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Research Article

COVID-19 ACTION AND THE PROCESS OF HEALTH TOURISM IN TURKEY THE EFFECT OF THE QUALITY OF SERVICE PROVIDED ON PATIENT SATISFACTION:A RESEARCH ON MIDDLE EAST PATIENTS

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ABSTRACT

Purpose: The Covid-19 outbreak has spread to many countries and has become the world's most important agenda. Middle Eastern countries have been seriously affected by the virus.service quality and patient satisfaction in the health tourism in Turkey Turkey plays an important role in their choice of Middle East patients.The purpose of this study is to analyze whether there is a relationship between the service quality and the patient satisfaction of patients from Middle East who visit Turkey within the scope of medical tourism while receiving healthcare services.

Tools and methods: The data was obtained from 221 patients of Middle Eastern origin who came to a private health institution providing health tourism services. Structural validity was evaluated by principal components method using varimax rotation. In order to evaluate the content validity, the skewness value in the score distribution besides the ceiling and floor effects were examined. Reliability was evaluated by using Cronbach's alpha. The relationship between total satisfaction score and demographic characteristics was determined by examining Pearson's or Spearman's correlation coefficients.

Results: Sampling adequacy index was 0.829. Seven factors were obtained in the factor analysis. The total variance explained by them was 73.39%. The frequency distribution of the total and subscale scores was symmetrical. Floor and ceiling effects were not determined. Cronbach's alpha reliability coefficient was 0.88. No statistically significant relationship was found between total patient satisfaction score and demographic characteristics ($p > 0.05$).

Discussion: It has been determined that there is a significant relationship between the quality of healthcare services received by the Middle Eastern patients and their income. And it has been seen that the pricing and transportation problems are among the factors most frequently encountered by patients, and affecting the service quality.

Key words: Service quality, Medical tourism, Patient, Middle East

1. INTRODUCTION

In the corona virus process Middle Eastern countries have opted to Turkey for health tourism.Service quality, professional team, modern equipment and price affect the satisfaction of the patients. Today, top-tier hospitals in developing countries reach a similar level of quality in healthcare services and the difference that they offer in terms of technological capacity is little. Medical tourism is the most important center of attraction of the hospitals having international reputation in regard to healthcare service quality. However, technology is more mobile and many healthcare services have been started to trade across borders through telemedicine. As a more efficient or more appropriate means of service delivery, service quality can also attract patients to foreign destinations as like better nursing quality and social ties to healthcare providers or others in the destination country. Increasing the risk in exchange of lower treatment costs in foreign regions is not seem to be a possible attitude for medical tourists. Logically, a patient's interest in superior quality of healthcare service is essential. As known attraction factors for medical tourism, extraordinary healthcare service quality by healthcare providers abroad and more advanced technology, higher specialization of physicians and new treatments are used.

2. LITERATURE REVIEW

2.1. Scope of Service Quality

The quality of healthcare services, consumer protection and training are also critical as parts of an effective system (Woodhead, 2013). For the quality of healthcare services in a particular country, perceptions of patients regarding various dimensions of the services received should be constantly evaluated (Torcson, 2005). The quality of healthcare services in worldwide destinations in the medical tourism field is considered to be an important determinant affecting decisions of the patients, and whether they receive treatment for the first time (Cohen, 2015). Medical tourism is a sustainable

effort as long as hospitals provide international patients with pleasure and positive emotional experiences (Bookman, 2007). Facilitated processes for providing immediate access to care and multiple treatments during the visit of international patients to the hospital are of great importance on patient satisfaction (Veerasoontorn et al., 2011). These are defined as intangible service quality activities in healthcare for offering healthcare services for international patients, and essentially which aim reception of them, their recovery, increasing their chance of recovery and reduce the stresses affecting patients (Cooper, 2009). All services provided by the healthcare sector at the medical tourism level are expressed as healthcare service quality having the purpose of healing international patients, having medicines and high-quality medical devices, increasing the health level of patients, their treatments and protecting them from diseases (Hanan, 2016).

2.2. Patient Satisfaction

Patient satisfaction is defined as the scope of similarity between expected quality of care and actual care received (Schmerler, 2018). Patient satisfaction in regard to nursing care is of great importance for any healthcare establishment (Connell, 2011). Most healthcare professionals are among the healthcare providers, and provide care to patients 24 hours a day (Torcson et al. 2005). It is easier for them to provide services if patients think that their needs are met (Stolley, Watson, 2012). Patient satisfaction is used as an indicator of the high quality services provided by healthcare professionals in tertiary hospitals (Todd, 2012). The most important determinant of the patient's overall satisfaction in regard to hospital is ensured by the service quality (Olowe, Odeyemi 2019). Patient satisfaction, together with the technical aspects of care quality, is related to provision of a high quality service to whom needs it at the requested time (Reısman, 2010). Development and growth of medical services, besides expertise in application, is a new evolution process for patient satisfaction (Lunt, Horsfall and Hanefeld, 2015). Care and service quality provided by hospitals constitute an important factor in achieving a high patient satisfaction (Hall, 2013).

2.2.1. Importance of Patient Satisfaction

Today, healthcare establishments operate in a very competitive environment where patient satisfaction is an important key to maintaining market share in healthcare (Langabeer, 2018). In recent years, patient satisfaction international bibliography is a reliable indicator for evaluating health policies (Ford, Sturman and Heaton Cherrill 2012). If it is associated with adequate satisfaction and also with specific health needs that induce them in general, the importance of evaluating the patient satisfaction has been understood in most of the industrialized countries (Anderson and Ron, 2003). It includes important information about the productivity of their staff for the management of healthcare unit (Sitzia, Wood, 1997). Healthcare establishments attaching importance to patient satisfaction have the ability to be protected from their competitors (Smith et. al., 2014). A patient's satisfaction represents the hospital's feedback on the healthcare provided to the patient. (Crone Robert, 2008). It causes the hospital to improve its health services provided. Measurement of patient satisfaction by a hospital is becoming important in determining its market share. Patient satisfaction is a measure for quality of the health services provided by hospitals (He, 2018) The importance of this research is to reveal the satisfaction level of patients of Middle Eastern origin with current data in order to improve the service quality in the medical tourism in Turkey (Lakhvinder, 2014). It is to increase the sectoral and patient satisfaction by obtaining real-time and up-to-date data to understand the demands, needs and complaints of the patients (Alsharayreh, Kafa, 2017). Patient satisfaction is one of the fundamental aspects of quality in healthcare services. Although patient satisfaction and service quality are different from each other, the concepts of quality and satisfaction may be very interdependent (Sedighehat all, 2017).

Therefore, this research was carried out with the hope of revealing patient satisfaction, and contributing positively to private hospitals engaged in medical tourism and optimizing their business activities. Research is important in terms of analyzing patient satisfaction and service quality based on various criteria in the field of health management and contributing to the literature (Olowe, Odeyemi, 2019).

3. METHOD

The research was carried out by applying survey method, one of the quantitative research methods. In this method, collection of data to determine certain characteristics of a group is aimed (Büyüköztürk

et al., 2012, p.14). In this context, a questionnaire was created to test the hypotheses of the research. The questionnaire was consisted of three main scales / dimensions. The first section was about demographic information and included questions such as the individuals' birth registration place, age, the duration of time they spent while receiving the services, the field of service received. In the second section, the "Service Quality Scale" was used to measure the service quality (Öksüz, 2010), and questions about service quality were asked. In the third section, the "Service Quality Scale" was used once more (Canoğlu, 2015), and questions measuring the level of satisfaction of patients with the services received were included.

3.1. Purpose

Service quality is a criterion by which individuals evaluate the services they receive. According to this criterion, the satisfaction of patients from the service is also measured. As a result, one of the factors affecting the service quality is patient satisfaction. The purpose of this study is to examine the effects of service quality on the patient satisfaction in the medical tourism. It is to determine whether the service quality and the patient satisfaction of Middle Eastern origin patients visiting Turkey within the scope of medical tourism to receive medical treatment differs according to additional services offered at health establishments in Turkey.

3.2. Universe and Sample of the Research

The universe of this study consists of international patients (Middle Eastern origin) admitted to a private hospital in Beşiktaş district, Istanbul province. If the probability of occurrence and non-occurrence in a population of 530 people is accepted as 0.05 based on the simple random sampling method, the number of samples is 217 in the research (cited in Yazıcıoğlu and Erdoğan: Şahin, 2014, p.126). In this context, 250 people of Middle Eastern origin admitted to the hospital were interviewed. A total of 29 questionnaires, which were incorrectly filled out, were removed from the collected answers and not included in the analysis. 221 returned surveys were taken into consideration for the analysis.

3.3. Hypotheses of the Research

H1: There is a significant difference between age groups in terms of patient satisfaction and service quality.

H2: There is a significant difference between gender groups in terms of patient satisfaction and service quality.

H3: As the insurance status changes, a significant difference occurs in terms of patient satisfaction and service quality.

H4: There is a significant difference between monthly income groups in terms of patient satisfaction and service quality.

H5: As the admission status to the establishment changes, a significant difference occurs in terms of patient satisfaction and service quality.

H6: As the educational status changes, a significant difference occurs in terms of patient satisfaction and service quality.

H7: As the waiting period increases, a significant difference occurs in terms of patient satisfaction and service quality.

H8: There is a significant difference between groups of hospital access channels in terms of patient satisfaction and service quality.

H9: According to the problems encountered by individuals, there is a significant difference in terms of patient satisfaction and service quality.

H10: According to the side services provided by the hospital, there is a significant difference in terms of patient satisfaction and service quality.

3.4. Collection Tools and Analysis of Data

Within the scope of the study, patients admitted to a private hospital in Beşiktaş were interviewed and 221 forms were filled out. These forms were analyzed using SPSS 25.0 statistical software ($p<0.05$).

Reliability and normality, frequency distribution, Anova, t-test, Kruskal Wallis and Mann Whitney U tests were applied, respectively, to the questionnaire and the answers received.

3.5. Validity and Reliability of Data

Within the scope of the study, patients who applied to a private hospital in Beşiktaş were interviewed and 221 forms were filled out. These forms were analyzed using SPSS 25.0 statistical software ($p<0.05$). Reliability and normality, frequency distribution, Anova, t-test, Kruskal Wallis and Mann Whitney U tests were applied, respectively, to the questionnaire and the answers received. Reliability analysis was used in order to analyze if the data was reliable or not. According to Kayış (2010, p. 405), questionnaires having Cronbach's Alpha value between 0.80 and 1.00 are highly reliable. In this context, it has been seen that the data is highly reliable.

4. FINDINGS

4.1. Demographic Findings

Table 1. Distribution of Participants' Demographic Information

N=221	**n**	**%**
Country of Residence		
Palestine / Syria	56	25.3
Iraq / Iran	89	40.3
S. Arabia / Qatar / Kuwait / Lebanon	32	14.5
Yemen / Jordan	44	19.9
Gender		
Male	110	49.8
Female	111	50.2
Insurance Status		
State / Private Insurance	56	25.3
Uninsured	165	74.7
Age		
Age 0-15	31	14.0
Age 16-30	54	24.4
Age 31-45	61	27.6
Age 46-60	43	19.5
Age 61, and older	32	14.5
Educational Background		
Elementary School	46	20.8
Secondary School / High School	144	65.2
Bachelor's Degree / Master Degree	31	14.0
Means of Application to Hospital		
Referral / Emergency / Website	76	34.4
Phone	145	65.6
Waiting Period Between Patient's Admission and Examination		
0-30 min.	113	51.1
31-44 min.	70	31.7
45 min., and more	38	17.2
Monthly Total Income		
Less than 500$	71	32.1
501$, and more	150	67.9
Channel Used for Attending the Hospital		
Internet / Newspaper	59	26.7
Agency / Insurance Companies	45	20.4
Recommendation / Other	117	52.9
Problem Faced the Most		
Transfer / Accommodation / Language	18	8.1
Prices	33	14.9
Transportation	30	13.6
None	140	63.3
Services Provided Besides Health Service		
Sightseeing	72	32.6
Tours	110	49.8
None	39	17.6
Unliked Aspect of the Hospital		
High Prices	39	17.6
None	182	82.4

As the result of the frequency analysis performed, when the responses provided by the participants for demographic questions were evaluated, it was concluded that most of the individuals coming to Turkey were from Iraq, or Iran (44.9%), and that majority of them were uninsured. It was observed that the participants had showed a balanced distribution in between males and females, and that majority of them were of ages 31-45 (27.6%), and 16-30 (24.4%). When the educational background was considered, it was concluded that the majority participants were secondary school or high school graduates, and that 14% of them had master degree. It was observed that the patients generally had an income of 501 dollars, and more (67.9%). It was concluded that the waiting period of the patients between admission and examination was in between 0-30 minutes in general, that the ones applying to the hospital through recommendation were majority, and that the hospital had no unliked aspect except high prices (17.6%).

4.2. Validity and Reliability Findings

Table 2. Table of Reliability Analysis of Patient Satisfaction Scale

Scale	Cronbach's Alpha Value
Waiting Area	0.846
Waiting Period	0.747
Patient Briefing	0.839
Personnel's Behavior	0.723
Patient Satisfaction General	0.829

The reliability analysis performed is being used for analyzing whether the data is reliable or not. According to Kayış (2010, p. 405), the questionnaires with a Cronbach's alpha value in between 0.80-1.00 are highly reliable. When considered in this sense, it is being observed that the data is highly reliable.

Table 3. Table of Reliability Analysis of Quality of Service Scale

Scale	Cronbach's Alpha Value
Empathy	0.832
Physical Environment	0.770
Reliance	0.792
Reliability	0.724
Ability to Respond	0.749
Service Quality General	0.839

The reliability analysis performed is being used for analyzing whether the data is reliable or not. According to Kayış (2010, p. 405), the questionnaires with a Cronbach's alpha value in between 0.80-1.00 are highly reliable. When considered in this sense, it is being observed that the data is highly reliable.

Table 4. Table of Descriptive Statistics regarding the Scales

Name of Scale	X	SS	Skewness	Kurtosis
Transportability	4.51	0.510	-0.149	-1.732
Waiting Period	18.17	1.606	-0.232	-1.289
Waiting Area	20.76	1.914	0.935	0.879
Personnel's Behavior	24.77	2.035	0.366	- 0.90
Patient Briefing	35.14	3.067	-0.205	-0.448
Hospital General	4.37	0.528	0.084	-1.019
Satisfaction by Hospital Scale	107.73	6.415	0.367	0.450
Physical Environment	9.81	1.138	-1.635	8.887
Reliability	9.85	1.247	-2.009	8.067
Ability to Respond	9.68	1.196	-2.075	11.225
Reliance	13.51	1.763	-1.997	8.600
Empathy	6.34	0.812	-0.493	1.725
Service Quality Scale General	58.86	5.55	-4.053	23.058

As the result of the normality analysis performed, it was tried to measure whether the data of scales had been normally distributed or not. During the performance of this evaluation, it was based on the interpretation of George and Mallery regarding skewness and kurtosis values. According to that interpretation, the skewness and kurtosis values being in between -2 and +2 indicates that the data had distributed normally (George, and Mallery, 2010). When it was evaluated within this scope, it was concluded that the Patient Satisfaction Scale and its sub-dimensions had distributed normally, but that the sub-dimensions of Quality of Service Scale had not showed a normal distribution. For this reason,

parametric tests (ANOVA, and t-test) were applied on Patient Satisfaction Scale and on its sub-dimensions, and non-parametric tests (Kruskal-Wallis, and Mann-Whitney U) were applied on Quality of Service Scale and on its sub-dimensions.

4.3. Findings of T-Test, and ANOVA Test

Table 5. Table of T-Test regarding Gender

		Levene's Test				
		F	**p**	**T**	**Df**	**P (2-tailed)**
Transportability	When the Groups are Equal	.847	.359	-.064	219	.949
	When the Groups aren't Equal			-.064	218.858	.949
Waiting Period	When the Groups are Equal	1.739	.189	.174	219	.862
	When the Groups aren't Equal			.174	218.403	.862
Waiting Area	When the Groups are Equal	2.433	.120	-.184	219	.854
	When the Groups aren't Equal			-.184	212.881	.854
Personnel's Behavior	When the Groups are Equal	5.540	.019	-.503	219	.616
	When the Groups aren't Equal			-.503	210.045	.615
Patient Briefing	When the Groups are Equal	.122	.728	-2.209	219	.028
	When the Groups aren't Equal			-2.209	218.950	.028
General	When the Groups are Equal	.313	.576	-.081	219	.936
	When the Groups aren't Equal			-.081	218.857	.936
Outpatient Treatment General	When the Groups are Equal	.043	.835	-1.221	219	.224
	When the Groups aren't Equal			-1.221	218.461	.223

Independent t-test was performed for measuring the difference in between gender groups. As the result of the referred test, it was concluded that there was a significant difference between males and females only in the patient briefing sub-dimension of the scale ($p<0.05$). There is no significant difference between males and females in the other dimensions.

Table 6. Table of T-Test regarding Insurance Status

		Levene's Test				
		F	**p**	**T**	**Df**	**P (2-tailed)**
Transportability	When the Groups are Equal	1.974	.161	-1.102	219	.272
	When the Groups aren't Equal			-1.065	89.634	.290
Waiting Period	When the Groups are Equal	1.150	.285	-.927	219	.355
	When the Groups aren't Equal			-.945	98.252	.347
Waiting Area	When the Groups are Equal	1.338	.249	.519	219	.605
	When the Groups aren't Equal			.488	85.956	.627
Personnel's Behavior	When the Groups are Equal	.359	.550	-.233	219	.816
	When the Groups aren't Equal			-.229	92.126	.819
Patient Briefing	When the Groups are Equal	1.610	.206	.675	219	.501
	When the Groups aren't Equal			.716	106.085	.476
General	When the Groups are Equal	.252	.616	-.153	219	.878
	When the Groups aren't Equal			-.155	96.988	.877
Outpatient Treatment General	When the Groups are Equal	.008	.928	.077	219	.939
	When the Groups aren't Equal			.076	91.950	.940

Independent t-test was performed for measuring the difference of groups formed as per insurance status. As the result of this test, it was concluded that there was no difference as per insurance status in the scale, and in its sub-dimensions.

Table 7. Table of T-Test regarding Monthly Income

		Levene's Test				
		F	**p**	**T**	**Df**	**P (2-tailed)**
Transportability	When the Groups are Equal	.390	.533	-.085	219	.932
	When the Groups aren't Equal			-.086	140.252	.931
Waiting Period	When the Groups are Equal	.038	.845	.429	219	.668
	When the Groups aren't Equal			.430	138.650	.668
Waiting Area	When the Groups are Equal	.107	.744	-1.279	219	.202
	When the Groups aren't Equal			-1.244	128.281	.216
Personnel's Behavior	When the Groups are Equal	.134	.715	-1.463	219	.145
	When the Groups aren't Equal			-1.469	138.994	.144
Patient Briefing	When the Groups are Equal	2.167	.142	1.382	219	.168
	When the Groups aren't Equal			1.448	154.915	.150
General	When the Groups are Equal	4.501	.035	1.637	219	.103
	When the Groups aren't Equal			1.590	127.863	.114
Outpatient Treatment	When the Groups are Equal	.102	.749	.029	219	.977

General	When the Groups aren't Equal			.029	139.547	.977

Independent t-test was performed for measuring the difference of groups formed as per monthly income. As the result of this test, it was concluded that there was no difference as per monthly income in the scale, and in its sub-dimensions.

Table 8. Table of T-Test regarding Channel of Application to Institution

		Levene's Test				
		F	**p**	**T**	**Df**	**P (2-tailed)**
Transportability	When the Groups are Equal	.316	.575	-.516	219	.607
	When the Groups aren't Equal			-.519	155.506	.604
Waiting Period	When the Groups are Equal	.484	.487	-1.153	219	.250
	When the Groups aren't Equal			-1.141	147.904	.256
Waiting Area	When the Groups are Equal	9.595	.002	1.202	219	.231
	When the Groups aren't Equal			1.106	121.910	.271
Personnel's Behavior	When the Groups are Equal	3.982	.047	-1.006	219	.315
	When the Groups aren't Equal			-.954	131.536	.342
Patient Briefing	When the Groups are Equal	.166	.684	.262	219	.794
	When the Groups aren't Equal			.259	147.693	.796
General	When the Groups are Equal	.003	.958	-.229	219	.819
	When the Groups aren't Equal			-.228	150.433	.820
Outpatient Treatment General	When the Groups are Equal	2.648	.105	-.206	219	.837
	When the Groups aren't Equal			-.194	129.145	.846

Independent t-test was performed for measuring the difference of groups formed as per channel of application to hospital. As the result of this test, it was concluded that there was no difference as per channel of application to hospital in the scale, and in its sub-dimensions.

Table 9. Table of Patient Satisfaction as per Age Test

		Frequency Value	df	Average Frequency	F	p
Transportability	Among Groups	.287	4	.072	.272	.896
	Without Having Groups	56.935	216	.264		
	Total	57.222	220			
Waiting Period	Among Groups	2.938	4	.735	.281	.890
	Without Having Groups	564.528	216	2.614		
	Total	567.466	220			
Waiting Area	Among Groups	3.976	4	.994	.268	.899
	Without Having Groups	802.313	216	3.714		
	Total	806.290	220			
Personnel's Behavior	Among Groups	14.557	4	3.639	.877	.479
	Without Having Groups	896.674	216	4.151		
	Total	911.231	220			
Patient Briefing	Among Groups	68.030	4	17.008	1.835	.123
	Without Having Groups	2001.897	216	9.268		
	Total	2069.928	220			
General	Among Groups	1.148	4	.287	1.031	.392
	Without Having Groups	60.164	216	.279		
	Total	61.312	220			
Patient Satisfaction Scale	Among Groups	146.192	4	36.548	.886	.473
	Without Having Groups	8907.518	216	41.239		
	Total	9053.710	220			

ANOVA test was performed for measuring the difference among groups formed as per age. As the result of this test, it was concluded that there was no difference as per age in the scale, and in its sub-dimensions.

Table 10. Table of ANOVA Test regarding Educational Background

		Frequency Value	df	Average Frequency	F	p	Differing Groups
Transportability	Among Groups	.182	2	.091	.349	.706	
	Without Having Groups	57.039	218	.262			
	Total	57.222	220				
Waiting Period	Among Groups	.536	2	.268	.103	.902	
	Without Having Groups	566.930	218	2.601			
	Total	567.466	220				
Waiting Area	Among Groups	7.283	2	3.641	.993	.372	
	Without Having Groups	799.007	218	3.665			

	Total	806.290	220				
Personnel's Behavior	Among Groups	18.924	2	9.462	2.312	.102	
	Without Having Groups	892.307	218	4.093			
	Total	911.231	220				
Patient Briefing	Among Groups	66.716	2	33.358	3.630	.028	Primary School / Secondary School – High School Secondary School – High School / Bachelor's Degree / Master Degree
	Without Having Groups	2003.211	218	9.189			
	Total	2069.928	220				
Hospital General	Among Groups	1.911	2	.955	3.506	.032	Primary School / Secondary School – High School
	Without Having Groups	59.402	218	.272			
	Total	61.312	220				
Patient Satisfaction Scale	Among Groups	308.255	2	154.128	3.842	.023	Primary School / Secondary School – High School
	Without Having Groups	8745.455	218	40.117			
	Total	9053.710	220				

ANOVA test was performed for measuring the difference among groups formed as per education. As the result of this test, it was concluded that there was a significant difference as per education in the whole scale, and in its sub-dimensions of patient briefing and hospital general. Post hoc analysis was performed for measuring that significant difference. In the post hoc analysis, the significant difference among groups was measured by using LSD test. Within this scope, there was statistically significant difference in between the groups of elementary school and secondary school – high school (p:0.036), and in between the groups of secondary school – high school and bachelor's degree – master degree (p:0.039) in the sub-dimension of patient briefing ($p<0.05$). And in the sub-dimension of hospital general, and in the patient satisfaction scale, there was a statistically significant difference only in between the groups of elementary school and secondary school – high school.

Table 11. Table of ANOVA regarding the Period between Patient Admission and Examination

		Frequency Value	df	Average Frequency	F	p	Differing Groups
Transportability	Among Groups	.568	2	.284	1.092	.337	
	Without Having Groups	56.654	218	.260			
	Total	57.222	220				
Waiting Period	Among Groups	14.404	2	7.202	2.839	.061	
	Without Having Groups	553.062	218	2.537			
	Total	567.466	220				
Waiting Area	Among Groups	21.849	2	10.925	3.036	.050	
	Without Having Groups	784.441	218	3.598			
	Total	806.290	220				
Personnel's Behavior	Among Groups	97.669	2	48.834	13.086	.000	0-30 min. / 31-60 min. - 45 min., and more
	Without Having Groups	813.562	218	3.732			
	Total	911.231	220				
Patient Briefing	Among Groups	63.392	2	31.696	3.444	.034	0-30 min. / 45 min., and more
	Without Having Groups	2006.535	218	9.204			
	Total	2069.928	220				
General	Among Groups	1.615	2	.808	2.949	.054	
	Without Having Groups	59.697	218	.274			
	Total	61.312	220				
Patient Satisfaction Scale	Among Groups	533.967	2	266.984	6.831	.001	0-30 min. / 45 min., and more
	Without Having Groups	8519.743	218	39.081			
	Total	9053.710	220				

ANOVA test was performed for measuring the difference among groups formed as per waiting period. As the result of this test, it was concluded that there was a significant difference as per waiting period in the whole scale, and in its sub-dimensions of patient briefing and personnel's behavior. Post hoc analysis was performed for measuring that significant difference. In the post hoc analysis, the significant difference among groups was measured by using LSD test. Within this scope, significant difference was found in between 0-30 min., and 45 min. and more in the sub-dimension of patient briefing (p: 0.002). And significant difference was found in between 0-30 min. and 31-60 min. (p: 0.012), and in between 0-30 min. and 45 min. and more (p: 0.000) in the sub-dimension of personnel's behavior. And throughout the scale, statistically significant difference was found in between 0-30 min. and 45 min. and more (p: 0.002).

Table 12. Table of ANOVA regarding Channel of Application to Institution

		Frequency Value	df	Average Frequency	F	p
Transportability	Among Groups	.505	2	.252	.971	.381
	Gruplar Olmaksızın	56.717	218	.260		
	Total	57.222	220			
Waiting Period	Among Groups	3.520	2	1.760	.680	.507
	Without Having Groups	563.946	218	2.587		
	Total	567.466	220			
Waiting Area	Among Groups	5.889	2	2.944	.802	.450
	Without Having Groups	800.401	218	3.672		
	Total	806.290	220			
Personnel's Behavior	Among Groups	1.819	2	.910	.218	.804
	Without Having Groups	909.411	218	4.172		
	Total	911.231	220			
Patient Briefing	Among Groups	21.111	2	10.556	1.123	.327
	Without Having Groups	2048.816	218	9.398		
	Total	2069.928	220			
General	Among Groups	.513	2	.257	.920	.400
	Without Having Groups	60.799	218	.279		
	Total	61.312	220			
Patient Satisfaction Scale	Among Groups	62.798	2	31.399	.761	.468
	Without Having Groups	8990.913	218	41.243		
	Total	9053.710	220			

ANOVA test was performed for measuring the difference among groups formed as per channel of application to institution. As the result of this test, it was concluded that there was no difference as per channel of application to institution in the scale, and in its sub-dimensions.

Table 13. Table of ANOVA regarding the Problem Faced the Most

		Sum of Squares	df	Mean Square	F	Sig.	Differing Groups
Transportability	Among Groups	.242	3	.081	.307	.820	
	Without Having Groups	56.980	217	.263			
	Total	57.222	220				
Waiting Period	Among Groups	6.830	3	2.277	.881	.452	
	Without Having Groups	560.636	217	2.584			
	Total	567.466	220				
Waiting Area	Among Groups	107.909	3	35.970	11.176	.000	Transfer / Accommodation / Language – Transportation / None Price – Transportation / None
	Without Having Groups	698.381	217	3.218			
	Total	806.290	220				
Personnel's Behavior	Among Groups	27.565	3	9.188	2.256	.083	
	Without Having Groups	883.666	217	4.072			
	Total	911.231	220				
Patient Briefing	Among Groups	45.418	3	15.139	1.623	.185	
	Without Having Groups	2024.510	217	9.330			
	Total	2069.928	220				
General	Among Groups	1.484	3	.495	1.794	.149	
	Without Having Groups	59.829	217	.276			
	Total	61.312	220				
Patient Satisfaction Scale	Among Groups	525.501	3	175.167	4.457	.005	Price / None
	Without Having Groups	8528.210	217	39.301			
	Total	9053.710	220				

ANOVA test was performed for measuring the difference among groups formed as per the problem faced the most. As the result of this test, it was concluded that there was a significant difference among groups in the whole scale, and in its sub-dimension of waiting area regarding the problem faced the most. Post hoc analysis was performed for measuring that significant difference. In the post hoc analysis, the significant difference among groups was measured by using LSD test.

Within this scope, there was a significant difference in between the problems of transfer / accommodation / language, and transportation (p: 0.037), and in between the problems of transfer / accommodation / language, and none (p: 0.047) in the sub-dimension of waiting area. And there was

statistically significant difference also among the price and transportation and none (p: 0.000). And throughout the Patient Satisfaction Scale, there was a statistically significant difference in between price and none (p: 0.017).

Table 14. Table of ANOVA regarding Additional Service Provided at Hospital

		Frequency Value	df	Average Frequency	F	p	Differing Groups
Transportability	Among Groups	1.207	2	.603	2.348	.098	
	Without Having Groups	56.015	218	.257			
	Total	57.222	220				
Waiting Period	Among Groups	8.165	2	4.083	1.591	.206	
	Without Having Groups	559.301	218	2.566			
	Total	567.466	220				
Waiting Area	Among Groups	7.240	2	3.620	.988	.374	
	Without Having Groups	799.050	218	3.665			
	Total	806.290	220				
Personnel's Behavior	Among Groups	13.255	2	6.628	1.609	.202	
	Without Having Groups	897.975	218	4.119			
	Total	911.231	220				
Patient Briefing	Among Groups	55.289	2	27.644	2.991	.052	
	Without Having Groups	2014.639	218	9.241			
	Total	2069.928	220				
General	Among Groups	1.992	2	.996	3.660	.027	Sightseeing / Tours - None
	Without Having Groups	59.321	218	.272			
	Total	61.312	220				
Patient Satisfaction Scale	Among Groups	183.826	2	91.913	2.259	.107	
	Without Having Groups	8869.885	218	40.688			
	Total	9053.710	220				

ANOVA test was performed for measuring the difference among groups regarding the services provided beyond health services. As the result of this test, it was concluded that there was a significant difference among groups in the whole scale, and in its sub-dimension of waiting area regarding the services provided beyond health services. Post hoc analysis was performed for measuring that significant difference. In the post hoc analysis, the significant difference among groups was measured by using LSD test. Within this scope, statistically significant difference was found in between sightseeing and tours (p: 0.030), and the option of none (p: 0.016) in the sub-dimension of hospital general.

5. FINDINGS OF KRUSKAL-WALLIS TEST, AND MANN-WHITNEY U TEST

Table 15. Mann-Whitney U Test regarding Gender

	Physical Characteristic	**Reliability**	**Ability to Respond**	**Reliance**	**Empathy**	**Service Quality General**
Mann-Whitney U	6073.000	5744.000	5987.000	6021.000	5805.000	5963.000
Wilcoxon W	12289.000	11849.000	12203.000	12126.000	11910.000	12068.000
Z	-.072	-.781	-.257	-.179	-.699	-.299
P	.943	.435	.797	.858	.484	.765

According to the result of Mann-Whitney U test performed, it was concluded that there was no statistically significant difference in between the gender groups in the Quality of Service Scale, and in its sub-dimensions (p>0.05).

Table 16. Mann-Whitney U Test regarding Insurance Status

	Physical Characteristic	**Reliability**	**Ability to Respond**	**Reliance**	**Empathy**	**Service Quality General**
Mann-Whitney U	4417.500	4553.500	4453.000	4615.000	4323.500	4270.500
Wilcoxon W	18112.500	18248.500	6049.000	6211.000	18018.500	17965.500
Z	-.524	-.165	-.419	-.012	-.794	-.847
P	.600	.869	.676	.990	.427	.397

According to the result of Mann-Whitney U test performed, it was concluded that there was no statistically significant difference among groups formed as per insurance status in the Quality of Service Scale, and in its sub-dimensions (p>0.05).

Table 17. Mann-Whitney U Test regarding Channel of Application to Institution

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Mann-Whitney U	5128.500	5508.500	4898.000	5496.000	5282.500	5483.500
Wilcoxon W	15713.500	8434.500	15483.000	8422.000	8208.500	16068.500
Z	-.905	-.003	-1.404	-.031	-.558	-.059
P	.366	.997	.160	.975	.577	.953

According to the result of Mann-Whitney U test performed, it was concluded that there was no statistically significant difference among groups formed as per the channel of application to institution in the Quality of Service Scale, and in its sub-dimensions ($p>0.05$).

Table 18. Mann-Whitney U Test regarding Monthly Total Income

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Mann-Whitney U	4599.500	5078.500	5029.000	4401.500	4591.000	4958.500
Wilcoxon W	7155.500	16403.500	16354.000	6957.500	7147.000	7514.500
Z	-1.750	-.571	-.691	-2.110	-1.832	-.827
P	.080	.568	.490	.035	.067	.408

According to the result of Mann-Whitney U test performed, it was concluded that there was a statistically significant difference among groups formed as per monthly total income only in the reliance sub-dimension in the Quality of Service Scale, and in its sub-dimensions ($p<0.05$). There was no statistically significant difference in other dimensions.

Table 19. Kruskal-Wallis Test regarding Age Groups

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Kruskal-Wallis H	5.677	1.579	1.099	4.057	4.325	2.681
Df	4	4	4	4	4	4
P	.225	.813	.894	.398	.364	.612

According to the result of Kruskal-Wallis test performed, it was concluded that there was no statistically significant difference among groups formed as per age in the Quality of Service Scale, and in its sub-dimensions ($p>0.05$). Thus, post hoc analysis was not performed.

Table 20. Kruskal-Wallis Test regarding Educational Background

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Kruskal-Wallis H	.956	1.174	.654	3.970	2.385	2.509
Df	2	2	2	2	2	2
P	.620	.556	.721	.137	.304	.285

According to the result of Kruskal-Wallis test performed, it was concluded that there was no statistically significant difference among groups formed as per educational background in the Quality of Service Scale, and in its sub-dimensions ($p>0.05$). Thus, post hoc analysis was not performed.

Table 21. Kruskal-Wallis Test regarding Waiting Period between Patient Admission and Examination

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Kruskal-Wallis H	.888	1.757	2.349	2.014	2.426	.732
Df	2	2	2	2	2	2
P	.641	.416	.309	.365	.297	.694

According to the result of Kruskal-Wallis test performed, it was concluded that there was no statistically significant difference among groups formed as per waiting period in the Quality of Service Scale, and in its sub-dimensions ($p>0.05$). Thus, post hoc analysis was not performed.

Table 22. Kruskal-Wallis Test regarding Channel of Application to Institution

	Physical Characteristic	Reliability	Ability to Respond	Reliance	Empathy	Service Quality General
Kruskal-Wallis H	.361	.931	.224	3.202	,840	1.285
Df	2	2	2	2	2	2
Asymp. Sig.	.835	.628	.894	.202	.657	.526

According to the result of Kruskal-Wallis test performed, it was concluded that there was no statistically significant difference among groups formed as per the channel of application to

institution in the Quality of Service Scale, and in its sub-dimensions (p>0.05). Thus, post hoc analysis was not performed.

Table 23. Kruskal-Wallis Test regarding the Problem Faced the Most

	Physical Characteristic	**Reliability**	**Ability to Respond**	**Reliance**	**Empathy**	**Service Quality General**
Kruskal-Wallis H	10.826	6.538	5.513	1.440	.765	12.347
Df	3	3	3	3	3	3
P	.013	.088	.138	.696	.858	.006

According to the result of Kruskal-Wallis test performed, it was concluded that there was a statistically significant difference among groups formed as per the problem faced the most by the individuals applying to hospital only in the physical characteristic sub-dimension in the Quality of Service Scale, and in its sub-dimensions (p<0.05). Post hoc analysis was performed for measuring that difference. In the post hoc analysis, Tamhane's test, which is used to measure the group differences of non-parametric tests, was used. The results are provided in Table 24.

Table 24. Post Hoc Analysis regarding the Problem Faced the Most

Independent Variable	(I) What is the problem that you face the most?	(J) What is the problem that you face the most?	Average Difference	Std. Error	p
Physical Characteristic	Transfer / Accommodation / Language	Prices	.135	.376	1.000
		Transportation	-.604	.378	.540
		None	-.370	.343	.876
	Prices	Transfer / Accommodation / Language	-.135	.376	1.000
		Transportation	-.738*	.259	.035
		None	-.504	.204	.097
	Transportation	Transfer / Accommodation / Language	.604	.378	.540
		Prices	.738*	.259	.035
		None	.234	.208	.845
	None	Transfer / Accommodation / Language	.370	.343	.876
		Prices	.504	.204	.097
		Transportation	-.234	.208	.845

As the result of the post hoc analysis performed, it was tried to measure the statistical difference among groups formed as per the problems faced the most. In this direction, Tamhane's test was used. Consequently, it was concluded that there was statistically significant difference in between the ones facing the problem of price, and the problem of transportation (p: 0.035).

Table 25. Kruskal-Wallis Test regarding the Additional Service Provided

	Physical Characteristic	**Reliability**	**Ability to Respond**	**Reliance**	**Empathy**	**Service Quality General**
Kruskal-Wallis H	3.267	3.714	.489	.323	.769	.432
Df	2	2	2	2	2	2
p.	.195	.156	.783	.851	.681	.806

According to the result of Kruskal-Wallis test performed, it was concluded that there was no statistically significant difference among groups formed as per the additional service provided in the Quality of Service Scale, and in its sub-dimensions (p>0.05). Thus, post hoc analysis was not performed.

6. DISCUSSION and RESULT

In medical tourism, national and international studies had been performed for examining the effects of quality of service on patient satisfaction. The examples of some studies performed in these fields are available below.

In a study performed by Reddy Sumonth (2013), face to face meetings were actualized with 990 patients (74.2% males, and 25.8% females) from Iraq, Philistine, Yemen, Sudan, and Egypt. The female patients and their companions participating in the questionnaire had specified that they were being left alone, and less interest was being shown due to their genders.

And in an investigation that had been carried out by Sung Eunhee (2017), it had been observed that 52.1% of the ones getting medical health service were females, and 47.9% of them were males. As the result of the analysis, it had been determined that there was no significant link between the quality of service, and gender.

Ulusoy (2018), by his research on medical health services in Antalya, had shown that 51.9% of the foreign national patients being present in the area were females, and 48.1% of them were males, majority of the female patients were in Turkey for gynecology and gynecological diseases, that they attach importance to religious beliefs and the privacy caused by being a female in terms of the quality of service, and that they want to be directed to female physicians and nurses.

Gola Swati (2016) had shown in his study that 52.1% of the patients were females, and 47.9% of them were males, and that housekeeping, confidence in the institution's personnel (administrative, and health personnel), pricing policy, and attitude towards guests were determinants of the quality of service.

In the research on the evaluation of patient satisfaction performed by Foote Patrick (2017), the effects of the guidance of health institutions had been investigated.

50.2% of the participants of the research were females, and the remaining 49.8% were males. When frequency distribution was considered as per gender, it was observed that there were similarities with other studies carried out on this subject. The analyses we made had provided the conclusion that there was a significant difference between males and females regarding the Middle Eastern patients' perception of service quality only in the sub-dimension of patient briefing. But no significant relationship was observed between the gender, and perception of quality of service obtained. Internet and newspaper (26.7%), agency and insurance companies (20.4%), and recommendation and other (52.9%) constitute the participants' channels of application to hospital. As the result of measurement of difference among groups in terms of the channels of application to the hospital, it was concluded that there was no difference in the whole scale, and in its sub-dimensions. It was determined that 65.6% of the individuals included in the research had directly contacted with the institution where they got service, and that 34.4% of them had contacted through referral via online appointment, and through emergency service. According to this, it was observed that the initiatives of the foreign patients, and channelization were being effective in the process of application to hospital. Moreover, transfer and accommodation and language (8.1%), prices (14.9%), transportation (13.6%), and none (63.3%) constitute the problems faced the most by the patients participating in the research.

In the Patient Satisfaction Scale, there was statistically significant difference in terms of the option of price as the prices in Turkey are advantageous due to exchange difference. In the direction of this information, it was determined that the sufficiency perceptions of medical tourists being primary school graduates were higher in positive direction in terms of additional services compared to the medical tourists being high school and university graduates. When the educational background was considered, it was concluded that the majority patients were secondary school or high school graduates (65.2%), and primary school graduates (20.8%), and that 14% of them had master degree. As the result of measurement of difference among groups in terms of education, it was concluded that there was a significant difference as per education in the whole scale, and in its sub-dimensions of patient briefing and hospital general. Within this scope, there was statistically significant difference in between the groups of elementary school and secondary school – high school (p: 0.036), and in between the groups of secondary school – high school and bachelor's degree – master degree (p: 0.039) in the sub-dimension of patient briefing ($p<0.05$). And in the sub-dimension of hospital general, and in the patient satisfaction scale, there was a statistically significant difference only in between the groups of elementary school and secondary school – high school. Some of the additional services that the patients participating in the research got beyond health services were historical and touristic sightseeing (32.6%), shopping and gastronomy tours (49.8%). And the rate of ones who responded as "None" for this questions was 17.6%. Within this scope, statistically significant difference was found in between sightseeing and tours (p: 0.03>0.05), and the option of none in the sub-dimension of hospital general.

In the study, some of the variables that the medical tourists express as affecting their decisions the most may be summarized as follows. Experienced physicians (4.42), ease of organizing medical treatment (4.42), reasonable price to be paid considering the quality of service being provided (4.39), technological superiority of health facilities (4.39), cultural and natural beauties beyond health services (4.39), reasonable price and significant monetary saving (4.36), and ease of travel organization (4.36). Medical tourism is not a one-off treatment process by its subject. And quality of service is very important for patient satisfaction in medical treatments.

Consequently, it was determined by this research that there is a significant relationship between the quality of health service got by the Middle Eastern patients, and their income statuses. It was observed that the problems of pricing, and transportation are the ones that the patients face the most, and that they are among the factors affecting the service quality.

It was observed that the Middle Eastern patients are generally satisfied with the health service they get in Turkey. Taking measures is beneficial for improving the referred level of satisfaction. It was observed that pricing, transportation to hospital, and income statuses are effective on the quality of service obtained by the patients, and on patient satisfaction. For this reason, it is important to make improvements on factors foe which they had expressed their discomfort in terms of provision of more reasonable and comfortable medical services. By the research, it was concluded that there was no statistically significant difference in terms of sub-dimensions of the scale such as physical competence, modern equipments, expert health personnel, confidence, empathy, gender, insurance status, channel of application to institution, and insurance services considering the quality of service of institutions involved in medical tourism. For medical tourism to have a higher share in the economy of Turkey, it is required to well analyze the economic dimension of the process with all its sub-dimensions, and to develop solutions. Carrying out the research as more extensively, and in a manner as to cover different foreign guests will contribute to both literature, and medical tourism sector.

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