

Medical Tourism Awareness of Health Workers

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Abstract

The aim of this study is to determine the medical tourism awareness of health workers in public hospitals in South Eastern Anatolian Region. The study was carried out between January-March 2020 and 392 health workers participated in the study. The reliability value of scale, used in the study, was counted as very high (0.921). The medical tourism awareness of health workers in the study was found as low in general (2.89). In the sub-dimensions of scale, the awareness of health workers was found as low. When the sub-dimensions of medical tourism awareness scale used in the study analysed, it was found out that health workers are generally unsure at sub-dimensions of institutional competence (2.83), the effects of medical tourism (2.73), the problems of medical tourism (3.11), medical tourism potential of city (2.83) and medical tourism practices of public hospitals (2.84). According to the results of correlation analysis between sub-dimensions, a positive relationship between all sub-dimensions was determined.

Keywords: Health, Medical tourism, Health tourism.

Introduction

Health tourism, which began to be frequently spoken in recent years and regarded as an export opportunity by several countries, is referred as an important foreign exchange inflow for Turkey that attains the high quality in the delivery of health care. Thermal tourism services, which were previously tried to be provided only in thermal facilities, started to spread in health care services later and was referred as medical tourism (MT). Especially, private hospitals and intermediary institutions, had the opportunity to both earn higher income and develop themselves in terms of institutional and labour force and export in health care services by seeing the opportunity in the health tourism and using available health resources. By making health tourism in Turkey a government policy since 2006, a department within Ministry of Health was established and tourism policies regarding the Ministry was started to be developed. New steps have been taken towards especially MT and private sector has been encouraged in this regard.

Today, people make great efforts to stay healthy and

increase their life quality. With this effort, individuals who want to get cheaper, more quality and out-of-turn health service travel to abroad. Travels of those people have led a new and different field as a MT to arise in the tourism sector (Connel, 2006, p. 1093)⁶. MT is defined as “trips which are made to abroad by a tourist for treatment and rehabilitative health services” (Pollard, 2010)⁹. MT means “benefitting from cross border health opportunities to get affordable services which are not available or do not have long waits in one’s home country” (Carrera and Bridges, 2006)⁵. According to (Yun Yu and Gyou Ko2012:80), MT is to travel to overseas countries for treatment and care. (Lee and Spisto 2007:1)⁸ defined MT as “travelling to another country in order for tourist to feel better or get treatment”. According to (Khan and Alam 2014:258)⁷, it is travelling of someone to another country which is made to get healthy again in cases like dental treatment and organ transplantation.

Factors that motivate tourists to made MT to receive treatment in another country are; shorter waiting periods than those of their countries, decrease in cost, private treatments, more quality care, the charm of new and

different, non-covered treatment, high-level technology, desire to be treated in the countries having scientifically medical activity all around the world (Woodman 2009, Ministry of Health 2012:13)¹³

In terms of medical tourism, our country has important touristic destinations, critical labour force potential with young population and trainability and several advantages by providing appropriate conditions to treat patients more quality and economically in a positive environment and most of the health institutions are at a level that can compete with the West (Eriş, 2019)³. In addition, insufficient publicity, inadequacy in terms of human rights, negative image, the lack of coordination with foreign insurance companies, not giving adequately weight to marketing strategies and marketing researches, the lack of coordination between Ministries and sectors are among the disadvantages (Tengilimoğlu, 2005:92)¹¹.

The aim of this study is to determine the medical tourism awareness of health workers, in public hospitals in South Eastern Anatolian Region.

Material and Method

Population and Sample: The population of study consists of approximately 15.000 workers in the public and university hospitals in the city centre of Şanlıurfa, Gaziantep, Batman, Diyarbakır, Adıyaman, Mardin and Siirt. With simple random sampling method, the size of sample was determined as 377.

Data Collection Method: Two method as face to face interview and drop off/pick up method were used to collect data. The study was carried out in January, February and March 2020. During the conducting of questionnaire, 392 questionnaires, filled out by voluntary participants, were included in the assessment and analysed was made. The questionnaire, created in

the study named “A Research on Health Care Worker’s Awareness of Health Tourism: Example of Ahi Evran University Education and Research Hospital Workers” carried out by Acar and Turan (2016)¹, was taken as reference. In the questionnaire, created to be used for data collection, there are 27 statements and participants are asked to give answers according to 5-Likert scale.

The Analysis of Study Data and The Assessment of Study Findings: Data collected in the study was analysed with SPSS 20 package programme. In order to determine the demographic and personal features of hospital workers, which constitutes of sample group, the analysis of frequency, percentage distributions were made; correlation analysis was made to determine the arithmetic means of answers given by health workers to the statements in the scale and their standard deviation and relationships between sub-dimensions of the scale.

Findings: Finding obtained are presented in this chapter of the study.

Table 1: The Reliability Analysis Findings for Scale and Sub-dimensions

Scale and Sub-dimensions	The number of statements	Cronbach’s Alpha
The Scale of MT	27	0.921
Institutional Competence	11	0.914
The Effects of MT	5	0.687
The Problems of MT	3	0.720
MT Potential of City	4	0.657
MT Practices of Public Hospitals	4	0.715

The findings of reliability analysis of scale and its sub-dimensions in the study were shown in Table 1. According to the findings, the reliability of scale and sub-dimensions are found as sufficient or very high.

Table 2 The Frequency Distribution of Demographic Information of Hospital Workers in the Study

		Number	Percentage
Sex	Male	200	51.0
	Female	192	49.0
Age	18-25	67	17.1
	26-40	174	44.4
	41-65	151	38.5

		Number	Percentage
Education	High School	65	16.6
	Two-year Degree	99	25.3
	Undergraduate	166	42.3
	Graduate/Postgraduate	62	15.8
Job	Doctor	57	14.5
	Nurse	143	36.5
	Other Health Workers	145	37.0
Department	Administrative Personnel	49	12
	Medical Department	318	81.1
	Administrative Department	74	18.9
City	Diyarbakır	65	16.6
	Urfa	75	19.1
	Antep	58	14.8
	Batman	46	11.7
	Siirt	56	14.3
	Adıyaman	45	11.5
	Mardin	47	12.0
	Total	392	100

The distribution of frequency for the demographic information of hospital workers that participated in the study are shown in Table 2. It was found out that hospital workers work in 7 cities, Şanlıurfa, Diyarbakır, Gaziantep, Batman, Siirt, Adıyaman and Mardin, located in South Eastern Anatolian Region, 51% of them are male, 44.4% of them are at 26-40 age group, 42.3% of them have bachelor's degree, 37% of them are in the other health workers group and 81.1% of them work in a medical department.

When Table 3 analysed, hospital workers state that they are unsure regarding the medical tourism awareness in general. When the sub-dimensions of medical tourism awareness scale, used in the study, analysed, they state that hospital workers are generally unsure at dimensions of institutional competence (2.83), the effects of medical tourism (2.73), the problems of medical tourism (3.11),

medical tourism potential of city (2.83) and medical tourism practices of public hospitals (2.84). According to the results of correlation analysis between sub-dimensions, a positive relationship between all sub-dimensions was determined.

Table 3. The Means of Answers given to MT Awareness

	Mean	Std. D.
Institutional Competence	2.83	0.909
The Effects of MT	2.73	0.928
The Problems of MT	3.11	1.089
MT Potential of City	2.83	0.961
MT Practices of Public Hospitals	2.82	0.936
The Scale of Medical Tourism Awareness Total	2.84	0.741

Table 4 Correlations of Sub-dimensions of Medical Tourism Scale

		Institutional Competence	The Effects of MT	The Problems of MT	MT Potential of City	MT Practices of Public Hospitals
Institutional Competence	Cor. coeff.	1	,478**	,265**	,541**	,673**
	p		,000	,000	,000	,000
The Effects of MT	Cor. coeff.		1	,371**	,501**	,525**
	p			,000	,000	,000
The Problems of MT	Cor. coeff.			1,000	,432**	,394**
	p				,000	,000
MT Potential of City	Cor. coeff.				1,000	,618**
	p					,000
MT Practices of Public Hospitals	Cor. coeff.					1,000
	p					

**Shows the significant relationship for p<0,01

The correlation relationships between the sub-dimensions of medical tourism scale are shown in Table 4. When the table analysed, it is seen that there are positive relationships between all sub-dimensions of medical tourism scale. When the sub-dimensions, in which the positive relationship is highest, analysed, it seen that it is between “MT practices of public hospitals” and “institutional competence” (.673). The lowest positive relationship was found between “the problems of MT” and “institutional competence” (.265).

Conclusion and Suggestions

MT has become a field that comes to prominence within the health tourism in recent year. MT which especially draws the attention of private hospitals, is a field on which public and university hospitals should put emphasis.

In this study, it is aimed to determine the MT awareness of hospital workers in the public hospitals in South Eastern Anatolian Region. According to the data obtained from the study, it was found out that 392 hospital workers that participated in the study are unsure (2.84) regarding the scale, used in the study, in general. Hospital workers did not present a positive or negative opinion because they could not be sure regarding the statements in the scale in general and they stated that they are unsure generally. In addition, it is predicted that they did not present a certain opinion regarding the

scales in the study because hospital workers do not have adequate information on medical tourism.

When the sub-dimensions of scale in the study analysed respectively, hospital workers are unsure regarding all sub-dimensions. At the first sub-dimension of scale, institutional competence, hospital workers stated that they are unsure regarding both general dimension (2.83) and the means of answers given to statements. Hospital workers stated that they disagree with the statements, “This Hospital follows the scientific publications and practices” (2.60) and “This Hospital is proper for health tourism in terms of technological equipment” (2.60), the means of answers give to the statement, “This Hospital is appropriate for medical tourism practices in general” (2.70), was found as low in general and they stated they are unsure regarding the statement. Generally, it was found out that hospital workers are unsure about whether the hospital they work for is institutionally adequate for medical tourism.

At the effects of medical tourism sub-dimension, the second sub-dimension of scale, it is seen that hospital workers are unsure in general (2.83) and according to the answers given to the statements. When the statements of the effects of medical tourism sub-dimension analysed one by one, hospital workers stated that they are generally unsure regarding the statements, “Foreign patients are the source of income for our hospital” (2.65) and “Foreign patients enable our city

to develop economically” (2.69). There is not a certain opinion regarding the other statements of the effects of medical tourism sub-dimension. In general, they have doubts regarding the effects because they do not know the medical tourism.

At the problems of medical tourism sub-dimension, another sub-dimension of the scale, it was found out that hospital workers are generally unsure (3.11). When the means of answers given to the 3 statements of the problems of medical tourism sub-dimension analysed, it is seen that they are unsure regarding all three statements.

At the sub-dimension of medical tourism potential of city, another sub-dimension of scale, it was found out that hospital workers are generally unsure (2.83). Although hospital workers stated that they disagree with the statement, “This city has adequate reserves in terms of thermal springs” (2.58), they stated that they are unsure regarding other three statements.

At the sub-dimension of medical tourism practices of public hospitals, another sub-dimension of scale, it was found out that hospital workers are generally unsure (2.823). Although hospital workers stated that they disagree with the statement, “Foreign patients can prevent us from giving adequate attention and care to native patients” (2.52), they stated that they are unsure regarding other three statements.

When the correlation relationships between all sub-dimensions of medical tourism scale analysed, it is seen that there is a positive relationship between all sub-dimensions of medical tourism scale. It can be said that sub-dimensions of scale have positive effects on each other. It is seen that a positive increase in one of the sub-dimensions would cause a positive increase in other sub-dimensions.

When the literature review analysed, it is seen that there are limited studies regarding the medical tourism awareness of health workers. As a result of the study, carried out by (Acar and Turan 2016)¹, they found out that health workers are unsure regarding the medical tourism potential of city in which they work and the medical tourism practices of hospital for which they work. They obtained results which are similar as our study. In a study regarding the medical tourism perceptions of doctors that work in a university hospital, carried out by (Erdoğan 2018)², it was found out that doctors are unsure regarding the medical tourism potential of both their hospital and Isparta. In a study regarding the

medical tourism awareness of health workers, carried out by (Dökme et al. 2018)⁴, it was found out that health workers are highly anxious about the providing of health services in their hospitals.

In conclusion, it is seen that the medical tourism perceptions of health workers in their city and hospital are low. That the managers of public hospitals, especially Ministry of Health, primarily give trainings to health workers about medical tourism and make hospitals ready for medical tourism would be helpful.

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