

## Training in Medical Tourism, a Necessity or a Perspective? A Needs Analysis of Stakeholders on Training Issues in Medical Tourism

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**ABSTRACT** Medical tourism, having a very long history, is a form of tourism related to health issues of people who travel to other places in search of a better and cheaper medical treatment. Human relations and services take form and develop in accordance with the needs of individuals and societies. In line with the demands for quality, the scope and quality of the education sector has also increased. However, the results of this study reveal that there is no available source on systematic and program-based education services related to medical tourism in literature. This study, including stakeholders working for the North Cyprus health, tourism and education sectors in cooperation with the medical tourism context, focuses on the roles and responsibilities of the stakeholders, need of education and calls attention to the lack of systematic and program-based education for medical tourism related activities.

### INTRODUCTION

Medical tourism, in general terms, is regarded as a form of tourism through which people seek alternative medical treatment opportunities in other countries (Kim et al. 2013; Gan and Frederick 2011). It is known that medical tourism has long existed and people used to travel to other places to receive health treatment for certain purposes (Connell 2013). Although medical tourism has long existed, it gained importance especially after the second half of the 20<sup>th</sup> century (Connell 2013; Meliou and Maroudas 2010; Lee and Fernando 2015). This could well be regarded as a result of developing anthropological relations that led to understanding and sharing potentials of other communities. Callan (2016), considering globally developing relations of communities in various sectors, claims that the concerns of the anthropology have already started to focus on interactions between communities and global patterns that form the anthropological enquiries that are applied to components and sectors of industrial and post-industrial societies, and various research subjects of anthropology are now focusing on issues such as business relations, educational establishments, hospitals and public-sector bureaucracies of communities which are globally in relation with each other. In support of this view,

Sivaramakrishnan and Vaccaro (2006.) state that the industries and the associated values of these industries of contemporary western societies have been moving away, to places where cheaper services and leisure are provided, and this movement has already turned out to be a subject of interest of social anthropology.

Today, as set forth through the anthropological studies, medical tourists usually travel to other countries to seek better and cost-effective health services which are not available in their own countries (Gan and Frederick 2013). This consequently has generated a new, fast growing sector related to both tourism and medicine. In this form of tourism, people seeking medical treatment abroad, usually travel from developed countries to less developed countries which offer cheaper but high quality medical services, and in some cases, they prefer to obtain medical treatment through medical tourism because some health services may not be available or may not be legal in their home countries (Olteanu and Izabella 2011). Revenues in this sector have now reached over a hundred billion US dollars throughout the world (Aslanova 2013), and since the revenues of this sector continue to increase gradually, it is now considered a very important sector and source of income by some developing countries such as Turkey, Greece, Thailand, India and Malaysia (Iurea et al. 2013; Yu et al.

2011; Leigh 2012; Gan and Frederick 2011). Thus, the governments of these countries are attempting to set up a specific policy for developing the medical tourism activities in their countries. However, despite the fact that every sector is based on and dependant on one or more academic disciplines in terms of training, medical tourism, which now stands out as a distinctive form of the health sector, has not yet taken its place within the contents of education focusing on medical and tourism subjects. The literature reviewed so far indicates that there is no study or an attempt aiming to investigate the needs of stakeholders in terms of needs related to the education sector. Legal arrangements must be made to make the applications more effective in this sector, as well as the roles of the relevant stakeholders who have certain roles and responsibilities in tourism, health and education sectors.

All studies related to medical tourism focus more or less on the functions and systems of the medical tourism sector. Hanefel et al. (2014) conducts a comprehensive research on literature review, including 100 papers relevant to medical tourism issues. However, none of them touches on necessity of training on medical tourism, but types of interests and services provided by the medical tourism sector. One of the studies focusing on the functions and systems of medical tourism was carried out by Lee and Fernando (2014). According to Lee and Fernando (2014), the most beneficial, advantageous and useful approach, which brings service providers, producers and business activities together, integrate them and coordinate the relations between them is the Supply Chain Management - SCM approach, as this approach has led to a new research subject related to tourism supply chain. In this respect, Lee and Fernando claim that the tourism supply chain created the Medical Tourism Supply Chain - MTSC. This is taught in education contents related to tourism. However, the role and the position of medical tourism has not yet been either identified or integrated into education contents related to or focusing on tourism forms. In order to ensure a flawless function of a medical tourism supply chain, all parties taking part within this chain must fulfill their responsibilities perfectly well and within a required time. In this respect, as there is no educational subject related to functions, systems and efficiency of medical tourism, the subject proposed by Lee and Fernando

can well be considered a subject to be engaged in a medical tourism related education program. How to carry out this process (MTSC) flawlessly can well be a valuable subject of tourism syllabus of which the primary objective is to educate individuals to be tourism professionals and, as qualified individuals, take part within the various departments of the tourism sector. In their studies, researchers emphasize the importance and popularity of medical tourism and they are attempting to identify the weak and strong sides, as well as proposing ideas to develop the effectiveness of this sector (Hall et al. Meliou and Maroudas 2010; Connell 2013; Ghanbari 2014). However, none of them focused on the importance of training and systematic education programs in developing the efficiency and performance of medical tourism. The studies so far carried out on medical tourism issues call attention to relations between economy, health and politics to some extent (Somnuek 2014; Gan and Frederick 2011; Bahar et al. 2009). In this respect, this study aims to be an initial step in calling attention to the importance and role of education in globally developing the medical tourism sector.

### **Objectives of the Study**

As the medical tourism is a fast growing sector, which is in relation with other sectors such as economy, medicine and tourism, it now has reached to an enormous market throughout the world. However, the rapid developments and growth in this sector has brought along a competition which requires professionalism in this sector. Professionalism and developing qualifications requires a systematic and program-based training. In the literature relevant to medical tourism issues, there is no evidence that the importance and the role of education has so far been regarded. In this regard, this study aims to draw attention to needs of the stakeholders and the importance of systematic and program-based education in meeting the needs of stakeholders in order to become more competitive and professionalize in medical tourism issues.

## **METHODOLOGY**

### **Participants**

The participants of this study were 119 male and 191 female professionals, in total 310 people

who worked in health, tourism and education sectors, hold administrative positions and are engaged in medical tourism issues to some extent. The participants were classified into four age groups in order to compare the opinions of the participants on education in medical tourism issues. The groups were classified in accordance with the ages of the participants as; 24-29, 30-35, 36-41 and 42-over. The participants were also classified in accordance with their experience in their sectors.

### **Instruments**

The literature relevant to medical tourism was reviewed and a survey was carried out through an opinion based questionnaire to obtain the opinions of the participants. The questionnaire included 40 statements classified within 4 groups according to their relevance. An opinion based Likert scale was used to obtain the opinions of the participants. The scale leveled as “strongly disagree (1), disagree (2), indecisive (3), agree (4), strongly agree (5)”. The statements were grouped in accordance with the factors they were relevant to. The first group of statements focused on the expectations of participants and currently existing education issues relevant to medical tourism. The second group of statements focused on the roles of relevant stakeholders in education issues. The third group of statements focused on the expectations of participants from the state sectors and government policies. The fourth group of statements focused on the opportunities, cooperation and contribution of medical tourism to the tourism sector. The independent variables were classified as; age, gender, sector and professional experience.

### **Research Context**

Research context of this study includes tourism, health and education sectors related to medical tourism in North Cyprus.

### **Implementation**

At the initial stage of the survey, a pilot study was carried out amongst the relevant stakeholders and a draft questionnaire was handed out to participants from tourism, education and health sectors. The results of the draft ques-

tionnaire were processed, a factor analysis process was carried out for each question and the questions considered to be invalid or irrelevant were removed from the questionnaire. Then the questionnaire was reviewed, redesigned and the finalized questionnaire was handed out to 400 people working in tourism and medical sectors, relevant to the medical tourism subject. 327 questionnaires were returned completed or partially completed within two weeks. 310 questionnaires which were fully completed and regarded valid were used in the analysis process.

### **Data Analysis**

The data obtained through the questionnaire was processed and analyzed by using the “independent samples t-test” to compare the outcomes between groups and the Bonferroni test under the one-way ANOVA test in SPSS was also used to find out the significance level of mean differences between groups and within groups. The data was analyzed depending on the factors of age, gender, sector and professional experience.

## **RESULTS**

The data obtained throughout the study centered on or around 4 for all statements included in this study. This indicates that the participants all agreed through all the statements, in general without a significant difference in their opinions. The independent samples t-tests and the post-hoc tests, processed through one-way ANOVA revealed that there is no significant difference amongst many of the responses with respect to age, gender, sector and professional experience. There are a few significant differences between some responses; however, these differences are not regarded as a negative approach to the point of opinion. The differences occurred because of the gap between the mean differences that centered around level 4 and, despite that the mean differences statistically were significant, all the mean values were very close to level 4, and therefore, even statistically significant mean differences occurred, the means of these statements apparently indicated that the respondents more or less “agreed” with the statements related to importance of training on medical tourism, role and responsibilities of all stakeholders taking part at the private and state

sector, and opportunities provided by the medical tourism. Thus, even if the mean differences of these few statements are significant, the differences should be regarded as having a positive impact on the preferred level of agreement.

The average of means of male and female participants throughout 40 statements are both just over level 4, which refers to “agree”, and the significance level between the mean differences of these groups is not significant at the  $p = .050$  level ( $p = .229$ ). This indicates that both male and female participants regardless their gender, agreed on all of the statements related to importance of training on medical tourism, role and responsibilities of the stakeholders including private and state departments, and opportunities provided by the medical tourism sector (Table 1).

**Table 1: Group statistics for gender**

Gender	N	$\bar{X}$	Sd	Significance
Male	119	4.2008	.47159	.229
Female	191	4.1109	.72310	
Total	310	4.1558		

Despite the fact that responses of all age groups centered around 4, and very close to each other in descriptive terms as shown in Table 2, the mean differences are significant at the .050 level between age group 24-29 and age group 36-41 ( $p = .013$ ), and between age group 24-29 and age group 42 and over ( $p = .002$ ). However, these differences are not regarded as an indication of a negative approach in opinions of respondents, and yet, they do not refer to a conflict between the age groups. The overall results clearly indicate that all age groups agree on all of the statements related to importance of training on medical tourism, role and responsibilities of the stakeholders including private and state departments, and opportunities provided by the medical tourism sector.

Participants from the three most relevant sectors; education, tourism and health, were

**Table 2: Group statistics for age**

Age	N	$\bar{X}$	Sd
24-29	66	4.3890	.35135
30-35	82	4.1622	.68250
36-41	74	4.0608	.64800
42 and over	88	4.0182	.71021
Total	310	4.1454	.63903

engaged in this study. Almost all of the participants have a position with administrative duties. Responses of all participants employed in education, tourism and health sectors accumulated around level 4 which refers to “agree” and there is no significant difference between the mean values of groups. This indicates that all participants, no matter which sector group they belong to agree on all of the statements related to importance of training on medical tourism, role and responsibilities of the stakeholders including private and state departments, and opportunities provided by the medical tourism sector (Table 3).

**Table 3: Group statistics for sector**

Sector	N	$\bar{X}$	Sd	Significance
Education	43	4.2058	.65025	.416
Tourism	212	4.1585	.65275	
Health	55	4.0477	.57418	
Total	310	4.1454	.63903	

The participants who were engaged in this study were also classified in accordance with their professional experience within their sectors. Responses of participants accumulated around level 4 which indicates that all of the participants “agree” on the statements, regardless of their years of experience in their sectors. The difference between the mean values of age groups is not significant at  $p = .138$  level (Table 4).

**Table 4: Group statistics for professional experience**

Professional experiences	N	$\bar{X}$	Sd	Significance
1-5 Years	42	4.2708	.52666	.138
6-10 years	97	4.2255	.56450	
11-15 years	83	4.0988	.67628	
16-20 years	19	4.1724	.38459	
20 years and over	69	4.0051	.77854	
Total	310	4.1454	.63903	

The statements were classified into four groups in accordance with their relevance and since their relevance within groups was based on certain factors, the groups were classified under four factors. Each statement was reviewed under its relevant factor.

### Importance of Training

The group of statements under Factor 1 focuses on the importance of training and education on medical tourism. The first of the state-

ments, focusing on the importance of training on a specific subject, aims to investigate whether the directors and managers of relevant state sectors, non-governmental organizations in the tourism sector and other relevant stakeholders need training in medical tourism in order to improve medical tourism. The results of this study indicate that the participants agreed that the directors and managers of relevant state sectors, non-governmental organizations in the tourism sector and other relevant stakeholders need training in medical tourism in order to improve medical tourism. Focusing on the importance of communication skills, it was also investigated throughout the study whether the staff who works or will be working in medical tourism sector must obtain training in order to improve their communication skills. As the importance of communication skills are regarded highly in all sectors serving the public, this issue was also investigated and the results of the study revealed that all the participants, regardless of their sector, experience or gender, agreed that staff who works or will be working in the medical tourism sector must obtain training in order to improve their communication skills.

Necessity of in-service training was brought to the attention of participants in statement 3. Statement 3 emphasizes that the intermediate staff working in health, accommodation, transportation and in other relevant sectors must be given in-service training on medical tourism. All participants agreed on the necessity of in-service training. As the most comprehensive academic institutions educating, training and equipping the individuals on specific subjects to make them subject specialists, the responsibilities of universities were also emphasized. Opinions of the participants were sought in order to find out whether the universities must carry out training activities such as seminars, meetings, congress on medical tourism for students, as well as employees and employers of NGOs. The respondents agreed coherently on this issue, too.

The role of the Ministry of Education was considered and a statement emphasizing necessity of active participation of the Ministry of Education was used, stating that the Ministry of Education must offer in-service training to training directors on medical tourism. The participants from all sectors agreed coherently on this opinion, too. The participants also agreed

that the Ministry of Education must organize conferences, panels and seminars on medical tourism to train directors.

The role of the Cyprus Turkish Travel Agencies Union (KITSAB), which is one of the core foundations of the North Cyprus tourism sector, was also mentioned in this study. One of the statements states that the Cyprus Turkish Travel Agencies Union must organize training activities and meetings on medical tourism to raise awareness of tourism agencies on medical tourism. All participants also agreed on this issue. The participants also agreed on the statement emphasizing that the KITSAB must be given training on medical tourism. Another important foundation in the North Cyprus tourism context is the Cyprus Turkish Hotels Union (KITOB). The participants were asked if the directors must be given training on medical tourism, and the participants agreed coherently that the directors must also be given training on medical tourism. The participants also agreed that the KITOB must organize training activities for hotel managers and staff on medical tourism. The Cyprus Turkish Tourism Guides Union (KITREB) which functions at the heart of the tourism sector of North Cyprus was also engaged in this study. The participants were asked if the KITREB must organize training activities for guides on medical tourism and if the KITREB administrators must be given training on medical tourism. All the participants agreed in coherence on these points, too.

### *Responsibilities of Stakeholders*

There are 12 statements under Factor 2. In this group, the roles, responsibilities and legal aspects of accommodation providers, service providers and institutions in charge of education and training were emphasized. The first statement of this group puts forward the idea that the hotels must have a proper infrastructure to meet the needs of medical tourists. Once more, all participants agreed coherently on this issue. Regarding the legal aspects of medical tourism in the laws and regulations of the relevant institutions and foundations, a statement emphasizes that the legal arrangements must be made in the KITREB laws and regulations in order to professionalize the tourist guides on medical tourism. The opinion in this statement was coherently supported by the participants and all participants agreed on this point.



The importance of staff proficiency in using foreign languages was also emphasized in this study. One of the statements in this group puts forward the idea that the institutions which offer health services must employ staff who is proficient in foreign languages. All the participants agreed on this issue, too. Relevant to this issue, one of the statements requires the opinion of the participants, if there is a need for well trained, highly knowledgeable, insightful, and qualified staff in order to be successful in medical tourism sector. The participants also agreed in harmony on this statement.

The role and responsibilities of the Ministry of Education were also emphasized and it was put forward that the Ministry of Education must carry out studies to increase the awareness of the tourism sector and the public on medical tourism. This issue was also agreed in coherence by all participants. Besides, the participants fully agreed that the lecturers and other teaching staff employed at the universities, vocational schools, and at other education institutions relevant to health sciences, must be promoted to study in the medical tourism field, and administrators of these educational institutions must also be trained to be subject specialists and experts in the medical tourism sector. Regarding the legal arrangements to support the medical tourism applications, a statement states that legal arrangements must be made in the KITOBS laws or regulations in order to meet the needs of medical tourists. All participants from all sectors agreed on this issue, too.

Another issue that was agreed by the participants is that the Ministry of Education must develop syllabus or training programs in order to promote the improvement of medical tourism. The participants also agreed that necessary arrangements must be made in KITSAB law and regulations in order to professionalize the travel agencies on medical tourism issues. The findings also revealed that the participants also agree that the Ministry of Education must promote educational administrators to attend medical tourism courses and organizations abroad, and the Ministry of Education must obtain academic support assistance while developing medical tourism programs.

#### ***Role of State and Private Sectors***

Factor 3 involves nine statements which mostly focus on the role of state institutions

and foundations in developing medical tourism. The first statement of Factor 3 puts forward the idea that there must be a state policy in North Cyprus to ensure development of medical tourism. All the participants agreed on the idea of this statement. Also, the participants agree that the Prime Ministry, Ministry of Tourism, Ministry of Health, Ministry of Transportation and Ministry of Internal Affairs must have a certain vision and insight in order to ensure sustainable development of medical tourism in North Cyprus. It was also argued in this study, and agreed on by all of the participants, that the Health Tourism Coordination Centre under the body of the Prime Ministry must be established in order to promote developments of medical tourism in North Cyprus. The data obtained from the participants indicates that the representatives of state departments, universities, NGOs and other relevant organizations must take place within the body of the Health Tourism Coordination Centre.

As the roles of the Ministry of Health and Ministry of Tourism are vital in developing the medical tourism sector in a country, it was argued that the Ministry of Health and Ministry of Tourism must undertake initiatives in order to promote the development of medical tourism in North Cyprus, and Medical tourism must be promoted by the Ministry of Tourism and Ministry of Health. These ideas were also supported and agreed on by all of the participants. Another important finding of this study is that, considering that medical tourism has been gradually providing a major source of income for some of the countries focusing on medical tourism, the participants agreed in harmony that medical tourism must be one of the main tourism products of North Cyprus.

One of the important findings of this study reveals that; in order to achieve the maximum benefit from medical tourism, a needs analysis process must also be carried out and the medical tourism products must be determined in North Cyprus, and following these phases, policies must be developed in accordance with the requirements and demands. As some countries use free zones to offer faster, cheaper and easier services to customers from other countries, a free zone must also be established in North Cyprus and foreign medical tourism experts must be allowed to serve in this sector in order to develop medical tourism opportunities in North Cyprus.

### *Opportunities Provided by Medical Tourism*

The data obtained through the seven statements under Factor 4 revealed that medical tourism provides tourists with opportunities to have a free holiday while obtaining medical tourism services and this dynamic cycle makes a significant contribution to the added value of the country. The findings of this study also point out that medical tourism is a sustainable tourism type. Apart from this, the findings of this study revealed that the health services obtained by the tourists who visit the country for other purposes, but fall ill, increase the medical tourism income.

### DISCUSSION

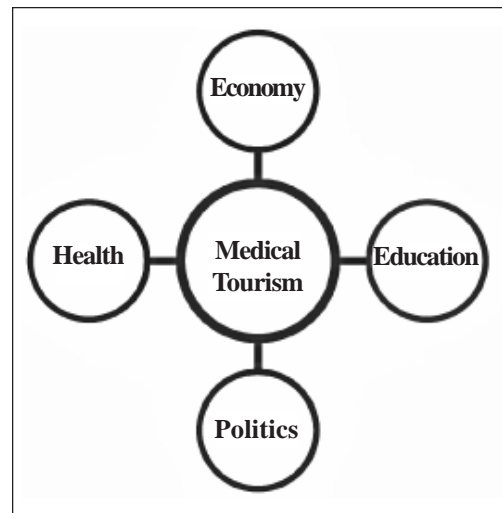
The results of this study indicate that the stakeholders of medical tourism in North Cyprus are aware of the fact that the medical tourism sector is a rapid growing sector, and, as this sector has newly been introduced to the North Cyprus tourism and health context, the stakeholders employed in tourism, health and education sectors pointed out their needs in educational terms and their expectations from relevant stakeholders, such as the ministries and NGOs relevant to health, tourism and education sectors. All participants engaged in this study agreed consistently that they are in need of systematic and program-based training on medical tourism issues in order to improve their skills, knowledge and other relevant qualifications, as well as increasing their and public's awareness on medical issues. The findings of this study also revealed that, considering the role of governments in developing medical tourism facilities and revenues, the state education system, as well as the private higher education systems, must specifically deal with this subject and provide education opportunities on this subject for all relevant stakeholders.

Another important issue found out throughout this study is that the stakeholders in the state sector and in the private sector must take the necessary precautions and make the necessary preparations, in order to improve the knowledge and qualifications of the staff employed in the health, tourism and education sectors and raise the awareness of the public on medical tourism. Legal arrangements must also be made in the laws and regulations of the stakeholders such as the KITSAB and KITREB to help profession-

alize the stakeholders on medical tourism issues. The state sector must also develop a policy to make the necessary arrangements in their laws and regulations to make the procedures easier to be accomplished for the medical tourists, and the legal rights of medical tourists must also be determined in laws and regulations of the relevant institutions in the private and state sector.

### CONCLUSION

This study, aiming to call attention to the lack of systematic and program-based education in medical tourism issues, generated an initial step towards developing a medical tourism related education program, as well as emphasizing the role and importance of education in increasing the effectiveness of medical tourism applications. The overall results of this study clearly indicate that the context of medical tourism must be extended and the education sector must also be a part of the relations of the cycle surrounding medical tourism, as shown in Figure 1.



**Fig. 1. Relation between medical tourism, economy, health, education and politics**

Effectiveness and productivity of medical tourism depend on systematic and well-organized relations with other factors and sectors; health, education, politics and economy. Standing out in the centre of a cycle formed by other relevant sectors indicates that the overall success of medical tourism depends on efficient cooperation and sustainable relations amongst

all those sectors; the health sector offers the necessary services to patients, politics decide on how to arrange the health service and implement the education issues, education decides on how to train the relevant stakeholders, and economy focuses on the financial sources and income related to medical tourism. Thus, each of these sectors has a vital role in sustainable development and progress of medical tourism.

### RECOMMENDATIONS

The outcomes of this study revealed that medical tourism is a fast growing sector throughout the world and has already been taken into consideration by some countries such as Turkey, India, Pakistan, Greece, Thailand and so on, as a sustainable tourism type and source of income. This is fairly pertinent in the North Cyprus tourism and health context, too. The stakeholders employed in tourism, health and education sectors have already stated that they are aware of the importance of the medical tourism sector. However, the responses of the stakeholders also revealed that they are in need of being engaged in a systematic training process in order to improve their knowledge, skills and qualifications in order to increase the efficiency of this sector. Having been trained on this issue is considered vital in order to increase the effectiveness of services in the medical tourism sector. In this respect, the demands of the stakeholders centre upon the necessity of making academic and legal arrangements in relevant sectors. The universities, relevant ministries and NGOs must make the necessary arrangements and take necessary precautions throughout their systems to provide the stakeholders with the necessary training and legal arrangements so that all the stakeholders can offer better and competitive services and prices for medical tourists. Relevant departments of universities, ministries and NGOs must consider a sustainable policy to design and develop medical tourism related educational programs.

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