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## Hotel Services in Health Tourism: Sample of Turkey

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### Authors' contributions

*This work was carried out in collaboration between both authors. Authors DT and YK managed the literature searches, analyses of the study performed the spectroscopy analysis. Authors DT and YK managed the experimental process and identified the species of plant. Both authors read and approved the final manuscript.*

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### ABSTRACT

The aim of the study is to assess the current situation on hospitals in the health care and hospitality services offered to patients, their relatives and associates supported with the literature and providing advice on the issue.

The research was done in the field of health tourism with 102 hospitals operating in 15 cities which admissions the most patients within Turkey, analysis of the obtained data was performed by means of questionnaires answered by hospital administrators and the director of hospitality services.

It has been seen that all the private and university hospitals which have participated to the research have international accreditation certificate. These hospitals have the best standard of room design, transportation services, welcoming front desk service, food and beverage services, housekeeping and laundry services, personnel services, security and support services. Ministry of Health hospitals duo to existing physical structure and personnel qualification were found to be inadequate in patient rooms and hotel services. It has been viewed in the research that as a result of the hospital selection patient room design, reception services, food service, support services are related to each other and have an effect on the foreign patients coming under health tourism. In the Ministry of

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Health hospitals where hotel services are poor, with the campus hotel project launched by the Ministry in 15 cities, it will be able to provide quality improvement in hotel services.

*Keywords: Health tourism; hospital; hotel services in hospitals; Turkey.*

## 1. INTRODUCTION

Along with the globalization, in recent years, like many other sectors, there have been significant developments in the tourism sector. With the development of transport, internet, information technology people have gained knowledge about very distant countries and whenever they want they can travel to those countries. Thus, the borders between countries in the world have been disappeared and the health sector has been significantly affected by these developments as well.

In recent years, health care has been one of the reasons that makes people travel between countries. For this reason, health and tourism are seen as two important concepts in human life. Health tourism is connected with tourism and health; however, it includes independent, but unique activities to itself [1].

In the literature, there are lots of definitions of health tourism. According to the definition of health tourism by the World Tourism Organisation, it is a visit to the spa and health centers which is done to improve a person's physical well-being [2]. Health tourism is a kind of tourism which is performed by the people who plan to regain or maintain their health by purchasing treatment services and staying outside of their residence by means of travelling. Health and Tourism Ministry in Republic of Turkey defines the health tourism as a trip which is performed as a form of treatment. It is a kind of a tourism which provides the growth of the healthcare organisations by using international patient potential along with the ones who need medical treatment, physiotherapy and rehabilitation [3]. According to Pollock and Williams, medical tourism is a kind of tourism which is the combination of entertainment, relaxation and training activities and it directs people to a good and healthy life [4]. According to Theobald [5] a person who stayed away from home for a period of 24 hours or more by paying attention to the time limits has been evaluated within the scope of health tourism. When considered from this point of view, people who stay away from home for less than 24 hours cannot be evaluated within the scope of health tourism. Health tourism, normally is to travel to a

different country from the place of residence to get medical and non-medical treatment. Health tourism refers to travels to a foreign country to receive medical or non-medical services. Even if medical tourists take advantage of different vacation opportunities in parallel with their travel, their principal purpose is to get the certain health service [6].

Cohen separated health tourism into 5 groups in terms of profiles where they have visited. (1) Just tourist: They are the visitors who travel to a different country from the place of residence. (2) Tourist receiving medical treatment in vacation: They are the tourists who are evaluated as emergency patient in healthcare facilities, need and take advantages of health services during their travels. (3) Both treatment and vacation tourist: These tourists go on journey for a similar purpose with group one and they want to take advantage of health services. (4) Patients on vacation: These tourists' principal purpose is to take advantage of health services. But they take vacation whereabouts either they are taking care of their health problems, or after their vacation. (5) Just patients: This group has nothing to do with vacation. These tourists' purpose is health. They want to be treated, have a medical operation, in short, to get better [7].

There are examples within the scope of health tourism from ancient times. To be healthy, they used to go to temples and baths which are believed to be curative, or areas where the conditions are better [8]. Ancient Greeks and people from all over the world believed that with the dream of Asclepius (in Greek mythology, name of a God) they would be healthy and they went to the temple of Asclepius which is in the Greek city Epiduara [9]. The Romans believed that hot water was good for their health. Even people who had high social-economic levels came to the water plants and thank the Gods, and gained financial income [10]. Similar to the Romans, in Japan, people expect cure from the water plants which are named as Onsen. Today, these Onsens still attract the attention of the tourists. In Japan, hot water culture, which is named as Onsen, is used in the bathrooms [11]. During the Renaissance, art and culture in Europe and the UK re-emerged and showed great improvement. During this period, medical

tourism also was developed. Too much importance was given to hot springs. In European countries, hot springs, which are rich in terms of iron-mineral, were discovered. The word spa has gained importance and emerged for the first time in the European countries at this time [12]. As a result of industrialization and urbanization there has been a rapid change in countries, and this change has brought environmental problems in its wake such as air pollution. Stress and the adverse effects of global crisis as the results of industrialization and urbanization in developed countries were observed as a result of difficulties of working and living conditions. As a consequence of these, while the health service preferences of rich people were at developed countries, the direction of this shifted more to natural developing countries. With the introduction of railways, people in rural areas found a chance to go to distant areas. Many of these visits were made to more sunny areas and medically advanced countries. Thus, health tourism made significant progress [10]. In the United States and Europe, in the 1980s and 1990s, due to the rapid rise of the cost of medical treatment, people began to seek treatment overseas. Nowadays, the interest in health tourism has been increasing day by day, with the technological progress, the increase in the number of hospitals and facilities that provide health services, affordable prices as a result of competitive environment, quality medical treatment which cares about people and hospitality services.

According to researches which have studied health tourism, many factors have been mentioned about the patients' choices to receive health services outside their own country. Also, they agree that globalisation has positive effect on the development of health tourism. It has been mentioned that health tourism will not be without globalisation. These factors are usage of digital technology (social media) as a communication tool, hospitals having international accreditation, the development of international airline facilities, and easy access to technology and the spread of technology and so on. If these factors are not in due, health service remains in the region where health tourism services is offered, and it is given as a service to the people who live in their native country [6].

### **1.1 Hotel Services in the Scope of Health Tourism**

Patients' hospital and country choices are effected by many factors in health tourism.

Among the factors that affect the choice of hospitals are the distances to other countries, the country's geographical location, climatic conditions, the reputation of the hospital, the doctors providing the service, the quality of health services, the hospital's physical infrastructure and technological structure, the accreditation of hospital and the quality of the hotel services. In the scope of health tourism, people make their decisions to receive treatment in another country by evaluating all these factors.

Medical tourism plans a health tourism trip for patients who decide to receive health services in another country outside their own country. In the planning stages, the patient decides on the choice of the doctor and the hospital after determination of the country. At this stage, patient have to contact with the medical tourism department or the national patient department of that hospital or unit, through contracted insurance companies or intermediary institutions or oneself. Afterwards, the trip is planned and the necessary conditions for the flight is provided, the patient flies to that country. The hospitality services of the hospital come into play during this phase. Most hospitals in the pioneering countries in health tourism, welcome the patient and the patient's relative, by bringing them to the hospital with private transportation. While these services are being provided, after patient arrives to the hospital are accompanied by interpreters or hospital staffs who can communicate with patients and patient's relatives', and the data input and output operations is done quickly and without any mistakes. To the privacy of patients' personal information utmost importance is given. To patient and patient's relatives' as accommodation and hospitality services flyers give guidance for patients and relatives in the language they can understand, patients and relatives are informed about the services which they are going to receive during the hospitalization and other necessary guidances.

The importance of hospital services in the health tourism hospitals have increased in recent years. The leading countries in health tourism, like Thailand, USA, Singapore and India the architectural structures of hospitals, patient room design, patients' relatives stay-rooms in the hospital, and social fields, in the presence of hotel services is carried out in the best way. Recently, hospitals' hotel services, hotel comfort in hospitals, increasing the number of private rooms and single room designs have been new debates throughout the world of medical

research. In America, some hospitals have organized patient rooms and places that everyone can stay in luxury. However, in smaller hospitals, room services for patients and relatives, dedicated areas for relaxing, social areas have been provided before health service, such as a health service after the comfort of the hotel. After the quality of health service, patients demand to receive the services which take part in the scope of hotel services. Prof. Dr John Romley stated in a study which he done in Southern Carolina that hospitals, in health service presentations, are able to develop their methods with the services which are performed in the scope of hospitality services and thanks to this, their reputation would increase [13].

There is fear and anxiety because of the patients' diseases. For this reason, the decision to go to a country, which patients do not know, to receive treatment increases the fear. Because they may encounter some problems like language diversity, cultural differences, food culture differences and accommodation for a while during the treatment. Therefore, the importance of the subject is increasing. When the literature concerning to the subject is scanned, it is clearly seen that foreign patients prefer hospitals which are able to perform all these services best. If the hospitality services in hospitals are performed at high quality without any problem, according to foreign patients' culture and choices, then patient satisfaction will increase. In this way, health tourism's earnings and revenue will increase and provide a positive benefit to our country.

The foundation of healthcare services was laid in the period of Florence Nightingale and it's progress continues between 1818-1865. Nightingale, who is a pioneer, established a hospital with clean sickbeds, dietary cuisine, laundry and material store. As shown, the concept of hygiene in accordance with the rules of hospitality services including hospitals, the hospital is based on ancient times. Nightingale has laid the foundation of housekeeping services, which is known as hospitality services in these days, provided in hospitals [14]. Hospital and hotel businesses can be compared to each other, but the hospital's organizational structure varies due to the complexity of the patients and the group that it serves. The most basic function of hospitals is to provide treatment services. Patients who come to hospital are able to receive their treatment services for a period of a few days or more, although on average, a week.

For this reason, the second most important service which is conducted in hospitals are hospitality services. In other words, when medical functions of the hospital which are presented to the patients and relatives are not considered, accommodation and housekeeping, food and beverage services, cleaning and laundry services in the hotel industry does not differ too much from the services offered. For this reason, hospitals can be expressed as hotel managements whose guests are patients [15].

In hospitals, satisfaction of the patient, which is the satisfaction of customer, is located on the basis of the hospitality services. The researches show that along with the health services, physical and environmental conditions and hospitality services effect the satisfaction of patient. In a hospital which is not qualified in terms of room conditions, the interior design of the room and hospitality services, dissatisfaction of patient emerged [16,17,18]. According to another research the hospital being qualified, safe, economic, gaining technologic innovations, following medical applications, inadaquacy of the health system in their country are reasons for preference of the hospitals by the patients [19].

## **2. PURPOSE OF THE RESEARCH**

The aim of the research is to make the patients, who come from another country, get more painstaking, more meticulous and better hospitality service in Turkey; to meet patient and relatives' expectations; to investigate the current hospital conditions in Turkey and in the light of data to make researches what must be done to make Turkey preferable in this field; to make suggestions directed to hospitals in Turkey in the future and to close the academic study gap in medical tourism field.

Research's statements of the problem consist of these questions: "What is the extent of health tourism in Turkey?" and "what is the extent of hospitality services in medical tourism in Turkey's public, university and private hospitals?"

## **3. METHODOLOGY OF THE RESEARCH**

102 hospital administrators who operate in 15 provinces and admission the most patient in the field of health tourism in Turkey forms the population of research. As a data collection technique the survey method of research was used. In the preparation of the survey questions, from the opinions of hospitality service managers

and studies in the literature were benefited. The questionnaire is formed of two parts, the first part includes the hospital administrators and the characteristics of hospitals, while the second part includes questions directed to the hospitality services which are given to the foreign patients who come in the scope of health tourism. The survey was made as face-to-face interviews and via mail. Questions on hospitality services in hospitals were formed into sections that contain questions with "Yes" and "no" answers, and other questions were asked to be given the answers in multiple options.

The correlation matrix was applied to evaluate the factors which are effective in the selection of hospital which is located in the scale of hospitality services in health tourism, design of room, food and beverage services, concierge services, and the relationship between support services. The values of the scales were taken as; Cronbach's Alpha coefficient of the scale of the factors which are effective in the selection of hospital is designated as =0.70 and this showed the reliability of the scale that was used. The design of the room scale's Cronbach's Alpha coefficient=0.91, welcome services scale's Cronbach's Alpha coefficient=0.53, of the food services scale's Cronbach's Alpha coefficient=0.78, support services scale's Cronbach's Alpha coefficient=0.86. It was determined that the scales were highly reliable except the welcome services' scale. The Anova Analysis was applied to check the responses and to find out whether there are significant differences between hospitals in health tourism and hospitality services, or not. The Tukey Test was applied to reveal the differences.

#### 4. HYPOTHESIS OF THE RESEARCH

H1: Hospitality services offered to foreign patients in private hospitals differs from the public hospitals in medical tourism. Hospitality services in hospitals is going to be evaluated with the hypothesis that was established.

#### 5. FINDINGS OF THE RESEARCH

The percentages of the hospitals which take part in this survey are; 51.0% special, 25.5% education and research, 13.7% university 9.8% other hospitals that are connected to the Ministry of Health. Because the population of the research as health organisations that have health tourism as the sample are determined, the

research hospitals as 51.0% in the second place with surplus proportional in the country, so we can say that training and research hospital are more suitable for medical tourism. The hospitals' years of activity in the scope of the research are; 49.0% 15 years and over, 29.4% 6-10 years, to 7.8% between 11-15 years, to 13.7% between 1-5 years activities. From the answers given, it is seen that the vast majority of hospitals have been providing health care services between 11-15 years. According to this result, they are experienced enough when it comes to medical tourism of the hospital, the choice of the indicator sample to be investigated is compatible according to the topic.

When the number of beds of the hospital were examined; 41.2% of the hospitals have 251 and over beds, 20.6% have between 51-100, 13.7% have among 101-150, 10.8% have 201-250, 9.8% have 1-50 and 3.9% are between 151-200. Public hospitals' 70.0% have number of bedrooms in the range of 51-100, training and research hospitals' 88.4% have 150 and over bedrooms, University Hospitals' to 92.9% have 150 beds and over. If we look at the bed distribution of private hospital, 44.6% of them have over 150 beds. According to these rates, it is clearly seen that university hospitals have more beds compared to other types. Training and research hospital in the second place when it is looked at the number of beds. It is observed that the number of beds in public hospitals and private hospitals is less than the others. We can examine the small number of bed as a factor to improve the quality of the hospitality service provided.

When the demographic characteristics of the managers who take part in survey are examined; 70.6% are male, 29.4% are female managers. Viewed in terms of average age; 62.7% of them are between the ages of 30-45, 37.3% are between the ages of 46-55. The research reveals that the managers who interested in the medical tourism at hospitals are middle aged managers. It has been identified that according to the type of hospital by looking at the gender of the administrator of female managers; 93.3% of the private hospitals have 3.3% of female managers, who are managers at the universities and state hospitals at the same rate. While there are no female managers, who are interested in health tourism, in training and research hospitals, 36.1% of the male managers are interested in training and research hospitals, compared to 36.1% male managers working in training and

research hospital. The managers who took part in survey those between the ages of 30-45, 75.0% are assigned in private hospitals, 10.9% are assigned in public hospitals, 7.8% in university hospitals. In this case, the result is that the youngest managers are in private hospitals. Of the managers who are middle-aged between the ages of 46-55, 57.0% are engaged in the management of the training and research hospital.

When the distribution of the title of hospital administrator are examined, the 30.4% of them are chiefs, 43.1% of them are in charge of health tourism, 21.6% of them are hospitality director and 4.9% of them are the director of administrative and financial affairs. 46.1% of the managers are working in the hospital between 3-5 years, 30.4% of them are for more than 8 years, 11.8% of them are less than 2 years, 11.8% of them are in the hospital management for 6-8 years. When the level of training of hospital managers are examined, 34.3% of them have a license degree, 32.4% have a master's degree, 27.5% of them have a degree, and the rest are people who are specialized in medicine.

"Do you accept foreign patients who come from abroad with the aim of treatment?" is asked to the managers, and 100% of them said "yes". When the application of the foreign patients are examined, 47.1% of them apply to the hospitals either directly or through the relevant department. According to the answers given by the directors, 52.9% of the foreign patients apply with all given options. In this case, overseas patients, 52.9% of the foreign patients apply themselves directly, through the intermediation of the travel agent, through assistant company, if necessary, through the ministry of the relevant country. Depending on the answers given by managers, 20.8% of the foreign patients apply to the state hospitals either directly or by the relevant ministry; 54.2% of the patients apply to the education and research hospitals either directly or by the relevant ministry, 25.0% of the patients apply to the university hospitals either directly or by relevant ministry. 96.3% of private hospitals admit all kind of application forms. While university hospitals admit patients at the rate of 3.7%, state and training research hospitals stated that they do not accept patients who apply through agents. Hospital administrations stated that the number of the application for treatment do not change according to the season, they have always guests who come from other countries.

When examining the hospitals' foreign promotion activities for patients; internet, magazine and newspaper ads, distributing pamphlets, tour operators and overseas trade fairs and conferences attendance are made by all types of hospitals, while giving and advertisement or billboards that come from another countries change according to the hospitals.

When "which countries' people come most to receive treatment to Turkey" is asked to the managers, the answers show that Turkic citizens, Iraqi citizens and Iranian citizens come generally with the aim of treatment. For European countries, Germany sends patient the most from abroad and Russia comes in the fifth place. According to the results, Bulgaria, Greece, Belgium, Australia, and England have minimum number of health tourism patient. Most of the patients comes for cardiovascular diseases, then, respectively, the line is followed by patients of the department of orthopedics, gynaecology, aesthetic and plastic surgery and the cancer. According to the results, the least referenced treatment is physical therapy to our country.

While 90.2% of the hospitals which took part in the survey do not have separated floor/clinic for foreign patients, 9.8% of them have separated floor/clinic for these patients. 10.0% of these hospitals which have separated floor/clinic are state hospitals, 10.0% of them are training and research hospitals, 20.0% of them are university hospitals, 60.0% of them are private hospitals. This result shows that private hospitals care about health tourism much more than state or other kind of hospitals. It is seen that the rate of hospitals which have international accreditation certificate is 59.8%, while the rate of hospitals which do not have this certificate is 40.2%. The 21.3% of the hospitals which have international accreditation certificate are university hospitals, 78.7% of them are private hospitals. As a result, state hospitals and training and research hospitals do not have these accreditation certificates. 100.0% of hospitals are managed by the liaison offices which are in service both in and out of country.

While 81.4% of the hospitals provide that the foreign patient relatives' accommodation in four or five star hotels, in the hotels which are located in their campuses or in guestrooms in the hospitals, 18.6% of these hospitals provide places to stay in hospital's patient-rooms or municipality guestrooms. 6.0% of the hospitals which provides accommodation in four or five

star hotels are state hospitals, 14.5% of them are training and education hospitals, 16.9% of them are university hospitals and 62.7% of them are private hospitals. It is seen that private hospitals or university hospitals do not prefer to make the foreign patient relatives stay in sick rooms or municipality guestrooms, but at the rate of 73.7% training and research hospitals and at the rate of 26.3% private hospitals prefer to do that.

When the patients' average period of stay in hospitals where they come for treatment are examined; 2.9% of them stay between 1-3 days, 18.6% of them stay between 4-7 days, 49.0% of them stay between 7-14 days, 29.4% of them stay 15 or more days. 33.0% of the patients whose treatment period is between 1-3 days receive treatment in training and research hospitals, 66.7% of them receive treatment in private hospitals. 31.6% of the patients whose treatment period is between 4-7 day receive treatment in state hospitals, 5.3% of them receive treatment in training and research hospitals, 5.3% of the receive treatment in university hospitals and 57.9% of them receive treatment in private hospitals. 6.0% of the patients whose treatment period is between 7-14 days receive treatment in state hospitals, 16.0% of them receive treatment in training and research hospitals, 16.0% of them receive treatment in university hospitals and 62.0% of them receive treatment in private hospitals. 3.3% of the hospitals which provide treatment for those whose treatment period is 15 days and more are state hospitals, 53.3% of them are training and research hospitals, 16.7% of them are university hospitals and 26.7% of them are private hospitals.

The managers of hospitals indicated that Turkey's hospitals are preferred by foreign patients because these patients' countries have long waiting lists, some services are not provided in their countries, prices of services are expensive, the reputation of doctors and hospitals, the distances of their country to Turkey, geographical position of Turkey and climate conditions. Just one state hospital stated that because of the lackness of legal ground in their native country, they preferred to come to Turkey. Apart from one training and research hospital, every single hospital said and emphasized that because of the quality of health services, they preferred Turkey. All private hospitals stated that the physical structure of hospitals are good. One of the university hospitals disapproved the physical structure of

hospitals. 15 of the training and research hospitals and 6 of the state hospitals did not approve the physical substructure. When questions about technological substructures of hospitals were asked, all of the university and private hospitals found the technological substructure sufficient. Training and research hospitals did not approve the technological substructure of the hospitals, and apart from one, the other 9 state hospitals also did not approve the technological substructure.

When the question "what they are thinking about single patient-rooms" were asked, while all the university and private hospitals approved, 82.4% of the training and research hospitals and 17.6% of the state hospitals did not find it appropriate. While all private hospitals have newspaper and magazines in sickrooms, 24.0% of the university hospitals, 55.6% of the training and research hospitals and 20.0% of the state hospitals do not have any. Except for one university hospital, there were digital, remote controlled ergonomic sickbeds in all hospitals. While all private hospitals have internet connection, 24.0% of the university hospitals, 55.6% of the training and research hospitals and 20.0% of the state hospitals do not have internet connection. All types of hospitals have LCD televisions. While all private hospitals have calling system both in rooms and bathrooms, 7.9% of university hospitals, 65.8% training and research hospitals and 26.3% state hospitals do not have it. There are no airconditioning in %24.4 of university hospitals, %61.0 of the training and research hospitals and %14.6 of the state hospitals. %50 of training and research hospitals and state hospitals do not have mini fridge.

85.7% of the training and research hospitals and 14.3% state hospitals do not have Turkish and English systems which is used to inform and direct at welcoming services. 9.7% of the university hospitals and 77.4% of the training and research hospitals and 12.9% of the state hospitals do not have enough educated staff who can communicate with the patient and relatives. 21.4% of the university hospitals, 64.3% of the training and research hospitals and 14.3% state hospitals do not have security service which keeps the properties of patients and relatives by signing when they arrive to the hospital. 25.6% of the university hospitals, 58.1% of the training and research hospitals, 16.3% of the state hospitals ignore the patients' choices about the preparation of menu in food services. 25.5% of the university hospitals, 55.3% of the training and

research hospitals, 19.1% of the state hospitals do not have beverages from the world cuisine. %25.6 of the university hospitals, 58.1% of the training and research hospitals and 16.3% of the state hospitals do not have optional menu service. 25.0% of the university hospitals, 60.0% of the training and research hospitals and 15.0% of the state hospitals do not give food service which one can order by telephone. 85.7% of the training and research hospitals and 14.3% of the state hospitals use signboards which can be understood very easily to inform the patients and patient relatives about the supported services. 90.9% of the training and research hospitals and 9.1% of the state hospitals do not have hair dresser or barber services. 21.6% of the university hospitals, 64.9% training and research hospitals and 13.5% of the state hospitals do not have any special room for patient relatives. 20.5% of the university hospitals, 64.1% of the training and research hospitals and 15.4% of the state hospitals do not have separated bathrooms for both patents and relatives of the patients. 6.3% of university hospitals, 75.0% of the training and research hospitals and 18.8% state hospitals are not able to constitute social areas and recreation areas for patients' relatives. 22.2% of the university hospitals, 66.7% of the training and research hospitals and 11.1% of the state hospitals do not have touristic activities after discharge from the hospital. After the correlation analysis, it is seen that five scales are

interrelated. When the connection is examined, it is revealed that none of them have negative values, on the contrary, they have positive directional connections. It is identified that there is positive directional correlation among the choice of hospital and design of room ( $r=0.89$ ), welcome services ( $r=0.71$ ) and food services ( $r=0.77$ ) and support services ( $r=0.79$ ).

According to Table 1, there is a significant difference between the types of hospitals and the major factors which are effective on the choice of hospitals ( $p=0.00<\alpha=0.05$ ). There is a significant difference between the room design and types of hospitals ( $p=0.00<\alpha=0.05$ ), the welcome services and types of hospitals ( $p=0.00<\alpha=0.05$ ), the food services and the types of hospitals ( $p=0.00<\alpha=0.05$ ), the support services and the types of hospitals ( $p=0.027<\alpha=0.05$ ). Tukey Test was applied to determine which group or groups caused this difference among these groups. In terms of major factors which are effective on the choice of hospital, training and research hospitals have differences among the other types of hospitals. While the difference between the state hospitals and training and research hospitals is not significant in terms of factors which are effective on the choice of hospitals; the difference between the university and private hospitals is statistically non-significant. Training and research hospital's point is in average 0.16 points higher than university hospitals, training

**Table 1. The Anova analysis results of the hospitality services within the scope of health services**

Size	Types of hospitals	N	x	Standard deviation	F	p
<b>Factors in the selection of hospital</b>	State hospital	10	1.284	0.10	78.73	0.00**
	Training and research hospital	26	1.289	0.10		
	University hospital	14	1.126	0.04		
	Private hospital	52	1.076	0.00		
<b>Design of room</b>	State hospital	10	1.394	0.15	201.49	0.00**
	Training and research hospital	26	1.466	0.10		
	University hospital	14	1.256	0.12		
	Private hospital	52	1.000	0.00		
<b>Welcome services</b>	State hospital	10	1.100	0.12	115,90	0.00**
	Training and research hospital	26	1.230	0.05		
	University hospital	14	1.026	0.05		
	Private hospital	52	1.000	0.00		
<b>Food services</b>	State hospital	10	1.223	0.11	156.85	0.00**
	Training and research hospital	26	1.298	0.05		
	University hospital	14	1.241	0.12		
	Private hospital	52	1.004	0.01		
<b>Support services</b>	State hospital	10	1.260	0.20	144.77	0.00**
	Training and research hospital	26	1.511	0.14		
	University hospital	14	1.192	0.10		
	Private hospital	52	1.000	0.00		



and research hospital's point is in average 0.21 points higher than private hospitals. University hospitals and private hospitals differ among all types of hospitals in terms of room design. The difference between the training and research hospitals and state hospitals is not statistically significant. The room design of university hospitals is averagely 0.13 points higher than the state hospitals, the room design of university hospitals is averagely 0.20 points higher than the training and research hospitals. Room design of university hospitals is averagely 0.25 points less than private hospitals. Room designs of private hospitals is averagely 0.39 points higher than the state hospitals, and the room design of private hospitals is averagely 0.46 points higher than the training and research hospitals.

The state hospitals' point is averagely 0.13 points less than the training and research hospitals in terms of welcome services. The difference between the private hospitals and university hospitals in terms of welcome services, is not statistically significant. Private hospitals are averagely 0.10 points higher than the state hospitals in terms of welcome services, private hospitals are averagely 0.23 points higher than the training and research hospitals in terms of welcome services.

Private hospitals are averagely 0.21 points higher than the state hospitals, and are averagely 0.29 points higher than the training and research hospitals, and are averagely 0.23 points higher than the university hospitals in terms of food services. Training and research hospitals is averagely 0.07 points higher than the state hospitals in terms of food services.

Private hospitals are averagely 0.26 points higher than the state hospitals, they are averagely 0.51 points higher than the training and research hospitals, and also they are averagely 0.19 points higher than the university hospitals in terms of support services. Training and research hospitals are averagely 0.25 points higher than the state hospitals in terms of support services.

## **6. CONCLUSION AND SUGGESTIONS**

As a result of the study, the factors which effect the choice of hospitals are the long waiting lists in the countries of the patients, problems about some treatment services which are not in the scope of service, the high quality of the health service in Turkey, the high quality hospitality

services which are offered in hospitals, affordable prices, the reputation of the hospital and the doctors, physical and technological substructures of hospitals, accredited hospitals, Turkey's geographical position and the distances to other countries and climate conditions. Physical and technological structures were found enough in all private hospitals.

When the room designs of hospitals were examined, it was clearly seen that private hospital groups have some selective qualities which separates these groups from others. Generally, in private hospitals, there are single patient rooms, internet connection, air conditioner, special locked case grab apparatuses for disabled and old people, room, toilets and nurse calling systems in the bathrooms, hotel guest amenities in bathrooms, newspapers and magazines for patients and relatives of patients. But it is seen that the hospitals which depend to the Ministry of Health do not have these opportunities.

When the welcome and front offices services were examined; there are some qualities which separate the private hospital groups off from the others. In private hospitals, for the patients who come from abroad, transport service is provided round the clock from the hospital to the airport and from the airport to the hospital. During the interviews, managers of the training and research hospitals and state hospitals told that this trasport services are provided withing the office hours. Also, private hospitals have Turkish and other foreign language systems and staffs who are educated and know foreign languages to communicate with the patients and their relatives.

In terms of food and drinking services, private hospitals differ from other hospitals. It is confirmed that in the preparation of the menu, private hospitals give a lot of importance to the patients' opinions, they have types of menu and types of services (elective menus) and they offer food and drink services from the world cuisine. In this regard, the hospitals which depend to the Ministry of Health are not sufficient.

It is seen that private hospitals are different from the other hospitals in respect to support services in the hospitals. Private hospitals provide special rooms for the relatives of patients, touristic activities after discharge, social rest areas, restaurants and cafes which offer quality service, extra bathrooms for relatives of patients, hairdresser and barber services in hospital.

To make Turkey better within the scope of health and hospitality systems, strategies which increase the quality of services has to be developed. (1) Hospital buildings should be well designed to make architectural plans of the building, the management of the building and the physical conditions of the hospital equal to the comfort of a hotel in health tourism, (2) Patientrooms should be planned and made as maximum 2-person and generally single room, (3) Hospital rooms should have remote controlled ergonomic beds, guest chair and desk, air conditioner, locked case, closet for belongings and clothes, LCD TV and internet connection, sizeable dinner table, room and toilets, nurse calling system in bathrooms, antibacterial non-slip floor and wall coverings, central heating and refrigerating systems, soft and positive colors on the walls, hotel guest amenities (hair dryer, towel, slipper, tooth paste, shampoo, soap, comb, mini fridge) in patients bathrooms and patients rooms should be arranged according to the patients' privacy. (4) Welcome and front door offices' physical conditions should be wide, refreshing and relaxing and the services should be provided in company with music because first impression should be good (5) Personnels, within the scope of health tourism, should have enough knowledge and skills about welcome services, housekeeping, food and drink services, cleaning and laundry services and in the field of other services, and personnels should have good appearance and well behaviour or should be chosen according to these criterias. Then these personnels should take in-service trainings to make their adaptation easier (6) Food and drink service should care about the foreign patients' cultural and religious differences, so they should prepare menus according to the foreign patients' preferences. The service should be fast and unproblematic. There should be delicious food and drink services from the world cuisine. (7) There should be religious places in hospitals for foreign patients in which patients feel free about their religious practices, (8) Hospitals should create health tourism package for foreign patients, and they should plan free tours and trips after treatments and they should make transportation easier, (9) For foreign patients, there should be flyers in the hospitals which is formed in understandable language for them, and when they arrive to the hospital they should be informed and guided, (10) Every patient should have private translator who provides effective communication with the patient, (11) Extra payments should be given to the personnels, who serve within the scope of health

tourism, to make them more eager and to increase the quality, (12) The number of accredited institutions should be increased, (13) Besides international patient units, there should be another clinics within the scope of health tourism in the hospitals.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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