
Table 2.5. Statistics on the percentage of tourists from the total demographics of different age groups aged 15+ in the European Union.

country	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 years or over
	Share in tourism population	Share in tourism population	Share in tourism population	Share in tourism population	Share in tourism population	Share in tourism population
EU	14.2	16.1	17.9	17.5	16.2	18.1
Belgium	13.9	17.8	19.2	18.7	15.9	14.6
Bulgaria	14.4	21.5	23.1	17.7	15.3	8
Czechia	11.8	17.2	20.8	17.4	14.8	18
Denmark	15.7	16.3	15.3	17.9	14.6	20.2
Germany	12.3	16.5	15.1	17	18.9	20.2
Estonia	12.8	20.1	19.7	16.9	15	15.5
Ireland	15.9	15.7	21.5	18.4	14.2	14.4
Greece	13.2	13.7	21.3	20.4	15.9	15.5
Spain	15.5	15.2	20.4	19.3	14.7	14.9
France	14.6	14.3	16.1	16.3	15.4	23.3
Croatia	19.2	15.4	21.1	17.1	14.3	12.9
Italy	13.2	14.4	18.9	20.3	16.6	16.6
Cyprus	18.8	23.1	19.4	14.7	12.2	11.8
Latvia	13.5	19.4	19.2	17.7	16.1	14.2
Lithuania	18.6	21.1	16.8	21.1	13.1	9.2
Luxembourg	15	17.3	21.3	17.2	14.9	14.4
Hungary	13.2	14.4	20.8	18.7	15	17.8
Malta	15.3	25.4	18.2	16.4	11.9	12.7
Netherlands	15.3	16.2	14.7	17.6	16.2	20
Austria	14	17.2	16.4	18.9	16.6	16.9
Poland	17.4	19.4	21.8	14.3	14.2	12.9
Portugal	13.5	10.5	22.6	18.3	15.3	19.7
Romania	15.2	23.5	21.9	16.4	12.5	10.5
Slovenia	13.4	18.6	20.8	19.5	15.1	12.6
Slovakia	13.8	17.8	22.8	19.4	11.8	14.4
Finland	14.4	16.8	16.9	15.7	15.8	20.4
Sweden	12.9	12.7	12.5	16.2	21.4	24.3

Sours: Eroustst (2020)

In the United States, according to the latest statistics from 2019, the demographics aged 65 and over reached 54.1 million, accounting for 16% of the total demographics. This means that one in seven Americans is considered a senior citizen. Since 2009, the number of elderly Americans has increased by 14 million, equivalent to 36%, while the increase in the number of individuals under 65 years old was 3%. The proportion of the U.S. demographics considered senior citizens is expected to rise from 16% to 22% by the year 2040 (Santini, 2020: 4). See Figure 2.7.

Figure 2.7. The percentage of senior citizens in U.S between the years 2019 - 2026

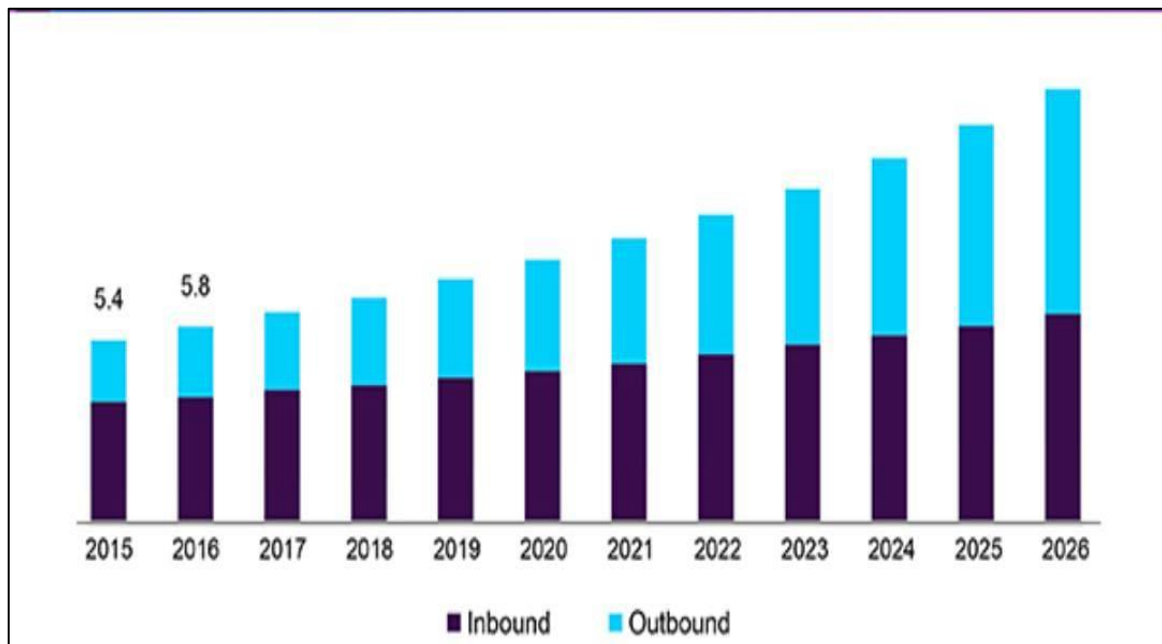


Source: Santini, Z. I., 2020: 4

With the large numbers of the elderly, and the high increase in diseases, people relied on medical tourism and travel from the United States of America to developing countries to improve their health. The medical tourism market in the United States was worth \$6.7 billion

in 2018 and is expected to register a compound annual growth rate of 8.7% over the forecast period, see Figure 2.8.

Figure 2.8. U.S.medical tourism market size, by type, 2015-2026 (USD Billion).



Source: www.grandviewresearch.com

Recognizing that the number of older people is growing rapidly, the United Nations (2015) has estimated that more than two billion people will be over the age of 60 by 2050, representing 22% (or one in five) of the global demographics, compared to 10% in 2000. As a result of this demographics explosion, senior tourism is expected to become an evolving and changing part of the market (Patterson et al., 2020: 1).

2.2.3.3 Elderly Tourism in Turkey

The WHO reports that approximately 15% of the global population faces mobility-related problems due to aging, hindering their ability to effectively fulfill their needs. The rate is expected to increase gradually due to an aging population and the prevalence of chronic diseases, as per official statistics from the World Health Organization on the

International Day of Persons with Disabilities 2020. According to the demographics registration system, Turkey's population was 83,155,000 at the start of 2020, with males making up 50.2% and females 49.8%. During 2020,

A significant number of clients with substantial purchasing power are elderly individuals. The elderly market is diverse, encompassing individuals of varying socioeconomic statuses, health conditions, education levels, and activity levels. Older individuals tend to make more rational decisions due to their wealth of experiences and the time they have available to gather information about products or services.

2.2.4 Disabled health tourism

Based on data from the United Nations, 10% of the global populace possesses disabilities (Islambekova, 2021: 2). The count of individuals with impairments is progressively rising across the globe, leading to an augmented demand for services and amenities. There are over 600 million disabled people around the world, with more than 50 million in Europe, over 40 million in the Middle East, and 3 million in Turkey. More than 600 million people have physical, sensory, or mental disabilities (Yüksel, 2021: 19). Recent studies show that people with physical, sensory, or mental disabilities occupy an important sector in the tourism market, like all members of society, people with disabilities also participate in tourism and social inclusion (Lise Wagner, 2021: 2).

According to the World Health Organization (WHO), people with disabilities encompasses include those who face challenges with body function or structure, activity limitations, or difficulty in attempting tasks or actions, leading to restricted participation. Disability tourism refers to the tourism services and offerings designed for people with disabilities (Islambekova, 2021: 2). WHO indicated that approximately 8% of international travelers within the global tourism market have some form of disability. In Europe alone, revenues from tourism by individuals with disabilities reached nearly 80£ billion.

Individuals with disabilities have the same desire to travel as their able counterparts. Nevertheless, the existing range of tourism services and products generally lacks adequate facilities to meet the specific needs of this particular group. Physical or financial barriers prevent many people with disabilities from traveling to other countries, as they fear the opportunities and equipment that suit them and their disabilities. To increase the participation of these individuals in tourism activities, it is necessary to recognize and understand their needs (Burak, 2018: 2).

People with disabilities face difficulties in participating in tourism activities. One of the biggest reasons preventing these people from participating in tourism activities is the lack of tourist facilities and social exclusion (Düşünür Yılmaz, 2019: 2). Additionally, easy access and availability of suitable accommodation for people with disabilities are crucial factors in planning or choosing a destination. Turkey should consider various factors that are considered important for people with disabilities such as transportation and suitable infrastructure for people with disabilities (Özhan Tozlu, 2017: 708).

2.2.4.1 Disabled health tourism concept

According to the World Disability Report, a disability can be defined as incapacity, limited activities, and participation limitations. Human performance problems fall under three interrelated areas:

- 1- Disability is a change in the shape of the body, or a change in the functions of a body part, for example, paralysis.
- 2- An activity limitation. The difficulty in carrying out activities that a normal human being would do, for instance, difficulty walking or eating.
- 3- Participation restrictions are restrictions that prevent a person from participating in activities, such as playing soccer or traveling by public transportation.

Disability pertains to challenges faced in one or more of the three domains of employment (World Disability Report, 2011: 6). Accessible tourism is a key sector of medical

tourism. Interest in this topic has surged because to the substantial increase in the global impaired population. Disabled tourism involves trained specialists in clinical hospitality who offer specialized services and facilities to those with disabilities (Saygılı et al. 2021: 494). Disability tourism is described by Bozça and colleagues (2017) as offering health services to help persons with disabilities live easier lives and be part of society while traveling.

Buhalis (2013) defined Disabled Tourism as "Accessible tourism," a contemporary concept that encompasses a type of tourism requiring cooperation from all parties involved, with each person acknowledging their duties. It is a collaborative effort involving all stakeholders to facilitate those with disabilities in accessing desired locations, taking into account mobility, visual, and hearing needs. The objective is to provide conditions that enable individuals with disabilities to function independently and with dignity by providing products and services in appropriate and secure tourism settings (Buhalis, 2013:103).

Medical facilities offering medical tourism services should deliver top-notch treatments following globally acknowledged standards, taking into account the unique needs of individuals with disabilities. Workers should possess proficiency in many languages, including Arabic and English, along with physical and psychographic abilities to interact with individuals with disabilities (Bozça, 2017: 159). The prevalence of pandemics globally has led to a rise in individuals with impairments and various biological, physiological, and chronic health conditions. The World Health Organization has outlined the challenges encountered by individuals with disabilities in accessing medical services (World Health Organization, Disability and Health, 2020).

- 1) High costs: Due to the high cost of medical tourism services in some countries, more than half of people with disabilities don't have access to high-quality medical services in countries that provide such care.
- 2) Limited medical services: There is a lack of medical tourism services provided to people with disabilities due to the special equipment that they need.

- 3) Physical disabilities: People with disabilities have significant mobility problems and accessing medical services, as well as difficulty accessing medical devices, and difficulty in performing some tests that require specific body movements. For example, a disabled woman cannot be screened for breast cancer because it requires standing on the machine for some time.
- 4) Lack of knowledge and skills of medical staff: One of the problems that people with disabilities face when receiving medical services is the lack of skill and experience of medical staff when dealing with people with disabilities (Sinclair, L.B, et al. 2018, p.4).

2.2.4.2 *Disabled health tourism in the world*

In 1960, the concept of medical tourism for people with disabilities emerged following the invention of a sport for people with disabilities, which required the provision of a special environment to facilitate the travel of people with disabilities from their own countries to others. However, outside the context of sports, people with disabilities who wish to travel are largely unknown from the history of tourism due to the lack of transportation and accommodation facilities (Darcy et al., 2017: 5).

According to the World Health Organization, estimates indicate that the number of people with disabilities will rise to over 1.2 billion people by 2050 due to a variety of social conditions. With the expected increase in the number of people with disabilities, there is a growing interest in understanding the physical and psychographics structure of people with disabilities and identifying more accurately their needs. Travel is critical, as countries focus on improving their facilities and transportation to accommodate tourism for people with disabilities and provide sensory and visual experiences that make them feel comfortable and safe (World Health Organization and World Bank, 2011).

According to WHO data, more than 15% of the world's demographics have a disability that prevents them from leading a normal life. Researchers accepted that this number would gradually increase with the world's ages demographics and the spread of

chronic diseases and epidemics. By 2030, the world's demographics will be around 8.2 billion, of which 1 billion will consist of 65-year-old people and over, and more than 2 billion will suffer from a chronic disease. (WHO, International Day of Persons with Disabilities 2020). In European countries, the number of individuals with disabilities constitutes a huge proportion of the total demographics. 2017-2018 statistics show that the top five countries whose demographics have partial or total disabilities are: Finland (32.2%), England (27.2%), the Netherlands (25.4%), France (24.6%), and Estonia (23.7%), while in the United States of America, the proportion of people with disabilities reached 26% of the total demographics. (Table 2.6). When viewed from the perspective of health tourism, the rights and needs of people with disabilities to travel, have fun, and be treated is a potential market.

Table 2.6. Statistics of the total demographics, and the percentage of individuals with disabilities in the United States of America and the countries of the European Union (2022

Country	population	Disability Rate %	Number of Disability
US	332000000	18	61000
England	65092000	27.2	17705
France	64346720	24.6	15829
Germany	81132000	11.2	9086
Poland	38478001	11.7	4501
Netherlands	16942373	25.4	4303
Spain	46368000	8.7	4034
Italy	62466780	6.6	4122
Czechia	10551227	20.2	2131
Portugal	10349000	19.9	2059
Belgium	11211064	18.4	2062
Sweden	9804792	19.9	1951
Finland	5476031	32.2	1763
Romania	19838662	5.8	1150
Greece	11520785	10.3	1186
Hungary	9835030	11.4	1121
Denmark	5676025	19.9	1129
Austria	8615955	12.8	1102
Ireland	4630308	11	509
Slovenia	2064000	19.5	402
Estonia	1310504	23.7	310
Lithuania	2911203	8.4	244
Bulgaria	7181000	3.3	237

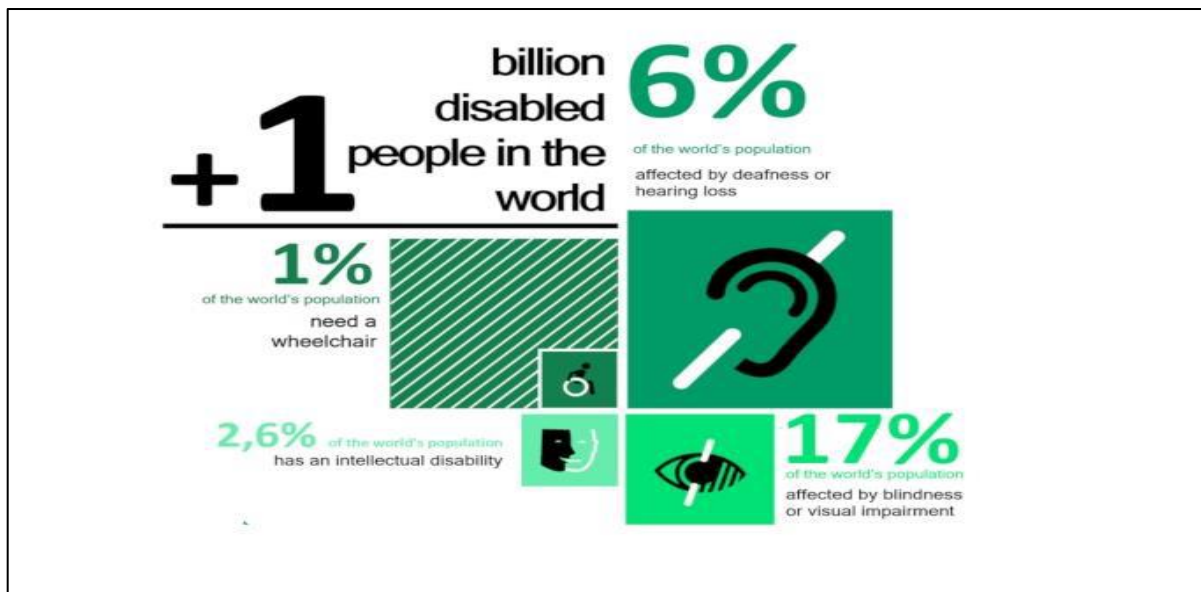
Latvia	1978454	5	98
Cyprus	862000	12.2	105
Luxembourg	569202	11.7	66
Malta	431486	8.5	36

Source: (Saygılı et al. 2021)

In Europe, appropriate services and facilities are provided for people with disabilities in order to facilitate their effective access to daily needs and social inclusion. For example, in Germany, suitable conditions have been created to attract disabled tourists, where special routes have been organized for blind and wheelchair users. In the Czech Republic, special resorts have been built for people with disabilities, and facilities have been provided to meet accessibility needs, as well as facilities for people with mobility, hearing, and sight (Islambekova, 2021: 4).

The social importance of tourism for special demographics, particularly the fact that the relative and absolute number of people with various disabilities is continuously increasing (Figure 2.9), underscores the significance of these efforts.

Figure 2.9. Disabled People in the World in 2021



Source: [URL:https://www.inclusivecitymaker.com/disabled-people-in-the-world-in-2021-facts-and-figures/](https://www.inclusivecitymaker.com/disabled-people-in-the-world-in-2021-facts-and-figures/)

2.2.4.3 Medical tourism for people with disabilities in Turkey

There is a growing interest in the role of human and social values. In the past decade, the rights of people with disabilities have been consolidated, and it has become a fundamental freedom in most countries. As a result, political organizations and human rights organizations are increasingly paying attention to people with disabilities. In 1960, the International Association of Rehabilitation for Disabled Persons was established, which is part of the World Health Organization. Since then, the availability of social infrastructure facilities and transportation has become an integral part of integrating people with disabilities into public life (Islambekova, 2021: 7).

The results of the Turkish national census showed that the number of people with disabilities by gender for the years 2020-2021 reached 1,425,667 men and women. The number of people with disabilities was 1,109,566, and the number of visual people was 764,271 (Disability and Elderly Statistics Bulletin - October 2020). Social protection statistics in 2020 reflect the amount of money spent on the sick, disabled, and elderly as follows: TRY 655 billion and TRY 599 million were spent on social protection. Social protection benefits accounted for 98.5% of social protection benefits payments worth TRY 646 billion 2 million. The highest social security benefits expenditure was the old age function with 300,902,000,000 TRY, followed by the disease/health care function with 170,993,000,000 TRY (TUIK, 2020).

Like other developed countries, Turkey is working to develop legislation to improve the lives of people with disabilities. This development has created better social opportunities for individuals and increased opportunities for them to travel to other countries and participate in tourism like other citizens. For example, walkways and toilets have been designed for people with disabilities, and medical tourism facilities have been developed. In Turkey, people with disabilities can benefit from medical tourism facilities that meet their specific

needs. With its developed medical sector and tourism facilities, Turkey aims to become a leading destination for medical tourism for people with disabilities (Dağlı, 2021: 26).

2.3 Market Segmentation

The medical tourism industry is witnessing tremendous growth (Ghosh & Mandal, 2019: 1). It is expected to grow 25% annually over the next ten years. The phenomenon of medical tourism began in the 18th century when wealthy people from developing countries traveled to advanced countries for treatment, spent over \$100 billion to improve their health. However, in the late 20th century, the process began to reverse, as healthy and less affluent patients began to travel from developed countries to developing countries for medical tourism (Fetscherin & Stephano, 2016: 2). An increase in the number of foreign tourists (FTA) by a certain percentage lead to an increase in the country's GDP by the same percentage in the long run. If the number of tourists increases by 1%, this leads to to an increase in the GDP by .97% (Kavya Lekshmi & Mallick, 2022: 1).

Given the rapid growth of this industry and the significant economic potential, competition among countries is extremely, intense as all nations strive to dominate and capture the largest share of the tourism market (Pulido-Fernández et al., 2021, p.3). Therefore, to gain a competitive advantage and gain a significant market share in this highly competitive market, stakeholders in the medical tourism industry must segment the market into categories to better understand consumers and their needs (Taheri et al., 2010: 12).

In medical tourism, the modern marketing approach requires marketers to identify both the explicit and implicit needs of patients and seek to meet those needs to create value for the patients, thereby gaining their satisfaction and loyalty. Given the diversity of patients' characteristics and their diverse needs, it is essential to segment the market and identify the segment that healthcare companies can efficiently serve (Torkzadeh et al., 2021: 3).

In general, the goal of the idea of market segmentation is to have similar unified segments where the heterogeneous market will be segmented into a homogeneous one

(Kotler & Armstrong, 2017: 213). In other words, it is the process of dividing customers who have the same market needs, preferences, or similar behaviors into homogeneous groups. This segmentation helps companies choose the segments that the company can serve efficiently. Choosing the right segment allows the company to develop appropriate marketing strategies for each segment. The intense competition in the health tourism industry requires companies Shifting from an old approach that focuses on the quality and design of products to a modern approach that emphasizes creating value for customers., and this requires segmenting the market into segments for which services can be provided. The segmentation approach helps health companies think about creating value for patients instead of wasting time in wars with competitors. By segmenting the market, companies can focus on a suitable subset of customers who are best suited for the service. (Dolnicar, 2020: 7).

Market segmentation also helps marketers to Understand and study target subgroups. in order to better design products and services, this leads to reducing the marketing expenses on individuals who are not interested in the company or its products. It also enables the development of competitive advantages in their preferred segments. Having a proper and accurate understanding of market segmentation approaches is crucial for achieving profitable goals (Brotspies et al., 2019: 11). In the healthcare field, market segmentation helps to highlight the behaviors and attitudes of healthcare consumers, given the rapid growth of the healthcare sector and the pursuit of patient-centric care, where individuals strive to be more effective in managing their health. Therefore, institutions offering healthcare services provide a clear and specifically designed guide for the products and needs of healthcare consumers (Torkzadeh et al., 2021: 3).

There are several criteria used to segment the market and consumer factors (socio-demographic factors) and self-factors (behavioral and psycographics) that influence the behavior of individual medical tourists. Each criterion can be used individually to identify specific homogeneous segments, or they can be used together (Dryglas, & Salamaga, 2018: 3). Choosing a consumer data-driven method to determine good market segments poses a

major challenge for marketing teams and organizations that serve consumers (Zhou et al. 2020: 4).

Many studies have used different segmentation criteria, but there is no consensus among researchers on the ideal method of market segmentation, especially in rapidly growing markets such as medical tourism. Stakeholders and researchers agree that market segmentation creates real value for medical tourism patients, satisfies them, and winning their loyalty (Torkzadeh et al. 2021: 4).

2.3.1 Segmentation approach

Researchers typically use two basic methods to divide a diverse market into similar groups: (1) A priori techniques segment the market using pre-existing knowledge, information, and predetermined criteria relating to customers, products, or services offered by companies, such as purchasing behavior, demographic factors, income, and geography. The posterior method involves segmenting market individuals through big data analysis. The prior method used one variable to divide the market, whereas the subsequent method employs several variables. (Dolnicar et al. 2018: 3).

In 2017, Vigolo analyzed 42 market segmentation studies and found that 17 utilized the a priori technique, 19 used the ex-post approach, and 4 employed both methods (Santos et al., 2021: 3).

Torkzadeh, et al. (2021) analyzed studies that concentrated on segmenting medical tourists and identified the segmentation method employed by these studies. After analyzing 22 studies, it was discovered that the majority utilized posterior approaches for market segmentation (n = 20), incorporating behavioral, psychographics, and value-based variables to segment customers. One study employed the priori approach, while researchers identified a study that integrated both methods (Torkzadeh et.al. 2021: 6).

In the previous method, the criteria for groups are established by the marketer or researcher. Data is frequently gathered using a series of questions, such as "Do these traits

accurately depict you?" and "Which of these elements holds the most significance to you?" However, a limitation of this approach is that consumers may sometimes struggle to articulate their thoughts, leading to less accurate results in the extracted clusters.

Segments in the posterior approach are identified through multivariate relationships found in the data. This method typically involves inputs that are generated qualitatively and describe both attitudes and behavior. The process involves testing different inputs and iterations to determine the optimal solution that aligns with the business and brand. This implies that the outcome is a comprehensive solution that goes beyond demographic, geographic, psychographic, or behavioral segmentation. It involves segments that are highly distinct from each other, with consumers within each group being very similar to one another (Torkzadeh et al., 2021: 6).

2.3.2 Market segmentation in health tourism

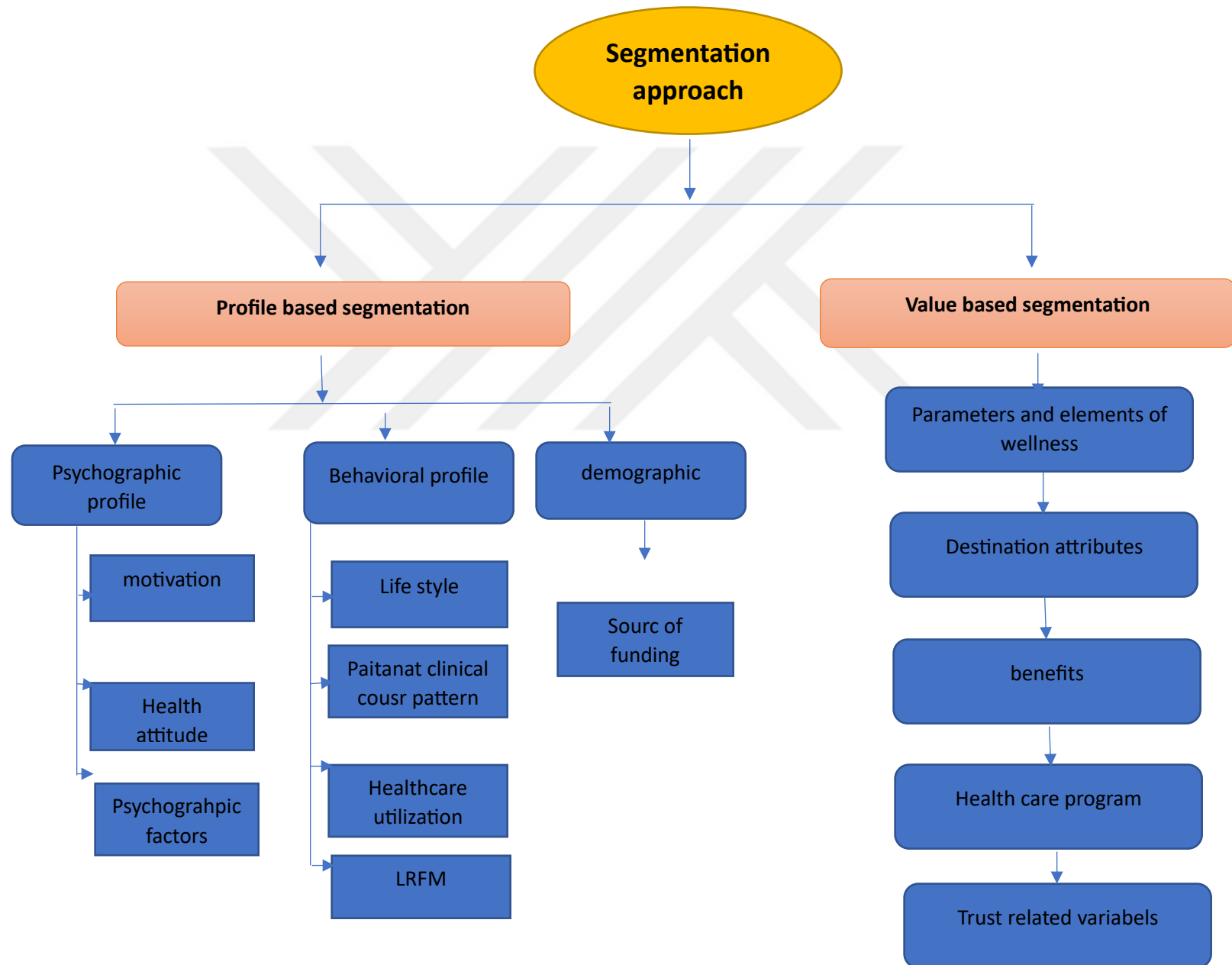
Typically, each market comprises various clients. The healthcare market comprises several clients. Customers vary based on aspects such as lifestyle, desires, attitudes, beliefs, and the products and services they require daily, influenced by their culture, ages, geographical areas, and behaviors. Consumer purchasing behavior may be influenced by several causes. Market segmentation by marketing managers will assist their business and increase earnings (Paksadze, 2019: 15).

The health tourism market is segmented using the Value-based Approach and the Profile-Based Approach (Figure 2.10). Liu and Chen (2009) conducted retail surveys in the healthcare sector to categorize patients according to their preferences for different health service elements.

Mueller and Kaufmann (2001) categorized well-being tourists into groups based on the significance of the elements of wellness tourism, which seeks to enhance the mental and physical well-being of individuals to enhance their health. Loon Chong (2019) categorized

health care consumers into groups according on the rewards they aim to attain. Pesonen et al. (2011) categorized health tourists based on health advantages.

Figure 2.10. segmentation variables



Some studies segmented medical tourists based on patient profiles using behavioral, demographic, or psychographic variables (Torkzadeh et al., 2021: 7). Konu (2010) categorized patients based on psychographic factors utilizing the AIO model, which sorts patients according to their lifestyle (activities, interests, and opinions).

Wu et al. (2014) used the LRFM (Length, Recency, Frequency, and Monetary) model to divide healthcare markets into segments. "Recency" in this context denotes the time elapsed from the most recent purchase, quantified in days or months. Frequency refers to the rate at which customers engage in transactions or visits to acquire items or services from a company. The term "monetary" pertains to the cumulative sum of money spent by clients throughout a defined timeframe, also known as the "treatment period." The term "Length" refers to the duration between the initial and final purchase.

Axén et al. (2011) conducted investigations where patients were categorized according to psychographic factors and types of pain. Four patient groups were identified in the study based on pain severity (Axén et al., 2011, p.8). Dryglas et al. (2018) conducted a study that categorized medical tourists according to their reasons for traveling. The study utilized value-based variables to analyze the characteristics of the extracted segments based on the profile variable. Moreover, research that utilized segmentation with profile-based variables incorporated behavioral and psychographics profile-based variables together with the fundamental variable for segmentation to enhance the accuracy in identifying market segments (Dryglas & Salamaga, 2018: 11).

Chen et al (2013) utilized demographic characteristics to identify each segment, while Dryglas & Różycki (2017) employed behavioral, psychographics, and demographic variables to characterize the segment profile. In a study conducted by Dryglas & Salamaga (2018), health tourists seeking treatment were categorized into segments based on the destination's features. The researcher used behavioral, psychological, and demographic information to identify clusters and their features based on people's motives and traits. In a study undertaken

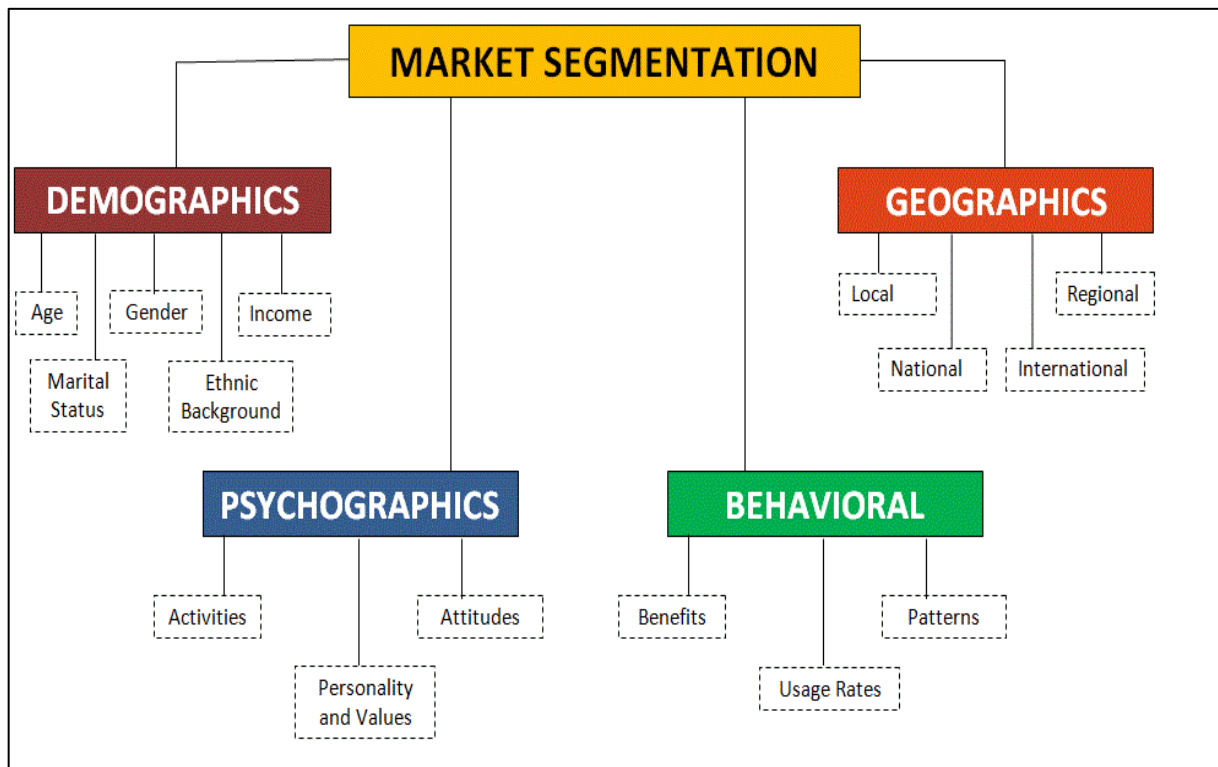
by Konu (2010) to discover the push and pull reasons for health tourists, profiles were built to determine the behavioral, social, and psychographic features of health tourists.

2.3.3 Profile based segmentation in health tourism markets

The concept of customer segmentation is attributed to Smith (1956), the segmentation approach is an approach used to segment people and target the appropriate segment that the company can efficiently serve. Segmentation of customers leads to a deeper understanding of customer preferences, needs, and desires by focusing on creating value for each segment. In general, customer segments arise from the traits that unite customers to form groups or separate some customers from others, there are several ways to segment customers, some companies use demographic segmentation to describe market segments, and other studies use behavioral variables to identify customer behaviors, other studies divided consumers according to their geographic locations, a few other studies use psychographics variables to segment consumers (Rajput & Singh., 2023: 659.see Figure 2.11.

Elrod et al. (2015) analyzed demographic variables (gender, age, income) to identify and classify core and profitable customers based on demographic characteristics. Hood et al. (2016) geographically segmented their target customers based on their place of residence and developed a more effective positioning strategies to expand their business. Somogyi (2019) investigated the impact of psychographics factors such as attitudes, personality, and lifestyle on consumers' purchase intentions, identifying profitable customer segments and uncovering fewer, more precisely defined subsegments. Wilderm (2017) used five behavioral characteristics to segment customers into groups and develop marketing strategies accordingly. Zhou, (2021) combined psychographic and demographic segmentation to identify submarkets and enhance competitive business advantages.

Figure 2.11. Consumer Market Segmentation variables in health tourism markets.



Source: <https://www.businessstudynotes.com/>

2.3.3.1 Demographic segmentation

Demographic segmentation is a prevalent method of market segmentation that effectively categorizes individuals into groups based on their characteristics. This consumer market segmentation divides the entire market into many categories depending on criteria such as age, gender, family size, family life cycle, income, profession, education, religion, and nationality. Customers' demands, wants, and usage differ based on demographic criteria, leading to this divide. Demographic characteristics are more straightforward to quantify compared to other segmentation variables. Demographic segmentation categorizes data from respondents according to gender and age, with age being the primary factor for dividing persons into segments based on demographic information (Nandapala et al., 2020: 335).

Companies often segment their clients by birth year since people in the same age cohort typically exhibit comparable thoughts, goals, requirements, and preferences (An et al., 2018: 54). Age-based divisions share common traits, educational backgrounds, and cognitive processes, which enhances the value of exact age segmentation. Gender ranks as the second most crucial element in the demographic segmentation of responses. The gender component is primarily categorized into two types: "male and female." These two types vary within a community due to distinct characteristics exhibited by each gender. Gender serves as a useful component for developing targeted marketing tactics due to the distinct interests of individuals based on their gender in fields like fashion, sports, and construction (Nandapala et al., 2020: 335).

2.3.3.2 Behavioral segmentation

Behavioral segmentation involves categorizing customers according to their exhibited behaviors, such as the items and material they engage with (Kotler & Armstrong, 2017, p. 215). This segmentation method is helpful for determining the specific stage of the customer's purchase journey and for identifying suitable purchase triggers. Once individuals are identified based on their distinct behavior, organizations and marketers can target them with promotional messages and marketing campaigns.

2.3.3.2.1 Behavioral segmentation models

In the tourism sector, researchers presented many models for dividing tourists into different segments based on behavioral variables:

2.3.3.2.1.1 LRFM (Length, Recency, Frequency, and Monetary) model

The LRFM approach categorizes clients based on their behavior into four groups and tailors distinct marketing strategies for customers at varying levels. The LRFM client has elevated Recurrence, Frequency, and Monetary scores. LRFM clients are characterized by a strong inclination to engage with the company's offerings, displaying high loyalty and

aiming to generate sustained profits over time. This model segments customer behavior based on four components:

- 1) Length: It refers to the measurement of the length of the relationship between the company and the customer during a certain period.
- 2) Recency: Indicates the last date the customer purchased the company's product or service during a certain period.
- 3) Frequency: It indicates the number of transactions made by the customer with the company during a given period.
- 4) Monetary: It refers to the amount of money a customer spends on the company's products during a given period (Marisa, 2019: 13).

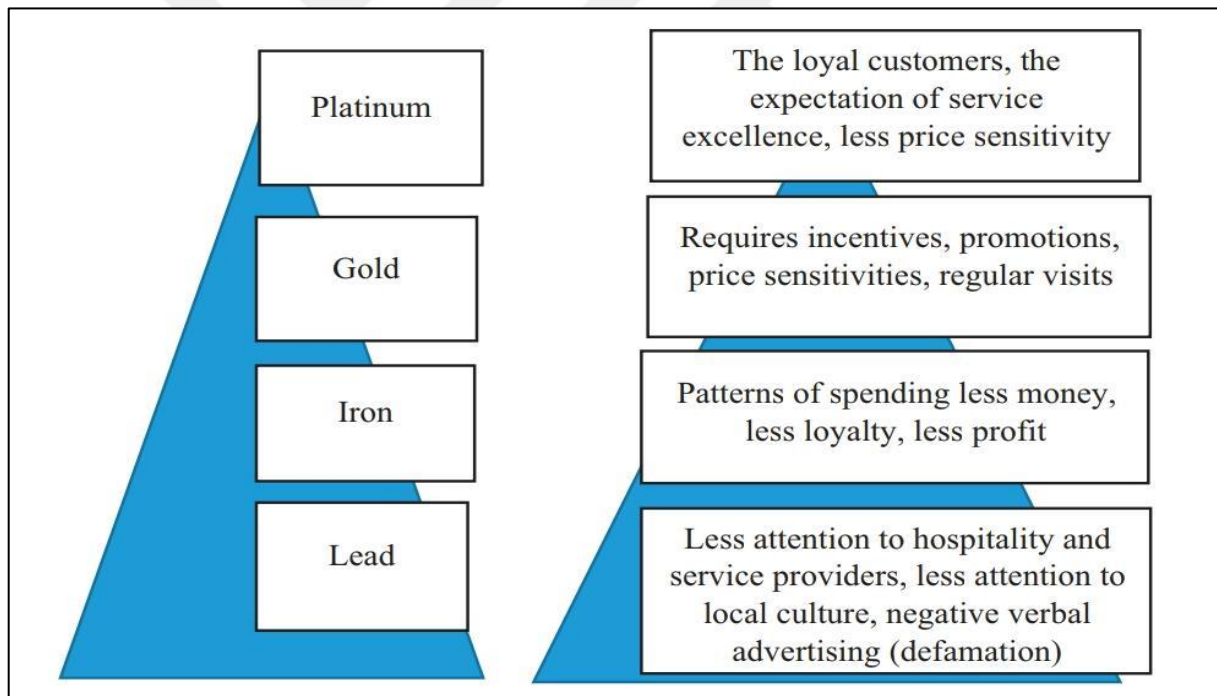
When corporations divide into segments, organizations need to ascertain which market segments are reachable, which items and services are within budget, and which groupings are distinguishable. Companies need to establish segmentation criteria by identifying shared behavioral features among individuals. These groups should be identified and then marketed to using tailored methods and communication channels, offering products or services that cater to their specific needs (Aziz, 2019: 44).

2.3.3.2.1.2 Zeithaml customer pyramid

Every industry has several consumers, each with varying levels of devotion. Some consumers exhibit high levels of loyalty, whereas others do not. Businesses must split their customer base and prioritize providing services to loyal customers while allocating fewer resources to less loyal customers. Customer segmentation enables the organization to efficiently manage its customer relationships by allocating fewer resources when dealing with comparable clients, therefore facilitating the management of all consumers. The customer pyramid strategy follows the 80-20 rule and includes four classifications, each with distinct qualities. 20% of customers fall into the first and second groups and contribute to 80% of the revenue. The remaining 20% of consumers are classified differently (Norizadeh, 2018: 3).

The customer pyramid method is highly valuable and applicable across all industries due to enterprises' constrained resources. An essential method for dividing clients into segments and determining their priority (Noorizadeh, 2018: 3). Successful organizations understand that boosting profitability requires segmenting clients according to their behavior, personality, desires, and responses to marketing efforts. Federal Express has categorized its customers as good, terrible, and ugly based on their profitability, leading to great success for the firm. The company aims to convert dissatisfied clients into loyal customers. (Zeithaml, 2001: 68). Zeithaml et al. (2001) presented a pyramid that incorporates the four-level client. Customers are categorized into four groups according to their profitability.

Figure 2.12. Classification of customers according to their profitability.



Source: Zeithaml et al., 2001

- **Platinum tourists** Rich and more profitable customers belong to this category. These customers are very loyal, repeat purchases from the same company and do not pay attention to offers from other companies, are not price-sensitive, and are ready to try

out new companies products and services. quality of the services provided to them attracts them and makes them loyal.

- **Gold tourists** The difference between the gold layer and the platinum layer lies in the level of profitability, that is, these customers buy regularly, but they are sensitive to prices, they tend to buy products and services at lower prices, in addition to this layer waiting for the company to make offers and price reduction, and their loyalty is lower, as they buy from the products of a company Competition. These customers can be converted into platinum customers by providing more quality services.
- **Iron tourists** Those who belong to this group are unfaithful, do not spend much, and do not generate significant profits for the company. Statistically speaking, most of the customers of companies belong to this category. The profit from the company's point of view is that they cover most of the fixed costs of the company.
- **Lead tourists** Consumers belonging to this level cause losses, in addition, these customers are often a problem because they not only cause losses but also spread bad rumors about the company. Often, it is better to eliminate these consumers than to try to meet their needs, they analyze the facilities and resources of the company with their needs. They tend to complain during and after the flight. These visitors increase the need to change the hotel model, replace tools and equipment, and get angry when their needs are not being met. (Pupovac et al., 2012: 19).

Companies should focus on the most profitable customers and try to convert unprofitable customers into profitable customers, as this contributes to the company's growth and stability. This strategy will enable destination to project a stable image and build a strong and stable tourism sector (Nakhaeinejad et al., 2021: 4).

2.3.3.3 Psychographics segmentation

Psychographic segmentation categorizes consumers into distinct segments according to their lifestyle patterns, personality traits, values, beliefs, attitudes, and interests. Individuals in the same demographic category can have distinct psychographic traits.

Kotler (2017) stressed that individuals' purchasing decisions and consumption of services are indicative of their lifestyles. Marketers frequently depend on consumers' lifestyles in retail markets. Psychographic segmentation involves tailoring products and services to align with consumers' needs and expectations. Brands use this method to target customers who align with their activities, interests, ideas, and attitudes. Psychographic segmentation plays a crucial role in your life. It influences your closest friends, professional choices, residential preferences, and movie preferences. Psychographics segmentation is a powerful influence on most decisions. Psychographics segmentation identifies the social environment that influences a buyer's judgments and choices (Kotler and Armstrong, 2017: 216).

Many individuals attempt to assess others to determine if they are compatible and have similar beliefs. Prior to meeting someone, it is essential to assess their personality to gauge compatibility with your own character. Similarly, before selecting a university major, individuals should analyze the traits of professionals in that field to determine if it aligns with their own. Prior to watching a specific movie, it is advisable to view the trailer. Marketers use psychographics segmentation to target potential buyers by analyzing their interests, activities, and lifestyles.

Today, psychographics segmentation is gaining importance as customers categorize themselves into groupings such as tribes. Some organizations identify as athletes, vegetarians, nature enthusiasts, environmentalists, animal advocates, adventurers, and environmental activists. Today, individuals can be readily categorized into psychographic groups based on their interests and behaviors shared on social media. Marketers previously focused on demographic segmentation, including age, gender, income, and family size, to

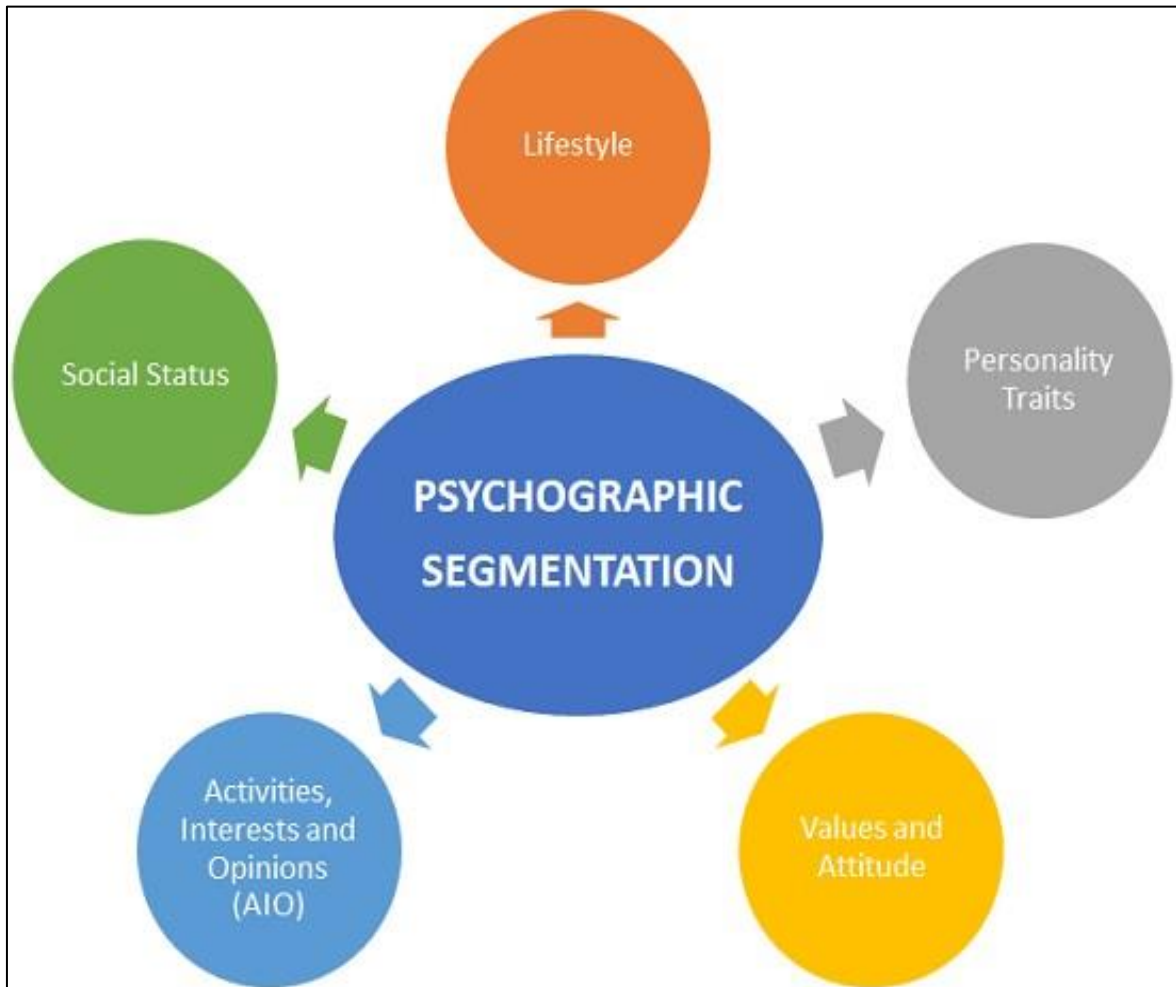
identify similar groups. However, due to business growth and expansion, demographic segmentation alone is no longer adequate for a thorough understanding of market sectors.

Companies should initiate psychographics segmentation by analyzing their consumers' interests, hobbies, and personality types, as people are generally willing to discuss their interests. Businesses may inquire about individuals' preferences in various topics, including video games, blogs, sports events, podcasts, professional associations, television and radio, travel destinations, current events, brand preferences, and personality traits such as introversion or extroversion. Psychographics segmentation is distinct from behavioral segmentation in that behavioral segmentation is based on observable actions, whereas psychographic segmentation delves into the motivations and beliefs that drive such actions. Although distinct from behavioral segmentation, demographic segmentation is closely related. Demographic information identifies your customer, whereas psychographics reveals their purchasing motivations. When developing a thorough customer profile, organizations need to address the psychographic features, which are the final piece of the puzzle (Jung et al., 2021: 7).

2.3.3.3.1 The five variables of psychographics segmentation

Psychographic segmentation involves viewing clients as unique individuals with distinct personalities, ideals, values, and attitudes, rather than just as consumers of the company's products or services. To comprehend this, it is essential to examine certain elements to determine customer motivations and interests. Market segmentation requires finding answers to the following questions: What ideals and beliefs do customers hold? 2- What are the rationales for their decisions? What drives them? Utilizing psychographics segmentation enables organizations to understand clients on a personal level, fostering brand loyalty. Five psychographic segmentation characteristics - personality, style of life, societal standing, AIO (activities, interests, opinions), and viewpoints - can be utilized to form unique, comparable groups for focused research objectives (Figure 2.13).

Figure 2.13. Psychographic Segmentation variables.



2.3.3.3.2 Personality traits according plog model

Healthcare providers in the medical tourism industry are encountering substantial obstacles as a result of rising expectations and significant changes in the sector's growth. Previously, patients prioritized technology factors and medical treatment results. Currently, with increased consumer income and technology improvements, patients are exposed to diverse opinions and viewpoints in medical services, leading them to anticipate high-quality service levels. Given the elevated standards of healthcare consumers, medical providers must

adeptly address people' requirements. For the medical tourism sector to establish a strong presence in the market and attract more customers, healthcare tourism hospitals need to provide services that not only meet but significantly beyond consumer expectations.

Accurately characterizing the personality of health tourists in this context will allow hospitals to tailor medical services to suit the patient's personality. This will have a positive impact and enhance the overall patient experience in hospitals. Personality traits are a unified and interconnected collection of qualities that mirror an individual's personality and consequently impact their behavior (Hogan et al., 2021: 3). The trait theory, as proposed by Allport in 1961, posits that an individual's conduct is strongly linked to their personality qualities. Hassan Johari (2013) asserted in his research that personality traits are closely linked to customer behavior, attitudes, and motives. Personality trait theory posits that individuals possess inherent features, and the variation in these traits accounts for differences among persons (Johari & Ong, 2013: 4). The idea is founded on three primary assumptions: (1) every individual possesses distinct characteristics, (2) the goal of life is to uncover these unique features, and (3) personality assessment is to measure these attributes (Allport, 1961; Hogan & Sherman, 2020: 1).

The Five Factor Model of personality includes openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism, and is considered a thorough descriptive representation of qualities. The Big Five personality traits are a widely used paradigm for analyzing individual personality. The primary Five personality traits model is widely regarded as the most reliable and successful model for characterizing personality traits across various cultures, according to numerous scientists and researchers (Ludeke et al., 2021: 3).

Plog's model is widely regarded as one of the most popular models in tourism marketing. Stanley Plog proposed it almost 50 years ago. The Plog model has established fundamental concepts that aid researchers in comprehending the motivations and

personalities of tourists. It has also assisted tourism agencies and countries in attracting more tourists by offering improved tourism services (Cruz-Milan, O. 2018: 49).

Although the tourism industry has undergone significant changes since the model was introduced, the Plog model continues to be widely accepted by tourism academics and industry stakeholders who have utilized it for planning and developing tourism marketing projects (Cruz-Milan, O.2016:29).

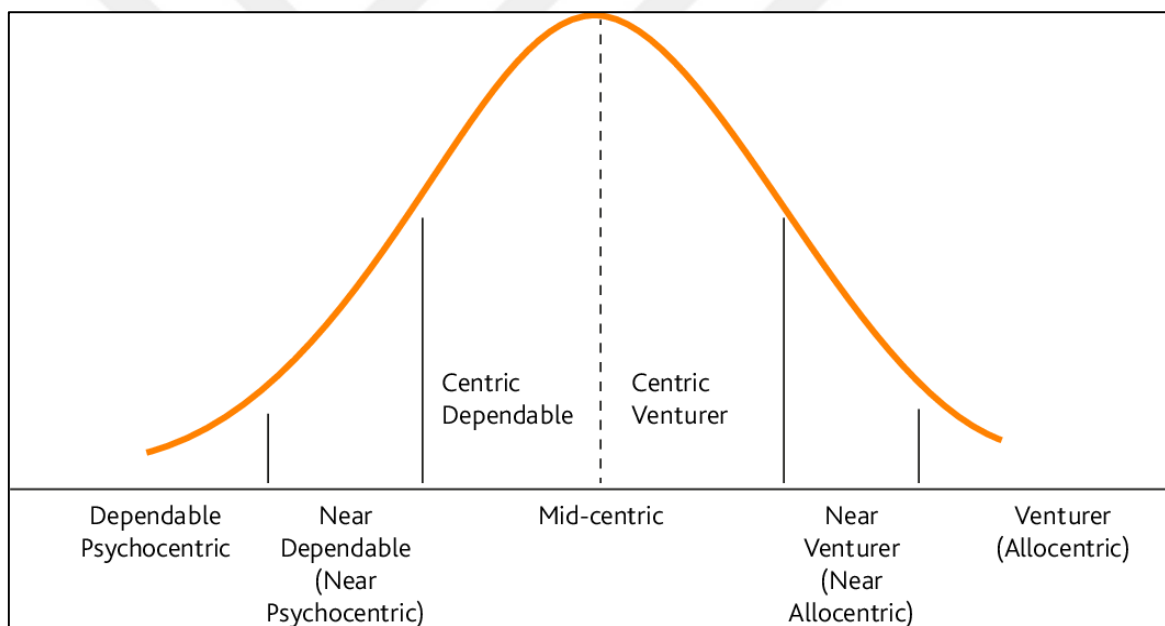
Stanley Plog's inaugural publication in 1974 was titled "Why Destinations Rise and Fall in Popularity." The researcher presented the Allocentric-Psychocentric framework as an initial model for categorizing tourists according to their personality types across five segments.

The Plog's model was designed to analyze the evolution of tourist attractions and provide effective techniques for attracting additional visitors. How does a destination expand? For what causes do some tourists decline? How can we make precise predictions to enhance tourist services and attract more visitors? The Plog's discovered a significant connection between the appeal of various tourist kinds and the variations in popularity of a certain destination. The Plog's psychographics and specialized model suggest that the popularity of travel locations varies depending on the personalities of potential visitors and their perception of the destination's desirability (Jeon et al. 2018: 400).

Plog proposes that as a tourist destination evolves and experiences substantial growth and decline, the individuals attracted to it at each stage are unique and varied. Plog suggests that once a venue reaches a particular level of clarity and recognition in consumers' perceptions, the demographic of visitors to that destination will change compared to those who visited before it gained popularity. Boorstin states that places diminish in significance with time, with a decrease in the quantity of visitors visiting, resulting in a variety of tourist types visiting the destination (Litvin et al. 2016: 3).

According to Plog's model, one end of the psychographics spectrum consists of individuals who are non-adventurous, consistently anxious, favoring familiar destinations, and hesitant to experiment with new things. They are perpetually frustrated. Conversely, some individuals seek novel experiences, possess strong self-assurance, aspire to engage in new activities, and are curious about their surroundings. The bulk of persons are moderate in their approach, taking cautious steps while making travel plans. The travelers were categorized into five segments ranging from Psychocentric to Allocentric, displaying a normal distribution curve (Piuchan, 2018: 96). Figure 2.14 displays the more distinct clusters.

Figure 2.14 The Psychographic personality types (Original model)



Source: Plog (2001)

Plog suggests a mechanism in his model for categorizing persons into groups based on specific features, with tourists being classified according to their motivations. Plog's approach categorizes passengers into distinct types based on their attraction to a location at various stages of its growth. The author suggests that the destination's emergence begins on the right side and progresses as we approach towards the left side (Litvin, 2006: 4).

The psychographics classification of tourist behavior, known as psychocentric and allocentric, was established in 1967 as a result of a research project supported by 16 national and international airlines, aircraft manufacturers, and numerous periodicals. The goal was to understand the psychology of particular groups of tourists according to Plog (1974, 1990). Projections suggested that the carriers' new capacity would increase at a much quicker rate than the expected expansion in air travel as commercial jet aircraft became more prevalent. The study aimed to identify techniques to expand the travel market by converting nontravelers into travelers (Plog, 1994, p. 213). The study consisted of a qualitative phase with in-person interviews spanning two hours with travelers and nontravelers, followed by a quantitative analysis using a nationwide sample of 1,600 household surveys. The results of this study, together with related efforts by Plog (1991), resulted in the creation of a personality-based psychographics categorization of tourists, depicted as a continuous distribution in Figure 15.

2.3.3.3.2.1 Allocentric tourists

Allocentric, also known as venturers by Plog (2001, 2002, 2006), tend to prefer new non-touristy places to enjoy the area over others because of their self-confidence and different interest patterns. These individuals feel that what happens to them is largely under their own control, so they are comfortable making decisions that involve a certain degree of difference or risk. The term "allocentric" is derived from the keywords "allo" which means "diverse in form," and "centric," which means focusing their patterns of interest on diverse activities (Nickerson et al., 1991: 27).

According to Plog's psychocentric and allocentric model, the specialized tourist is associated with ancient destinations where there has been no development. They are typically residents or tourists who visit a specific area. They are the first to explore a certain area because they travel into the unknown without fear. Typically, eminent tourists travel alone. They do not travel in groups but prefer to travel alone. They prefer to travel to places that have not been reached or visited by anyone before. They tend to visit culturally rich tourist

destinations, which shows their high level of sophistication. Plog describes them as ethical travelers who have a passion for learning. Research shows that most people have centric tendencies, and Plog referred to them in his model as near-centrics, while only 4% of the demographics represents pure centrists. (Plog, 2002: 246).

Characteristics of Allocentric Tourists:

- 1) They have a high level of intellectual curiosity and a desire to explore everything around them in all fields. They dislike the traditional and are always looking for adventures and new experiences. Instead of watching television frequently, they would prefer to engage in different activities.
- 2) They believe that life is built on risks, so they make quick decisions without consulting anyone and are happy to accept the consequences of those decisions.
- 3) They spend their money without much thought or difficulty, believing that their future will be better than the past.
- 4) They prefer to choose new products shortly after they are launched rather than stick with known brands. The thrill of discovery outweighs the disappointment that a new product that doesn't deliver its promises can bring.
- 5) They are full of energy, passion, and self-confidence. They carry out their daily activities with great enthusiasm to explore what is fun. They eagerly rush to discover every technological and contemporary aspect of our lives and they discuss with others to learn more about concepts and ideas.
- 6) They prefer to make decisions themselves without consulting the wise and experienced, as they consider themselves experts and wise individuals. Therefore, they do not seek advice from others when making decisions (Weaver, 2012: 372).

2.3.3.3.2.2 Psychocentric tourists

Tourists with psychocentric tendencies are found at the opposite extreme of the spectrum. Psychocentric tourists, according to the Plog model, favor travel places that are highly developed. They also favor travel destinations that have been previously visited and

explored by others. They have less confidence than specialists, therefore they tend to choose destinations with familiar and well-defined features (Plog, 2001, 2006, 2002). Psychocentric tourists choose vacations that provide them with the comfort and familiarity they want. They travel in organized groups, with their vacations typically coordinated by travel companies and tour operators (Hardy, 2010: 43). Psychocentric originates from the combination of "psyche," referring to the self, and "centric," indicating a focus on personal ideas or worries related to everyday issues (Plog, 1974).

Characteristics of Psychocentric Tourists:

Psychocentric tourists lack the inclination to seek out new ideas, activities, or daily experiences. They have some cognitive impairments and prioritize the well-being of others. They have a tendency to watch television often and read little. They have minimal social interactions due to their preference for isolation over socializing. They tend to be less adventurous and less experimental than the majority of individuals.

- Psychocentric tourists are afraid of making decisions that they face in their daily lives. They would rather avoid making important decisions than face choices. They are cautious and reserved in their daily lives.
- Psychocentric tourists are afraid of the future, and as a result, they spend their money carefully. They do not want to overspend as it will put them under financial pressure. While their daily expense management is usually good, they choose to save money out of fear for the future, rather than being motivated by proper future planning.
- This category of tourists prefers safe options, where they prefer well-known and popular brands that are consumed by everyone. The popularity of these brands makes them feel secure in their choices because they are popular with the majority of people.
- People describe them as being more lethargic than others and compared with those with low self-confidence and less activity.
- They prefer seeking advice and guidance from well-known and prominent figures in their lives. They lack sufficient confidence in making decisions and often emulate the

actions of public figures. Consequently, utilizing media personalities, athletes, cinema stars, and television celebrities would have significant results and influence on them.

- They do not face their daily and life problems; they are negative and do not take charge of situations to deal with the challenges and difficulties of life.
- Their lives are routine, and they follow repetitive patterns. As a result, they depend on counselors in every aspect of their lives. They desire to achieve results exactly as planned and seek advice and support to ensure things meet their expectations.
- They prefer a family atmosphere and warm friendships. From their perspective, they feel comfortable and safe in intimate (Litvin et al., 2016: 4).

2.3.3.3.2.3 Characteristics of Mid-centric tourists:

Many travelers do not fall into the allocentric or psychocentric tourism classifications. The Plog scale offers a thorough framework for placing tourists at various points along a continuum. The majority of travelers belong to the mid-centric section of the spectrum, positioned between allocentric and psychocentric tourists. Mid-centric vacationers seek a balance between excitement and familiar comforts. They may independently arrange their vacations but primarily stay at resorts, aiming for relaxation and convenience. Alternatively, people might select organized packages but decide to venture away from crowds and discover the local area. Plog suggests that most tourists can be categorized as mid-centric in their attention (Qu et al., 2018: 649).

2.3.3.4 Value based segmentation in health tourism markets

Previous studies have shown that researchers employ two sorts of factors for market segmentation: customer profile variables and customer value creation variables, which involve segmenting the market based on value. Value-based segmentation categorizes buyers according to the specific benefits they aim to attain from their visits. The benefits may

encompass functional aspects like quality, reliability, and security, financial aspects like cost, and psychographic aspects like social standing. Conversely, profile-based market segmentation categorizes tourists according to their unique features and attributes. Companies prioritize producing value for customers, first with value-based segmentation and then moving on to profile-based market segmentation (Chernev, 2018: 3).

Within health tourism, the majority of researchers have employed customer segmentation focused on value. Research has demonstrated that factors influencing customer value, such as perceived value, destination image, cultural and scenic attractions, cost, and security, greatly affect customer happiness. Segmenting clients according to the value they receive can help identify effective marketing policies and tactics, leading to higher customer satisfaction, retention, loyalty, and market share (Mai et al., 2019: 315). Value-based segmentation is more suitable for dividing the health tourism market as it provides a thorough and precise insight into consumers' needs and the benefits they aim to achieve. As a result, marketing plans will become more accurate, and marketing efforts will be focused on the appropriate areas. A combination of segmentation variables is necessary, with a primary emphasis on value-based segmentation. Following this, the distinctive attributes of each segment can be identified by utilizing profile-based factors (Torkzadeh et al., 2021:13).

2.3.3.5 Push and pull travel "motivation factors theory"

Motivations describe a set of physical, cultural, economic, and environmental characteristics of the destination that attract and appeal to tourists, and that tourists use to evaluate their options before making a destination decision (Šimková et al. 2014: 661).

Motivation is a psychographics term that refers to a person's inner driving that promotes them toward action (Zhang et al. 2014: 45). In the tourism sector, motives refer to a set of desires that help a person prepare for specific tourist activity outside the borders of their country. Travel motives have been a significant topic in tourism studies because they underlie all tourism behavior and are fundamental for the development of tourism (Dann,

1981: 188). Motivation is an important factor in understanding individuals' behaviors during travel and a crucial variable in the destination selection process.

In different destinations, visitors from all over the world bring forth diverse perspectives and influences due to their motivations and individual thinking. Consequently, this creates a situation of focus and awareness for destination decision-makers to develop their sites and adapt them to the desires and visions of tourists (Mehmetoglu et al. 2013: 5). Global studies have used the concept of travel motivation to examine levels of tourist engagement in destination activities. Travel motivations have also been used to study travel characteristics, assess tourism decision-making, and study consumption patterns of tourism products. Additionally, they have been used to develop innovative approaches to satisfying tourists and transforming them from regular customers to advocates of the destination (Yan et al. 2019: 158).

Because of the importance of the travel motivation concept, push and pull factors have been comprehensively used to study tourists' travel motivations. Therefore, there is a need for further innovative research on this fundamental push and pull factors as they form the basis for visiting tourist attractions worldwide (Wijaya et al. 2018: 537). It can be said that motivational factors represent the psychographics and behavioral aspects of an individual's personality, such as social interaction, the desire to escape the daily routine, self-discovery, the pursuit of adventure, separating from life's fatigue, and relaxation. On the other hand, pull factors include environmental, cultural, and economic characteristics that attract people to specific destinations, such as beaches, golden sands, sunshine, historical landmarks, sports facilities, and affordable airfares. Thus, within this framework, push factors drive people to travel, while pull factors influence their choice of a particular destination (Dann, 1977: 186).

2.3.3.6 *Travel motivation theory*

According to Moura & Devile (2023), motivation is considered the basis of the decision-making process. It serves as the driving force behind tourism and travel

consumption (Moura et al. 2023: 943) .Wong and Tang (2016) also claimed that understanding travel motivations facilitates predicting tourist behavior, including decision-making (such as activities and events to attend) and revisit intentions. Previous studies have shown that travel motivations for tourists are the primary factors influencing their interest in events and subsequently affecting their desire to participate in specific activities and events (Wong et al., 2016: 64).

There have been numerous theories that have studied individuals' motivations for travel. The most traditional motivation theories are based on Maslow's hierarchical model, which ranks motivations based on a hierarchical scale of needs fulfillment. In the case of tourism, an individual's motivation to travel develops systematically based on their level of experience, the magnitude of their tourism experience, and the stages or contexts of their life (Kim et al., 2013: 15).

Among the important theories that have been studied regarding individuals' travel motivations is Iso-Ahola's four-dimensional motivation theory. Iso-Ahola (1982) proposed that tourists' participation in recreational and leisure activities should be based on two motives: the "seeking" motive and the "escaping" motive, both of which have personal dimensions (Snepenger et al. 2006:141).

Iso Ahola examined a two-dimensional theory of tourism motivation: escape (from the daily routine and recurring daily problems faced by individuals, to the repeated daily environments and psychographics pressures of life), and seeking (the pursuit of certain rewards). According to Iso Ahola (1982), both of these factors have personal and personality components. The model covers four aspects of needs based on these key elements (escape and seeking): escape from the personal environment, escape from the interpersonal environment, search for intrinsic personal rewards, and seeking extrinsic personal rewards (Šimková et al. 2014: 662). See table 2.7 for the dimensions of Iso-Ahola's theory of travel motivations.

Table 2.7 The dimensions of Iso-Ahola's theory of travel motivations.

Personal escape	Interpersonal escape
Get away from my normal environment	Avoid people who annoy me
Have a change in pace from my everyday life	Get away from a stressful social environment
Overcome a bad mood	Avoid interaction with others
Personal seeking	Interpersonal seeking
Tell others about experiences	Be with people of similar interests
Feel good about myself	Bring friends/ family closer
Experience new things by myself	Meet new people

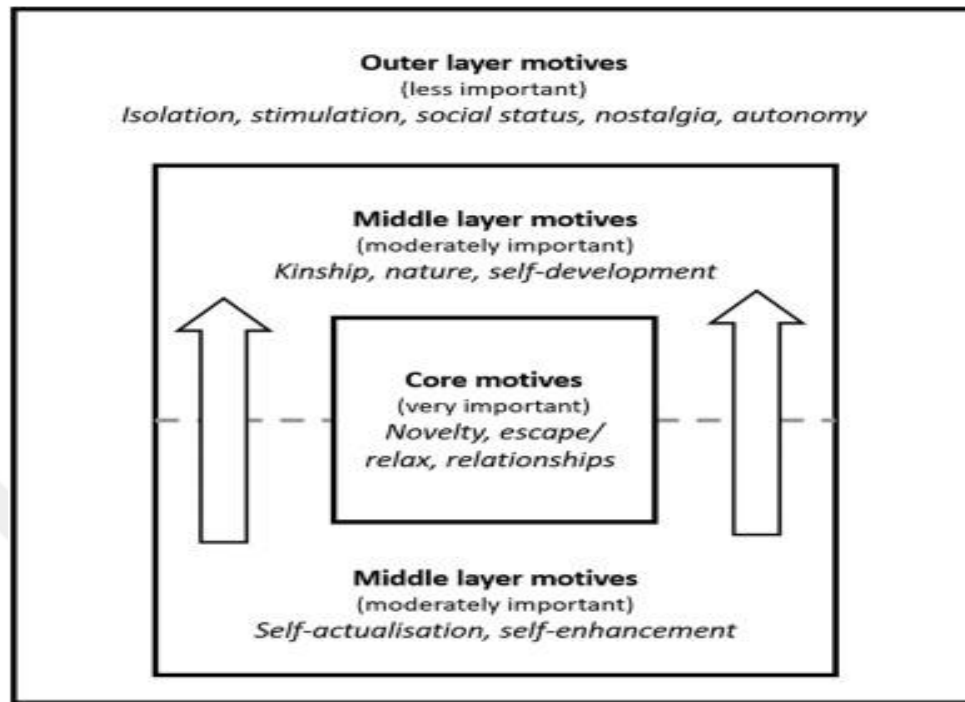
Source: (Snepenger et al. 2006)

Pearce and Caltabiano (1983), Pearce (2005), and Pearce and Lee (2005) formulated a travel career pattern framework utilizing Maslow's (1943) hierarchy of needs as a basis for elucidating the reasons behind travel motivations. The approach developed by Philip L. Pearce to understanding tourist travel motivations is divided into five different levels of travel motives. According to Pearce, the model consists of 14 factors that are divided into three layers: basic motives, which include modernity, escape from routine, relaxation, and attainment of physical, spiritual, and emotional comfort) .The fundamental motives are considered continuous actors, like the backbone, that drive people to engage in travel activities (Wannasan et al. 2022: 74).

The middle layer, called "intermediate motives," follows the basic motive layer. These motives hold moderate importance and are expected to change from internally directed motives to external motives. The outer layer, referred to as the "outer motives," is considered the least important.

Figure 2.15 below illustrates in detail the framework of the functional travel pattern proposed by Pearce (2005).

Figure 14. Travel career pattern



(modified from Lee, 2004).

There are different methods for customer segmentation, each with its advantages and disadvantages. The choice of approach, criteria, and segmentation variables depends on the research objective and the type of available data. Previously, data-driven methods were used for segmenting the health tourism market, where specific information about customers was not predefined. However, considering that medical tourism is a combination of two sectors, the tourism sector and the medical sector, the health tourism industry is highly complex.

Therefore, in this study, a mixed (posterior/ priori) approach is proposed to benefit from both methods. Previous studies have shown that variables related to creating customer value are good criteria for segmenting the medical tourism sector. Using these criteria in market segmentation processes is considered the best way to understand customer needs. This industry is characterized by strong competition among competitors. Countries that seek to understand consumer needs and accurately identify the

benefits they are seeking will create a significant competitive advantage. The importance of customer values in marketing plans crucial in meeting customers' needs effectively.



CHAPTER THREE

3 RESEARCH METHODOLOGY

This section consists of two main issues. The initial part encompasses the research objectives, the data collection technique used, as well as the sample and its selection method. The second part focuses on two aspects: the data analysis techniques employed (i.e., cluster analysis, two-step) and the statistical studies utilized to determine the reliability and validity of the study.

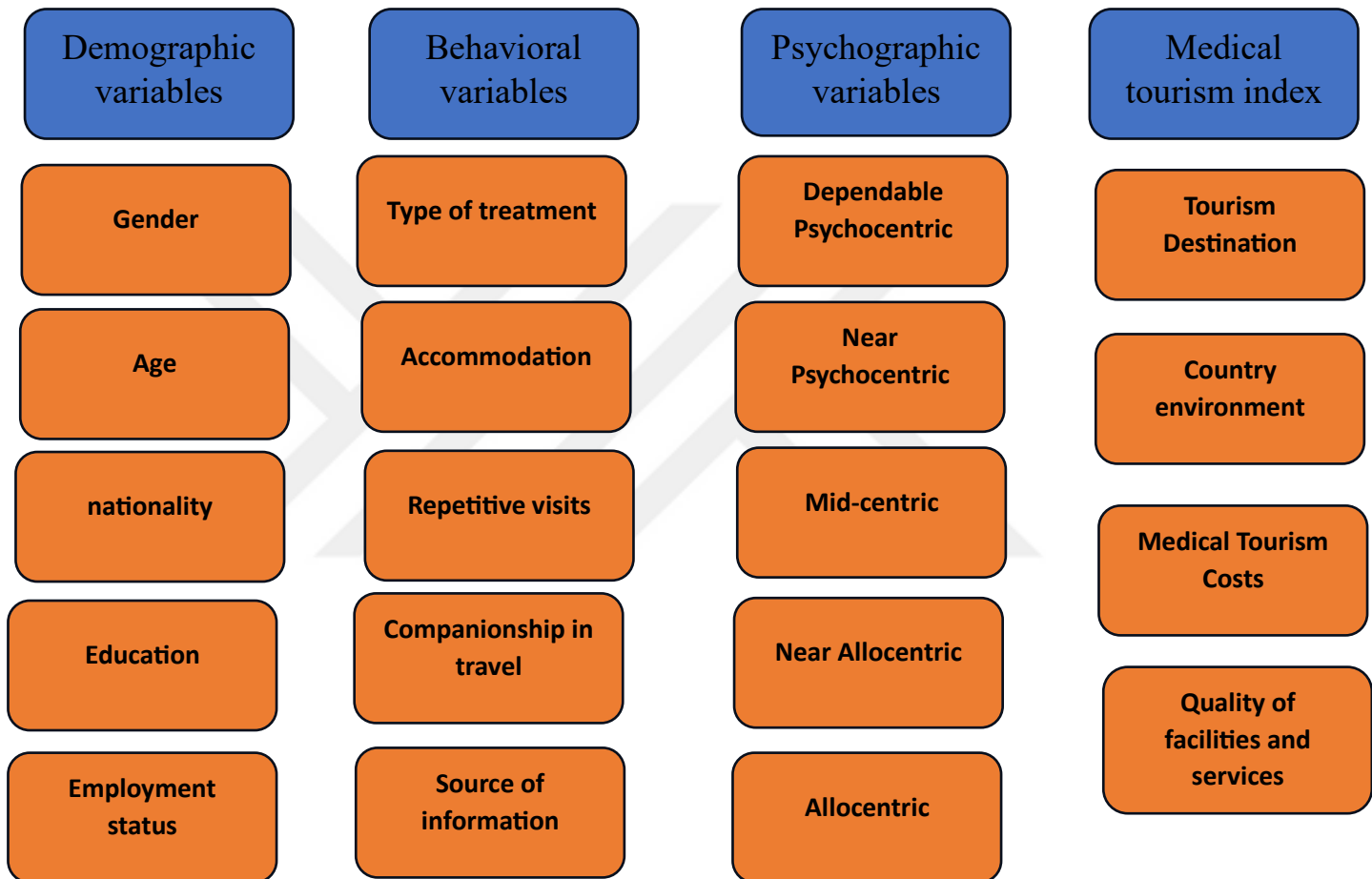
3.1 Aim of The Study

Upon conducting an extensive analysis of the relevant literature on the motivations of health tourists and classifying them according to their personality types and motivations, the thesis problem was formulated. This thesis, subsequent to a comprehensive examination of the preceding literature, discovers a deeper understanding of the types of health tourists who visit Turkey for medical treatment, as well as their motivations and reasons for selecting Turkey. It also involves classifying them into groups based on their motivations and demographic, behavioral, and psychographic information.

3.2 Variables of the Study

As mentioned in the previous chapters, this thesis aims to classify health tourism consumers who visit Turkey to improve their health based on their demographic, behavioral, and psychographic variables, in addition to the motivations that make them decide to choose Turkey as a health tourism destination. The selection of survey variables was based on the existing literature. The following figure illustrates the variables used in the survey to collect data from health tourism consumers in major hospitals in Istanbul. **See Figure 3.1**

Figure 3.1. Survey Variables



3.3 Instrument Development

The survey used in this thesis consists of four sections. The initial section begins with an introduction related to the study's objectives. The researcher assures confidentiality of the provided data by respondents, promising not to disclose their identities or health problems.

The questionnaire is designed across four pages to gather data about the personality types of health tourists and their motivations for visiting Turkey for health improvement, as well as the participants' characteristics and general travel preferences. The first section includes five demographic questions collected for statistical purposes. The second section comprises five behavioral questions designed to understand the behaviors of health tourists during their travels. In the third section, the Plog model, a psychographic scale, was used to identify the tourist's personality type. The Plog model consists of 15 questions that determine the tourist's personality type based on the score obtained, ranging from 30 to 105. The final section measures the motivations and reasons that lead tourists to choose Turkey as a tourist destination. The Medical Tourism Index (Country Environment, Tourism Destination, Medical Cost, Medical Services), consisting of 34 questions (with five redundant questions excluded), was used, resulting in the use of only 29 questions. Permission was obtained from the Survey Ethics Committee, Resolution No. 75/85, on 6/22/2022.

In this thesis, measures derived from previous studies and theories that have been previously validated were utilized (Straub, 1989: 12). According to the literature and previous studies, the advantage of using pre-existing measurements is to ensure that they have undergone validity and reliability test which provides the researcher with information about the properties of the measurement tools and the correct measurement methods. The table illustrates the elements used in this study.

All items were measured using a seven-point Likert scale, ranging from "Strongly Disagree" (1) to "Strongly Agree" (7).

Table 3.1. Summary of the adapted items

Constructs	Items	source
Allocentric Mid-centric Psychometric	P1 I find that I often get bored at parties that most people seem to enjoy. P2 I often buy new products before they become popular or come down in price. P3 Chance has little to do with the successes I've had in my life. P4 I am actively involved in a regular, rigorous fitness program. P5 I have friends over to my house frequently. P6 I prefer to go to undiscovered places before big hotels & restaurants are built. P7 My personal interests and pastimes are quite different and novel from what others do. P8 I prefer to travel independently rather than with a group of people. P9 I would rather go for a walk than read a book. P10 I have much more energy than most persons my age. P11 I am more intellectually curious than most people I know. P12 I always choose places that people haven't gone to. P13 I prefer being around people most of the time. P14 I go out socially friends often. P15 I make decisions quickly and easily rather than deliberating over them.	Plog, 2004
Country Environment	Q1 Has low corruption. Q2 Is culturally similar to mine. Q3 Has a similar language to mine.	Fetscherin, & Stephano, 2016

	Q4 Has a stable economy. Q5 Has overall a positive country image. Q6 Has a stable exchange rate.	
Tourism Destination	Q7 Is an attractive tourist destination . Q8 Is a popular tourist destination. Q9 Has many cultural or natural attractions/sites. Q10 Is an exotic tourist destination. Q11 Has great weather.	Fetscherin, & Stephano, 2016
Medical Tourism Costs	Q12 Is low cost to travel to. Q13 Has low accommodation costs. Q14 Has low treatment costs. Q15 Has affordable airfares to travel to. Q16 Has low healthcare costs.	Fetscherin, & Stephano, 2016
Facility and Services	Q17 Has quality treatments and medical materials Q18 Has hospital/medical facilities with high standards. Q19 Has well experienced doctors. Q20 Has well-trained doctors. Q21 Has reputable doctors. Q22 Has internationally certified staff and doctors. Q23 Has hospital/medical facilities with good healthcare indicators. Q24 Has doctors I would recommend to my family or friends. Q25 Has reputable hospitals/medical facilities. Q26 Has friendly staff and doctors. Q27 Has overall a positive medical tourism image. Q28 Is known for state-of-the-art medical equipment Q29 Has internationally accredited hospitals/medical facilities.	Fetscherin, & Stephano, 2016

3.4 Data Collection Technique

The questionnaire has been meticulously designed and translated into eight languages (Arabic, English, Persian, Azerbaijani, Georgian, French, Spanish, and German) to ensure a diverse sample of health tourists from various countries who speak different languages. According to the Turkish Statistical Institute (2022), the majority of medical tourists coming to Turkey for treatment in 2022 were speakers of these languages. This is why the questionnaire was crafted in these specific languages.

The questionnaire was distributed to be completed by as many adults (18 years or older) as possible during the period from 1 February 1, 2023, to 31 May, 2023. The data collection process was conducted in Istanbul, to be classified by the Turkish government as the largest medical city in Turkey. The questionnaires were distributed in major hospitals that offer medical tourism services in Istanbul, including Medicana Hospital, Medipol Hospital, Floria Hospital, Memorial Hospital, and Medical Park Hospital. 600 questionnaires were distributed to participants, with 554 questionnaires completed and 46 questionnaires remaining incomplete. This means that the completion rate of the questionnaires reached 92%.

3.5 Sample

According to the Turkish Statistical Institute in 2022, a total of 1,258,382 health tourists received various medical services, and the revenue for that year amounted to 2,119,059,000 US dollars (TUIK, 2022). In the first and second quarters of 2023, a total of 800,000 individuals came to Turkey to receive various medical treatments, generating a total income of 1,033,942,000 US dollars. The clinical specialties most preferred by international patients were, in order: Women's Health, Internal Medicine, Ophthalmology, Medical Biochemistry, General Surgery, Dentistry, Orthopedic Surgery, Infectious Diseases, and Otorhinolaryngology (USHAŞ, 2023). Therefore, the collection of statistical data from health

tourists in major hospitals that provide medical tourism services in Istanbul serves as an ideal sample for understanding the characteristics of health tourists and categorizing them into similar groups to offer tailored tourism services based on their distinct characteristics. Furthermore, this thesis was limited to participants who came to Turkey for the purpose of health tourism and receiving various medical treatments. The participants whose data were provided were all above 18 years of age. Furthermore, this thesis utilizes the method of convenient sampling.

Etikan (2016), described convenient sampling as "a type of non-probability sampling where a focus is on specific individuals meeting predetermined conditions, easily accessible at a specific time and place." Some advantages of this method include saving time and effort and being able to gather a large number of responses from participants who meet the specified criteria (Etikan et al., 2016: 2). It is also a good option for conducting studies and collecting data online. On the other hand, Hansen (2010) pointed out drawbacks of this method by stating that there are no limitations on who can participate, and the responses may not accurately represent the entire demographics (Hansen, 2010: 17).

One critical aspect of statistical analysis is ensuring that the sample size is sufficiently large to provide the required statistical power. The literature proposed many techniques for establishing the minimum sample size for studies (Memon et al., 2020: 30). To increase the likelihood of validating a cluster solution, it is advisable for the user to gather a substantial sample size (Tkaczynski, 2017:11). Dolnicar et al. (2014) suggest that a minimum of 70 examples should be used for each variable in data-driven segmentation study to ensure credible results. The sample size of 554 employed in this study was deemed adequate as it surpassed the minimum requirement.

3.6 Cluster analysis

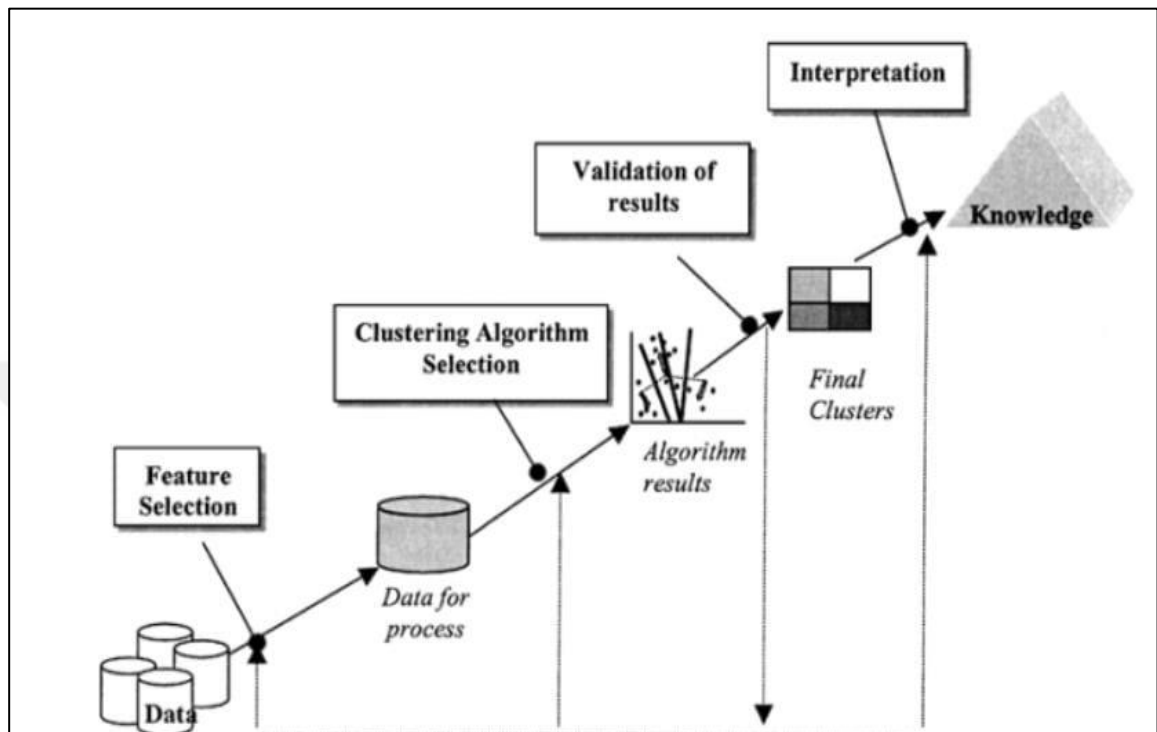
Clustering is a crucial data processing technique that aims to create distinct groups of similar members. Individuals within the same group exhibit high similarity in traits but have unique features compared to other groups (Hu et al., 2023: 1).

Clustering can help uncover patterns and distributions in data, offering insights into its fundamental organization (Halkidi et al., 2001). Clusters are groups of items that share common properties. Through the analysis of each cluster and the identification of its features, similar and valuable patterns are retrieved.

Cluster analysis has various applications such as pattern identification, information retrieval, image analysis, handling massive datasets, evaluating large-scale biological information, interpreting computer graphics, and machine learning. Cluster analysis is a broad process that requires attention, rather than a single algorithm. Cluster components can be identified using different techniques that differ in their comprehension of clusters and their efficient localization (Anderberg, 2014: 7).

The main objective of the clustering process is to convert data into valuable and practical information by dividing the data according to the defined criterion for grouping. Hence, preprocessing the data is essential prior to clustering in order to transform the data into valuable insights. Figure 3.2 illustrates the fundamental steps of the clustering process as explained by Halkidi et al. (2001: 108).

Figure3.2. Steps of clustering process.



Source: Halkidi et al., 2001: 108

- **Feature selection:** The goal of the first step is to establish a clear criterion for clustering in order to capture as much data as possible. Therefore, pre-processing the data beforehand is necessary before using it in the clustering process.
- **Clustering algorithm:** This step involves selecting an algorithm that leads to a good clustering system for the given dataset. The clustering algorithms are primarily distinguished by the choice of proximity measure and clustering criterion, and their efficiency in determining the appropriate clustering pattern for the dataset.
 - i) Proximity measure is a measure that quantifies how “similar” two data points (i.e., clustering criterion). In this step, we have to define the clustering criterion, which can

be expressed via a cost function or some other type of rules. It is important to consider the type of clusters that are expected to occur in the data set. Thus, we may deffeature vectors are. It is essential to ensure that all selected features contribute equally to the computation of the proximity measure and there are no features that dominate over others.

ii) Cine a “good” clustering criterion, leading to a partitioning that fits well the data set.

- **Validation of the results:** The correctness of clustering algorithm results is verified by appropriate criteria and techniques. Since clustering algorithms define clusters that are not known a priori, regardless of the clustering methods, the final partition of data requires some kind of evaluation in most applications.
- **Interpretation of the results:** In many cases, the experts in the application domain have to integrate the clustering results with other experimental evidence and analysis to reach the correct conclusion.

Cluster analysis has led to the development of multiple clustering techniques that generate distinct sets, each comprising elements sharing similar features. Certain algorithms are tailored for clustering continuous data, some for categorical data, and there are techniques that can handle both continuous and categorical data simultaneously (Punj and Stewart, 1983: 135). Research has identified three primary methods for cluster analysis.

3.6.1 The primary methods for cluster analysis

3.6.1.1 Hierarchical Cluster Analysis

Hierarchical cluster analysis is a collection of techniques designed to create a hierarchical series of nested partitions for distinct groups of things. The approaches usually generate a hierarchical sequence by calculating the proximity measures for each pair of items (Köhn & Hubert, 2014: 1). Hierarchical cluster analysis is utilized to detect clusters of related objects, where the items within a cluster show more resemblance than those in separate

clusters. It is a valuable method for identifying patterns in data that were not previously noticed (Hulme, 2022: 1266).

Currently, clustering techniques mainly include hierarchical clustering, partitioning, density-based clustering, network-based clustering, model-based clustering, and fuzzy clustering. Hierarchical clustering entails the hierarchical breakdown of a certain set of data objects. At the start, each item is viewed as a separate cluster. Next, items with the closest proximity are consolidated into a fresh cluster till they are all united into one extensive cluster. Hierarchical clustering can be categorized into different types such as single-linkage, complete-linkage, average-linkage, centroid-linkage, median-linkage, and Ward's minimum-variance linkage, based on the definition of the nearest distance and the linkage equation used for clustering (Harantová et al., 2023: 12).

Presently, hierarchical clustering is the most commonly utilized clustering technique. Statistical analysis software packages like SPSS, SAS, and S-PLUS have incorporated modules for specific calculations and analysis, allowing users to easily access and utilize these features (Bu et al., 2020: 5).

3.6.1.2 *K-means Algorithm*

The K-Means clustering technique is a widely used and effective method for extracting and segmenting data, converting enormous datasets into valuable information in several study fields (Ahmed et al., 2020:1). The K-Means algorithm partitions n observations into k groups based on their proximity to the cluster centroid, assigning each observation to the group with the nearest mean. The K-Means algorithm aims to reduce deviations within each cluster, which is referred to as a group.

Although widely used and popular, this partitioning approach has specific limits and constraints. The researcher needs to predefine the number of clusters and their shapes. Alternative methods offer more adaptable and precise data segmentation without requiring

the pre-specification of cluster numbers. K-Means has a basic difficulty in dealing with different forms of data, like categorical data communities (Ahmed et al., 2020: 1).

3.6.1.3 Two step cluster method

The two-step clustering technique is used to convert data into valuable information, facilitating detailed explanations, well-informed decision-making, and the creation of marketing strategies and plans (Norušis, 2011: 5). Two-step clustering analysis is more reliable than the k-means approach and other mass analysis methods. Since being incorporated as a notable cluster analysis methodology in statistical software such as SPSS, this method has been utilized in diverse sectors, including tourism research for segmenting tourists (Hsu et al. 2006; Tkaczynski et al. 2015). It is utilized in the healthcare industry for patient segmentation, in health tourism to classify health tourists seeking to enhance their well-being, and in psychology.

The two-step clustering technique consists of two phases, as implied by its name. Initially, the original instances are grouped together in pre-clustered groupings. The purpose of this pre-clustering stage is to decrease the size of the matrix that stores distances between various potential case pairs. This method presupposes that all variables, regardless of being continuous or categorical, are considered independent variables. Continuous variables are expected to follow a normal distribution, whereas categorical variables are supposed to have a polynomial distribution (Tkaczynski, 2017: 110).

Categorical and ordinal variables are both considered nominal. The cluster parameter uses a hierarchical approach, and the scale parameter for each continuous variable is the standard deviation of that variable. The log-likelihood approach is necessary when using both category and continuous variables. If just continuous items need to be studied, the Euclidean method is a suitable choice. According to this approach, it is expected that the variances are consistent across variables and clusters. The cases are the objects to be grouped, while the variables are the properties used for clustering (Tkaczynski, 2017: 110).

The method randomly selects observed cases and assigns them to the group. The algorithm determines whether to combine an observed case with an existing group or place it in a new group based on individual case analysis. After the pre-clustering process is completed, all cases within the same group are considered as a unified entity (Tkaczynski & Prebensen, 2012: 185).

Pre-formed groups are grouped in the second stage using hierarchical clustering methods. This period is known as the clustering phase. The researcher can investigate numerous options by creating groups in various methods and seeking the most efficient solution. During this stage, a set of solutions and groups is generated and subsequently condensed to an optimal number of clusters using the Schwartz criteria (BIC). It also detects outliers and analyzes them with the algorithm. Once the clustering solution is established, chi-square tests are used for categorical variables and ANOVA tests for continuous variables to assess the relevance and validity of each component in the overall solution. A factor with a p-value below 0.05 is deemed significant and should be included in the analysis. The Twostep analysis is then repeated to retain only the valid items. (Norusis, 2011).

3.6.1.3.1 Ways to Validate Two-Step Cluster Analysis Method

To validate Two-Step Cluster Analysis, one can use the methods suggested by Norusis (2008). When utilizing the Bayesian Information Criterion (BIC) for statistical inference, the silhouette measure must meet or exceed the specified threshold of 0.0 (with 1.0 being the maximum). A score above 0.0 would confirm the validity of the within-cluster distance and between-cluster distance, indicating changes between variables. A silhouette measure of cohesion and separation above 0.2 indicates a significant separation distance between clusters, which is advantageous.

All variables in a solution must have statistical significance ($p < 0.05$). Therefore, irrelevant factors should be eliminated from the analysis. If there is no difference between

the clusters based on some variables such as gender or club membership, such variables may need to be excluded from the study.

Thirdly, while assessing the input (predictor) relevance to ascertain the significance of variables in a cluster solution, variables with a rating of 0.02 or lower should be thoroughly evaluated for their inclusion in the final solution. Exclude items having a negative value from the analysis as they are considered inconsequential (Tkaczynski et al. 2015).

One of the recommended validation techniques by multivariate analysis experts, such as Hair et al. (2006), is to randomly divide the sample into two parts and compare the findings with the final answer. Validation is proven when the final and split solutions have the same number of clusters and their characteristics and significant variables are similar.

CHAPTER FOUR

4 DATA ANALYSIS AND RESULTS

4.1 Overview

This chapter summarizes the results of the study conducted using the statistical approach mentioned in Chapter 3. It adheres to the commonly accepted approach for describing cluster analysis, as indicated by previous research. To begin, a descriptive analysis is performed to outline the demographic and behavioral characteristics of medical tourists. Subsequently, respondents' personality types are identified based on the scale developed by the Plog. Cluster analysis is then conducted to identify and understand the extracted clusters in terms of their characteristics and significance. The validity and reliability of the extracted clusters are evaluated through four methods discussed below.

Finally, the chapter explores the tendencies and motivations of medical tourists and the reasons for choosing Turkey as a destination for medical tourism. A comprehensive description of each cluster among the four is provided, outlining their demographic, behavioral, psychographic characteristics, and motivations. Given that this thesis investigates the types of individuals coming to Turkey for various treatments, a two-step cluster analysis was employed to identify distinct clusters with members sharing similar characteristics. Additionally, this chapter discusses the findings of the study and concludes with a summary.

4.2 Survey Results

4.2.1 Demographic characteristics of participants

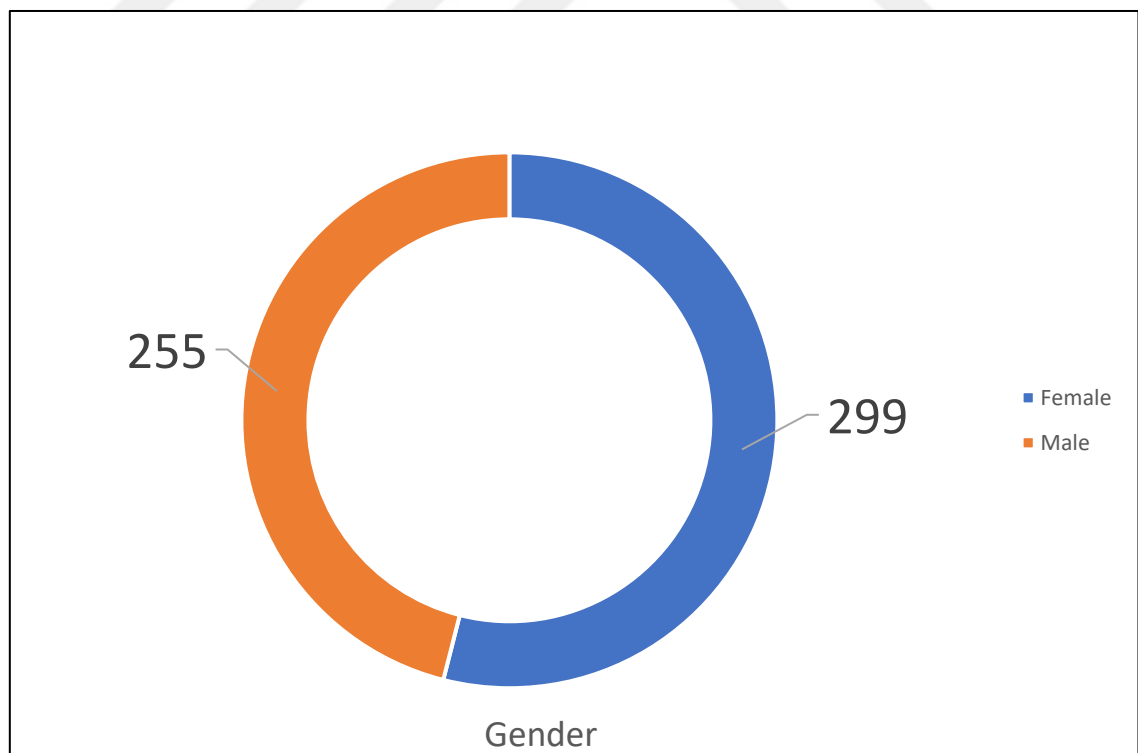
The demographic characteristics of the study participants, totaling 554, are outlined in the tables below.

4.2.1.1 Gender

Analyzing the demographic characteristics of the respondents. According to Table 4.1, the number of male participants was 255, representing 46%, while the number of female participants was 299, representing 54%.

Table 4.1: Distribution of demographic characteristics of participants (**Gender**).

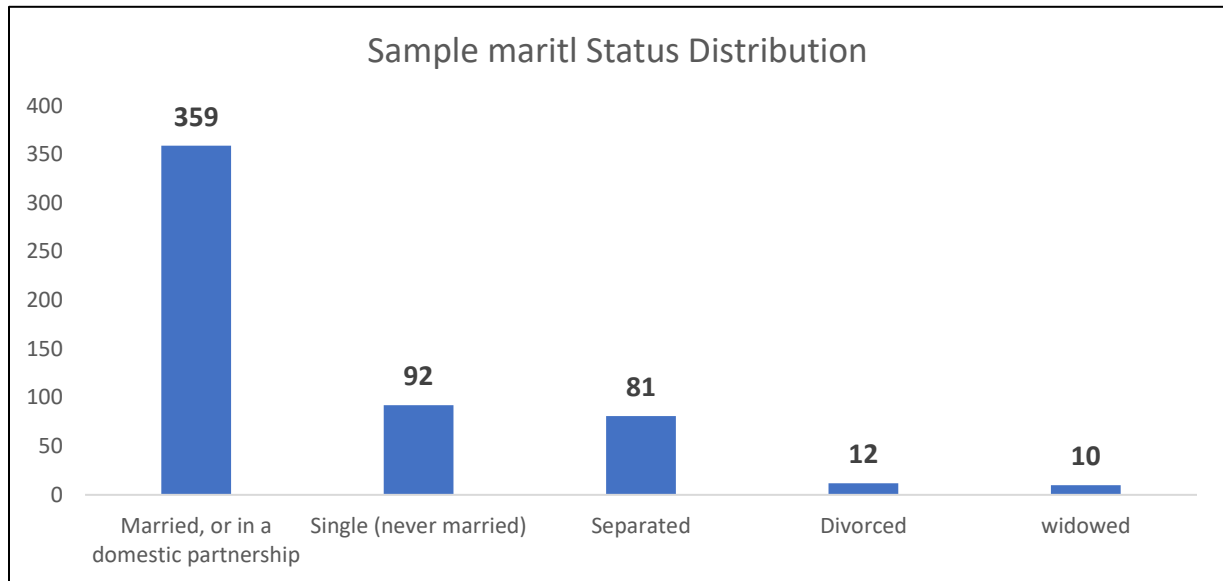
Gender				
Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Female	299	54 %	54 %	54 %
male	255	46 %	46 %	46 %
Total	554	100 %	100 %	100 %



4.2.1.2 *Marital status*

Table 4.2. Distribution of demographic characteristics of participants (**Marital status**).

Marital status	Frequency	Percent	Valid Percent	Cumulative Percent
Single (never married)	92	16,6 %	16,6	16,6
Married, or in a domestic partnership	359	64,8 %	64,8	81,4
Widowed	10	1,8 %	1,8	83,2
Divorced	12	2,2 %	2,2	85,4
Separated	81	14,6 %	14,6	100,0
Total	554	100,0	100,0	



According to Table 4.2, which presents the distribution of the marital status of the respondents, the majority were either married or in a domestic partnership. The number of married or cohabiting respondents was 359, representing 64%. Meanwhile, the number of single respondents was 92, constituting 16.6% of all respondents. The number of separated respondents was 81, representing 14.6%, and the divorced respondents numbered 12, accounting for 2.2%. Finally, the widowed respondents numbered 10, with a representation percentage of 1.8%.

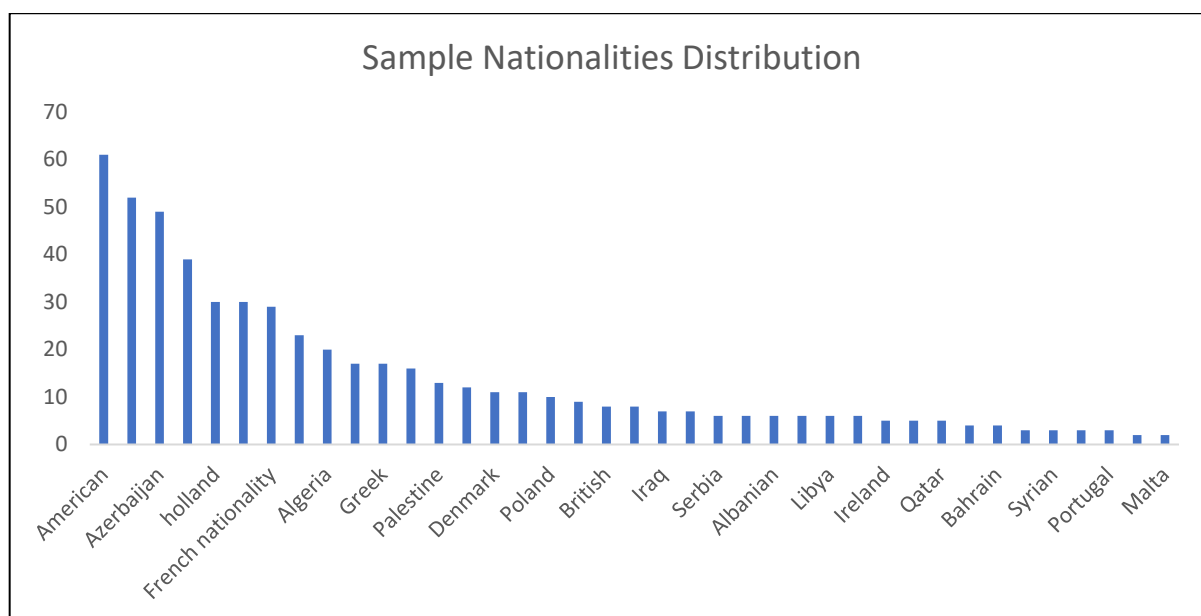
4.2.1.3 Nationality

Table 4.3: Distribution of demographic characteristics of participants (**Nationality**).

Nationality	Frequency	Percent %	Valid Percent	Cumulative Percent
Palestine	13	2,3 %	2,3	2,3
British	8	1,4 %	1,4	3,8
Albanian	6	1,1 %	1,1	4,9
Portugal	3	,5 %	,5	5,4
Finland	4	,7 %	,7	6,1
Malta	2	,4 %	,4	6,5
Serbia	6	1,1 %	1,1	7,6

American	61	11,0 %	11,0	18,6
Yemen	11	2,0 %	2,0	20,6
Algeria	20	3,6 %	3,6	24,2
Syrian	3	,5 %	,5	24,7
Holland	30	5,4 %	5,4	30,1
Jordanian	7	1,3 %	1,3	31,4
Lebanon	6	1,1 %	1,1	32,5
Iraq	7	1,3 %	1,3	33,8
Qatar	5	,9 %	,9	34,7
Kuwait	5	,9 %	,9	35,6
Bahrain	4	,7 %	,7	36,3
Saudi Arabia	6	1,1 %	1,1	37,4
Egypt	9	1,6 %	1,6	39,0
Sudan	3	,5 %	,5	39,5
Chad	12	2,2 %	2,2	41,7
Belgium	16	2,9 %	2,9	44,6
Tunisia	3	,5 %	,5	45,1
Libya	6	1,1 %	1,1	46,2
Somalia	2	,4 %	,4	46,6
Morocco	8	1,4 %	1,4	48,0
Iranian	52	9,4 %	9,4	57,4
Georgian	39	7,0 %	7,0	64,4
Azerbaijan	49	8,8 %	8,8	73,3
German	30	5,4 %	5,4	78,7
Spain	23	4,2 %	4,2	82,9
French	29	5,2 %	5,2	88,1
Greek	17	3,1 %	3,1	91,2
Denmark	11	2,0 %	2,0	93,1
Norway	12	2,2 %	2,2	95,3
Sweden	17	3,1 %	3,1	98,4
Ireland	5	,9 %	,9	99,3
Poland	4	,7 %	,7	100,0
Total	554	100,0	100,0	

Table 4.3. (continue) Distribution of demographic characteristics of participants (**Nationality**).



According to Table 4.3, Most health tourists came from the United States, Iran, Azerbaijan, Georgia, the Netherlands, and Germany. Participants from 36 different countries contributed to the research, with a minimum of two participants and a maximum of 61 participants. Since it is not feasible to analyze in this manner, countries are categorized regionally.

Table 4.4. Distribution of Participation by Region

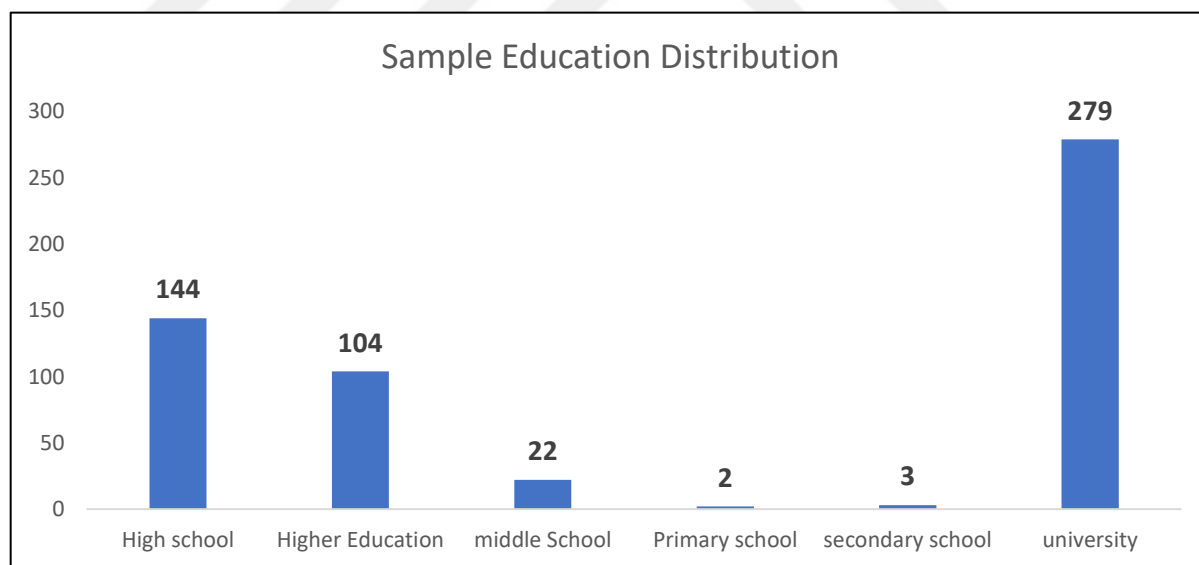
Region	N	%
Afrika	71	12.88 %
Asia	215	38.8 %
Europe	207	37.32 %
America	61	11 %
Total	554	100 %

According to Table 4.4, The participation in the research was mainly from countries in the Asia region, accounting for 38.8%. Then participants from Europe constituted 37.32%, followed by African countries with 12.88%, and finally, participants from the Americas with 11%.

4.2.1.4 Education

Table 4.5: Distribution of demographic characteristics of participants (**Education**).

Education	Frequency	Percent %	Valid Percent	Cumulative Percent
Primary school	27	4,9 %	4,9	4,9
Middle school	22	4,0%	4,0	8,8
High school	144	26,2 %	26,2	35,0
university	279	50,7 %	50,7	85,7
Higher Education	104	14,3 %	14,3	100,0
Total	554	100,0 %	100,0	



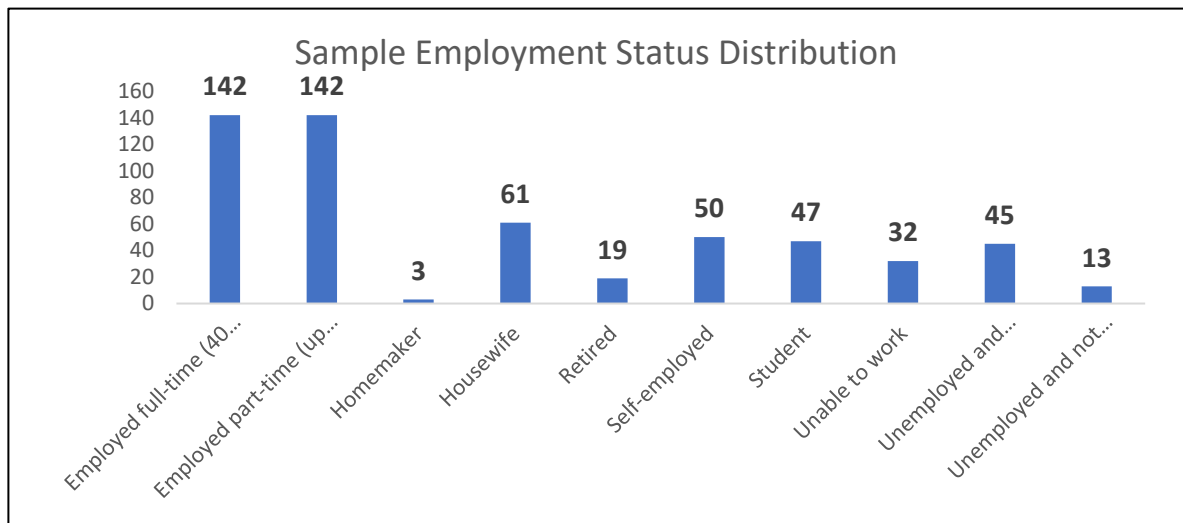
According to Table 4.5, research participation was primarily from bachelor's degree holders, representing 50.7%. Following them, participants with high school diplomas constituted 26.2%, followed by participants with postgraduate degrees at 14.3%. The

percentage of participants with intermediate education was 4.9%. Finally, participants with elementary school certificates accounted for 4%.

4.2.1.5 Employment status

Table 4.5: Distribution of demographic characteristics of participants (**Employment**).

Employment status	Frequency	Percent	Valid Percent	Cumulative Percent
Employed full-time (40 or more hours per week)	142	25,5 %	25,5	25,5
Unemployed and currently looking for work	45	8,1 %	8,1	33,6
Employed part-time (up to 39 hours per week)	143	25,6 %	25,6	59,2
Student	48	8,7 %	8,7	67,9
Housewife	61	11,6 %	11,6	79,4
Self-employed	50	9,0 %	9,0	88,4
Unable to work	32	5,8 %	5,8	94,2
Retired	19	3,4 %	3,4	97,7
Unemployed and not currently looking for work	13	2,3 %	2,3	100,0
Total	554	100,0	100,0	



Regarding employment status, there was a very close percentage of those working full-time for more than 40 hours and those working part-time for fewer than 39 hours. The

number of individuals working full-time for more than 40 hours was 142 respondents, approximately 25.5%. Meanwhile, the number of individuals working part-time for fewer than 39 hours was around 143 respondents, representing the larger share at 25.6%. Following that, homemakers accounted for 61 individuals, approximately 11.6%. The number of students coming to Turkey for health tourism was 48, constituting 8.7%. The count of individuals with their own businesses was 50, making up 9%. Those without current employment but actively seeking work numbered 45 individuals, or 8.1%. Individuals unable to work numbered 32, approximately 5.8%. Finally, the count of individuals without employment and not currently seeking work was 13, representing 2.3%.

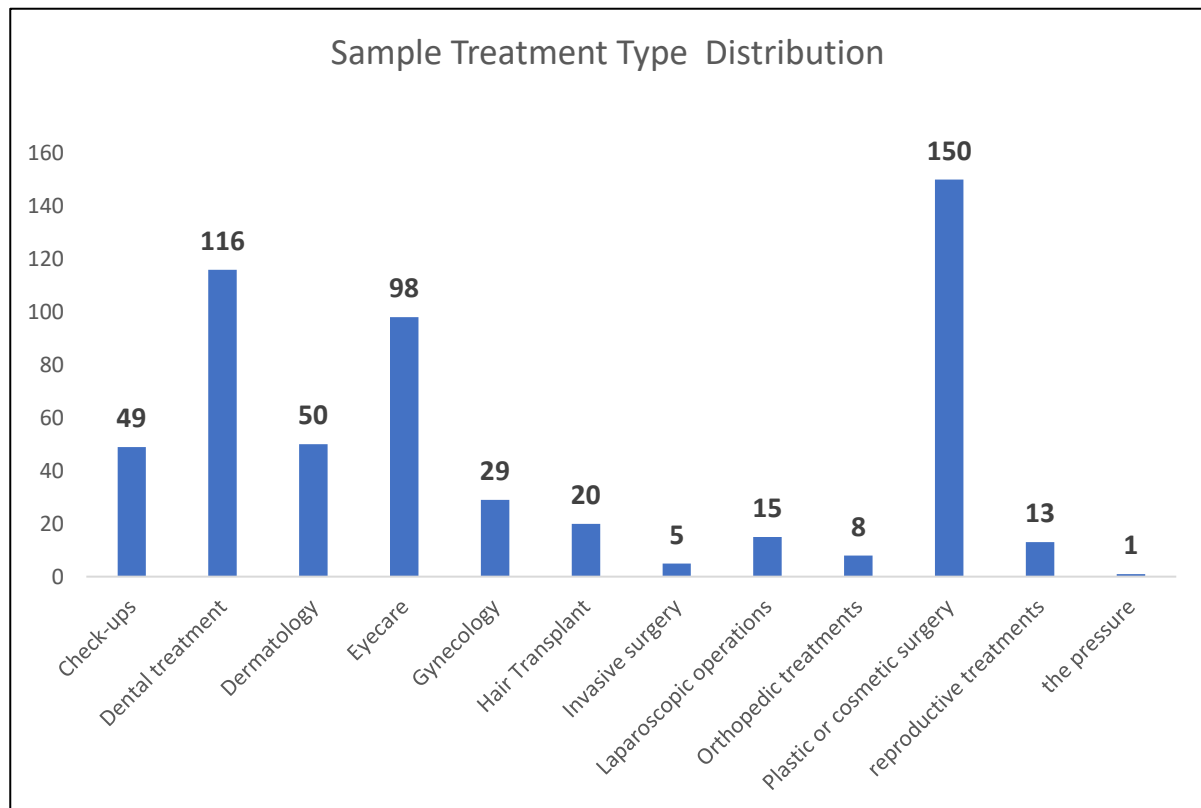
4.2.2 Characteristics of respondents with respect to health tourism behaviors

The Behavioral characteristics of the study participants, totaling 554, are outlined in the tables below.

4.2.2.1 Type of treatment

Table 4.6. Distribution of Behavioral characteristics of participants (Type of treatment).

Type of treatment	Frequency	Percent %	Valid Percent	Cumulative Percent
Dental treatment	116	20,9 %	20,9	20,9
the pressure	1	,2 %	,2	21,1
Laparoscopic operations	15	2,7 %	2,7	23,8
Hair Transplant	20	3,6 %	3,6	27,4
Plastic or cosmetic surgery	150	27,1 %	27,1	54,5
Check-ups	49	8,8 %	8,8	63,4
Eyecare	98	17,7 %	17,7	81,0
Gynecology	29	5,2 %	5,2	86,3
Orthopedic treatments	8	1,4 %	1,4	87,7
Invasive surgery	5	,9 %	,9	88,6
reproductive treatments	13	2,3 %	2,3	91,0
Dermatology	50	9,0 %	9,0	100,0
Total	554	100,0 %	100,0	

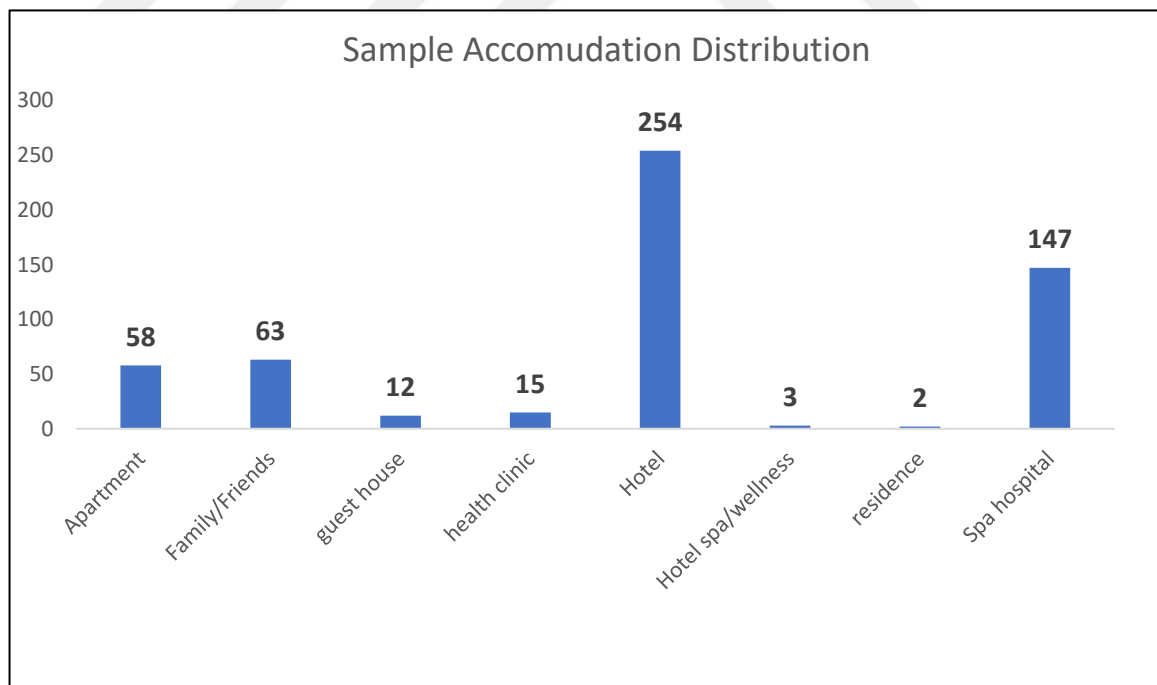


According to Table 4.6, according to the type of treatment, the majority of patients coming for cosmetic surgeries, with a total of 150 patients, constituting a percentage of 27.1%. Following closely behind are patients seeking dental treatments numbered 116, making up 20.9%. In the third position were patients seeking eye treatments, totaling 98 patients, accounting for 17.7%. Hypertension treatments were among the least sought-after by health tourists, with only one patient, representing a percentage of 0.2%. This aligns with the information provided by the Turkish Ministry of Health regarding the most popular types of treatments among health tourists. According to the Turkish Statistical Institute, the clinical branches most preferred by international patients are women's health, internal medicine, ophthalmology, medical biochemistry, general surgery, dentistry, orthopedic surgery, infectious diseases, and ear, nose, and throat specialties (TUIK,2023).

4.2.2.2 Accommodation

Table 4.7. Accommodation Type of The Respondents During Their Stay In Turkey.

Accommodation	Frequency	Percent	Valid Percent	Cumulative Percent
Apartment	58	10,5 %	10,5	10,5
Hotel	254	45,8 %	45,8	56,3
Family/Friends	63	11,4 %	11,4	67,7
Spa hospital	147	26,5 %	26,5	94,2
guest house	12	2,2 %	2,2	96,4
residence	2	,4 %	,4	96,8
health clinic	15	2,7 %	2,7	99,5
Hotel spa/wellness	3	,5 %	,5	100,0
Total	554	100,0	100,0	

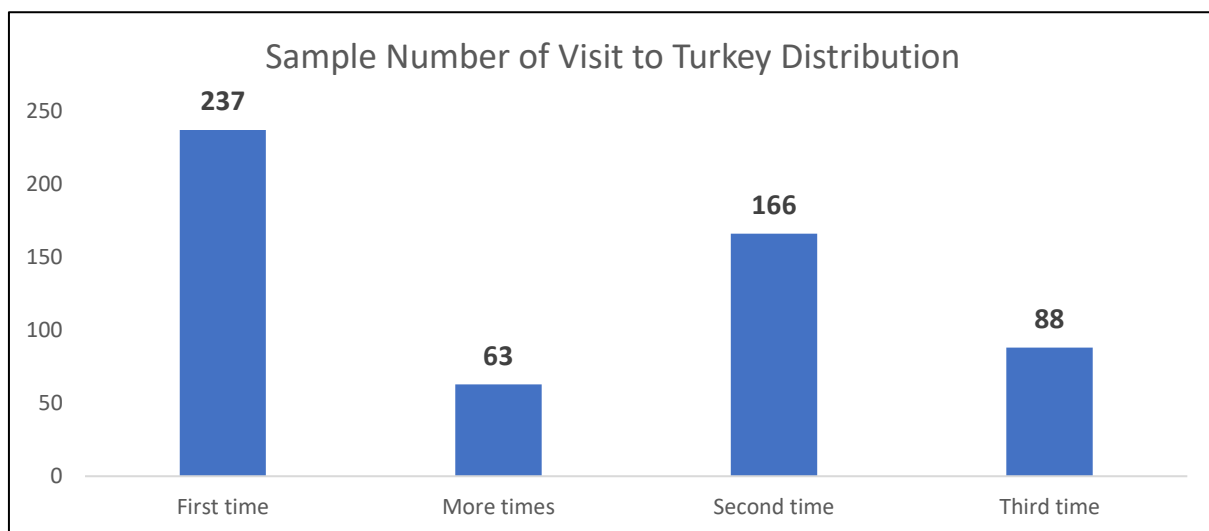


According to the choice of accommodation during the treatment period, statistics revealed a preference among a significant number of health tourists for staying in hotels. The number of individuals who stayed in hotels was 254, representing 45.8% of the total respondents. Following that, respondents opted for hospital-provided accommodations, which offer amenities such as sulfuric water, massage, and sauna facilities. The number of individuals choosing such accommodations was 147, accounting for 26.5%. Following in line was staying with family or friends, especially for individuals coming from neighboring countries such as Azerbaijan. The number of individuals who stayed with their families or friends during the treatment period was 63, constituting 11.4% of the total respondents.

4.2.2.3 Respondents' Number of Visit to Turkey

Table 4.8. Distribution of Behavioral characteristics of participants (**Number of Visit**).

Repetitive visits	Frequency	Percent %	Valid Percent	Cumulative Percent
First time	237	42,8 %	42,8	42,8
Second time	166	30,0 %	30,0	88,6
Third time	88	15,9 %	15,9	58,7
More times	63	11,4 %	11,4	100,0
Total	554	100,0	100,0	

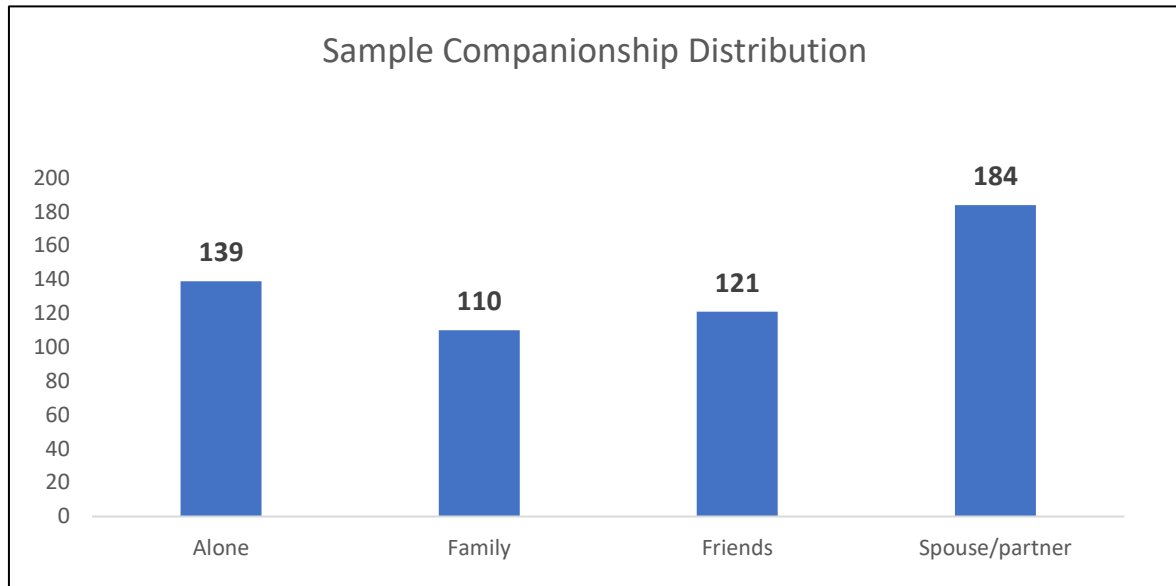


According to Table 4.8, In response to the question about the number of visits to Turkey for medical tourism, the majority of respondents indicated that they were visiting Turkey for the first time. The number of first-time visitors was 237 respondents, constituting a percentage of 42.8% of the total respondents. Meanwhile, the number of individuals visiting for the second time was 166, accounting for 30%. Those visiting three times amounted to 88 individuals, making up 15.9% of the total respondents. Finally, the number of individuals visiting more than three times was 63 respondents, representing a percentage of 11.4% of the total respondents.

4.2.2.4 Companionship in travel

Table 4.9. Distribution of Behavioral characteristics of participants (**Companionship in travel**).

Companionship in travel	Frequency	Percent%	Valid Percent	Cumulative Percent
With Friends	110	18,6 %	18,6	18,6
With Partner	184	32,7 %	32,7	51,3
With Family	121	19,3 %	19,3	70,6
Alone	139	29,4 %	29,4	100,0
Total	554	100,0	100,0	



According to Table 4.9, Individuals' responses regarding travel companions were as follows: the majority stated that the most common companions were spouses or partners, with 184 individuals traveling to Turkey with their spouses or partners, representing 32.7% of the total. Following that, individuals who visited Turkey alone without any companions numbered 139, accounting for 29.4%. Next were individuals who traveled to Turkey with their families, totaling 121 individuals, representing a percentage of 19.3%. Finally, individuals who came to Turkey with their friends amounted to 110, equivalent to 18.6%.

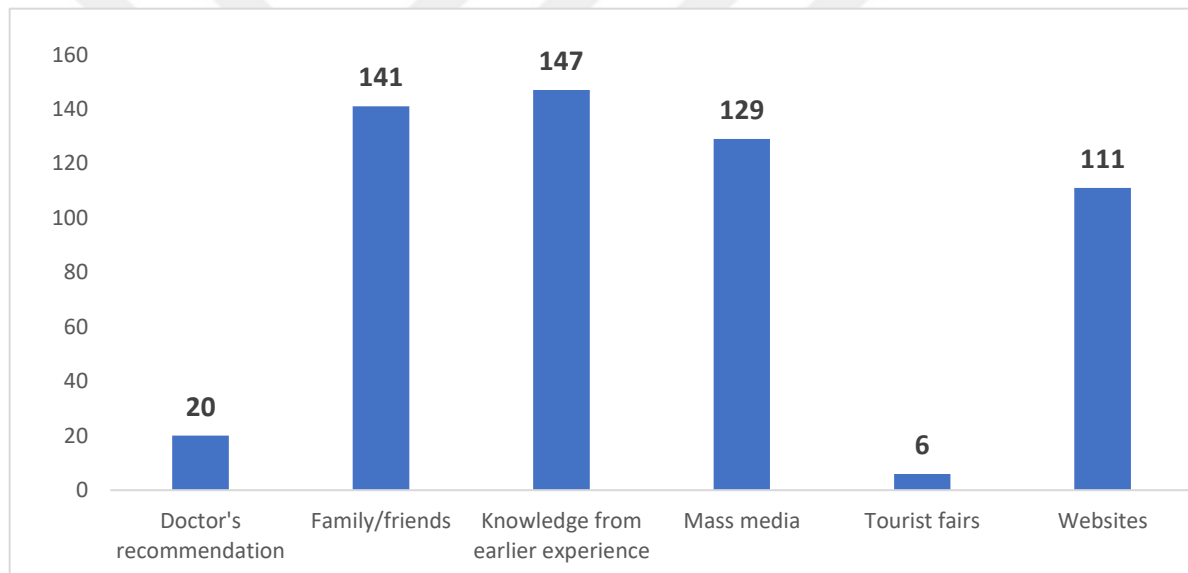
4.2.2.5 Source of information for coming to turkey as a health tourist

Table 4.10. Distribution of Behavioral characteristics of participants (**Source of information**).

source of information	Frequency	Percent	Valid Percent	Cumulative Percent
Family/friends	141	25,5 %	25,5	25,5
Tourist fairs	6	1,1 %	1,1	26,5
Mass media	129	23,3 %	23,3	49,8
Knowledge from previous experience	147	26,5 %	26,5	76,4
Websites	111	20,0 %	20,0	96,4

Doctor's recommendation	20	3,6 %	3,6	100,0
Total	554	100,0	100,0	

According to Table 4.10, In response to the question about the source of obtained information for coming to Turkey for medical treatment, the majority indicated that they came to Turkey based on previous experiences resulting from repeated visits. The number of individuals who came to Turkey after obtaining information from previous experiences was 147, equivalent to 26.5%. Following that, individuals who received information from their families or friends numbered 141, constituting 25.5%. Meanwhile, the number of individuals who came to



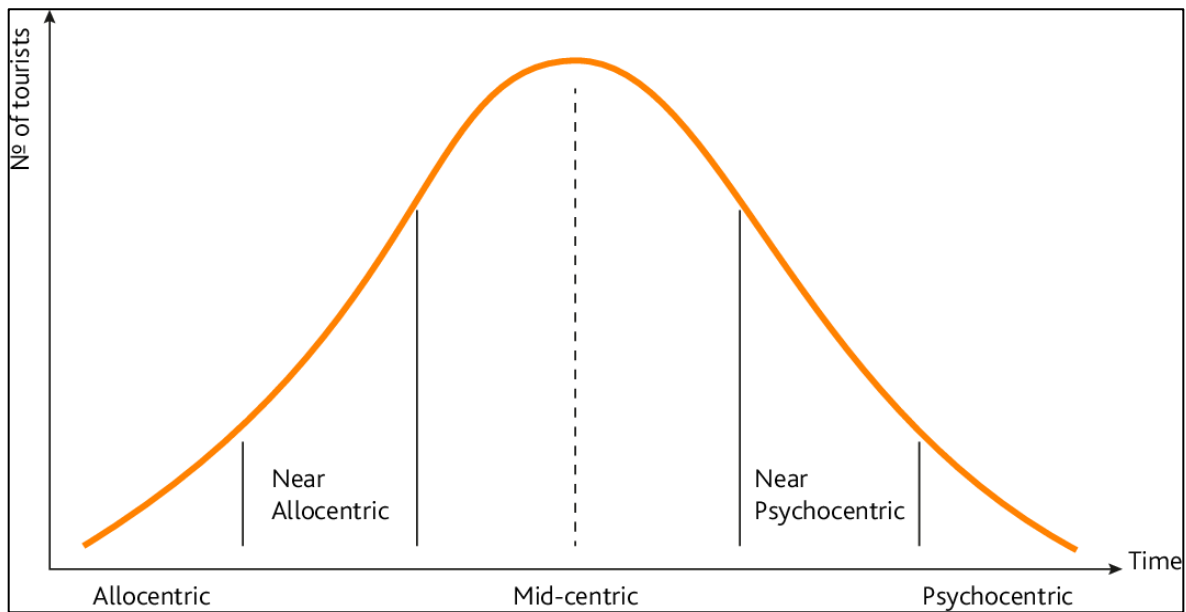
Turkey after obtaining information from social media was 129, making up 23.3%. The count of individuals who obtained information from websites was 111, representing 20%. Lastly, individuals who obtained information from tourism exhibitions were at the bottom of the list, with a total of 6 individuals, accounting for 1.1%.

4.3 Plog Analysis

According to Plog, based on personality-dependent characteristics, tourists are classified into five different types: (1) Psychocentric, (2) Near-Psychocentric, (3) Mid-

Centric, (4) Near-Allo-Centric, and (5) Allo-Centric, often referred to as "venturers." Venturers are individuals who actively seek out new experiences (plog,2002).

Figure 4.1. Personality types according to Plog Model.



Source: plog, 2002

According to the Plog theory, there are five types of personalities, and each type has its own set of unique characteristics and traits. As illustrated in Table 4.17, the results of measuring personality types yielded five distinct personality types. Plog's research confirmed that the majority of individuals exhibit traits of moderately centralized personality, indicating that the general demographics tends to possess traits with moderate centrality (plog, 2002,1974).

Table 4.17. Results of a Plog model to detect personality type.

Type of personality	Number of respondents	Percent
	percentage	
Med centric	447	80.68 %
Near Psychocentric	62	11.19 %
Near allocentric	34	6.13 %
Dependable Psychocentric	10	1.80 %
Allocentric	1	.18 %
Total	554	100 %

According to Plog (2002), we calculated the score obtained by each individual, and based on the score, individuals are classified according to their personality type. As shown in the previous figure, there are 5 types of personalities based on psychographic characteristics. Plog presented a questionnaire in his model consisting of 15 questions, according to the Likert type scales. The following table illustrates how Plog divided individuals based on the scores they obtained.

Table 4.18. Scoring in the Plog model for classifying individuals according to personality type.

15-30	30—60	60-75	75-90	90-105
Psychocentric	Near-Psychocentric	Mid-Centric	Near-Allo-Centric	Allo-Centric

The analysis results show that the majority of individuals obtained scores between 45-75, indicating individuals with moderate centrality. Their number was 447 individuals, constituting a percentage of 80.68%. Following that, there were the Near Psychocentric individuals, numbering 62 individuals, accounting for 11.2%. The third type consisted of individuals with Near Allocentric personality, with a total of 34 individuals, making up 6.13% of the respondents. The fourth category was individuals referred to by Plog as Dependable Psychocentric, totaling 10 individuals, representing 1.8%. The last personality type was Allocentric individuals, with only one person.

Plog developed a clear and robust theory along with a convincing and simple model. The model has assisted travel companies and agencies in understanding individuals' travel preferences. According to Plog, individuals of different types tend to visit places that share similar characteristics (Litvin, S. W., 2006, P. 14).

4.4 Factor Analysis for Variables

We conducted a factor analysis for the medical tourism index. The results of the factor analysis are presented in Table 4.11 below.

Table 4. 11: Factor analysis results

Rotated Component Matrix^a				
	Component			
	1	2	3	4
M26	.892			
M24	.882			
M25	.880			
M23	.876			
M28	.862			
M22	.850			
M29	.835			
M27	.830			
M21	.753			
M20	.748			
M19	.667			
M18	.641			
M14		.952		

M15		.927		
M13		.927		
M12		.885		
M16		.872		
M9			.874	
M10			.822	
M8			.822	
M7			.767	
M11			.682	
M2				.815
M1				.783
M4				.762
M5				.741
M3				.620
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 6 iterations.				

According to Table 6.11, factor analysis was applied to examine the motivational items. Initially, four factors were grouped in 34 items. However, upon review, four of these items were found to be duplicates and were therefore excluded. Factor analysis was then performed on the remaining four factors. Initially, item 17 caused problems and was deleted. The reason for this question deviating from the variable discussing the quality of services and medical facilities is attributed to the repetition of the question. In addition, item 6 presented issues and was also removed. The reason for the deviation of the sixth question and its lack of consistency may be related to the questions grouped under the first variable

all revolve around the country's environment and culture. In contrast, the sixth question can be categorized under the economic variable and is not related to the country's environment and culture. The desired factor structure was achieved with the remaining items. Four new variables were created based on this factor structure: country environment, tourist destination, medical cost, and medical services. As illustrated in Table 6.11, the data is suitable for factor analysis. The health tourism scale consists of 4 dimensions. The table shows dimensions and the loading of their factors. The total explained variance is determined to be 76.162%. Here, the low explanatory power of the cultural dimension can be interpreted as increasing importance of other dimensions, such as the international economic environment, where work (transaction) is considered a mandatory activity, and cost is deemed more significant by everyone.

Table 4. 12: KMO and Bartlett's Test for medical tourism.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.912
Bartlett's Test of Sphericity	Approx. Chi-square	16027.792
	Df	406
	Sig.	.000

Table 4.12 indicates Kaiser-Meyer-Olkin (KMO) measures for sampling adequacy, which is a statistic indicating the proportion of variance in the derived variables that is common variance among the underlying factors. The KMO value ranges from 0 to 1, indicating whether the data is suitable for further analysis. If the KMO value equals or exceeds 0.5 and has a significant (sig) or probability (p) value less than 0.05, it means that the data is indeed qualified for further analysis in factor analysis (Napitupulu et al. 2017: 700).

Based on Table 4.12, it can be observed that the obtained values for the KMO test and Bartlett's test are 0.912 with a significance of 0.000. This implies that the data was eligible for further analysis in factor analysis as it met the KMO requirements (> 0.5) and had significance less than 0.05 (<0.05).

4.5 Two Step Cluster Analysis

In the case of medical tourist segmentation, various clustering methods have been applied in previous studies, such as K-means and Self-Organizing Maps (SOM), among others (Dryglas, D., et al. 2018; Gopichandran & Chetlapalli, 2013; Chen et al., 2013; Liu & Chen, 2009; Kolodinsky & Reynolds, 2009). In this study, with variables of different types (categorical, continuous), a two-step clustering method was applied using SPSS 27 software. The Twostep Cluster method with log-likelihood distance was considered suitable because it can effectively handle both continuous and categorical data simultaneously, without requiring sequential clustering procedures, automatically finding the optimal number of clusters (Rundle-Thiele et al., 2015: 526). It is considered one of the most accurate methods based on extensive tests on diverse datasets (Gelbard et al., 2007).

Before selecting the variables that would serve as criteria for segmentation, we conducted experiments on each study variables, including demographic, behavioral, and psychographic factors, as well as individual motivations. Clustering experiments were conducted either individually or with other variables. A total of 15 experiments were conducted, based on the number of extracted clusters, the quality of the extracted clusters, which preferably had results higher than 0.02, according to the silhouette image. The silhouette image provides a graphical representation for interpreting and verifying consistency within data sets. This technique offers a concise graphical representation of the quality of classifying each object, thirdly according to the mass ratio, fourthly according to the importance of each variable, which is preferred to be greater than 0.2, and finally according to the ANOVA results. In the end, the group that achieved the best results was selected. The group's quality was considered acceptable, revealing four strong clusters. For

this reason, segmentation was done based on individual motivations, and other variables were not included in the segmentation process. See table 4. 13.

Table 4. 13. Positive results.

#	Variables	N.	Quality	Silhouette	Ratio of cluster	Min importance	Anova
1	(country environment, medical cost, tourism destination, medical services).	4	Fair	0,5	4,46	The significance level of four variables is above 0.1.	$P < 0.01$
2	Personality traits + (country environment, medical cost, tourism destination, medical services).	4	Fair	0,3	3,83	country environment (,07) tourism destination (,09)	$P < 0.01$
3	Personality traits + (country environment, medical cost, tourism destination, medical services) + Behavioral	3	Fair	0,3	5,38	Medical cost (,06) P1 (,06) Medical services (,000)	$P < 0.01$
4	Personality traits + (country environment, medical cost, tourism destination, medical services) + Behavioral + Demographic	3	Fair	0,2	5,46	country environment (,08) type of treatment (,07) p14 (,07) Employment status (,05) tourism destination (,05) P2 (,05) Marital status (,04) Repetitive visits (,03)	$P < 0.01$

						P1 (,02) Medical cost (,02) Education (,01) Medical services (,000) Gender (,000)	
5	Personality traits + (country environment, medical cost, tourism destination, medical services) + Demographic	3	Fair	0,2	4,25	p14 (,09) Education (,07) Medical cost (,05) country environment (,0 3) tourism destination (,03) Employment stetus (,0 2) Marital status (,04) Medical servesies (,0 2) Gender (,000)	P < 0.01
6	Demographic	2	Fair	0,4	1,46	Nationality (,04)	P < 0.01
7	Behavioral	3	Poor	0,2	1,49	-	P < 0.01
8	Behavioral + Demographic	2	Poor	0,1	1,13	-	P < 0.01
9	(country environment, medical cost, tourism destination, medical services) + Demographic	2	Poor	0,1	1,01	-	P < 0.01

10	(country environment, medical cost, tourism destination, medical services) + Behavioral	2	Poor	0,1	1,11	-	P < 0.01
11	(country environment, medical cost, tourism destination, medical services) + Demographic + Behavioral	3	Poor	0,1	1,77	-	P < 0.01
12	Personality traits + Demographic + Behavioral	3	Fair	0,2	4,59	type of treatment (,07) Employment stetus (,07) Marital status (06) p14 (,05) Education (,03) p1 (,02) p2 (,01) gender (,01) Repititive visits (,00)	P < 0.01
14	Personality traits + Demographic	5	Fair	0,3	2,19	p14 (,0 9) Education (,0 7) Employment stetus (,0 2) Marital status (. 0 1) gender (,0 0)	P < 0.01
15	Personality traits	3	Fair	0,4	6,97	P 2 (,0 7) p1 3 (,0 5) p 3 (,0 4) p4 (,0 4) p1 5 (,0 3)	P < 0.01

The Health Tourism Index, which includes motivations of medical tourists for choosing a specific destination for treatment, was used as segmentation variables, following the methodology proposed by Fetscherin & Stephano (2016). All variables are treated as continuous variables in the analysis. The Bayesian Information Criterion (BIC) is used as a criterion for clustering, and log-likelihood is used as a measure of distance (Table 6.14). Fifteen clusters are computed by default in SPSS. However, only the first five are presented in Table 6.13 as they contain sufficient information.

Table 4.14. Auto-clustering using Schwarz's Bayesian Criterion (BIC).

Number of Clusters	Auto-Clustering			
	Schwarz's Bayesian Criterion (BIC)	BIC Change ^a	Ratio of BIC Changes ^b	Ratio of Distance Measures ^c
1	1584.551			
2	1250.916	-333.635-	1.000	1.805
3	1088.573	-162.342-	.487	1.695
4	1013.489	-75.084-	.225	1.803
5	994.354	-19.135-	.057	1.430

a. The changes are from the previous number of clusters in the table.

b. The ratios of changes are relative to the change for the two-cluster solution.

c. The ratios of distance measures are based on the current number of clusters against the previous number of clusters.

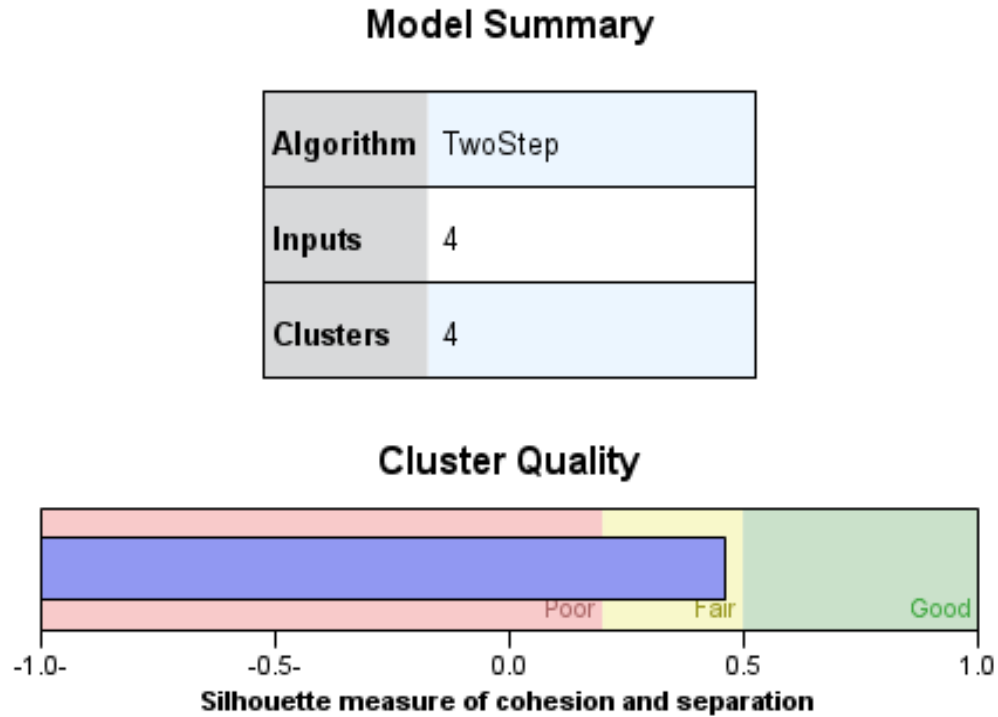
After conducting the two-step cluster analysis, the algorithm recommends four clusters based on the segmentation of tourists according to their motivations for choosing Turkey as a destination for medical tourism. The results indicated the presence of four clusters, representing the optimal solution for similar elements within each group, as shown in Table 6.15.

Table 4.15. Cluster Distribution.

Cluster Distribution				
		N	% of Combined	% of Total
Clusters	Cluster 1	57	10.3%	10.3%
	Cluster 2	145	26.2%	26.2%
	Cluster 3	254	45.8%	45.8%
	Cluster 4	98	17.7%	17.7%
	Combined	554	100.0%	100.0%
		554	Total	100.0%

The clustering procedure returned a good Silhouette measure of cohesion and a separation of 0.5, this is considered an acceptable ratio for accepting the results of the two-step cluster analysis, and it serves as the first step of the four steps used to ensure the validity of the two-step cluster analysis (Figure 4.1). The silhouette index is commonly used in cluster analysis to find the optimal number of clusters, as well as to validate and assess the final clusters as a structural indicator that enables for the measurement of overall cluster quality. The silhouette index value is a measure of how well an object fits within its cluster (cohesion) compared to other clusters (separation). The silhouette index ranges from -1 to +1, where a high value indicates that the object fits well within its own cluster and poorly with neighboring clusters (Dudek, 2020: 1).

Figure 4.2. silhouette measure of cohesion and separation



As mentioned, previous, the results of the cluster analysis revealed four groups, each containing similar elements to the furthest extent. The first group comprises 10.3%, with 57 respondents belonging to this group. The second group consists of 145 individuals, accounting for 26.2%. The largest group is the third one, with 254 individuals, making up 45.8% of the total. The fourth and final group comprises 98 individuals, representing 17.7%. see Figure 4.3

Figure 4.3. Cluster Size

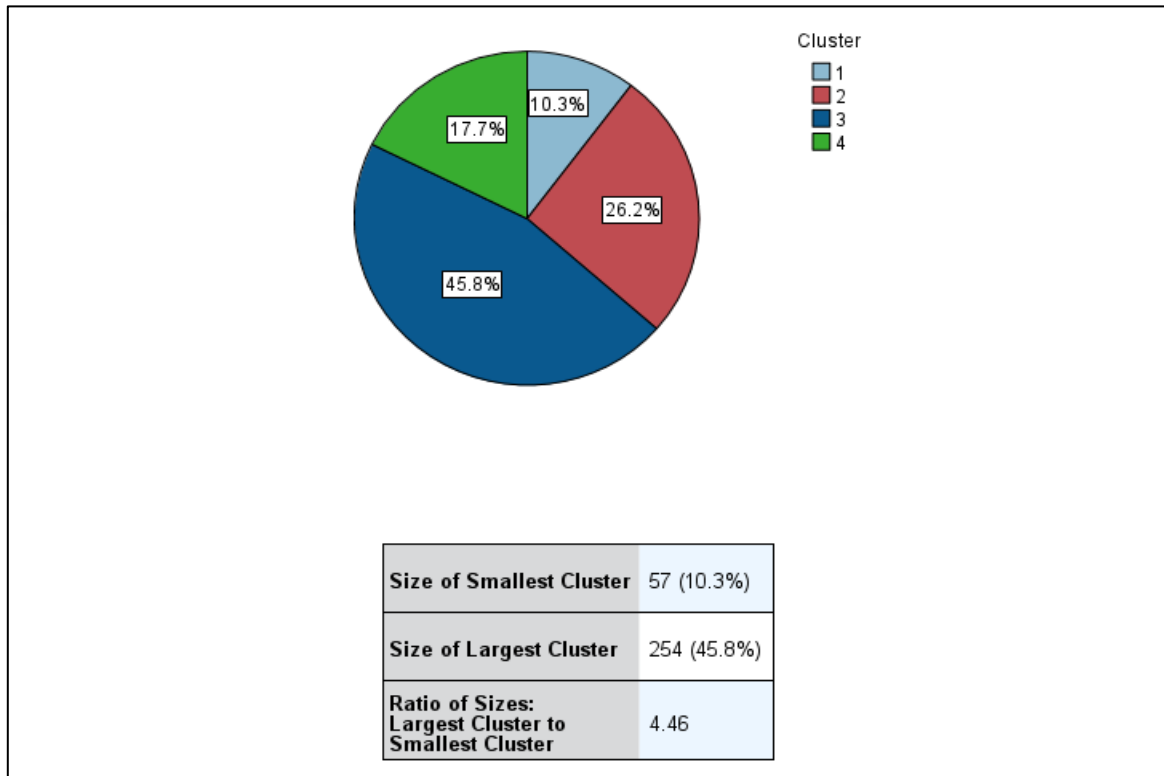
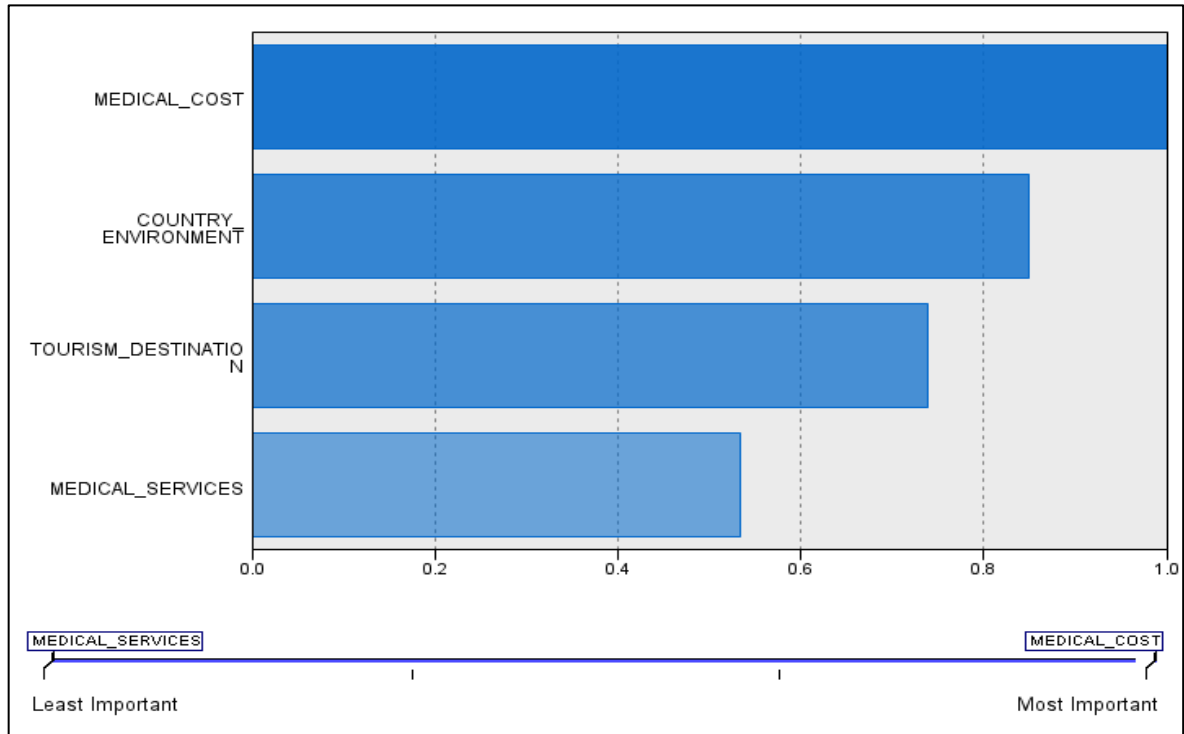


Figure 4.3 displays the importance of each variable in the group, which is the second method indicating the validity of the solution and the use of these variables as partitioning variables. The results showed acceptable importance values for the predicted variables, as all results were higher than 0.5 for all variables. when assessing the importance of inputs (predictors) to determine the significance of variables in solving the group, variables with low importance (0.02 or less) should be carefully considered for use in the final solution. Elements with negative values should be excluded from the analysis as they are deemed insignificant. Typically, these variables will align with those identified in the second validation stage – i.e., those that are not statistically significant. Variables with predictive

importance values of 0.00 or 0.01 may be included, but it is worth noting that responses to these variables are likely to be similar across different groups (Tkaczynski et al., 2015).

Figure 4.4. importance of the predictors



According to the above figure, which illustrates the predictive importance of the variables used for partitioning, the results showed very high importance, reaching 100%, for the treatment cost variable. It is followed by the country environment variable, which obtained an importance ratio of 90%. Next is the medical destination variable, hold a relative importance of 70%. The least important is the medical services variable, which obtained a relative importance of 50%.

The sector profile and group homogeneity were verified through one-way ANOVA tests for the measurement variables, similar to other multi-channel segmentation studies (Elliott et al., 2012). Homogeneity of variance and normality assumptions for ANOVA were

assessed using Levene's and Kolmogorov-Smirnov tests. This primarily provided conclusions regarding variable differences across groups, as shown in Table 4.16.

Table 4.16 .ANOVA TEST

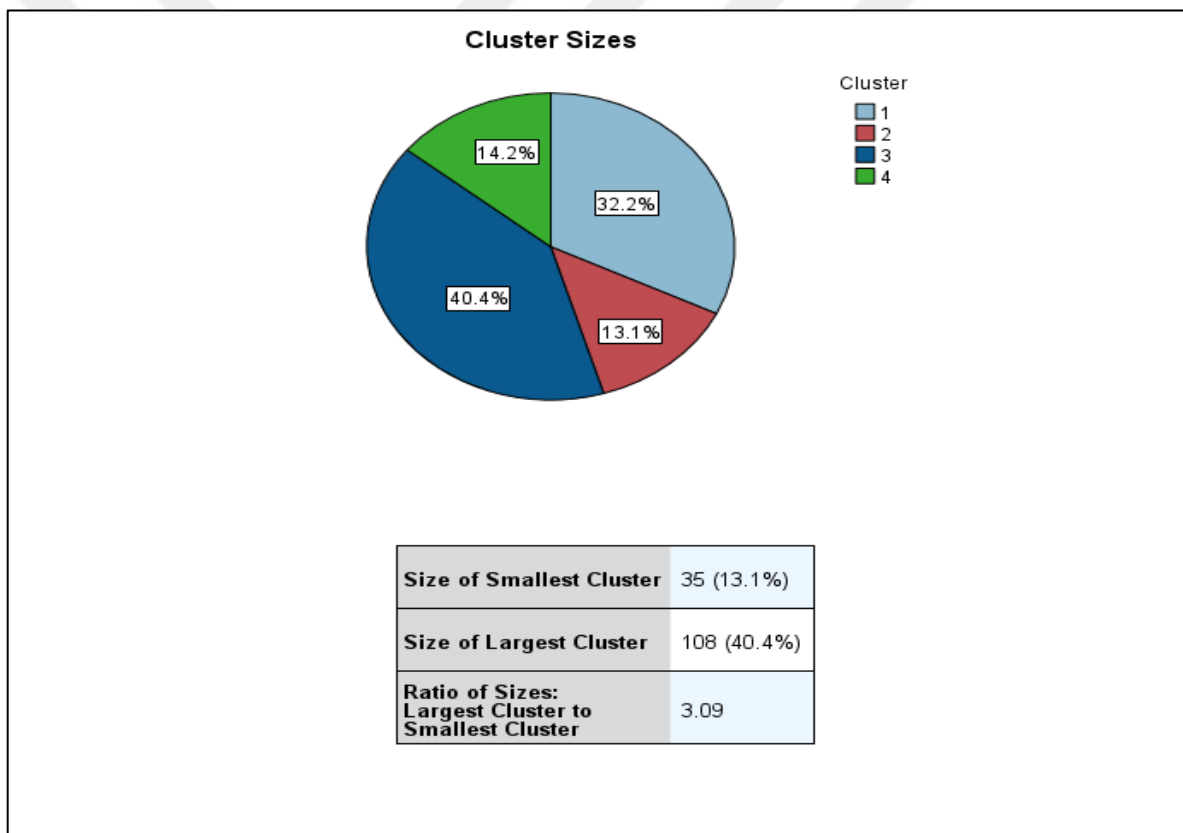
		Sum of Squares	df	Mean Square	F	Sig
Country Environment	Between Groups	683.012	3	227.671	211.574	<.001
	Within Groups	591.843	550	1.076		
	Total	1274.855	553			
Tourism Destination	Between Groups	360.626	3	120.209	174.404	<.001
	Within Groups	379.090	550	.689		
	Total	739.716	553			
Medical Cost	Between Groups	887.264	3	295.755	268.591	<.001
	Within Groups	605.624	550	1.101		
	Total	1492.888	553			
Medical Services	Between Groups	192.861	3	64.287	114.719	<.001
	Within Groups	308.211	550	.560		
	Total	501.072	553			

According to the results of the one-way ANOVA presented in the table above, there are statistically significant differences among the characteristics of the four groups identified from the two-step cluster analysis, with all differences being statistically significant ($P < 0.05$). Table 6.14 displays the average scores for each group and the ANOVA results that assess significant differences between each group concerning their responses to questions related to privacy and human dignity through computing: the statistical test (F); degrees of freedom (df) between and within groups; and the significance (F value). All are significant ($P < 0.05$).

4.5.1 Case select

The fourth and final method to ensure the quality and validity of two-step cluster analysis results is to randomly divide the entire dataset into two separate groups. Then, cluster analysis is performed on the first group and subsequently on the second group, ensuring that both groups yield similar results. The results of both segments will be presented in the following figures and tables.

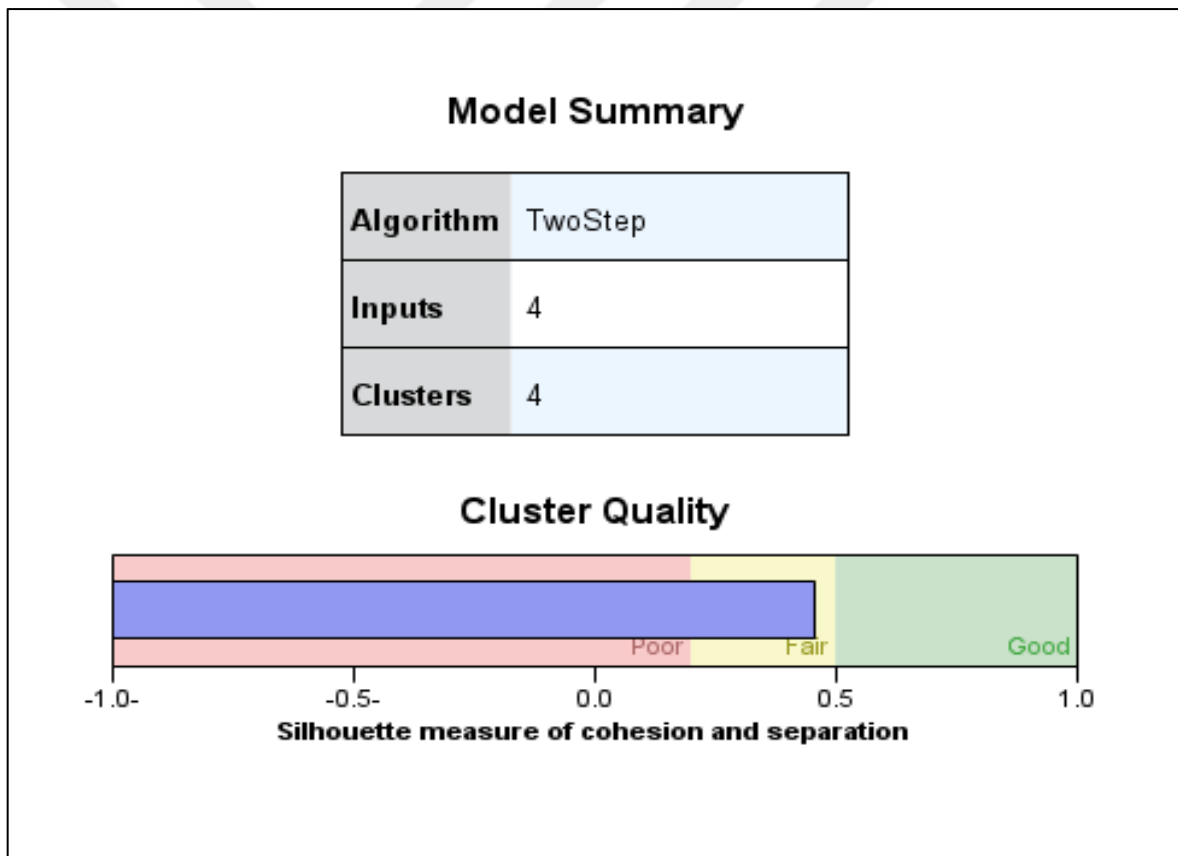
Figure 4.5 Cluster Size for the first split



To ensure the quality and validity of the two-step cluster analysis, the sample was divided into two segments to ensure consistent results across both samples. According to Figure 4.5, the results of the cluster analysis for the first segment revealed four groups, each containing similar elements to the maximum extent. The first group constitutes 32.2%, with

178 individuals belonging to this group. The second group consists of 35 individuals, representing 13.1%. The largest group is the third group, with 243 individuals, making up 40.4% of the total. The fourth and final group consists of only 79 individuals, accounting for 14.2%. According to Figure 4.6, a cluster analysis was performed on the first random sample, and the silhouette image scale indicates a good cohesion and separation by a margin of 0.5. This ratio is considered satisfactory for accepting the results of the two-step cluster analysis, serving as the first step in the four steps used to validate the two-step cluster analysis results.

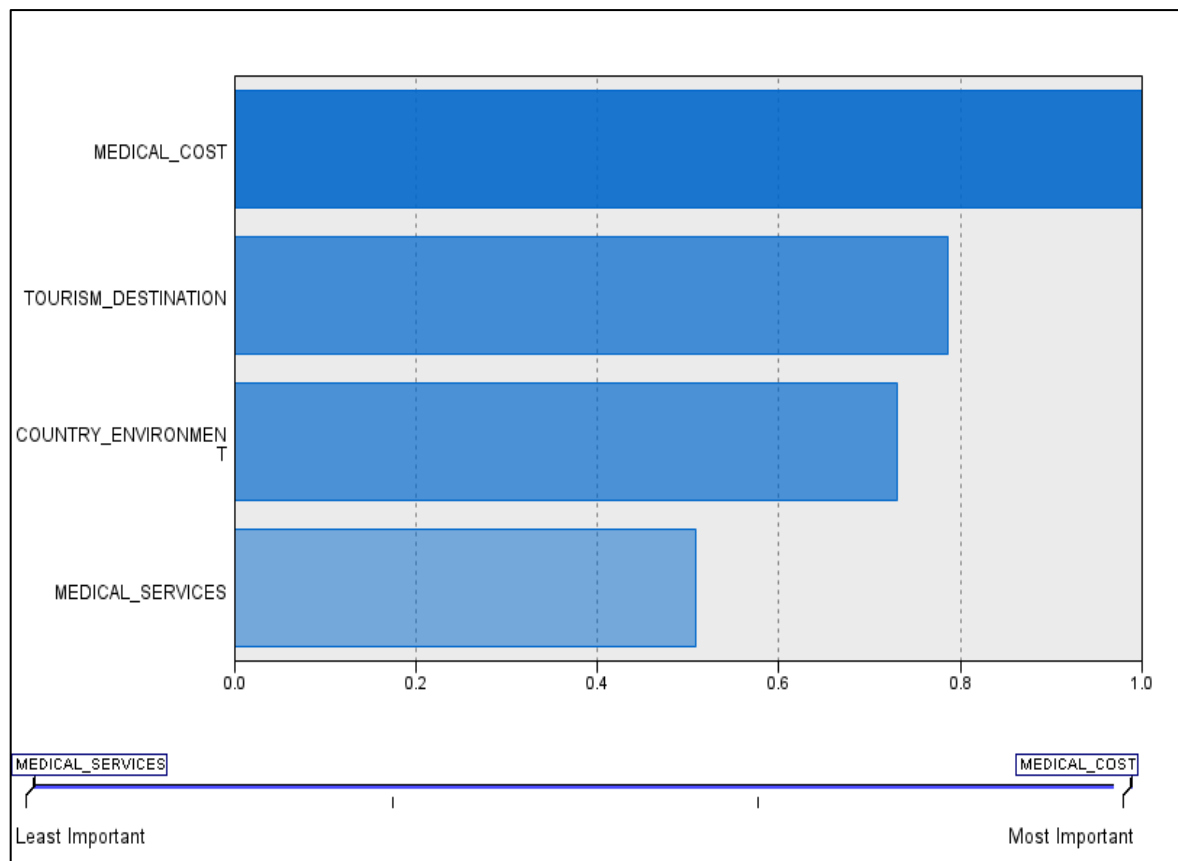
Figure 4.6 silhouette measure of cohesion and separation for the first split



According to Figure 4.7, which illustrates the predictive importance of the variables used in the division, the results of the random sample for the first segment showed very high

importance, attaining 100% for the treatment cost variable. Next is the medical destination variable, with a relative importance of 80%. Then comes the variable of the country's environment, which obtained an importance percentage of 70%. The least important is the medical services variable, with a relative importance of 45%.

Figure 4.7. importance of the predictors for the first split



The sector profile and group homogeneity were verified through one-way ANOVA tests for the measurement variables. This primarily yielded conclusions regarding the variable differences among the groups, as outlined in Table 6.16. According to the results of the one-way analysis of variance (ANOVA) presented in the above table, statistically

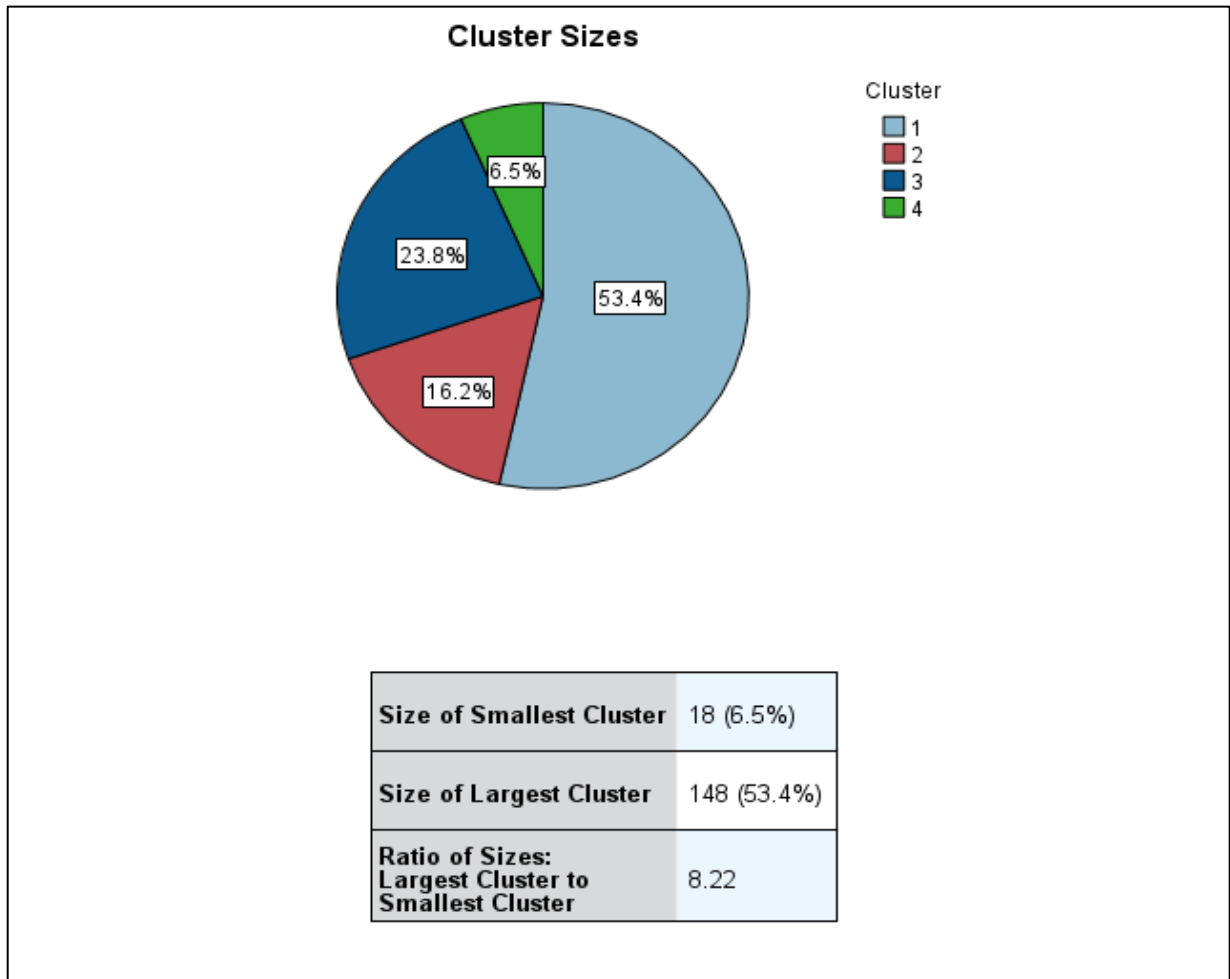
significant differences among the characteristics of the four groups specified by the two-step cluster analysis, with all differences being statistically significant ($P < 0.05$).

Table 6.16. Anova test for the first split

		Sum of Squares	df	Mean Square	F	Sig
Country Environment	Between Groups	314.797	3	104.932	91.490	<.001
	Within Groups	301.640	363	1.147		
	Total	616.437	266			
Tourism Destination	Between Groups	203.759	3	67.920	101.851	<.001
	Within Groups	175.849	363	.669		
	Total	379.607	266			
Medical Cost	Between Groups	462.387	3	154.129	144.418	<.001
	Within Groups	280.685	363	1.067		
	Total	743.072	266			
Medical Services	Between Groups	110.454	3	36.818	57.128	<.001
	Within Groups	169.500	263	.644		
	Total	279.954	266			

As mentioned, previous, the purpose of randomly partitioning the sample into two segments is to ensure that we obtain similar results in terms of the number of extracted components, the significance of each variable, and the silhouette value, as well as the strength and quality of the cluster. We have reviewed the results of the first random segment above, and in the next section, we will present the results of the second segment through figures and tables.

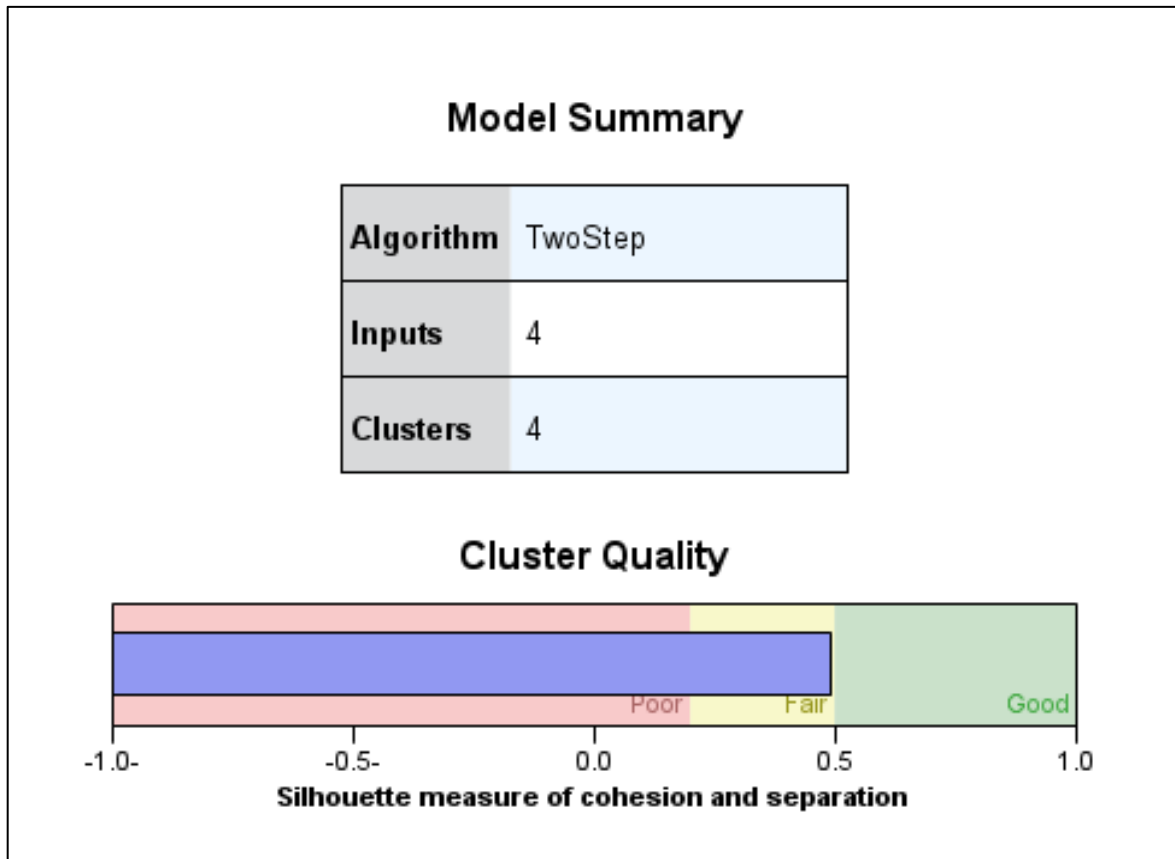
Figure 4.8. Cluster Size for the second split



To ensure the quality and validity of the two-step cluster analysis, the sample was divided into two segments to ensure consistent results between the two samples. According to Figure 6.6, the results of the cluster analysis for the second segment revealed four groups, each containing similar elements to the maximum extent. The first group constitutes 53.4%, with 296 individuals belonging to this group. The second group consists of 90 individuals, representing 16.2%. The largest group is the third group, with 132 individuals, 23.8% of the total. The fourth and final group consists of only 36 individuals, accounting for 6.5 %.

According to Figure 4.9, a cluster analysis was performed on the second random sample, and the silhouette image scale indicates a good cohesion and separation by a margin of 0.5. This ratio is considered satisfactory for accepting the results of the two-step cluster analysis, serving as the first step in the four steps used to validate the two-step cluster analysis results.

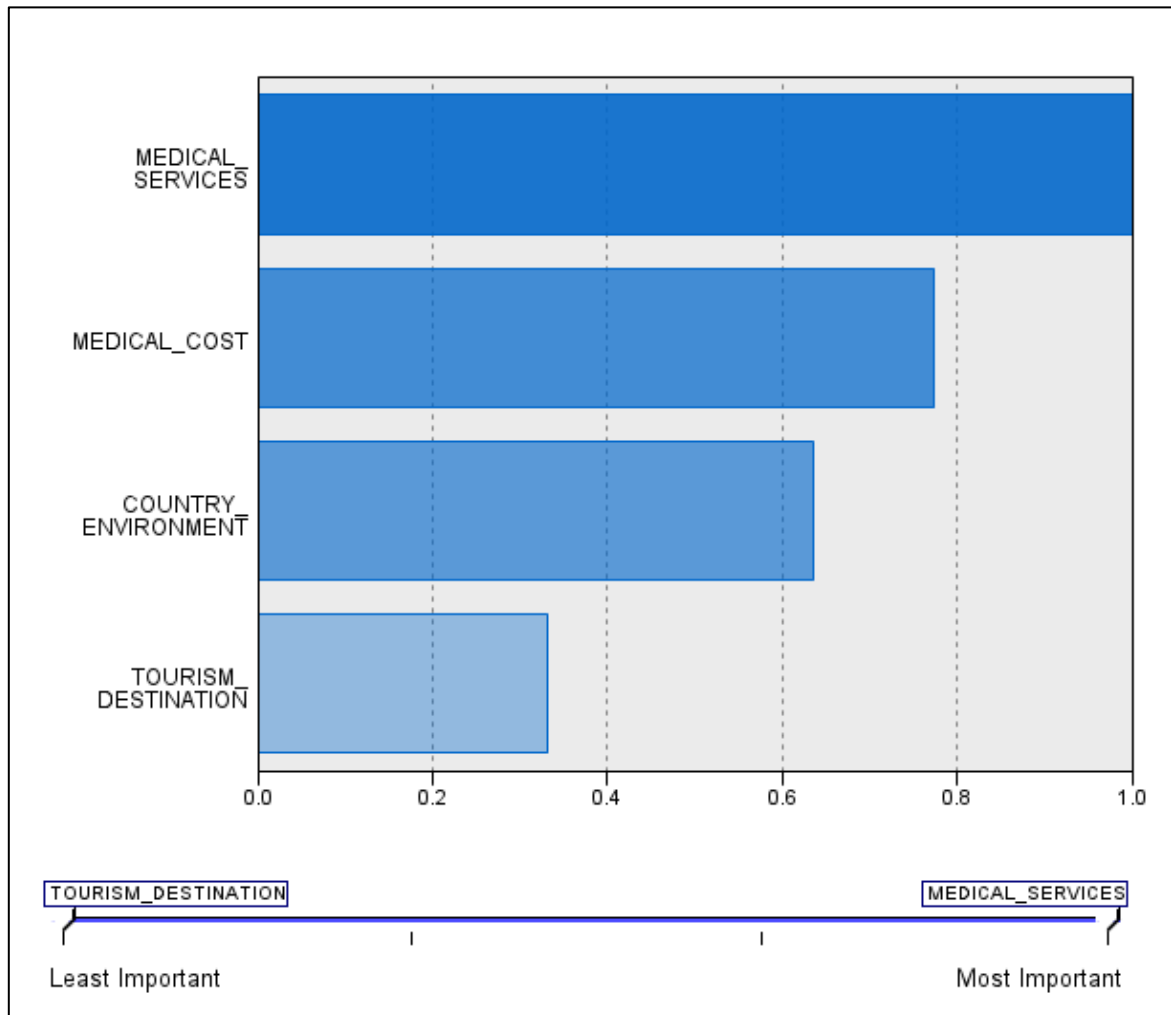
Figure 4.9. silhouette measure of cohesion and separation for the second split



According to Figure 4.10, which illustrates the predictive importance of variables used in the segmentation, the results of the random sample for the second segment showed very high importance, reaching 100%, for the medical services variable, unlike the first segment. Following that is the treatment cost variable, with a relative importance of 80%. Next is the state environment variable, which obtained an importance percentage of 65%. The least important variable is the tourist destination variable, with a relative importance of 30%. Since

all variables have a relative importance of more than 20%, this is evidence that all variables used in the segmentation are highly significant.

Figure 4.10 importance of the predictors for the second split



The sector profile and group homogeneity were verified through one-way ANOVA tests for the measurement variables. This primarily led to conclusions regarding the variable differences among the groups, as outlined in Table 4.17. According to the results of the one-way analysis of variance (ANOVA) provided in the table below, statistically significant differences exist among the characteristics of the four groups specified by the two-step cluster

analysis in the second random sample, with all differences being statistically significant ($P < 0.05$).

Table 4.17. Anova test for the second split

		Sum of Squares	df	Mean Square	F	Sig
Country Environment	Between Groups	232.178	1	232.178	155.725	<.001
	Within Groups	424.846	285	1.491		
	Total	657.024	286			
Tourism Destination	Between Groups	73.198	1	73.198	71.679	<.001
	Within Groups	291.041	285	1.021		
	Total	364.239	286			
Medical Cost	Between Groups	127.967	1	127.967	58.538	<.001
	Within Groups	623.026	285	2.186		
	Total	750.993	286			
Medical Services	Between Groups	61.093	1	61.093	104.007	<.001
	Within Groups	167.408	285	.587		
	Total	228.502	286			

Table 4.18. Case Processing Summary chi- square.

Chi-Square Tests									
	Value	df	Asymptotic Significance (2-sided)	Monte Carlo Sig. (2-sided)			Monte Carlo Sig. (1-sided)		
				Significance	99% Confidence Interval		Significance	99% Confidence Interval	
					Lower Bound	Upper Bound		Lower Bound	Upper Bound
Pearson Chi-Square	388.558 ^a	153	.000	.000 ^b	.000	.000			
Likelihood Ratio	309.503	153	.000	.000 ^b	.000	.000			
Fisher-Freeman-Halton Exact Test	291.008			.000 ^b	.000	.000			
Linear-by-Linear Association	86.262 ^c	1	.000	.000 ^b	.000	.000	.000 ^b	.000	.000
N of Valid Cases	554								
a. 175 cells (84.1%) have expected count less than 5. The minimum expected count is .10. b. Based on 10000 sampled tables with starting seed 205597102. c. The standardized statistic is 9.288.									

The table above displays the results of the chi-square test, illustrating the characteristics of each extracted cluster. It also shows the count of individuals and the amount of missing data.

The table indicates the absence of any missing data, and the loss percentage is 0%.

4.5.2 Demographic characteristics of the extracted clusters

4.5.2.1 Gender of the extracted clusters.

Table 4.19. gender * TwoStep Cluster Number Crosstabulation chi- square test.

gender * TwoStep Cluster Number Crosstabulation					
gender	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Female	26	80	146	47	299
male	31	65	108	51	255
Total	57	145	254	98	554

Table 4.20 displays the demographic characteristics, specifically "gender," for the four extracted clusters. The first group consists of 26 females and 31 males, while the second cluster comprises 80 females and 65 males. The third cluster is the largest, formed by 146 females and 108 males. As for the fourth and final cluster, it consists of 47 females and 51 males.

4.5.2.2 Marital status of the extracted clusters.

Table 4.20. Marital status * TwoStep Cluster Number Crosstabulation chi- square test.

Marital status * TwoStep Cluster Number Crosstabulation					
Marital status	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Single (never married)	12	27	32	21	92
Married, or in a domestic partnership	41	93	165	60	359
widowed	0	5	3	2	10
Divorced	0	8	2	2	12
Separated	4	12	52	13	81
Total	57	145	254	98	554

According to marital status, Table 4.21 presents the results for the marital status of the extracted clusters. The first cluster consists of 12 single individuals, 41 individuals who are married or in a domestic partnership, with no widowed or divorced individuals in this group. However, 4 individuals in this cluster are separated from their partners. The second cluster includes 27 single individuals, 93 individuals married or in a domestic partnership, 8 widowed individuals, 5 divorced individuals, and finally, 52 individuals separated from their partners. In the third and largest cluster, the number of single individuals is 32, married individuals are 165, there are 2 divorced individuals, 2 widowed individuals, and finally, 52 individuals separated from their partners. In the fourth and final cluster, there are 21 single individuals, 60 individuals married or in a domestic partnership, 10 widowed individuals, 12 divorced individuals, and finally, 81 individuals separated from their partners.

4.5.2.3 *Nationality of the extracted clusters.*

Table 4.21. Nationality * TwoStep Cluster Number Crosstabulation chi- square test.

Nationality * TwoStep Cluster Number Crosstabulation					
Count					
Nationality	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Palestine	0	8	1	4	13
British	0	3	5	0	8
Albanian	0	1	4	1	6
Portugal	0	0	2	1	3
Finland	0	0	3	1	4
Malta	0	0	2	0	2
Serbia	0	0	5	1	6
American	15	17	27	2	61
Yemen	2	3	1	5	11
Algeria	0	13	3	4	20
Syrian	0	3	0	0	3
holland	1	3	22	4	30
Jordanian	0	6	1	0	7

Lebanon	0	6	0	0	6
Iraq	0	7	0	0	7
Qatar	0	2	3	0	5
Kuwait	0	4	1	0	5
Bahrain	0	3	1	0	4
Saudi Arabia	0	5	1	0	6
Egypt	0	3	4	2	9
Sudan	1	1	1	0	3
Chad	1	3	5	3	12
Belgium	0	7	7	2	16
Tunisia	0	0	3	0	3
Libya	0	2	3	1	6
Somalia	0	1	1	0	2
Morocco	0	0	4	4	8
Iranian	0	9	35	8	52
Georgian	14	11	9	5	39
Azerbaijan	11	1	10	27	49
German	4	5	19	2	30
Spain	1	2	13	7	23
French	6	3	11	9	29
Greek	0	1	16	0	17
Denmark	1	2	7	1	11
Norway	0	5	7	0	12
Sweden	0	4	10	3	17
Ireland	0	1	3	1	5
Poland	0	0	4	0	4
Total	57	145	254	98	554

According to the respondents' nationalities, Table 4.22 shows the nationalities of individuals in the extracted clusters. The first cluster consists of 15 individuals who came from America for treatment in Turkey, there are 2 individuals with Yemeni nationality, 1 individual with Dutch nationality, and 1 individual each from Sudan and Chad. Additionally, there are 14 individuals from Georgia, 11 individuals with Azerbaijani nationality, 4

individuals with German nationality, 1 individual with Spanish nationality, 6 individuals with French nationality, and finally, 1 individual with Danish nationality.

As for the second cluster, there are 8 Palestinian medical patients, 3 individuals from the United Kingdom, 1 individual with Albanian nationality, 17 individuals with American nationality, 3 individuals with Yemeni nationality, 13 individuals with Algerian nationality, 3 individuals with Syrian nationality, 3 individuals with Dutch nationality, 6 individuals with Jordanian nationality, 6 individuals with Lebanese nationality, and 5 individuals from various Gulf countries (Iraq, Qatar, Kuwait, Bahrain, Saudi Arabia). There are also 3 individuals from Egypt, 1 individual with Sudanese nationality, 3 individuals from Chad, 7 individuals from Belgium, 2 individuals from Libya, 1 individual from Somalia, 9 individuals with Iranian nationality, 11 individuals from Georgia, 1 individual with Azerbaijani nationality, 5 individuals from Germany, 2 individuals with Spanish nationality, 3 individuals with French nationality, 1 individual with Greek nationality, 2 individuals with Danish nationality, 5 individuals with Norwegian nationality, 4 individuals with Swedish nationality, and finally, 1 individual with Irish nationality.

Finally, the nationalities of members in the fourth and last cluster are as follows: 4 Palestinian medical patients, 1 individual with Albanian nationality, 1 individual with Portuguese nationality, 1 individual with Finnish nationality, 1 individual with Serbian nationality, 2 individuals with American nationality, 5 individuals with Yemeni nationality, 4 individuals with Algerian nationality, 4 individuals with Dutch nationality, 2 individuals from Egypt, 3 individuals from Chad, 2 individuals from Belgium, 1 individual from Libya, 4 individuals from Morocco, 8 individuals with Iranian nationality, 5 individuals from Georgia, 10 individuals with Azerbaijani nationality, 19 individuals from Germany, 13 individuals with Spanish nationality, 11 individuals with French nationality, 16 individuals with Greek nationality, 7 individuals with Danish nationality, 7 individuals with Norwegian nationality, 10 individuals with Swedish nationality, 3 individuals with Irish nationality, and finally, 1 individual with Polish nationality.

4.5.2.4 Education of the extracted clusters.

Table 4.22. Education * TwoStep Cluster Number Crosstabulation chi- square test.

Education * TwoStep Cluster Number Crosstabulation					
Education	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Primary school	1	4	17	5	27
Middle school	6	7	7	2	22
High school	16	37	65	27	145
university	28	74	125	54	281
Higher Education	6	23	40	10	79
Total	57	145	254	98	554

According to the educational level of the respondents, Table 4.23 illustrates the educational levels of medical patients coming to Turkey for treatment in the four extracted clusters. The first cluster consists of one individual with a primary school certificate, 6 individuals with a preparatory certificate, 16 individuals with a secondary school certificate, and the majority of respondents in this cluster hold a university degree, with 28 individuals having completed university education. Finally, there are 6 individuals with postgraduate qualifications among medical tourists seeking treatment in Turkey. As for the second cluster, there are 17 individuals with a primary school certificate, 7 individuals with a preparatory certificate, 65 individuals with a secondary school certificate, and the majority have a university degree, with 74 individuals having completed university education. Additionally, there are 23 individuals with postgraduate qualifications among medical tourists in this cluster.

The third cluster consists of 4 individuals with a primary school certificate, 7 individuals with a preparatory certificate, 37 individuals with a secondary school certificate, and the majority with a university degree, with 125 individuals having completed university education. Finally, there are 40 individuals with postgraduate qualifications among medical

tourists in this cluster. The fourth and last cluster consists of 5 individuals with a primary school certificate, 2 individuals with a preparatory certificate, 27 individuals with a secondary school certificate, and the majority have a university degree, with 45 individuals having completed university education. There are also 10 individuals with postgraduate qualifications among medical tourists in this cluster.

4.5.2.5 *Employment status*

Table 4.23. Employment status * TwoStep Cluster Number Crosstabulation

Employment status * TwoStep Cluster Number Crosstabulation					
employment status	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Employed full-time (40 or more hours per week)	14	41	58	28	141
Unemployed and currently looking for work	8	9	22	6	45
Employed part-time (up to 39 hours per week)	8	40	73	21	142
Student	3	14	25	6	48
Housewife	7	19	26	12	64
Self-employed	6	8	22	14	50
Unable to work	6	5	14	7	32
Retired	4	8	6	1	19
Unemployed and not currently looking for work	1	1	8	3	13
Total	57	145	254	98	554

Table 4.24 shows the employment status of respondents in each of the four categories based on their educational levels. In the first cluster, the highest number of people working 40 hours a week full-time was 14, while the highest number of unemployed people actively looking for work was 8. There were 8 people who worked part-time for more than 39 hours a week: three medical student tourists, 7 homemakers, 6 self-employed people, 6 people who were unable to work, 4 retirees, and one person who was neither working nor looking for

work. In the second cluster, the greatest number of people working 40 hours a week at full-time was 41, while the lowest number of people who were jobless and actively looking for work was 9. There were 41 people who worked 40 hours or more per week on a full-time basis. In addition, forty people put in more than 39 hours a week of part-time employment. There were eight self-employed people, five people who couldn't work, eight retired people, fourteen medical student visitors, and nineteen homemakers. One person was neither looking for work nor working.

Regarding the third cluster, the above-mentioned data shows that 58 people were working 40 hours a week full-time, and 22 people are unemployed but actively looking for work. At one point, there were 72 people working part-time, which was higher than 39. There were twenty-five medical student tourists and seventy-two people working over the week. A further breakdown of the demographics included 26 homemakers, 22 business owners, 14 people who were unable to work, and 6 are retired people. Eight people did not have a job or were looking for job. As for the fourth and final cluster, the highest number of individuals working 40 hours per week full-time was 28, while the number of individuals unemployed but actively seeking employment was 6. The count for individuals working part-time for more than 39 hours per week was 21. The number of medical student tourists was 6, and the count for homemakers was 12. Additionally, the number of individuals owning their own businesses was 14, those unable to work were also 7, and there was one retired person. Meanwhile, there were 3 individuals not working or seeking employment.

4.5.3 Behavioral characteristics of the extracted clusters

4.5.3.1 Type of medical treatment

Table 4.24. Type of medical treatment * TwoStep Cluster Number Crosstabulation

Type of treatment * TwoStep Cluster Number Crosstabulation					
Type of treatment	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Dental treatment	17	28	47	24	116
the pressure	0	1	0	0	1
Laparoscopic operations	0	9	4	2	15
Hair Transplant	1	7	6	6	20
Plastic or cosmetic surgery	11	28	88	20	150
Check-ups	9	11	20	9	49
Eyecare	12	31	40	18	98
Gynecology	3	7	12	7	29
Orthopedic treatments	0	4	2	2	8
Invasive surgery	0	0	5	0	5
reproductive treatments	1	2	9	1	13
Dermatology	3	17	21	9	50
Total	57	145	254	98	554

The Type of medical treatment selected by health tourists who traveled to Turkey to enhance their health is shown in Table 4.24. Based on the information gathered about the clusters, the first cluster's findings revealed that, out of all the treatments offered, 17 health tourists chose to receive dental work. In addition, 12 people arrived for eye treatments, 3 for women's health treatments, 1 for fertility treatments, and 3 for dermatological procedures. Eleven people arrived for cosmetic surgeries, 9 for general check-ups with unknown health problems, and 1 for hair transplantation.

The results of the second cluster show that 28 individuals among health tourists came for dental treatments, one person for blood pressure treatments, 9 individuals for endoscopic

procedures, 7 people for hair transplantation, 31 individuals for cosmetic surgeries, 11 individuals with unspecified health issues who came for general check-ups, 28 individuals for eye treatments, 7 individuals for women's health treatments, 4 individuals for orthopedic treatments, two people for fertility treatments, and 17 individuals for dermatological treatments. The results of the third cluster show that 47 tourists travelled to Turkey for dental treatments, 4 for endoscopic procedures, 6 for hair transplants, and 88 for cosmetic surgeries—the most popular treatment among the group. Twenty of the patients had no apparent medical conditions and were there for routine check-ups; forty patients had eye treatments; twelve patients had women's health treatments; two patients had orthopedic treatments; and five patients had minor surgical procedures. In addition, nine patients had reproductive therapies, and twenty-one received dermatological treatments.

The following are the findings for the fourth and final cluster: 24 medical patients traveled to Turkey for dental care, 2 patients traveled for endoscopic procedures, and 6 patients traveled for hair transplantation. Twenty more people came for cosmetic surgery, and nine more came for regular check-ups due to unidentified health conditions. In addition, forty persons sought treatment for eye conditions, seven for women's health issues, two for orthopedic conditions, and nine for dermatological issues. At last, one person came for infertility treatments.

4.5.3.2 Accommodation

Table 4.25. Accommodation * TwoStep Cluster Number Crosstabulation

Accommodation * TwoStep Cluster Number Crosstabulation					
Accommodation	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Apartment	5	20	22	11	58
Hotel	11	83	119	41	254
Family/Friends	13	6	19	25	63
Spa hospital	18	30	81	18	147
guest house	6	3	1	2	12
residence	0	0	2	0	2
health clinic	3	1	10	1	15
Hotel spa/wellness	1	2	0	0	3
Total	57	145	254	98	554

Table 4.25 shows the locations chosen by individuals in the four clusters during the treatment period. The results of asking about the type of accommodation chosen by individuals were as follows in the first cluster: 5 individuals chose an apartment for accommodation during the treatment period, 11 individuals stayed in a hotel during the treatment, while the number of individuals who stayed with relatives or friends was 13. Additionally, 18 individuals chose a recovery residence, 6 people stayed in a guesthouse, 3 people stayed in the hospital after surgery, and finally, one person chose a recovery hospital for accommodation during the treatment period. Regarding the second cluster, the following are the accommodation-related results: 20 individuals opted to stay in an apartment over the course of treatment, eighty-three people slept in a hotel, and 6 individuals stayed with friends or family. Furthermore, 30 patients selected a recovery home, 3 opted for lodging in a guesthouse, one remained in the hospital following surgery, and 2 selected a recovery hospital for their stay during the course of therapy.

In the third cluster, the results for accommodation were as follows: 22 individuals chose an apartment for accommodation during the treatment period, 119 individuals stayed in a hotel during the treatment, while the number of individuals who stayed with relatives or friends was 19. Additionally, 81 individuals chose a recovery residence, 1 person chose a guesthouse, and 10 individuals stayed in the hospital after surgery during the treatment period. In the fourth and final cluster, the results were as follows: 11 individuals chose an apartment for accommodation during the treatment period, 41 individuals stayed in a hotel during the treatment, while the number of individuals who stayed with relatives or friends was 25. Additionally, 18 individuals chose a recovery residence, two individuals chose a guesthouse, and one person stayed in the hospital after surgery during the treatment period.

4.5.3.3 *Number of visits*

Table 4.26. Number of visits * TwoStep Cluster Number Crosstabulation

Number of visits * TwoStep Cluster Number Crosstabulation					
Number of visits	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
First time	17	70	110	40	237
Second time	18	42	76	30	166
Third time	13	22	40	13	88
More times	9	11	28	15	63
Total	57	145	254	98	554

Table 4.26 shows the frequency of visits individuals made to Turkey. The results indicate that, in the first cluster, 17 individuals visited Turkey for the first time, while the number of individuals who visited Turkey for the second time was 18. Thirteen individuals visited Turkey three times, and finally, nine individuals visited Turkey more than three times. As for members of the second cluster, the results of the frequency of visits were as follows: the number of individuals visiting Turkey for the first time was 70, while the number of individuals visiting Turkey for the second time was 42. Twenty-two individuals visited Turkey three times, and finally, 11 individuals visited Turkey more than three times.

While the results of the third cluster indicate the following: the number of individuals visiting Turkey for the first time was 110, while the number of individuals visiting Turkey for the second time was 76. Forty individuals visited Turkey three times, and finally, 28 individuals visited Turkey more than three times. Finally, the results of the fourth and last cluster show that the number of individuals visiting Turkey for the first time was 40, while the number of individuals visiting Turkey for the second time was 30. Thirteen individuals visited Turkey three times, and finally, 15 individuals visited Turkey more than three times.

4.5.3.4 *Companionship in travel*

Table 4.27. Companionship in travel* TwoStep Cluster Number Crosstabulation

Companionship in travel * TwoStep Cluster Number Crosstabulation					
Companionship in travel	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
with Friends	16	26	48	13	103
with Partner	25	45	76	35	181
with Family	9	27	52	19	107
Alone	7	47	78	31	163
Total	57	145	254	98	554

Table 4.27 shows the companions of medical tourists during their travels. The results for the first cluster indicate the following: the number of individuals accompanied by friends was 16, the number of individuals who traveled with their spouses was 25, and the number of individuals who came with their families was 9. Finally, 7 individuals came alone without companions. As for the second cluster, the results of examining the companions of medical tourists during their travels are as follows: the number of individuals accompanied by friends during travel was 26, the number of individuals who traveled with their spouses was 45, and the number of individuals who came with their families was 27. Finally, 47 individuals came alone without companions. For the third cluster, the results are as follows: the number of individuals accompanied by friends during travel was 48, the number of individuals who traveled with their spouses was 76, and the number of individuals who came with their

families was 52 families. Finally, 78 individuals came alone without companions. For the fourth and final cluster, the results are as follows: the number of individuals accompanied by friends during travel is 13, the number of individuals who traveled with their spouses is 35, and the number of individuals who came with their families is 19. Finally, 31 individuals came alone without companions.

4.5.3.5 *source of information*

Table 4.28. source of information* TwoStep Cluster Number Crosstabulation

source of information * TwoStep Cluster Number Crosstabulation					
source of information	TwoStep Cluster Number				Total
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	
Family/friends	26	43	48	24	141
Tourist fairs	2	0	4	0	6
Mass media	5	40	65	19	129
Knowledge from previous experience	16	26	66	39	147
Websites	7	33	59	12	111
Doctor's recommendation	1	3	12	4	20
Total	57	145	254	98	554

Table 4.28 shows the question that measures respondents' behavior regarding the recommendation of Turkey as a tourist destination for improving their health.

The results of this question, according to the four categories, were as follows: In the first cluster, 26 individuals answered that they came to Turkey based on the recommendation of their families and friends, while only two individuals came based on the recommendation from tourism exhibitions. The number of individuals who came to Turkey based on recommendations from social media was 5, and those who came based on their previous experiences were 16. Five individuals came to Turkey based on recommendations from the websites of tourism and medical companies, and only one person came based on a doctor's recommendation.

As for the results of the second cluster, 43 individuals answered that they came to Turkey based on the recommendation of their families and friends. Meanwhile, the number of individuals who came to Turkey based on recommendations from social media was 40, and those who came based on their previous experiences were 26. The number of individuals who came to Turkey based on recommendations from the websites of tourism and medical companies was 33, while the number of individuals who came based on a doctor's recommendation was 3.

The results of the third cluster were as follows: 48 individuals answered that they came to Turkey based on the recommendation of their families and friends. The number of individuals who came to Turkey based on recommendations from tourism exhibitions was 4, while the number of individuals who came based on recommendations from social media was 65. Those who came based on their previous experiences were 66 individuals, and 59 individuals came to Turkey based on recommendations from the websites of tourism and medical companies. Finally, 12 individuals came to Turkey for treatment based on a doctor's recommendation.

As for the results of the fourth and final cluster, 24 individuals answered that they came to Turkey based on the recommendation of their families and friends. The number of individuals who came to Turkey based on recommendations from social media was 19, while the number of individuals who came based on their previous experiences was 39. Those who came to Turkey based on recommendations from the websites of tourism and medical companies were 12 individuals, and the number of individuals who came on the basis of a doctor's recommendation was 4 individuals.

4.5.4 Psychographic characteristics of the extracted clusters

Table 4.29 TwoStep Cluster Number * Crosstabulation

Clusters	Psychocentric		Mid-centric		Allocentric		Total	Percent
Cluster 1	3	32.07%	54	10%	0	0	57	10.28%
Cluster 2	7	53.84%	138	25.55%	0	0	145	26.17%
Cluster 3	3	32.07%	250	46.29%	1	100%	254	45.85%
Cluster 4	0	0	98	18.14%	0	0	98	17.70%
Total	13	100%	540	100%	1	100%	554	100%

According to Table 4.29, this table illustrates the psychographic characteristics specific to the personality of medical tourists based on the extracted clusters according to Plog's segmentation. The first cluster indicates that the number of individuals belonging to the Psychocentric personality type is 3, while the majority belongs to the Mid-centric personality type, with no individuals classified as Allocentric tourists.

As for the second cluster, the personal traits of the extracted cluster are as follows: the number of individuals belonging to the Psychocentric personality type is 7, while the majority belongs to the Mid-centric personality type, totaling 138 individuals, and 7 individuals fall into the Allocentric category as medical tourists.

The results of the third cluster are as follows: the number of individuals belonging to the Psychocentric personality type is 3, while the majority belongs to the Mid-centric personality type, with a total of 250 individuals, and only 1 individual falls into the Allocentric category as a medical tourist.

Finally, in the fourth cluster, the results are as follows: there are no individuals belonging to the Psychocentric personality type, while the majority belongs to the Mid-centric personality type, with a total of 98 individuals, and no individuals are classified as Allocentric.

4.5.5 Motivations of the extracted clusters

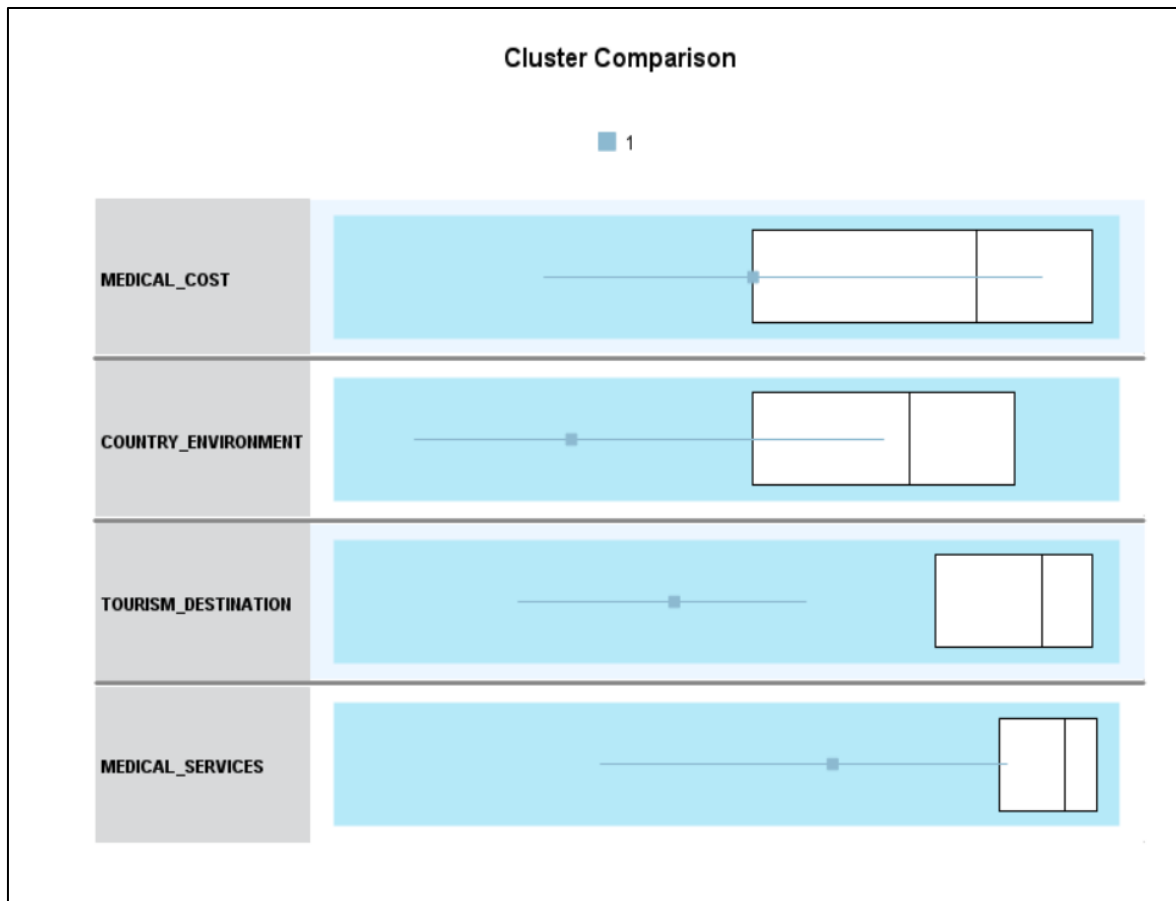
After identifying the demographic, behavioral, and psychographic characteristics of the four extracted clusters, we proceed in this section to determine the motivations that led individuals to choose Turkey for medical treatment within these clusters. In this section, we will examine the results of the mean and standard deviation, which is a value around which the values of a set gather and can be used to judge the rest of the group's values.

Table 4.30. Mean and standard deviation for each cluster

Clusters	Country Environment		Tourism Destination		Medical cost		Medical Services	
	Mean	Std. Deviation	Mean	Deviation	Mean	Deviation	Mean	Deviation
Cluster 1	3.4281	2.01333	3.6982	1.67124	4.235	2.00111	4.6082	1.74297
Cluster 2	3.6248	1.07079	5.8607	.83743	5.208	1.16449	6.2862	.56236
Cluster 3	5.9016	.70587	6.4394	.58142	6.496	.54103	6.6424	.39123
Cluster 4	5.7959	.87153	6.2694	.61063	3.136	1.07477	6.2253	.74490
Combined	5.0325	1.51834	5.9758	1.15656	5.332	1.64305	6.2661	.95189

According to Table 4.30, the results of the first cluster indicate that the mean for the four motivations representing medical tourism was as follows: the mean for the treatment cost variable was 4.24, while the mean for the state's environment variable was 3.34. The mean for the tourist destination variable was 3.70, and finally, for the fourth and last variable, the mean for the medical services variable was 4.61. According to these results, it becomes evident that the primary motivation for members of the first cluster to choose Turkey for medical tourism is the availability of high-quality medical services and modern medical facilities. Additionally, Turkey possesses a medical team with distinguished specialties, and Turkish hospitals have the latest and most advanced medical equipment in the world.

Figure 4.11. cluster comparison in the first cluster.



According to Figure 4.12, the results of the second cluster indicate that the mean for the four motivations representing medical tourism was as follows: the mean for the treatment cost variable was 5.21, while the mean for the state's environment variable was 3.62. The mean for the tourist destination variable was 5.86, and finally, for the fourth and last variable, the mean for the medical services variable was 6.92. According to these results, it becomes evident that the primary motivation for members of the second cluster to choose Turkey for medical tourism is the availability of high-quality medical services and modern medical facilities. Additionally, Turkey possesses a medical team with distinguished specialties, and Turkish hospitals have the latest and most advanced medical equipment in the world. It is

noteworthy that members of the second cluster share the same motivation as those in the first cluster, as they chose Turkey as a destination for medical tourism due to the quality of medical services provided by medical facilities to medical tourists.

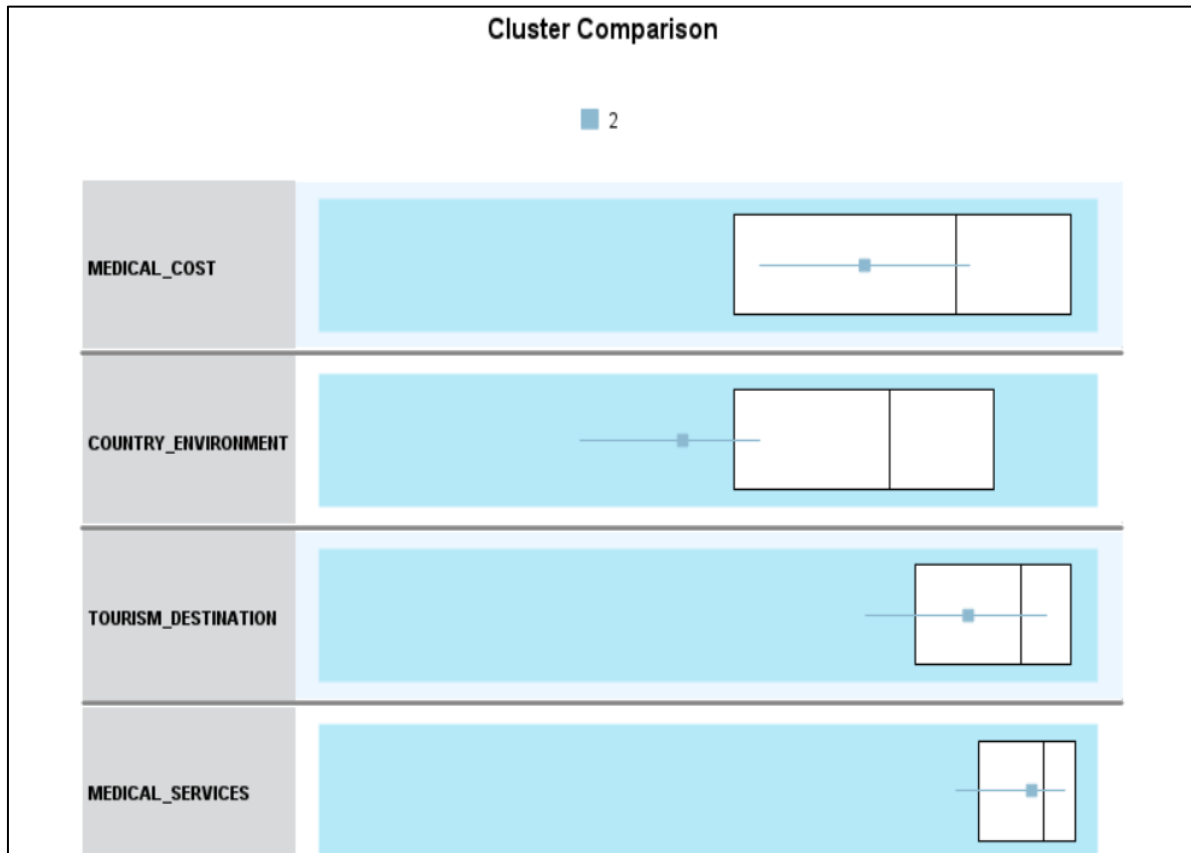
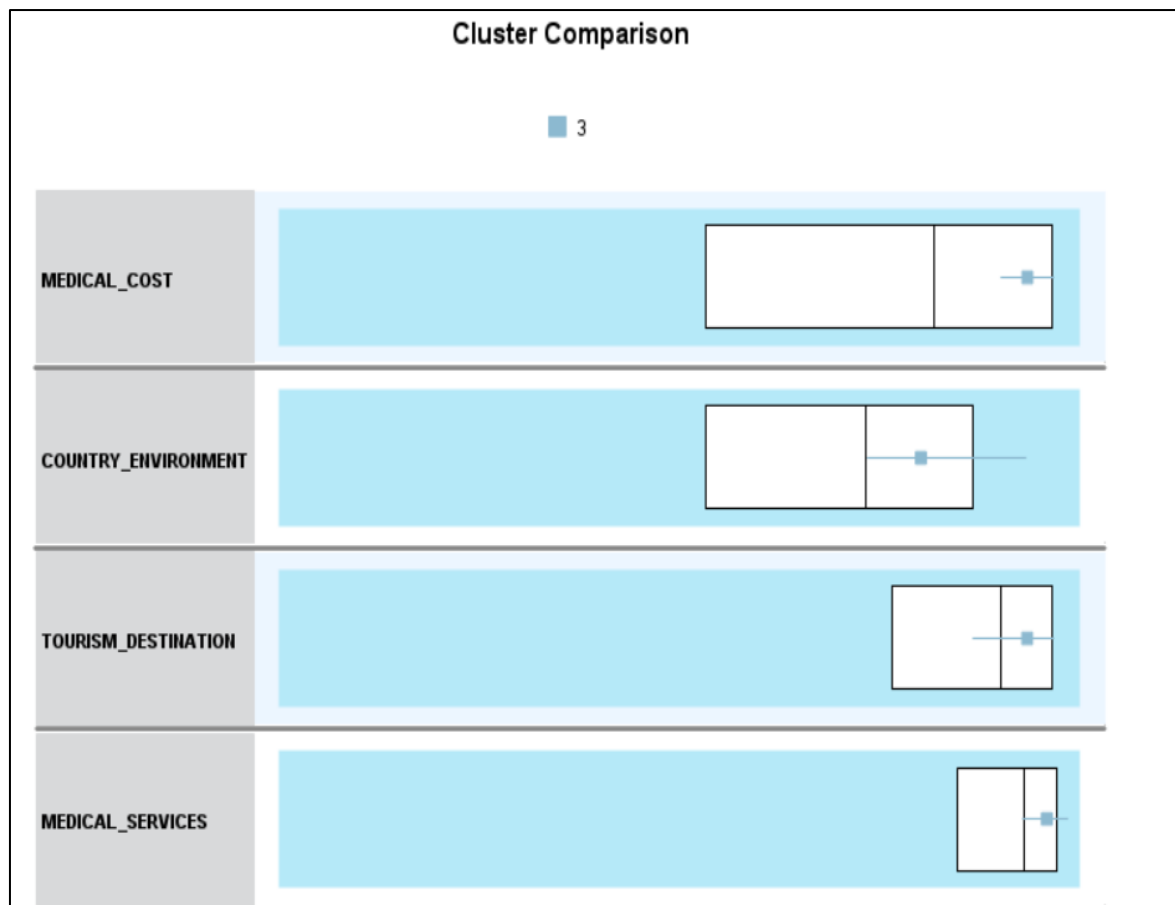


Figure 4.12. cluster comparison in the second cluster.

According to Figure 4.13, the results of the third cluster, which is the largest cluster in terms of the number of members, indicate that the mean for the four motivations representing medical tourism was as follows: the mean for the treatment cost variable was 6.64, while the mean for the state's environment variable was 5.9. The mean for the tourist destination variable was 6.44, and finally, for the fourth and last variable, the mean for the medical services variable was 6.5. According to these results, it becomes evident that the

primary motivation for members of the third cluster to choose Turkey for medical tourism is the reasonable medical costs, in addition to the costs of medical procedures. According to various studies, there is a significant difference in the treatment costs between Turkey and the United States and Europe.

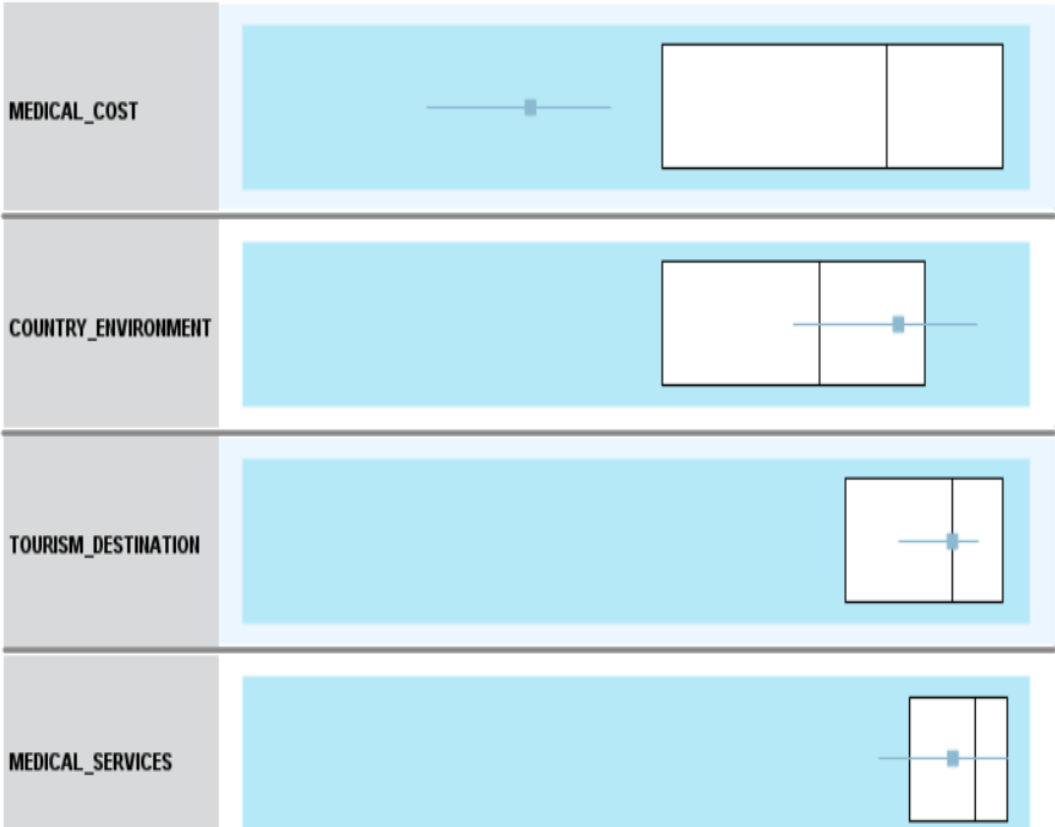
Figure 4.13. cluster comparison in the third cluster.



Finally, according to Figure 4.14, the results of the fourth and last cluster showed that the mean for the four motivations representing medical tourism was as follows: the mean for the treatment cost variable was 3.14, while the mean for the state's environment variable was 5.8. The mean for the tourist destination variable was 6.27, and finally, for the fourth and last

variable, the mean for the medical services variable was 6.23. According to these results, it becomes evident that the primary motivation for members of the fourth cluster to choose Turkey for medical tourism is the features of the tourist destination. Members of the fourth cluster selected Turkey because of its beautiful weather, diverse tourist, cultural, and religious attractions, its seas and waterfalls, and the beauty of its beaches. This choice is influenced by

■ 4



Turkey's moderate climate, as well as the ease of access to it and various tourist attractions.

Figure 4.14. cluster comparison in the fourth cluster.

Table 4.30. Demographic Characteristics Cluster Summary

clusters				
Item	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Gender	Male	Female	Female	Male
Marital status	Married	Married	Married	Married
Nationality	American, Georgian, Azerbaijan, French	Georgian, Algeria, American, Belgium	Iranian, holland, German, Greek	Azerbaijani, Spain, French, Georgian
Education	University	university	university	university
Employment status	Employed full-time (40 or more hours per week)	Employed part-time (up to 39 hours per week)	Employed part-time (up to 39 hours per week)	Employed full-time (40 or more hours per week)

Table 4.31. Behavioral Characteristics Cluster Summary

clusters				
Item	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Type of treatment	Dental treatment	Eyecare	Plastic or cosmetic surgery	Dental treatment
Accommodation	Spa hotel	Hotel	Hotel	Hotel

Repetitive visits	Second time	First time	First time	First time
Companionship in travel	Partner	Alone	Alone	Partner
Source of information	Family/friends	Mass media	Knowledge from previous experience	Knowledge from previous experience

Table 4.32. Summary of personality types for Members of Each Cluster

clusters				
Personality types	Cluster 1	Cluster 2	Cluster 3	Cluster 4
psychcentric				
Mid-Centric	✓	✓	✓	✓
Allocentric				

Table 4.33. Summary of Motivations for Members of Each Cluster

clusters				
Item	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Medical Cost			✓	
Country Environment				
Tourism Destination				✓
Medical Services	✓	✓		

According to the four previous tables, in this section, we will explain and narrate the demographic, behavioral, and psychographic characteristics, and finally, the motivations that drove medical tourists to choose Turkey for medical tourism.

4.5.6 The results of the two-step cluster analysis for the four clusters are as follows:

4.5.6.1 First cluster:

Based on the demographic characteristics of the first cluster: the majority of medical tourists were married males, and most of them held American nationality. The majority of visitors had a college degree, and in terms of employment status, most medical tourists in this cluster worked more than 40 hours per week, indicating full-time employment.

Regarding the behavioral characteristics, the behavioral results for the second cluster are as follows: the primary purpose of the first cluster members' visit was dental treatments. Guests chose hotels with spa services for their stay to improve their health. This visit was the second visit to Turkey for medical treatment, with most visitors coming with their spouses or life partners. The majority of members of this cluster came based on recommendations from their families and friends.

As for the psychographic characteristics, or the personality type of medical tourists according to the Plog, the majority and the highest percentage of individuals were found to have a personality type of moderate focus. According to the Plog, most tourists can be classified as having a moderate focus personality. Tourists from the middle class enjoy some adventures but also prefer some home comforts. Perhaps they book their vacations themselves through dynamic packaging but then spend most of their time in their own holiday resort. Or maybe they book an organized package and then choose to step away from the crowds and explore the local area. Finally, regarding the motivations of medical tourists, the analysis results showed that the motivations of the first cluster members were the quality of medical services provided by Turkish hospitals. Additionally, Turkey was chosen for having specialized medical teams with high professionalism. The hospital facilities were designed

to meet international standards, and Turkish hospitals possessed the latest medical devices and equipment.

4.5.6.2 *Second cluster:*

In terms of behavioral characteristics, the behavioral results for the second cluster are as follows: the primary purpose of the second cluster members' visit was eye treatments. Guests chose regular hotels for their stay to improve their health. This visit was the first visit to Turkey for medical treatment, with most visitors coming alone without companions. Most members of this cluster came based on recommendations from social media.

As for the psychographic characteristics, the largest number and the highest percentage of individuals were found to possess a personality type with moderate focus, according to the Plog.

Finally, regarding the motivations of medical tourists, the analysis results showed that the motivations of the second cluster members were similar to those of the first cluster, as their motivations included the quality of medical services provided by Turkish hospitals. Additionally, Turkey was chosen for having specialized medical teams with high professionalism. The hospital facilities were designed to meet international standards.

4.5.6.3 *Third cluster:*

As for the characteristics of the third cluster, the results were as follows. According to the demographic features of the third cluster, the majority of medical tourists were married females, with most of them holding Iranian nationality. The majority of visitors had a college degree, and in terms of employment status, most medical tourists in this cluster worked part-time for more than 39 hours.

In terms of behavioral characteristics, the behavioral results for the third cluster are as follows: the primary purpose of the third cluster members' visit was to undergo plastic surgery. Guests chose regular hotels for their stay to improve their health. This visit was the

first visit to Turkey for medical treatment, with most visitors coming alone without companions. Most members of this cluster came without recommendations but based on their own experiences traveling to multiple countries.

As for the psychographic characteristics, the largest number and the highest percentage of individuals were found to possess a personality type with moderate focus, according to Plog (Plog, 2001).

4.5.6.4 *Fourth cluster:*

Finally, in this section, we will discuss the characteristics of the fourth cluster, where the results were as follows. According to the demographic features of the fourth cluster, the majority of medical tourists were married males, with most of them holding Azerbaijani nationality. The majority of visitors had a college degree, and in terms of employment status, most medical tourists in this cluster worked full-time for more than 40 hours. In terms of behavioral characteristics, the behavioral results for the fourth cluster are as follows: the primary purpose of the fourth cluster members' visit was dental procedures. Guests chose regular hotels for their stay to improve their health. This visit was the first visit to Turkey for medical treatment, with most visitors coming with their life partners. Most members of this cluster came without recommendations but based on their own experiences traveling to multiple countries.

As for the psychographic characteristics, the largest number and the highest percentage of individuals were found to possess a personality type with a moderate focus, according to plog. Finally, regarding the motivations of medical tourists, the analysis results showed that the motivations of the fourth cluster members were the tourist destination's features, including diverse tourist attractions, reasonable prices, ease of movement, and a variety of cultural and religious sites. In Table 6.33 below is a summary of the demographic, behavioral, psychographic characteristics, and finally, the motivations of medical tourists and the reasons for choosing Turkey as a medical destination for the four identified clusters.

Table 4.34. Demographic, behavioral, psychographic, and motivational characteristics.

Demographic characteristics				
Item	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Gender	Male	Female	Female	Male
Marital status	Married	Married	Married	Married
Nationality	American, Georgian, Azerbaijan, French	Georgian, Algeria, American, Belgium	Iranian, holland, American, German	Azerbaijani, Spain, French, German
Education	University	university	university	university
Employment Status	Employed full-time (40 or more hours per week)	Employed part-time (up to 39 hours per week)	Employed part-time (up to 39 hours per week)	Employed full-time (40 or more hours per week)
Behavioral characteristics				
Type of treatment	Dental treatment	Eyecare	Plastic or cosmetic surgery	Dental treatment
Accommodation	Spa hotel	Hotel	Hotel	Hotel
Number of visits	Second time	First time	First time	First time
Companionship in travel	Partner	Alone	Alone	Partner
Source of information	Family/friends	Mass media	Knowledge from previous experience	Knowledge from previous experience
Psychographic characteristics				
Personality type	Mid-Centric	Mid-Centric	Mid-Centric	Mid-Centric
Tourists' motivations				
motivations	Medical Services	Medical Services	Medical Cost	Tourism Destination

CHAPTER FIVE

5 CONCLUSION

5.1 Overview

This chapter addresses the findings reported in Chapter 4, as well as the theoretical and managerial implications of the dissertation's findings. As the current chapter achieves the following objective, it discusses the problems faced by the researcher and the study's limitations, and provides suggestions and recommendations for future research in this context.

5.2 Discussion

In this study, the factors influencing the preference for health facilities in Turkey as destinations for medical tourism were examined. Through a review of the literature, the alignment of our findings with previous studies in the same field was ensured. This approach was taken to confirm the accuracy and reliability of the research results. According to the literature, destination attributes are considered crucial in medical tourism. To make medical tourism competitive, the characteristics of the destination country and selected health facilities must be systematically addressed. In our study, destination preferences for medical tourists were examined in a multidimensional, in-depth, and realistic manner, yielding comprehensive and practical results. These findings provide usable data for the development of medical tourism in Turkey.

The proposed division based on the medical tourism index in this study may have been influenced by some models in the literature. In this context, both overall and partial models presented in the literature were examined, and the variables used in our study were identified. In this regard, the four main factors in the model proposed by Bookman and

Bookman, namely cultural proximity, geographical distance, medical specialization, and recognition, contribute to our research to some extent. Among these elements, the model introduced by Hsu and others, aiming to identify the factors influencing tourists' destination choices and assess tourist preferences for destinations, plays a role in our study.

Our study, which aligns with several subsequent studies partially explaining destination choice, references various factors, especially cost, quality, reliability of healthcare facilities, tourism opportunities, and geographic and cultural features. These studies generally examine this issue from the perspective of health tourists in developed countries. However, the number of patients in developing countries has reached a significant level today, and thus, destination choice cannot be evaluated solely in terms of quality and cost.

One of the most important models that closely align with the factors we utilized in our study is the Two-Stage Model proposed by Smith and Forgyni. In this model, both overall and specific factors are considered when choosing international health tourism destinations. On one hand, the comprehensive factors for the country where healthcare services will be received are included within the framework of both overall and specific factors. On the other hand, the precise factors taken into account for health tourists include elements such as cost, trust, and the competence of healthcare professionals.

This paper aims to develop a model of the factors influencing a patient's decision to seek healthcare services abroad. The model consists of two stages for medical tourism - the first stage involves evaluating the foreign country, and the second stage involves selecting the healthcare facility. We observe that the unique characteristics of country impact the choice, including economic conditions, political climate, and regulatory policies. Additionally, there are specific factors such as costs, hospital accreditation, care quality, and physician training that influence the choice of healthcare facility.

It has been emphasized that a criticism in the literature is the insufficient amount of research and experimental results regarding medical tourism destinations, hence lacking statistically reliable measurement systems specifically developed for the destination (Riefler

et al. 2012). This point has been given special attention in this research. Additionally, there are few studies on the preferences of medical tourism destinations in Turkey, and among the factors influencing destination preferences, cost advantages, quality levels, tourism opportunities, recommendations from acquaintances and friends, and cultural features are included (Aydin, & Karamahmet. 2017; Zengingönül et al. 2012).

The study variables used by Yıldız & Khan (2019), in their research bear a significant resemblance to the academic variables employed in our study. Factors such as healthcare facility quality, physicians and services provided, cultural aspects of the demographics, relative cost advantage, along with Turkey's advantages as a medical tourism destination, were also crucial in our investigation. Our study also demonstrates alignment with the research conducted by Gündüz et al. (2019). In their study, they elucidated the factors influencing health tourists who prefer medical tourism in Turkey using the gravity model, revealing that factors such as low cost, accessibility, and visa ease were also valid in practical application (Gündüz et al. 2019).

In our study, we found that the decisive factors in making decisions regarding medical tourism are not limited to cost alone; it is evident that different factors come to the forefront depending on the country and region to which individuals belong. Consequently, patients from culturally proximate countries are most influenced by similar or common cultural characteristics, religious and national affiliation perceptions. On the other hand, health tourists from culturally distant and less developed countries are affected by their understanding of access to infrastructure and healthcare facilities not available in their home countries. Despite not being culturally and geographically close, the primary motivation for patients from advanced countries is cost and short waiting times.

In our study, we found that the effective factors in making decisions regarding medical tourism are not limited to cost alone. It is clear that various factors come to the forefront depending on the quality of services, facility quality, as well as the attractiveness of the country and region they wish to visit. This result is also consistent with the study

conducted by Yıldız & Khan (2019). The most important variable for medical tourists is that the healthcare facility is well-equipped and the physicians are competent. Developing countries have placed particular importance on this factor, as advanced medical technology and trained healthcare personnel are crucial attractions (following equipment and service quality) This result is also consistent with the study he conducted. creatiThis result is also consistent with the results obtained by Aydın & Karam Mehmet (2017).

In addition, while cost remains a concern for all countries, the fact that tourists from Europe and America are in a better economic situation and have shorter waiting periods is an influential factor in choosing Turkey. Similar results were also found in a study conducted by Sag & Zengul (2019) in Turkey. In their study, they questioned the reasons and motivations that lead tourists to choose Turkey as a destination for medical tourism. The study concluded that destination features, cultural similarity, the country's image, treatment costs, and the quality of services and facilities are among the most significant reasons for preference.

Secondly, regarding the second objective, which involves creating a profile for health tourists based on demographic, behavioral, and psychographics characteristics, i.e., according to their behaviors during travel and behavioral variables such as accommodation type, purpose of visit, information sources, travel companions, repetition, and preparation time. For trips, the duration and type of trip are considered crucial variables that assist travel agencies in offering suitable tourism packages to consumers. Behavioral characteristics aid in creating a more comprehensive profile of travelers. These variables are interconnected and depend on each other, and consumers cannot make decisions without considering all demographic, behavioral, and psychographics (psycho-graphic) variables (Alén et al., 2017: 1457). Many authors (see, for example, Smith & Puczkó, 2009, 2014; Voigt, 2010) emphasize that the medical tourism services market is characterized by global competition among consumers. Consumers first choose the destination and then select the services they want to use, in line with the sequence of behaviors exhibited by buyers of tourism goods and services

(Buhalis, 2000: 43). In order to gain customer trust and create value for them, it is essential to understand their demographic, behavioral, and psychographic characteristics to provide everything they need. Furthermore, delivering services that exceed their expectations is crucial. The segmentation of data related to individual travelers into groups with similar characteristics, a well-established practice in market research, has also become a prevalent approach in travel behavior studies. To obtain these groups, cluster analysis methods are often utilized. Examining the influences on the travel behavior of traveler groups is essential for developing targeted strategies to provide suitable infrastructure and services that cater to individuals and help enhance their enjoyment of the journey. This can potentially impact individuals' choices of destinations (von Behren et al, 2015 :8).

The retailing approach compels enterprises to think about what sets them significantly apart from competitors. It enables them to concentrate clearly on a specific subset of consumers who are most suitable for their service, Creating a feature about organizations and other countries, facilitating the tasks of marketing teams, and adding clarity and specialization to marketing departments. planning process by highlighting the marketing program requirements for specific customer groups. Understanding how to segment markets correctly is essential for making informed decisions that lead to profitable targeting (Torkzadeh et al, 2021:3).

There are many studies related to medical tourism that have divided consumers into groups according to their profile. In studies that conducted segmentation based on patient profiles, some utilized psychographics variables, while others employed behavioral variables. In one study, only demographic variables were used to segment the health tourism market. tthese studies used demographic variables to determine the characteristics of each segment (Chen et al., 2013; Gopichandran & Chetlapalli, 2013; Kolodinsky & Reynolds, 2009; Liu & Chen, 2009; Stone et al., 1990). On the other hand, the following studies utilized all three variables to construct profiles of medical tourists, including demographic, behavioral, and psychographic profiles to identify traveler characteristics (Dryglas &

Różycki, 2017; Dryglas & Salamaga, 2018; Hallab et al., 2003; Konu, 2010; Suraj et al., 2013). For example, in a study conducted by Hallab et al. (2003), tourists were initially divided based on their health life positions. To define segments, demographic, behavioral, and psychographics variables were used to assess the behaviors and motivations of travelers in each extracted segment. Dimitrovski and Todorovic (2015) identified wellness tourism segments based on travel motivations, describing the extracted segments based on behavioral and demographic variables. Additionally, Konu (2010) examined the behavior, interests, social characteristics, and demographics of six segments extracted from wellness tourists.

Two studies used demographic and behavioral variables to identify market segment characteristics (Dimitrovski & Todorovic, 2015; Low et al., 2018). Some studies used psychographics and demographic variables (Dryglas & Różycki, 2017; Koh et al., 2010; Pesonen et al., 2011). For instance, Pesonen et al. (2011) segmented patients based on the benefits they seek. Subsequently, demographic characteristics were utilized to segment patients into clusters based on their ages and demographic attributes.

One study used only behavioral variables to segment customers based on their behavioral characteristics (Axén et al., 2011), while another used only psychographics variables to define customers (Mueller & Kaufmann, 2001). Through a review of studies that addressed the segmentation of medical tourists based on their profiles, it is evident that few studies utilized demographic, behavioral, and psychographic variables together to create profiles of medical tourists.

Regarding the third objective, which is segmenting tourists based on their psychographic characteristics, i.e., personality types, the results indicated no significant differences among respondents concerning personality types. The findings revealed that the majority of respondents have moderate centrality, consistent with studies presented by Plog, who affirmed in all of his studies that the majority of tourists exhibit moderate centrality (plog 1974, 2002,2004).

As for the third objective, which is segmenting tourists based on their psychographic characteristics, i.e., personality types, the results showed no differences among respondents regarding personality types. The findings indicated that the majority of respondents have moderate centrality, aligning with studies presented by Plog, who consistently affirmed in all his studies that the majority of tourists exhibit moderate centrality. This aligns with the research conducted by Grace & Mckercher, which concluded that the Plog model is suitable for narrative purposes rather than predictive purposes. Additionally, the model is designed to measure individuals of specific nationalities and not for all countries.

As Leiper stated (1995), "The theory is useful as a description, but not for explanation, and it is not a helpful explanation of why a process occurs." Leiper also concluded that in some exceptional cases where the model is not applicable, the destination might not have gone through all the stages. This could be due to poor management and tourism planning or a lack of interest from tourists. Furthermore, some destinations have not experienced a decline yet. There should be no doubt that the Plog Lifecycle can be applied to a single destination appearing in different markets, targeting different segments, or at different stages simultaneously. This study also aligns with our findings, indicating that the model did not work and did not yield different results. Instead, the results showed a significant similarity in the psychographic characteristics of medical tourists.

In the study conducted by Grace & Mckercher, they reached a different conclusion than the one we arrived at. They stated that, as with most models, the Plog model has its flaws and limitations. However, despite its shortcomings, the model remains effective in identifying components of any tourism system. The Plog model helps explain the rise and fall in the popularity of a destination. It provides useful insights into issues that a destination must address to ensure continuous sustainability. As Chen and others (2011) concluded, the Plog model highlights personality aspects in explaining tourist behavior, which differs from

traditional explanations assuming homogeneous personality. This result also contradicts the findings of our study.

One of the prominent critics of the Plog model is the scholar Smith, who cast doubt on the model's measurability and applicability to cultures other than American culture (Smith, 1990). Major criticisms include the shape of the natural bell curve, the descriptions specific to the person, and the applicability of the model. McDonald (1999) found flaws in the model when tested on non-Americans, as his study showed failures when applied to Australian tourists in Bali and Fiji. McKercher (2005a) suggested that descriptions should be trip-specific rather than person-specific since a tourist may exhibit different characteristics in multiple trips. In other words, a tourist might show central personality traits in a specific trip, moderate traits in another, and be moderately central in yet another journey. Others have commented that they attempted to apply the model and found it lacking.

In a study conducted by Bayarsaikhan & Gim (2020), the results were contrary to our findings, indicating a difference in centrality among visitors. This study examines destination choice variations among international tourists visiting Mongolia using the Plog Personality Model. Mongolia is categorized into several regions based on the entertainment opportunity spectrum, and the study tests whether Plog personality types significantly influence destination choices. Analytical results based on field survey data from 406 tourists from the United States, South Korea, and Russia assigned to one of eleven representative destinations show that tourists are classified into centered, mid-centered, and centered types, with the centered tourists being the most numerous. Additionally, Plog personality types were found to distinguish destination choices when controlling for social, demographic, and travel-related behavioral confounding variables.

5.3 Theoretical Implications

This study provides a number of significant theoretical contributions. The first theoretical contribution in our thesis is that we successfully utilized the medical tourism index as a criterion for categorizing medical tourists into groups, each with its unique motivations

for choosing Turkey as a medical tourism destination. The most significant motivations and benefits sought by members of each cluster were identified.

The results obtained from the quantitative research conducted in this study seem to align closely with findings from previous studies. In our research, all factors related to the medical tourism index were found to be effective, consistent with previous studies (Aydın & Karam ehmet,2017 ; Gündüz et al., 2019; Zengingönül et al., 2012; Yıldız & Khan, 2019; Crozier & Baylis, 2010). As a result of the application, patients who prefer Turkey for medical tourism exhibited motivations influenced by factors related to healthcare facilities and services, the ability to afford healthcare costs in Turkey, and the attractiveness of Turkey as a tourist destination, along with environmental factors.

The progress made in the field of health tourism in Turkey is highly significant, encompassing quality services, efficient medical staff, competitive prices, and the presence of distinctive tourist, religious, historical, and cultural attractions. Turkey's strategic geographic location, competent healthcare professionals, short waiting periods, along with healthcare services offered with competitive quality and pricing, and the availability of the latest medical technologies and methods, are crucial advantages in the field of medical tourism. With these advantages, the infrastructure seems ready to penetrate and dominate the health tourism market, competing with even stronger nations.

To leverage Turkey's capabilities and potentials effectively, the first step is to eliminate bureaucratic obstacles that impede the sector's international development. In this context, management and policymakers need to collaborate with the private sector through coordinating the development of health tourism in Turkey. As is the case in various sectors, companies need to prioritize promotion and promotional activities to gain more market share and remain competitive. Promotional activities can stimulate potential customers, guide them towards purchasing behavior, and attract new clients.

Therefore, effective promotional and advertising activities for health tourism services should be implemented, providing promotional strategies tailored to each customer segment's

needs and creating value for them. In promotional activities, there should be sufficient focus on Turkey's strengths in health tourism. In light of the results of this study, emphasis should first be placed on highlighting the quality of healthcare facilities and specialized physicians, as well as showcasing the significant reduction in treatment costs compared to other countries. Additionally, spotlighting innovations in Turkish tourism, with a focus on introducing new marketing services, aims to retain current customers and attract more.

The second theoretical contribution, to highlight the best factors that can be used to categorize medical tourists into different clusters, involved conducting approximately 15 user experiments incorporating demographic, behavioral, psychographics, and motivational variables individually or in combination. Cluster analysis results revealed that the most effective variables for segmentation were motivations, considered the primary driver for individuals to adopt specific behaviors. Concretely, the results indicate that health tourism destinations and product operators should implement a differentiated strategic management for the market, taking into consideration the motivations of each group.

Firstly, attention must be drawn to the "members of the first and second clusters" who seek service quality and medical service locations. By compiling the results, this study inferred that the "first and second clusters" have developed an interest in the benefits they will gain in terms of utility value (quality). Consequently, it will be essential for medical tourism service providers to enhance the quality and performance of their services and their workforce in the medical sector, delivering services that exceed consumer expectations. Neglecting the perception of utility for the quality of medical services can have severe consequences for medical tourism companies, leading to a decline in perceived quality expectations and service value in the minds of medical tourists.

On the other hand, medical tourists, particularly those in the "third cluster," demonstrate a high sensitivity to prices and treatment costs provided in Turkish hospitals. Consumers typically aim to achieve maximum benefits at minimal costs. If medical tourists perceive that the cost of obtaining medical services will be high and unreasonable, they will

automatically refrain from choosing that destination and seek a similar one that offers high-quality services at reasonable prices. Therefore, service providers and agencies in the tourism industry must implement effective marketing methods and pricing strategies to retain current customers and attract more new tourists.

Furthermore, the results indicate a significant interest among the "members of the fourth cluster" in the destination's features. Tourists derive their crucial satisfaction from touristic, religious, and cultural landmarks, which strongly influence their intent to visit a particular destination. Healthcare and tourism service providers and developers must understand what tourists seek from their trips and what they aim to achieve. Services in both health and tourism should be designed to exceed consumer expectations. Additionally, priority should be given to creating new and innovative tourist areas, emphasizing the promotion of enjoyment and comfort for medical tourists.

To increase tourist engagement, enjoyment, and encourage them to choose Turkey as a destination for medical tourism, service providers in healthcare and tourism must prioritize the creation of new and innovative tourist areas. These areas should have a competitive edge that distinguishes them from services offered by other countries. On the other hand, strong relationships with consumers during the journey, emphasizing warmth and intimacy towards medical tourism participants, impact the tourist's sense of security, social presence, and relationships. This increases individuals' desire to repeat visits and transforms consumers from regular clients to destination advocates by providing recommendations to relatives or friends. Therefore, medical tourism service providers should place greater importance on building relationships during the visit, continuing communication, and presenting new and unique ideas to consumers after their visit.

Furthermore, to enhance friendships, healthcare service providers should establish personal relationships with consumers by organizing recreational trips, offering souvenir gifts, and providing price discounts. Finally, companies and healthcare tourism institutions need to understand individuals' psychographics characteristics and identify their personality

types to provide exactly what they need without wasting time and money on ineffective marketing strategies. For this reason, it is crucial to recognize tourists' characteristics, identify their preferences and what pleases them, and provide them with globally standardized specifications, meaning high quality at low costs.

The third theoretical contribution is that we were able to use cluster analysis in two steps in the field of medical tourism. In this study, cluster analysis was employed to determine whether there is justification for grouping respondents and to identify the appropriate number of clusters. Cluster analysis has become an important and widely used method for segmenting sectors based on data collected from respondents (Dolnicar, 2002). More specifically, two-step cluster analysis has been extensively used in travel and transportation research to identify groups with homogeneous or similar characteristics beyond the limits (Abas et al., 2018; Hadjidakou et al., 2014; Hsu et al., 2006; Pitombo et al., 2011; Rasmi et al., 2014; Ritchie et al., 2016; Tiago et al., 2016). The two-step cluster analysis is easily performed using the SPSS Statistics software. The two-step clustering method is utilized due to its capability to handle both categorical and continuous variables simultaneously, unlike other clustering analysis methods that only deal with continuous variables. Additionally, the TwoStep cluster analysis automatically identifies clusters and is capable of handling large and diverse datasets (Ballestar et al., 2018).

Our investigation recently uncovered the features of medical tourists that travel to Turkey for different treatments. The study aims to thoroughly evaluate visitors who visit Turkish hospitals in Istanbul for various medical services. This involves determining the attributes of medical tourists according to their various reasons and developing profiles that detail their demographic, behavioral, and psychographic characteristics. The present study includes a broader range of characteristics compared to those utilized in prior research. Health tourism studies address social and demographic variables like age, gender, education level, and income, as well as behavioral and psychographic data.

Cohen & Phillips (1996) argue that recognizing tourist patterns is advantageous, even when using demographic, social, and behavioral characteristics alone is inadequate for explaining and predicting individuals' future trends and motivations. Tkatchinske and Randall Thiel and Beaumont (2009) propose that academic patterns should be determined by different variables, which fall into four categories: social, demographic, behavioral, and psychographics, as well as motivations (e.g., Kotler, Bowens, & Makens, 2006; Weinstein, 2006). Initial traits of visitors consisted of social, demographic, and behavioral variables, together with psychographics components to assess intangible consumer attributes (Beatty, Homer, & Kahle, 1988; Gonzalez & Bello, 2002).

5.4 Managerial Implications

This study and its findings have a diverse range of effects on medical tourism service providers and tourism companies and agencies. The results will provide essential information for medical tourism companies about the types of medical tourists, their key concerns, and expectations. It will also identify the motivations of medical tourists when choosing a specific tourist destination. As evident from the results, profiles of medical tourists are constructed not only based on their demographic characteristics but also on their behavioral traits, thought processes, and future orientations. Ultimately, this leads to an increase in the perceived value of the benefits derived from visiting that destination in the future.

As a result of the analyses conducted within the scope of this study, Turkey's current status in the field of medical tourism and aspects requiring development and improvement have been revealed. Recommendations emphasize focusing on its strengths, which serve as motivations and reasons that attracted medical tourists. This approach draws attention to the necessary efforts for Turkey to become a leading country in the global sector. The study's findings form a comprehensive overview by leveraging Turkey's position in medical tourism and the varying preferences based on extracted clusters.

Due to the developments and achievements witnessed in recent years regarding health tourism in general and medical tourism in particular, Turkey has become one of the leading countries in this field. The number of medical tourists coming to Turkey is steadily increasing. Turkey, with internationally accredited healthcare centers, highly qualified healthcare professionals, advanced medical technologies, and extremely reasonable healthcare service costs, possesses serious potential in the field of health tourism. However, estimates suggest that Turkey has not yet obtained the share it deserves from the global health tourism market (Şahbaz et al., 2020:186).

Furthermore, the results of this research reveal that medical tourists have developed an interest in the benefits they will gain in terms of utility value (price and quality). As a result, it will be crucial for medical tourism service providers to enhance the quality and performance of their services and their workforce in the medical sector, delivering services that exceed consumer expectations. Neglecting the perception of utility for the quality of medical services can have severe consequences for medical tourism companies, leading to a decline in the perceived quality expectations and value of services in the minds of medical tourists. On the other hand, medical tourists show a high sensitivity to the prices and costs of treatment provided in Turkish hospitals. Typically, consumers aim to achieve maximum benefit with minimal costs. If medical tourists believe that the cost of obtaining medical services will be high and unreasonable, they will automatically refrain from choosing that destination and seek a similar destination that offers high-quality services at reasonable prices. Therefore, providers and agencies in the tourism industry must implement effective marketing methods and pricing strategies to retain current customers and attract more new tourists.

Furthermore, the results indicate a significant interest among tourists in the destination's features. Tourists derive crucial satisfaction from the tourist, religious, and cultural attractions, which strongly influence their intention to visit a particular destination. Healthcare and tourism service providers and developers must understand what tourists seek

from their trips and what they aim to achieve. Services in both health and tourism should be designed to exceed consumer expectations. Additionally, priority should be given to creating innovative new tourist areas and highlighting the enhancement of enjoyment and comfort for medical tourists. Moreover, to increase tourist engagement, enjoyment, and encourage them to choose Turkey as a destination for both tourism and medical treatment, healthcare and tourism service providers must prioritize the establishment of new and innovative tourist areas. These areas should possess a competitive advantage that distinguishes them from other services offered by different countries.

Finally, companies and health tourism institutions need to understand the psychographic characteristics of individuals and identify their personality types in order to provide exactly what they need without wasting time and money on ineffective marketing strategies. For this reason, it is crucial to identify the characteristics of tourists, determine their desires and what makes them happy, and provide them with globally standardized specifications, meaning high quality at low costs.

5.5 Limitations and Future Research

Despite the managerial contributions and impacts, it is certain that this research has some shortcomings, issues, and limitations. Firstly, we had a small sample size for our study, with the research conducted on 554 tourists. It is undoubtedly the case that the results of this thesis would be more accurate and reliable with a larger sample size than the one applied to the study. Additionally, while this study focused on medical tourists coming for various treatments in Istanbul, being the largest city in Turkey attracting tourists from advanced countries, future research should explore types of tourists coming for medical tourism and identify individuals' key motivations and preferences.

Furthermore, it would be beneficial to conduct a comparative analysis of individuals coming to major Turkish cities that offer medical tourism services. Moreover, this study focused on medical tourists aged 18 and above. Future research is recommended to include elderly tourists, those aged over 60 years, to provide a more comprehensive understanding

of the diverse demographic groups involved in medical tourism. In conclusion, addressing these limitations and directions for future research would contribute to a more robust and inclusive understanding of the dynamics and factors influencing medical tourism in Turkey.

One of the main limitations I encountered in this study is that the Plog scale did not function as expected. There were no members with different orientations, as the results indicated that most medical tourists were centrally located. This aligns with the arguments presented by Lehto (2006) and Smith (1990), where they concluded that the model is not universally applicable but rather tailored to the American demographics. Their research results also demonstrated that the Plog model was an effective tool for segmenting the demographics based on travel attitudes but found it to be a weak predictor of travel behavior.

Chon and Sparrowe (2000) criticized the model, stating that it is interesting but does not predict or explain a significant portion of tourist behaviors. This is only partially true. The model broadly explains behavior. This means that types of adventurers (venturers) will generally seek relatively exotic destinations, but not always.

And finally, in this study, we classify medical tourists based on their motivations and preferences according to the medical tourism index. Future research could explore these phenomena using a broader range of variables and different theoretical frameworks. Alternatively, the segmentation could be applied using the same variables to other tourist categories, such as identifying motivations and preferences of elderly tourists or understanding the attitudes and motivations of disabled tourists. Moreover, motivations and preferences of tourists seeking mental health enhancement through wellness treatments, spas, relaxation, meditation, healthy diets, and other mental activities could also be identified. This study primarily focuses on health-oriented medical tourism, and future research could further emphasize wellness tourism targeting mental health, thus tapping into the vast potential of Turkish wellness tourism.

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APPENDIX

Appendix 1. Scale item, and source.

Constructs	Items	source
Allocentric Mid-centric Psychometric	P1 I find that I often get bored at parties that most people seem to enjoy. P2 I often buy new products before they become popular or come down in price. P3 Chance has little to do with the successes I've had in my life. P4 I am actively involved in a regular, rigorous fitness program. P5 I have friends over to my house frequently. P6 I prefer to go to undiscovered places before big hotels & restaurants are built. P7 My personal interests and pastimes are quite different and novel from what others do. P8 I prefer to travel independently rather than with a group of people. P9 I would rather go for a walk than read a book. P10 I have much more energy than most persons my age. P11 I am more intellectually curious than most people I know. P12 I always choose places that people haven't gone to. P13 I prefer being around people most of the time. P14 I go out socially friends often. P15 I make decisions quickly and easily rather than deliberating over them.	Plog, 2004
Country Environment	Q1 Has low corruption. Q2 Is culturally similar to mine. Q3 Has a similar language to mine.	Fetscherin, & Stephano, 2016

	Q4 Has a stable economy. Q5 Has overall a positive country image. Q6 Has a stable exchange rate.	
Tourism Destination	Q7 Is an attractive tourist destination . Q8 Is a popular tourist destination. Q9Has many cultural or natural attractions/sites . Q10 Is an exotic tourist destination . Q11 Has great weather.	Fetscherin, & Stephano, 2016
Medical Tourism Costs	Q12 Is low cost to travel to . Q13 Has low accommodation costs . Q14 Has low treatment costs . Q15 Has affordable airfares to travel to . Q16 Has low healthcare costs.	Fetscherin, & Stephano, 2016
Facility and Services	Q17 Has quality treatments and medical materials Q18 Has hospital/medical facilities with high standards . Q19 Has well experienced doctors . Q20 Has well-trained doctors . Q21 Has reputable doctors . Q22 Has internationally certified staff and doctors . Q23 Has hospital/medical facilities with good healthcare indicators . Q24 Has doctors I would recommend to my family or friends . Q25 Has reputable hospitals/medical facilities . Q26 Has friendly staff and doctors . Q27 Has overall a positive medical tourism image . Q28 Is known for state-of-the-art medical equipment Q29Has internationally accredited hospitals/medical facilities .	Fetscherin, & Stephano, 2016

2. Appendix The questionnaire is in English

The Questionnaire

Dear Participant, this survey study was prepared within the scope of the doctoral thesis research titled " **A cluster analysis of medical tourists based on motivations: the case of Türkiye** " in Anadolu University. The study aims to get a better understanding of the tourists who come to Turkey for medical tourism and comprehend their expectations. While your participation is completely voluntary, no information is asked that could reveal your identity, in accordance with the principle of confidentiality. To ensure that your opinions about the survey data are considered, all questions should be answered completely. We appreciate your time and contribution to this study.

Hisham Anbar, Anadolu University.

Part one: Demographic Information

1. Gender

☐ Male	☐ Female
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2. Marital status

☐ Single (never married)	☐ Married, or in a domestic partnership
☐ Widowed	☐ Divorced ☐ Separated

3. Age

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4. Nationality

.....

5. Education

☐ Primary school	☐ secondary school	☐ High school	☐ university	☐ Higher Education
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6. What is your current employment status?

☐ Employed full-time (40 or more hours per week)	☐ Employed part-time (up to 39 hours per week)	☐ Unemployed and currently looking for work			
☐ Unemployed and not currently looking for work	☐ Student	☐ Retired	☐ Homemaker	☐ Self-employed	☐ Unable to work

Part Two: Please tick the most appropriate option in the questions below about your medical visit.

1. Type of treatment

☐ Eyecare	☐ Plastic or cosmetic surgery	☐ Invasive surgery	
☐ Dental treatment	☐ Check-ups	☐ Dermatology	☐ others.....

2. Accommodation

☐ Hotel	☐ Guesthouse	☐ Apartment	☐ Lodging	☐ Holiday home
☐ Agritourism farm	☐ Hotel spa/wellness	☐ Family/Friends	☐ Sanatorium	☐ Spa hospital

3. Repetitive visits

☐ First time	☐ Second time	☐ Third time	☐ More times
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4. Companionship in travel

☐ Alone	☐ Spouse/partner	☐ Family	☐ Friends
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5. How did you get the source of information about the medical institute where you will be receiving treatment?

☐ Tourist fairs	☐ Websites	☐ Travel book	☐ Physician
☐ Family/friends	☐ Catalogs, brochures	☐ Mass media	☐ Knowledge from earlier experience

Part Three: Please tick the most appropriate option about yourself in the scale from 1 to 7, where 1 = “strongly disagrees” and 7 = “strongly agree.”

Questions		Strongly disagree						Strongly agree
Q1	I find that I often get bored at parties that most people seem to enjoy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	I often buy new products before they become popular or come down in price	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	Chance has little to do with the successes I've had in my life	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	I am actively involved in a regular, rigorous fitness program	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	I have friends over to my house frequently	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	I prefer going to undiscovered places before it becomes popular with hotel and restaurants	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	My personal interests and pastimes are quite different and novel from what others do	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	I prefer to travel independently rather than with a group of people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	I would rather go for a walk than read a book	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	I have more energy than most individuals my age	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	I am more intellectually curious than most people I know	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	I always choose places that people haven't gone to	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	I prefer being around people most of the time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	I go out with friends quite often	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	I make decisions quickly and easily rather than deliberating over them	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Part Four: Please tick the appropriate option on a 7-point scale to reflect your motivation for visiting Turkey for medical tourism, where 1=strongly disagree & 7= strongly agree.

I choose Turkey for health tourism because Turkey		Strongly disagree						Strongly agree
Q1	Has low corruption	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Is culturally similar to mine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	Has a similar language to mine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Has a stable economy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Has overall a positive country image	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Has a stable exchange rate	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Is an attractive tourist destination	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Is a popular tourist destination	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Has many cultural or natural attractions/sites	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Is an exotic tourist destination	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Has great weather	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Is low cost to travel to	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Has low accommodation costs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	Has low treatment costs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Has affordable airfares to travel to	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16	Has low healthcare costs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17	Has quality treatments and medical materials	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18	Has hospital/medical facilities with high standards	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19	Has well experienced doctors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20	Has internationally certified staff and doctors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21	Has hospital/medical facilities with good healthcare indicators	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22	Has doctors I would recommend to my family or friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23	Has friendly staff and doctors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24	Has overall a positive medical tourism image	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25	Is known for state-of-the-art medical equipment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26	Has internationally accredited hospitals/medical facilities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27	Has internationally educated doctors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28	Has hospitals/medical facilities I would recommend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29	Has high quality in healthcare	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 3. The questionnaire is in German

Fragebogen

Sehr geehrte(r) Teilnehmer/In,

Diese Umfragestudie wurde im Rahmen der Doktorarbeit mit dem Titel "**eine clusteranalyse von medizinischen touristen basierend auf motivationen: der fall turkiye**" an der Anadolu University erstellt. Die Studie zielt darauf ab, ein besseres Verständnis der Touristen zu bekommen, die für den Medizintourismus in die Türkei kommen, und ihre Erwartungen zu verstehen. Obwohl Ihre Teilnahme völlig freiwillig ist, werden gemäß dem Grundsatz der Vertraulichkeit keine Informationen abgefragt, die Ihre Identität preisgeben könnten. Um sicherzustellen, dass Ihre Meinung zu den Umfragedaten berücksichtigt wird, sollten alle Fragen vollständig beantwortet werden. Wir schätzen Ihre Zeit und Ihren Beitrag zu dieser Studie.

Hisham Anbar, Universität Anadolu.

Erster Teil: Demografische Informationen

1. Geschlecht

☐ Männlich	☐ Weiblich
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2. Familienstand

☐ Single (nie verheiratet)	☐ Verheiratet oder in einer häuslichen Partnerschaft	
☐ Verwitwet	☐ Geschieden	☐ Getrennt

3. Alter

.....

4. Staatsangehörigkeit

.....

5. Ausbildung

☐ Grundschule	☐ Mittelschule	☐ Weiterführende Schule	☐ Universität	☐ Höhere Bildung
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6. Monatliches Nettoeinkommen (US\$)

☐ Vollzeitbeschäftigung (40 oder mehr Stunden pro Woche)	☐ Beschäftigt in Teilzeit (bis zu 39 Stunden pro Woche)	☐ Arbeitslos und derzeit arbeitssuchend	
☐ Arbeitslos und aktuell nicht arbeitssuchend	☐ Schüler	☐ Im Ruhestand	☐ Hausfrau
☐ Selbständig		☐ Arbeitsunfähig	

Dritter Teil: Bitte kreuzen Sie auf der Skala von 1 bis 7 die zutreffendste Option zu Ihrer Person an, wobei 1 = „stimme überhaupt nicht zu“ und 7 = „stimme voll und ganz zu“.

Fragen		stimme überhaupt nicht zu						stimme stark zu
Q1	Ich finde, dass ich mich oft auf Partys langweile, die die meisten Leute zu genießen scheinen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Ich kaufe oft neue Produkte, bevor sie populär werden oder im Preis sinken.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	Der Zufall hat wenig mit den Erfolgen zu tun, die ich in meinem Leben hatte.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Ich nehme aktiv an einem regelmäßigen, strengen Fitnessprogramm teil.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Ich treffe oft mit Freunde zu Hause	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Ich gehe lieber an unentdeckte Orte, bevor große Hotels & Restaurants gebaut werden.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Meine persönlichen Interessen und Freizeitbeschäftigungen sind ganz anders und neuartig als das, was andere tun.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Ich reise lieber unabhängig als mit einer Gruppe von Menschen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Ich gehe lieber spazieren, als ein Buch zu lesen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Ich habe viel mehr Energie als die meisten Menschen in meinem Alter.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Ich bin intellektuell neugieriger als die meisten Menschen, die ich kenne.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Ich suche mir immer Orte aus, die noch nie jemand besucht hat.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Am liebsten bin ich die meiste Zeit unter Menschen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	Ich gehe oft mit Freunden aus.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Ich treffe Entscheidungen schnell und einfach, anstatt darüber nachzudenken.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Teil vier: Bitte kreuzen Sie die entsprechende Option auf einer 7-Punkte-Skala an, um Ihre Motivation für einen Besuch in der Türkei für Medizintourismus widerzuspiegeln, wobei 1 = stimme überhaupt nicht zu & 7 = stimme voll und ganz zu.

Ich habe die Türkei für den Gesundheitstourismus gewählt ,weil die Türkei		entschieden widersprech en						stimme stark zu
Q1	Hat geringe Korruption.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Ist mir kulturell ähnlich.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	Hat eine ähnliche Sprache wie ich.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Hat eine stabile Wirtschaft.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Hat insgesamt ein positives Länderimage.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Hat einen stabilen Wechselkurs.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Ist ein attraktives Touristenziel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Ist ein beliebtes Touristenziel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Hat viele kulturelle oder natürliche Attraktionen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Ist ein exotisches Touristenziel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Hat super Wetter.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Ist günstig zu reisen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Hat niedrige Übernachtungskosten.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	Hat niedrige Behandlungskosten.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Hat erschwingliche Flugpreise zu reisen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16	Hat niedrige Gesundheitskosten.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17	Hat hochwertige Behandlungen und medizinische Materialien	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18	Verfügt über Krankenhaus-/medizinische Einrichtungen mit hohen Standards.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19	Hat erfahrene Ärzte.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20	Hat international zertifiziertes Personal und Ärzte.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21	Hat seriöse Krankenhäuser/medizinische Einrichtungen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22	Er hat Ärzte, die ich meiner Familie oder meinen Freunden empfehle..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23	Hat freundliches Personal und Ärzte.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24	Hat insgesamt ein positives Medizintourismus-Image.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25	Ist bekannt für modernste medizinische Geräte	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26	Verfügt über international akkreditierte Krankenhäuser/medizinische Einrichtungen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27	Hat international ausgebildete Ärzte.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28	Hat Krankenhäuser/medizinische Einrichtungen, die ich empfehlen würde.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29	Hat eine hohe Qualität im Gesundheitswesen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 4. The questionnaire is in Arabic

استبيان

عزيزي المشارك، تم إعداد هذه الدراسة الاستقصائية ضمن نطاق بحث أطروحة الدكتوراه التي بعنوان " التحليل العنقودي للسياح العلاجيين على أساس الدوافع: حالة تركيا" في جامعة الأناضول. تهدف الدراسة إلى الحصول على فهم أفضل للسياح الذين يأتون إلى تركيا من أجل السياحة العلاجية وفهم توقعاتهم. على الرغم من أن مشاركتك طوعية تمامًا، إلا أنه لا يتم طلب أي معلومات يمكن أن تكشف عن هويتك، وفقًا لمبدأ السرية. لضمان أخذ آرائك حول الاستبيان بعين الاعتبار، يجب الإجابة على جميع الأسئلة بشكل كامل. نحن نقدر وقتك ومساهمتك في هذه الدراسة. هشام عنبر، جامعة الأناضول.

الجزء الأول: المعلومات الديمغرافية

1. الجنس

☐ ذكر	☐ أنثى
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2. الحالة الاجتماعية

☐ أعزب/ لم أتزوج أبدا	☐ متزوج أو في شراكة منزلية	☐ أرمل/ أرملة
☐ مطلق/ مطلقة		☐ منفصل/ منفصلة

3. العمر

.....

4. الجنسية

.....

5. المستوى التعليمي

☐ المرحلة الابتدائية	☐ المرحلة الإعدادية	☐ المرحلة الثانوية	☐ المرحلة الجامعية	☐ الدراسات العليا
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6. الوضع الوظيفي

☐ أعمل بدوام كامل (حتى 40 ساعة في الأسبوع)	☐ أعمل بدوام جزئي (حتى 39 ساعة في الأسبوع)	☐ عاطل عن العمل و أبحث حالياً عن عمل	
☐ عاطل عن العمل ولا أبحث حالياً عن عمل	☐ طالب	☐ متقاعد	☐ ربة منزل
☐ لدي عملي الخاص		☐ لا أستطيع العمل	

الجزء الثاني: يرجى تحديد الخيار الأنسب في الأسئلة أدناه حول زيارتك الطبية.

1. نوع العلاج

☐ العناية بالعيون	☐ الجراحة التجميلية	☐ عمليات بالمنظار	☐ علاجات الأسنان	☐ علاجات الجلدية	☐ علاجات أخرى
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2. مكان الإقامة

☐ فندق	☐ دار ضيافة	☐ سكن	☐ شقة	☐ منزل للعطلات
☐ مزرعة سياحية	☐ فندق ومنتجع صحي / عافية	☐ العائلة / الأصدقاء	☐ مصحة	☐ مستشفى سبا

3. تكرار الزيارات

☐ المرة الأولى	☐ المرة الثانية	☐ المرة الثالثة	☐ أكثر من مرة
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4. الرفقة في السفر

☐ وحدي	☐ الزوج / الشريك	☐ العائلة	☐ أصدقاء
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5. مصدر المعلومات التي من خلالها استطعت اختيار المؤسسة الصحية

☐ معارض سياحية	☐ المواقع الإلكترونية	☐ كتاب السفر	☐ توصية طبيب
☐ العائلة / الأصدقاء	☐ الكتلوجات والكتيبات	☐ وسائل الإعلام والانترنت	☐ المعرفة من التجارب السابقة

الجزء الثالث: يرجى تحديد الخيار الأنسب لك في المقياس من 1 إلى 7 ، حيث 1 = "لا أوافق بشدة" و 7 = "أوافق بشدة".

الأسئلة	معارض بشدة						أوافق بشدة
1. أجد أنني كثيرًا ما أشعر بالملل في الحفلات التي يبدو أن معظم الناس يستمتعون بها.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
2. غالبًا ما أشتري منتجات جديدة قبل أن تصبح شائعة أو تنخفض أسعارها.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
3. الفرصة لا علاقة لها بالنجاحات التي حققتها في حياتي.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
4. أشارك بنشاط في برنامج لياقة بدنية منتظم وصارم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
5. لدي أصدقاء في منزلي بشكل متكرر.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
6. أفضل الذهاب إلى أماكن غير مكتشفة قبل أن تشتهر بالفنادق والمطاعم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
7. اهتماماتي الشخصية وهواياتي مختلفة تمامًا عما يفعله الآخرون.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
8. أفضل السفر بشكل مستقل بدلاً من السفر مع مجموعة من الأشخاص.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
9. أفضل الذهاب في نزهة على الأقدام بدلاً من قراءة كتاب.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
10. لدي طاقة أكثر بكثير من معظم الأشخاص في عمري.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
11. أنا فضولي أكثر من معظم الناس الذين أعرفهم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
12. أختار دائمًا الأماكن التي لم يذهب إليها الناس.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
13. أفضل أن أكون حول الناس معظم الوقت.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
14. أنا اجتماعي جدًا، وأفضل الجلوس من الأصدقاء.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
15. أنا أتخذ القرارات بسرعة وسهولة بدلاً من التداول بشأنها.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

الجزء الرابع: عوامل الدفع

يرجى تحديد الخيار المناسب على مقياس مكون من 7 نقاط لتعكس دافعك لزيارة تركيا من أجل السياحة العلاجية، حيث 1 = لا أوافق بشدة و 7 = أوافق بشدة.

أوافق بشدة						معارض بشدة	اخترت تركيا للسياحة الصحية لأن تركيا
7 □	6 □	5 □	4 □	3 □	2 □	1 □	1. لديها فساد منخفض.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	2. تمتلك تركيا ثقافة مشابهة للثقافة التي أمتلكها.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	3. لديها لغة مماثلة للغتي.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	4. لديه اقتصاد مستقر.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	5. لديه صورة شاملة إيجابية بشكل عام.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	6. لديه سعر صرف مستقر.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	7. هي وجهة سياحية جذابة تمتلك أماكن جميلة للغاية.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	8. هي مقصد سياحي شهير.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	9. لديها العديد من المعالم / المواقع الثقافية أو الطبيعية.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	10. هي مقصد سياحي غريب ومتنوع.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	11. تتمتع بطقس رائع.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	12. تكاليف السفر منخفضة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	13. تكاليف الإقامة منخفضة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	14. تكاليف العلاج منخفضة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	15. لديها تذاكر الطيران بأسعار معقولة للسفر إليها.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	16. لديها تكاليف رعاية صحية منخفضة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	17. لديها علاجات ومنتجات وخدمات طبية عالية الجودة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	18. لديها مستشفيات / مرافق طبية ذات معايير دولية عالية.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	19. لديه أطباء ذوو خبرة جيدة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	20. لديها موظفين وأطباء معتمدين دوليًا.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	21. لديها مستشفى / مرافق طبية مع مؤشرات رعاية صحية جيدة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	22. لديه أطباء أوصي بهم لعائلتي أو أصدقائي.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	23. لديها فريق عمل ودود وأطباء ذوي مهارات عالية.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	24. لديها صورة السياحة العلاجية الإيجابية بشكل عام.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	25. تمتلك معدات طبية وتكنولوجيا كبيرة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	26. لديها مستشفيات / مرافق طبية معتمدة دوليًا.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	27. لديها أطباء متعلمون دوليًا يتقنون لغات متعددة.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	28. لديها مستشفيات / مرافق طبية أنصح بها.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	29. يتمتع بجودة عالية في الرعاية الصحية.

Appendix 5. The questionnaire is in Spanish

Cuestionario

Estimado participante: El presente estudio de encuesta se preparó en el marco de la investigación de tesis doctoral titulada " un análisis de clúster de turistas médicos basado en motivaciones: el caso de turkiye " en la Universidad de Anadolu. El objetivo del estudio es comprender mejor a los turistas que vienen a Turquía para turismo médico y sus expectativas. Si bien su participación es totalmente voluntaria, no se solicita ningún dato que pueda revelar su identidad, de acuerdo con el principio de confidencialidad. Para garantizar que se tengan en cuenta sus opiniones sobre los datos de la encuesta, debe responder a todas las preguntas. Agradecemos su tiempo y contribución a este estudio.

Hisham Anbar, Universidad de Anadolu.

Primera parte: Información Demográfica

1. Género

☐ Masculino	☐ Femenino
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2. Estado civil

☐ Soltero (nunca casado)	☐ Casado o en una pareja de hecho	
☐ Viudo	☐ Divorciado	☐ Separado

3. la edad

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4. Nacionalidad

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5.Educación

☐ Primaria	☐ Secundaria	☐ Bachillerato	☐ Universidad	☐ Educación Superior
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6. ¿Cuál es su situación laboral actual?

☐ Empleado a tiempo completo (40 horas o más por semana)	☐ Empleado a tiempo parcial (hasta 39 horas por semana)	☐ Desempleado y actualmente buscando trabajo			
☐ Desempleado y sin buscar trabajo actualmente	☐ Estudiante	☐ Jubilado	☐ Ama de casa	☐ Trabajador por cuenta propia	☐ Incapaz de trabajar

La segunda parte: Marque la opción más adecuada en las preguntas a continuación sobre su visita médica.

1. Tipo de tratamiento

☐ Cuidado de la vista	☐ Cirugía plástica o estética	☐ Cirugía invasiva	☐ Tratamiento dental
☐ Revisiones	☐ Dermatología	☐ Otros tratamientos	

2. Alojamiento

☐ Hoteles	☐ Casa de invitados	☐ Apartamento	☐ Residencia	☐ Casa de vacaciones
☐ Finca agro turística	☐ Hotel spa/bienestar	☐ Familia/Amigos	☐ Clínica	☐ Hospital balneario

3. Visitas repetitivas

☐ Primera Vez	☐ Segunda vez	☐ Tercera vez	☐ Más veces
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4. Acompañante de viaje

☐ solo	☐ Cónyuge/pareja	☐ Familia	☐ Amigos
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5. ¿Cómo obtuvo la fuente de información sobre el instituto médico donde recibirá tratamiento?

☐ Ferias turísticas	☐ Sitios web	☐ Cuaderno de viaje	☐ medico tratante
☐ Familia/amigos	☐ Catálogos, folletos	☐ Medios de comunicación	☐ Conocimiento de experiencias anteriores

Parte tres: Marque la opción más adecuada sobre usted en la escala del 1 al 7, donde 1 = "totalmente en desacuerdo" y 7 = "totalmente de acuerdo".

Preguntas		Muy en desacuerdo						Totalmente de acuerdo
Q1	Encuentro que a menudo me aburro en las fiestas en que la mayoría de la gente parece disfrutar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	A menudo compro productos nuevos antes de que se vuelvan populares o bajen de precio	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	El azar poco tiene que ver con los éxitos que he tenido en mi vida	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Participo activamente en un programa de acondicionamiento físico regular y riguroso.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Vienen amigos a mi casa con frecuencia	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Prefiero ir a lugares desconocidos antes de que se vuelvan popular entre hoteles y restaurantes.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Mis intereses y pasatiempos personales son bastante diferentes y novedosos de lo que hacen los demás.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Prefiero viajar solo a hacerlo con un grupo de personas	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Prefiero dar un paseo a leer un libro	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Tengo más energía que la mayoría de las personas de mi edad.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Soy más curioso intelectualmente que la mayoría de las personas que conozco.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Siempre elijo lugares a los que la gente no ha ido	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Prefiero estar rodeado de gente la mayor parte del tiempo.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	salgo con amigos bastante a menudo	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Tomo decisiones rápida y fácilmente en lugar de deliberar sobre ellas.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Cuarta parte: Marque la opción adecuada en una escala de 7 puntos para reflejar su motivación para visitar Turquía por turismo médico, donde 1 = totalmente en desacuerdo y 7 = totalmente de acuerdo.

Elijo Turquía para el turismo de salud porque Turquía		Muy en desacuerdo						Totalmente de acuerdo
Q1	Tiene baja corrupción	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Es culturalmente similar a la mía.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	tiene un lenguaje similar al mío	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Tiene una economía estable.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Tiene una imagen de país positiva en general	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Tiene un tipo de cambio estable.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Es un destino turístico atractivo	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Es un destino turístico popular	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Tiene muchas atracciones/sitios culturales o naturales	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Es un destino turístico exótico.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	tiene buen clima	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Es de bajo coste para viajar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Tiene bajos costes de alojamiento.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	Tiene bajos costes de tratamiento.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Tiene tarifas aéreas asequibles para viajar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16	Tiene bajos costes de atención médica	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17	Dispone de tratamientos y material médico de alta calidad.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18	Tiene instalaciones hospitalarias/médicas con altos estándares	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19	Tiene médicos con mucha experiencia.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20	Cuenta con personal y médicos internacionalmente reconocidos	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21	Tiene instalaciones hospitalarias/médicas con buenos indicadores de atención médica	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22	Tiene médicos que recomendaría a mi familia o amigos.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23	Tiene personal amable y médicos de alta cualificación.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24	Tiene en general una imagen positiva del turismo médico.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25	Es conocido por su equipo médico de última generación.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26	Tiene hospitales/instalaciones médicas acreditadas internacionalmente	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27	Tiene médicos internacionalmente formados.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28	Cuenta con hospitales de lujo e instalaciones médicas recomendables.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29	Tiene alta calidad en el cuidado sanitario.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 6. The questionnaire is in French

Un questionnaire

Cher participant, Cette étude d'enquête a été préparée dans le cadre de la recherche de thèse de doctorat intitulée " **une analyse cluster des touristes médicaux basée sur les motivations : le cas de turkiye**" à l'Université d'Anadolu. L'étude vise à mieux comprendre les touristes qui viennent en Turquie pour le tourisme médical et à comprendre leurs attentes. Bien que votre participation soit entièrement volontaire, aucune information susceptible de révéler votre identité n'est demandée, conformément au principe de confidentialité. Pour s'assurer que vos opinions sur les données de l'enquête sont prises en compte, toutes les questions doivent recevoir une réponse complète. Nous apprécions votre temps et votre contribution à cette étude.

Hisham Anbar, Université Anadolu.

Première partie : Informations Démographiques

1. Genre

☐ Masculin	☐ Féminin
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2. État matrimonial

☐ Célibataire (jamais marié)	☐ Marié ou en couple	
☐ Veuve	☐ Divorcé	☐ Séparé

3. Âge

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4. Nationalité

.....

5. Éducation

☐ Primaire	☐ Secondaire	☐ Lycée	☐ Université	☐ Enseignement Supérieur
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6. Quelle est votre situation d'emploi actuelle?

☐ Employé à temps plein (40 heures ou plus par semaine)	☐ Employé à temps partiel (jusqu'à 39 heures par semaine)	☐ Sans emploi et actuellement à la recherche d'un emploi			
☐ Sans emploi et pas actuellement à la recherche d'un emploi	☐ Étudiant	☐ Retraité	☐ Femme au foyer	☐ Indépendant	☐ Incapable de travailler

Deuxième partie : Veuillez cocher l'option la plus appropriée dans les questions ci-dessous concernant votre visite médicale.

1. Type de traitement

☐ Soins des yeux	☐ Chirurgie plastique ou esthétique	☐ Chirurgie invasive	☐ Traitement dentaire
☐ Bilans	☐ Dermatologie	☐ Autres traitements.....	

2. Hébergement

☐ Hôtel	☐ Maison d'hôtes	☐ Appartement	☐ Hébergement	☐ Maison de vacances
☐ Ferme agrotouristique	☐ Hôtel spa/bien-être	☐ Famille/Amis	☐ Sanatorium	☐ Hôpital thermal

3. visites répétées

☐ Première fois	☐ Deuxième fois	☐ Troisième fois	☐ Plusieurs fois
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4. Accompagnement de voyage

☐ Seul	☐ Conjoint/partenaire	☐ Famille	☐ Amis
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Comment avez-vous obtenu la source d'information sur l'institut médical où vous serez soigné ?

☐ Salons touristiques	☐ Sites Internet	☐ Carnet de voyage	☐ Médecin
☐ Famille/amis	☐ Catalogues, brochures	☐ Médias	☐ Connaissances issues d'expériences antérieures

Parte tres: Marque la opción más adecuada sobre usted en la escala del 1 al 7, donde 1 = "totalmente en desacuerdo" y 7 = "totalmente de acuerdo".

Preguntas		Muy en desacuerdo						Totalmente de acuerdo
Q1	Encuentro que a menudo me aburro en las fiestas en que la mayoría de la gente parece disfrutar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	A menudo compro productos nuevos antes de que se vuelvan populares o bajen de precio	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	El azar poco tiene que ver con los éxitos que he tenido en mi vida	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Participo activamente en un programa de acondicionamiento físico regular y riguroso.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Vienen amigos a mi casa con frecuencia	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Prefiero ir a lugares desconocidos antes de que se vuelvan popular entre hoteles y restaurantes.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Mis intereses y pasatiempos personales son bastante diferentes y novedosos de lo que hacen los demás.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Prefiero viajar solo a hacerlo con un grupo de personas	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Prefiero dar un paseo a leer un libro	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Tengo más energía que la mayoría de las personas de mi edad.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Soy más curioso intelectualmente que la mayoría de las personas que conozco.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Siempre elijo lugares a los que la gente no ha ido	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Prefiero estar rodeado de gente la mayor parte del tiempo.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	salgo con amigos bastante a menudo	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Tomo decisiones rápida y fácilmente en lugar de deliberar sobre ellas.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Quatrième partie : Veuillez cocher l'option appropriée sur une échelle de 7 points pour refléter votre motivation à visiter la Turquie pour le tourisme médical, où 1 = fortement en désaccord et 7 = fortement en accord.

Je choisis la Turquie pour le tourisme de santé parce que la Turquie		Pas du tout d'accord						Tout à fait d'accord
Q1	A une faible corruption	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Est culturellement similaire à la mienne	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	A une langue similaire à la mienne	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	A une économie stable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	A globalement une image positive du pays	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	A un taux de change stable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Est une destination touristique attrayante	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Est une destination touristique populaire	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Possède de nombreuses attractions/sites culturels ou naturels	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Est une destination touristique exotique	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	A du beau temps	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Est-ce un faible coût pour se rendre à	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	A de faibles coûts d'hébergement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	A de faibles coûts de traitement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	A des tarifs aériens abordables pour se rendre à	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16	A de faibles coûts de santé	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17	A des traitements de qualité et du matériel médical	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18	Possède des installations hospitalières/médicales aux normes élevées	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19	A des médecins bien expérimentés	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20	A du personnel et des médecins certifiés internationalement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21	Possède des installations hospitalières/médicales avec de bons indicateurs de soins de santé	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22	A des médecins que je recommanderais à ma famille ou à mes amis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23	A un personnel amical et des médecins	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24	A globalement une image positive du tourisme médical	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25	Est connu pour son équipement médical de pointe	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26	Possède des hôpitaux / installations médicales accrédités au niveau international	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27	A des médecins formés à l'étranger	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28	A des hôpitaux / installations médicales que je recommanderais	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29	A une haute qualité dans les soins de santé	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 7. The questionnaire is in Persian

پرسشنامه

شرکت‌کننده گرامی، این پرسشنامه با هدف انجام پایان‌نامه دکتری با عنوان " تجزیه و تحلیل خوشه ای از گردشگران پزشکی بر اساس انگیزه ها: مورد ترکیه " در دانشگاه آنادولو تهیه شده است. هدف این مطالعه بررسی گردشگران سلامت ترکیه و درک بهتر انتظارات آنهاست. مشارکت شما کاملاً داوطلبانه بوده، و طبق اصل محرمانگی هیچگونه اطلاعاتی که بتواند هویت شما را فاش کند درخواست نشده است. برای اطمینان از اینکه پاسخ شما در تحلیل منظور می‌گردد، تمامی سوالات پرسشنامه باید پاسخ داده شوند. پیشاپیش از وقت و مشارکت شما در این مطالعه قدردانی می‌کنیم.

هشام انبار، دانشگاه آنادولو.

بخش اول: اطلاعات جمعیتی

1. جنسیت

☐ زن	☐ مرد
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2. وضعیت تاهل

☐ مجرد (بدون ازدواج قبلی)	☐ متاهل یا زندگی مشترک با پارتنر	☐ بیوه	☐ مطلقه	☐ جدا شده
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3. سن

.....

4. ملیت

.....

5. تحصیلات

☐ ابتدایی	☐ راهنمایی	☐ دبیرستان	☐ دانشجو	☐ تحصیلات تکمیلی
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6. وضعیت اشتغال

☐ بیکار و در حال جویای کار	☐ شغل پاره وقت (حداکثر 39 ساعت در هفته)	☐ شغل وقت کار (حداقل 40 ساعت در هفته)	☐ بیکارم و در حال حاضر به دنبال کار نیستم
☐ دانشجو	☐ بازنشسته	☐ خانه دار	☐ شغل آزاد
☐ از کار افتاده			

قسمت دوم: لطفاً در سؤالات زیر مناسب ترین گزینه را در مورد ویزیت پزشکی خود انتخاب کنید.
1. نوع درمان

☐ مراقبت از چشم	☐ جراحی زیبایی و پلاستیک	☐ جراحی تهاجمی
☐ درمان های دندانپزشکی	☐ چکاب	☐ درمان های پوستی
☐ سایر درمان ها		

2. محل اقامت

☐ هتل	☐ مهمان خانه	☐ آپارتمان	☐ اقامتگاه	☐ خانه تعطیلات
☐ مزرعه توریستی	☐ هتل و اسپا / مرکز سلامتی	☐ خانواده / دوستان	☐ اسپاگاه	☐ بیمارستان اسپا

3. تعداد بازدید

☐ بار اول	☐ بار دوم	☐ بار سوم	☐ دفعات بیشتر
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4. همراه در سفر

☐ تنها	☐ همسر / شریک زندگی	☐ خانواده	☐ دوستان
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5. از چه طریق در مورد موسسه پزشکی که می خواهید به آن مراجعه کنید اطلاعات به دست آورده اید.

☐ نمایشگاه های گردشگری	☐ وب سایت ها	☐ کتاب سفر	☐ توصیه دکتر
☐ خانواده / دوستان	☐ کاتالوگ و بروشور	☐ رسانه های جمعی	☐ تجربیات گذشته

تقسیم سوم: لطفاً مناسب ترین گزینه را در مورد خودتان در مقیاس 1 تا 7 ، که 1 = "کاملاً مخالفم" و 7 = "کاملاً موافقم" است ، علامت بزنید.

سوالات	کاملاً مخالفم						کاملاً موافقم
1. فکر میکنم که اغلب در مهمانی هایی که به نظر می رسد اکثر مردم از آن لذت می برند، خسته می شوم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
2. من اغلب محصولات جدید را قبل از محبوب شدن یا کاهش قیمت آنها می خرم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
3. شانس، هیچ ربطی به موفقیت هایی که من در زندگی داشته ام ندارد.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
4. من به طور منظم و دقیق در یک برنامه تناسب اندام شرکت می کنم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
5. من دوستانی دارم که اغلب به خانه ام می آیند.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
6. من ترجیح می دهم به مکان های کشف نشده بروم قبل از اینکه در آنجا هتل ها و رستوران های بزرگ ساخته شود.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
7. علایق و سرگرمی های شخصی من با آنچه دیگران انجام می دهند کاملاً متفاوت است.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
8. من سفر مستقل را به سفر گروهی ترجیح می دهم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
9. ترجیح می دهم پیاده روی کنم تا کتاب بخوانم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
10. انرژی من نسبت به اکثر همسن و سال هایم بسیار بیشتر است.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
11. من از بسیاری از افرادی که می شناسم کنجکاو تر هستم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
12. من همیشه جاهایی را انتخاب می کنم که مردم هنوز نرفته اند.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
13. من ترجیح می دهم بیشتر اوقات در کنار مردم باشم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
14. من اغلب با دوستانم بیرون میروم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
15. من به جای مشورت کردن، سریع و آسان تصمیم گیری می کنم.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

بخش چهارم : لطفاً مناسب ترین گزینه را که منعکس کننده انگیزه شما برای بازدید از ترکیه برای گردشگری پزشکی است، در مقیاس 7 درجه ای (1 = کاملاً مخالفم و 7 = کاملاً موافقم) انتخاب کنید.

کاملاً موافقم						کاملاً مخالفم	من ترکیه را برای گردشگری سلامت انتخاب کردم زیرا ترکیه
7 □	6 □	5 □	4 □	3 □	2 □	1 □	1. فساد پایینی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	2. فرهنگی مشابه فرهنگ من دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	3. زبانی شبیه زبان من دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	4. اقتصاد پایداری دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	5. یک تصویر کلی مثبت دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	6. نرخ ارز ثابتی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	7. یک مقصد گردشگری جذاب است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	8. یک مقصد گردشگری محبوب است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	9. دارای جاذبه های فرهنگی یا طبیعی بسیاری است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	10. یک مقصد گردشگری متفاوت است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	11. از آب و هوای عالی برخوردار است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	12. هزینه های سفر پایینی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	13. هزینه های اقامت پایینی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	14. هزینه های درمان پایینی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	15. بلیط هواپیمای مقرون به صرفه دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	16. هزینه ی مراقبت های بهداشتی پایینی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	17. دارای مواد و خدمات پزشکی با کیفیت بالا می باشد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	18. دارای بیمارستان ها/امکانات پزشکی با استانداردهای بالای بین المللی است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	19. پزشکان ماهر و مجربی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	20. دارای کارکنان و پزشکان معتبر بین المللی است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	21. دارای امکانات بیمارستانی/پزشکی با شاخص های بهداشتی خوب است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	22. دارای پزشکیانی است که به خانواده یا دوستانم توصیه می کنم.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	23. کارکنان و پزشکان خوش برخوردی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	24. به طور کلی تصویر گردشگری پزشکی مثبتی دارد.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	25. برای تجهیزات پزشکی پیشرفته اش شناخته شده است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	26. دارای بیمارستان ها/امکانات پزشکی معتبر بین المللی است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	27. دارای پزشکیانی با تحصیلات بین المللی است.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	28. دارای بیمارستان / امکانات پزشکی است که من توصیه می کنم.
7 □	6 □	5 □	4 □	3 □	2 □	1 □	29. از کیفیت بالا در مراقبت های بهداشتی برخوردار است.

Appendix 8. The questionnaire is in Georgian

კითხვარი

მვირფასო მონაწილეო, ეს გამოკითხვა მომზადდა სადოქტორო დისერტაციის კვლევის ფარგლებში, სახელწოდებით სამედიცინო ტურისტების კლასტერული ანალიზი მოტივებზე დაფუძნებული: თურქეთის საქმიანადოლუს უნივერსიტეტში. კვლევის მიზანია თურქეთში სამედიცინო ტურიზმის მიზნით ჩასული ტურისტების უკეთ გააზრება და მათი მოლოდინების გაგება. მიუხედავად იმისა, რომ თქვენი მონაწილეობა სრულიად ნებაყოფლობითია, კონფიდენციალურობის პრინციპის შესაბამისად, არ არის მოთხოვნილი ინფორმაცია, რომელიც შეიძლება გამოავლინოს თქვენი ვინაობა. იმის უზრუნველსაყოფად, რომ თქვენი მოსაზრებები კვლევის მონაცემების შესახებ იქნება გათვალისწინებული, ყველა კითხვას სრული პასუხი უნდა გაეცეს. ჩვენ ვაფასებთ თქვენს დროს და წვლილს ამ კვლევაში.

Hisham Anbar, ანადოლუს უნივერსიტეტი.

ნაწილი პირველი: ემოგრაფიული ინფორმაცია

1. სქესი

☐ მამრობითი	☐ ქალი
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2. ჯგუხური მდგომარეობა

☐ მარტოხელა (არასდროს დაქორწინებული)	☐ დაქორწინებული, ან ოჯახში პარტნიორობაში
☐ დაქვრივებული	☐ განქორწინებული ☐ განშორებული

3. ასაკი

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4. ეროვნება

.....

5. ანათლება

☐ დაწყებითი სკოლა	☐ საშუალო სკოლა	☐ საშუალო სკოლა	☐ უნივერსიტეტი	☐ უმაღლესი განათლება
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6. როგორია თქვენი ამჟამინდელი დასაქმების სტატუსი?

☐ დასაქმებული სრულ განაკვეთზე (კვირაში 40 ან მეტი საათი)	☐ დასაქმებული ნახევარ განაკვეთზე (კვირაში 39 საათამდე)	☐ უმუშევარი და ამჟამად ვეძებ სამსახურს
☐ უმუშევარი და ამჟამად არ ეძებს სამუშაოს	☐ სტუდენტი	☐ პენსიონერი
	☐ დიასახლისი	☐ თვითდასაქმებული
		☐ არ შეუძლია მუშაობა

ფორმე ნაწილი: გთხოვთ, მონიშნოთ ყველაზე შესაფერისი ვარიანტი თქვენი სამედიცინო ვიზიტის შესახებ ქვემოთ მოცემულ კითხვებში.

1. მკურნალობის ტიპი

☐ თვალის მოვლა	☐ პლასტიკური ან კოსმეტიკური ქირურგია		☐ ინვაზიური ქირურგია
☐ სტომატოლოგიური მკურნალობა	☐ შემოწმება	☐ დერმატოლოგია	☐ სხვა მკურნალობა

2. განთავსება

☐ სასტუმრო	☐ სასტუმრო სახლი	☐ ბინა	☐ საცხოვრებელი	☐ დასასვენებელი სახლი
აგროტურიზმის ფერმა	☐ სასტუმროს სპა/ველნესი	☐ ოჯახი/მეგობრები	☐ სანატორიუმი	☐ სპა საავადმყოფო

3. განმეორებითი ვიზიტები

☐ პირველად	☐ მეორედ	☐ მესამედ	☐ მეტი ჯერ
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4. თანამგზავრობა მოგზაურობაში

☐ მარტო	☐ მეუღლე/პარტნიორი	☐ ოჯახი	☐ მეგობრები
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5. როგორ მიიღეთ ინფორმაციის წყარო სამედიცინო ინსტიტუტის შესახებ, სადაც მკურნალობას გაატარებთ

☐ ტურისტული ბაზრობები	☐ ვებგვერდები	☐ მოგზაურობის წიგნი	☐ ექიმი
☐ ოჯახი/მეგობრები	☐ კატალოგები, ბროშურები	☐ მასმედია	☐ ცოდნა ადრინდელი გამოცდილებიდან

ნაწილი მესამე : გთხოვთ, მონიშნოთ ყველაზე შესაფერისი ვარიანტი თქვენს შესახებ სკალაში 1-დან 7-მდე, სადაც 1 = „კატეგორიულად არ ვეთანხმები“ და 7 = „სრულიად ვეთანხმები“.

კითხვები		ატეგორიულად არ ვეთანხმები						რულიად ვეთანხმები
Q1	მე ვხვდები, რომ მე ხშირად ვბეზრდები წვეულებებზე, რომლებიც, როგორც ჩანს, ადამიანების უმეტესობას სიამოვნებს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	მე ხშირად ვყიდულობ ახალ პროდუქტებს, სანამ პოპულარული გახდება ან ფასი დაიკლებს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	შანსი ნაკლებად აქვს საერთო იმ წარმატებებთან, რაც მე მქონდა ცხოვრებაში	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	აქტიურად ვარ ჩართული რეგულარულ, მკაცრ ფიტნეს პროგრამაში	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	მეგობრები ხშირად მყავს სახლში	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	მირჩევნია გაურკვეველ ადგილებში წასვლა, სანამ ის პოპულარული გახდება სასტუმროებსა და რესტორნებში	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	ჩემი პირადი ინტერესები და გართობა სრულიად განსხვავებული და ახალია სხვებისგან	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	მირჩევნია დამოუკიდებლად ვიმოგზაურო, ვიდრე ადამიანთა ჯგუფთან ერთად	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	მირჩევნია გავისეირნო, ვიდრე წიგნი წავიკითხო	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	მე უფრო მეტი ენერგია მაქვს ვიდრე ჩემი ასაკის ადამიანების უმეტესობას	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	მე უფრო ინტელექტუალურად ცნობისმოყვარე ვარ, ვიდრე ბევრს ვიცნობ	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	მე ყოველთვის ვირჩევ ადგილებს, სადაც ხალხი არ წასულა	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	მირჩევნია უმეტეს დროს ადამიანებთან ყოფნა	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	საკმაოდ ხშირად დავდივარ მეგობრებთან ერთად	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	გადაწყვეტილებებს სწრაფად და მარტივად ვიღებ, ვიდრე მათზე მსჯელობას	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

ნაწილი მეოთხე: გთხოვთ, მონიშნოთ შესაბამისი ვარიანტი 7-ბალიანი სკალაზე, რათა აისახოს თქვენი მოტივაცია თურქეთში სამედიცინო ტურიზმის მიზნით ვიზიტისას, სადაც 1=კატეგორიულად არ ვეთანხმები და 7= სრულიად ვეთანხმები.

თურქეთს ჯანმრთელობის ტურიზმისთვის ვირჩევ, რადგან თურქეთი		ატეგორიულად არ ვეთანხმები						რულიად ვეთანხმები
Q1	დაბალი კორუფცია აქვს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	კულტურულად ჩემსას ჰგავს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	ჩემსას მსგავსი ენა აქვს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	აქვს სტაბილური ეკონომიკა	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	აქვს ქვეყნის მთლიანობაში პოზიტიური იმიჯი	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	აქვს სტაბილური გაცვლითი კურსი	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	არის მიმზიდველი ტურისტული ადგილი	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	პოპულარული ტურისტული ადგილია	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	აქვს მრავალი კულტურული თუ ბუნებრივი ატრაქციონი/საიტები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	გეოგრაფიკული ტურისტული ადგილია	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	შესანიშნავი ამინდი აქვს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	იაფია მგზავრობა	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	აქვს დაბალი საცხოვრებლის ხარჯები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	აქვს მკურნალობის დაბალი ღირებულება	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	მგზავრობისთვის ხელმისაწვდომი ავიაბილეთები აქვს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16	აქვს დაბალი ჯანდაცვის ხარჯები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17	აქვს ხარისხიანი მკურნალობა და სამედიცინო მასალები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18	აქვს მაღალი სტანდარტების საავადმყოფო/სამედიცინო დაწესებულებები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19	ჰყავს გამოცდილი ექიმები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20	ჰყავს საერთაშორისო სერთიფიცირებული პერსონალი და ექიმები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21	აქვს საავადმყოფო/სამედიცინო დაწესებულება ჯანდაცვის კარგი მაჩვენებლებით	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22	ჰყავს ექიმები, რომლებსაც ვურჩევდი ჩემს ოჯახს ან მეგობრებს	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23	ჰყავს მეგობრული პერსონალი და ექიმები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24	აქვს საერთო დადებითი სამედიცინო ტურიზმის იმიჯი	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25	ცნობილია უახლესი სამედიცინო აღჭურვილობით	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26	აქვს საერთაშორისო აკრედიტებული საავადმყოფოები/სამედიცინო დაწესებულებები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27	ჰყავს საერთაშორისო განათლება მიღებული ექიმები	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28	აქვს საავადმყოფოები/სამედიცინო დაწესებულებები, რომელსაც გირჩევთ	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29	აქვს მაღალი ხარისხი ჯანდაცვის სფეროში	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 9. The questionnaire is in Azerbaijani

Anket

Hörmətli İştirakçı, Bu sorğu Anadolu Universitetində "təbii turistlərinin motivasiyalarına əsaslanan klaster təhlili: türkiyə misaləsi" adlı doktorluq dissertasiyası araşdırması çərçivəsində hazırlanmışdır. Tədqiqat Türkiyəyə müalicə turizmi üçün gələn turistləri daha yaxşı anlamaq və onların gözləntilərini anlamaq məqsədi daşıyır. İştirakınız tamamilə könüllü olsa da, məxfilik prinsipinə uyğun olaraq, şəxsiyyətinizi ortaya qoya biləcək heç bir məlumat tələb olunmur. Sorğu məlumatları ilə bağlı fikirlərinizin nəzərə alınmasını təmin etmək üçün bütün suallara tam cavab verilməlidir. Bu tədqiqata ayırdığınız vaxt və töhfənizi yüksək qiymətləndiririk.

Hisham Anbar, Anadolu Universiteti.

Birinci hissə: Demografik məlumat

1. Cins

☐ Kişi	☐ Qadın
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2. Ailə vəziyyəti

☐ Subay (heç vaxt evlənməmiş)	☐ Evli və ya ev ortaqlığında	
☐ Dul	☐ Boşanmış	☐ Ayrılmış

3. Yaş

.....

4. Milliyyət

.....

5. Təhsil

☐ İbtidai sinif	☐ Orta məktəb	☐ Ali məktəb	☐ Universitet mərhələsi	☐ Magistratura
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6. Hazırda məşğulluq vəziyyətiniz necədir?

☐ Tam iş günü (həftədə 40 saat və ya daha çox)	☐ Natamam iş günü (həftədə 39 saata qədər)	☐ İşsiz və hazırda iş axtarır			
☐ İşsiz və hal-hazırda iş axtarmayan	☐ Tələbə	☐ Təqaüdçü	☐ Evdar	☐ Özüne işləyən	☐ İşləyə bilməyən

İkinci hissə : Zəhmət olmasa tibbi ziyarətinizlə bağlı aşağıdakı suallarda ən uyğun variantı işarələyin.

1. Müalicə növü

☐ Gözə qulluq	☐ Plastik və ya estetik cərrahiyyə	☐ İnvaziv cərrahiyyə	
☐ Diş müalicəsi	☐ Check-ups	☐ Dermatologiya	☐ Digər

2. Yerləşdirmə

☐ Otel	☐ Qonaq evi	☐ Mənzil	☐ Yaşayış yeri	☐ İstirahət evi
☐ Aqroturizm təsərrüfatı	☐ Otel spa/sağlamlıq	☐ Ailə/Dostlar	☐ Sanatoriya	☐ Spa xəstəxanası

3. Təkrarlanan ziyarətlər

☐ İlk dəfə	☐ İkinci dəfə	☐ Üçüncü dəfə	☐ Daha çox
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4. Səyahətdə yoldaşlıq

☐ Tək	☐ Həyat yoldaşı/yoldaş	☐ Ailə	☐ Dostlar
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5. Müalicə alacağınız tibb institutu haqqında məlumat mənbəyini necə əldə etdiniz?

☐ Turist yarmarkaları	☐ Vebsaytlar	☐ Səyahət kitabı	☐ Həkim
☐ Ailə/dostlar	☐ Kataloqlar, broşürlər	☐ Kütləvi informasiya vasitələri	☐ Əvvəlki təcrübədən biliklər

Üçüncü hissə: Xahiş olunur, 1-dən 7-yə qədər miqyasda özünüz haqqında ən uyğun variantı işarələyin, burada 1 = “qəti razi deyiləm” və 7 = “tam razıyam”.

Suallar		Qətiyyən razi deyiləm						Tamamilə razi
Q1	Mən görürəm ki, insanların çoxunun zövq aldığı ziyafətlərdə tez-tez darıxıram	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2	Yeni məhsulları adətən məşhurlaşmadan və ya ucuzlaşmadan tez bir şəkildə alıram	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3	Həyatımda qazandığım uğurlarla şansın heç bir əlaqəsi yoxdur	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4	Mən müntəzəm, ciddi fitness proqramında fəal iştirak edirəm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5	Evimə tez-tez gələn dostlarım olur	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6	Böyük mehmanxanalar və restoranlardan öncə mövcud olmuş və kəşf edilməmiş yerlərə getməyi üstün tuturam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7	Mənim şəxsi maraqlarım və əyləncələrim başqalarının gördüklərindən tamamilə fərqli və yenidir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8	Bir qrup insanla yox, müstəqil səyahət etməyi üstün tuturam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9	Kitab oxumaqdansa gəzintiyə çıxmağı üstün tuturam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10	Mənim yaşımdakı insanların əksəriyyətindən daha çox enerjim var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11	Mən tanıdığım əksər insandan fərqli olaraq intellekt cəhətdən daha maraqlanan bir insanam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12	Mən həmişə insanların getmədiyi yerləri seçirəm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13	Mən çox vaxt insanların yanında olmağı üstün tuturam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14	Dostlarımla tez-tez çölə çıxıram	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15	Qərarları müzakirə etmək əvəzinə tez və asanlıqla qəbul edirəm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Dördüncü hissə: Tibbi turizm üçün Türkiyəyə səfər etmək motivasiyanızı əks etdirmək üçün 7 ballıq şkala üzrə müvafiq variantı işarələyin, burada 1= qəti razi deyiləm və 7= qəti razıyam.

Sağlamlıq turizmi üçün Türkiyəni seçirəm, çünki Türkiyə	Qətiyyən razi deyiləm						Tamamilə razi
Q1 Aşağı korrupsiyaya malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q2 Mədəni cəhətdən mənimkinə bənzəyir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q3 Mənim dilimə oxşar dili var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q4 Sabit iqtisadiyyata malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q5 Ümumilikdə müsbət ölkə imicinə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q6 Sabit məzənnəyə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q7 Cəlbedici turizm məkanındır	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q8 Populyar turizm məkanındır	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q9 Çoxlu mədəni və ya təbii attraksionlara/saytlara malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q10 Ekzotik turizm məkanındır	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q11 Əla havası var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q12 Səyahət üçün aşağı qiymətə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q13 Aşağı yaşayış xərcləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q14 Aşağı müalicə xərcləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q15 Səyahət etmək üçün sərfəli aviabiletlərə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q16 Aşağı səhiyyə xərcləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q17 Keyfiyyətli müalicələr və tibbi materiallar var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q18 Yüksək standartlara cavab verən xəstəxana/tibb müəssisələri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q19 Təcrübəli həkimləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q20 Beynəlxalq sertifikatlı heyət və həkimlərə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q21 Yaxşı sağlamlıq göstəriciləri olan xəstəxana/tibb müəssisələri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q22 Ailəmə və ya dostlarıma tövsiyə edəcəyim həkimlər var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q23 Güləruz personalı və həkimləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q24 Ümumilikdə müsbət tibbi turizm imicinə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q25 Ən müasir tibbi avadanlıqlarla tanınır	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q26 Beynəlxalq səviyyədə akkreditə olunmuş xəstəxanalara/tibbi müəssisələrə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q27 Beynəlxalq səviyyədə təhsil almış həkimləri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q28 Tövsiyə edə biləcəyim xəstəxanalar/tibb müəssisələri var	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Q29 Səhiyyədə yüksək keyfiyyətə malikdir	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

Appendix 10. Ethics Committee Decision

Evrak Kayıt Tarihi: 15.06.2022	Protokol No: 330697	Tarih: 24.06.2022
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ANADOLU ÜNİVERSİTESİ
SOSYAL VE BEŞERÎ BİLİMLER BİLİMSEL ARAŞTIRMA VE YAYIN ETİĞİ KURULU
KARAR BELGESİ

ÇALIŞMANIN TÜRÜ:	Doktora Tez Çalışması
KONU:	Sosyal Bilimler
BAŞLIK:	Farklı Tedavi Uygulamaları Çerçevesinde Sağlık Turizmi Tüketicilerinin Sınıflandırılmasına Yönelik Bir Araştırma. A Study on the Classification of Health Tourism Consumers in the Framework of Different Treatment Practices
PROJE/TEZ YÜRÜTÜCÜSÜ:	Doç. Dr. F. Zeynep ÖZATA
TEZ YAZARI:	Hisham ANBAR
ALT KOMİSYON GÖRÜŞÜ:	-
KARAR:	Olumlu



T.C.
ANADOLU ÜNİVERSİTESİ REKTÖRLÜĞÜ
Hukuk Müşavirliği

Sayı : E-54380210-050.99-336086
Konu : 24.06.2022 tarihli 75/85 sayılı Etik
Kurul Kararı

27.06.2022

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 15.06.2022 tarihli ve 330697 sayılı yazı.

İlgi yazınız ekinde Rektörlüğümüze gönderilen Doç. Dr. F: Zeynep ÖZATA'nın danışmanlığını yaptığı Doktora Programı öğrencisi Hisham ANBAR'ın "Farklı Tedavi Uygulamaları Çerçevesinde Sağlık Turizmi Tüketicilerinin Sınıflandırılmasına Yönelik Bir Araştırma. (A Study on the Classification of Health Tourism Consumers in the Framework of Different Treatment Practices)" başlıklı doktora tez çalışması incelenmiş olup raportör raporunda belirtilen eksikliklerin giderilmesi koşuluyla etik açıdan uygun bulunmuştur.

Bilgilerinizi ve gereğini rica ederim.

Prof. Dr. Saime ÖNCE
Sosyal ve Beşerî Bilimler Bilimsel
Araştırma ve Yayın Etiği Kurulu Başkanı

Ek:Raportör Raporu