

**Factors and Motivators Determining Medical
Tourism inflow and Perceptions of Medical
Tourists in Famagusta, North Cyprus**

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ABSTRACT

This study aims to explore the motives of medical tourism, its components and how it is being implemented within the tourism industry. Using specific countries as examples, the study will gauge how these benefit, as well as highlight the ethical concerns that may exist due to its prevalence. Furthermore, this research will focus on the influential factors affecting foreign patient behaviour within North Cyprus. Main components of medical tourism will be explained, analysed as well as rationalized, with the help of available literature, articles, academic journals and other relevant sources, which are to be used for argumentative support. The research will make use of quantitative research methods via questionnaires collected specifically from 100 foreign patients within a dental clinic in Famagusta, Cyprus as well as 5 months of personal observation within the clinic atmosphere. This topic of study will help the researchers in discovering the influences of medical tourism marketing and techniques by focusing on analysing medical patient perceptions. As well as finding main factors of medical patient motivations, it will also seek to highlight possible strategies to improve and maintain patient inflow.

Keywords: Medical tourism, Health tourism, Medical tourist motivators, Medical tourist perceptions, North Cyprus

ÖZ

Bu çalışma, medikal turizm motiflerini, bileşenlerini ve turizm endüstrisinde nasıl uygulandığını araştırmayı amaçlamaktadır. Belirli ülkeleri örnek olarak kullanarak, bunların nasıl fayda sağladığını ölçmenin yanı sıra, medikal turizmle birlikte süregelen etik kaygılara da değinilecektir. Bu araştırmanın esas amacı Kuzey Kıbrıs'taki yabancı hasta davranışını etkileyen motivasyonel faktörleri bulmaya odaklanmaktır. Çeşitli literatür, makaleler, akademik dergiler ve diğer ilgili kaynaklar yardımıyla medikal turizmin dünya genelinde nasıl kullanıldığı ve içinde neleri barındırdığı açıklanacaktır. Araştırma, Kıbrıs Gazimağusa faaliyet gösteren bir diş kliniğindeki 100 yabancı hastadan toplanan anketler ve 5 aylık kişisel gözleme dayanmaktadır. Bu araştırma konusu, araştırmacıların tıbbi hasta algılarını analiz etmeye odaklanarak tıbbi turizm pazarlaması ve tekniklerinin etkilerini keşfetmelerine yardımcı olacaktır. Tıbbi hasta motivasyonlarının ana faktörlerini bulmanın yanı sıra, hasta akışını artırmak ve sürdürmek için olası stratejilerin altını çizmeye çalışacaktır.

Anahtar Kelimeler: Medikal turizm, Sağlık turizmi, Medikal turistleri motive eden faktörler, Hasta algıları ve Kuzey Kıbrıs

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Chapter 1

INTRODUCTION

The effects of tourism industry have had an inevitable influence on many countries and communities throughout the years. Apart from mass tourism, many aspects of tourism have developed over time. New sub category of tourism types range from eco-tourism, business tourism, adventure tourism, habitat tourism, cultural tourism, religious tourism, sports tourism, sustainable tourism and even space tourism (Snowdon, et al., 2000). However, as well as the tourism is based on need to escape, or seeking for pleasure by traveling experiences, it can also be linked to important factors which are necessary such as health service needs. Within tourism industry, stands out as one of the leading ones, due to its rapid growth and vitality, and it is continuing to grow dramatically by the day, as people around the world are preferring to acquire health services abroad rather than their own home. With the help of medical tourism services, patients all over the world are now able to benefit from medical tourism services just like any other tourism service. Similar to other tourism consumption products, medical tourists can reach the clinics and hospitals through the use of internet and social media, initiate communication with the hospital or clinic without having to be there personally, compare and select the most suitable price range according to destinations, buy their flights or any other kind of transportation service tickets, accommodate, get the treatment they need, and during their stay, experience the local cultural activities as well (Hanefeld, J., Smith, R., & Noree, T., 2016).

Medical tourism is one of the most significant aspects of the tourism industry, and its demand keeps growing due to the rise in patient-tourists across the world. Lately, despite not having a certain idea on its inferences, researchers have conducted investigations to determine its advantages and risks of the topic. Some disadvantages including treatment costs, lack of treatment access or inefficient options to new therapy methods in developed communities such as England, USA and Canada has led to a growth of need for medical tourisms to seek for other options outside of their borders, usually travelling to third countries to be able to get an access for a specific treatment they need such as dental treatments, cosmetics or plastic surgical treatments and as well as in vitro fertilization in North Cyprus (Mutlu, 2015 and Turner, 2007). The lack of benefits provided by developed countries to their own national citizens has been an important problem of equality, which has formed the basis for medical tourism to commence and to be shaped accordingly (Connell, 2011). Accurate collection of information and data as well as the research in health tourism issues need to be extensively forwarded and upgraded for global improvement which is required for a better assessment of dimension and conceivable medical guidance of this sector (Journal of Public Health Policy, 2010).

1.1 Advantages of Medical Tourism

The reason why many patients choose to travel elsewhere for medical purposes is that it allows patients as customers to choose from a range of price lists of compared countries, including travel and accommodation fees as a business facility. Additionally, aside from the advantages of lower fares, decreased waiting times and more treatment options than their own country, patients from abroad are also able to take advantage of a new cultural destination to discover, both during their pre-treatment as well as post treatment sessions (Lunt, N., & Carrera, P, 2010).

1.2 Medical Tourism as an Online Service Business

Like most other service providers out there today, medical tourism is also being supported by internet-based platforms, connecting medical tourists with the facilities and services that they are actively seeking out. Interactive platforms as well as healthcare agents help smoothen out the process for the consumer, as any queries they may have can quickly be answered, and they can get a better understanding of the various services on offer, along with the price/quality of it (Kasemsap, 2018). Additionally, many modern-day platforms and agents also aid the consumer in making the actual treatment bookings, and are known to help the end-customer with all sorts of matter, even that of travel and accommodation. This is sometimes seen in the form of a ‘travel package’ as offered to the tourist, whereby accommodation along with medical treatment is bundled into one price. While travel and accommodation packages have been the norm for many travel companies, it is a new and growing phenomenon within the medical tourism industry (Hopkins, Labonté, Runnels & Packer, 2010).

1.3 Research Problems

According to Transparency Market Research, Medical tourism is a growing sector and has generated 55 billion dollars by 2016 (Ile, F. L., & Țigu, G., 2017, July). The sector can be a great tool for governments to assist them find ways to generate more profit within the nations through using medical tourism strategies by doing more research on trying to find out more about the existing perceptions of foreign patients who choose to travel abroad for treatment. This could benefit businesses by being able to produce more options to attract more customers by boosting their position within the global market, by also reaching a greater audience making themselves more visible to the outside world. In this study, the main focus will be to understand foreign patient

motivations to travel to North Cyprus and understand their perception of medical tourism in TRNC. Businesses and the government should be aware of the fact that a medical tourism service does not only include a treatment plan but also, accommodation and transportation services as well as the condition of attractiveness of the attraction. Without a proper strategic tourism planning, smart usage of existing resources of a destination may not be able to reach its full potential. Therefore, recommendations to improve the ways in which medical tourism can be developed will be suggested for future study.

This study seeks to establish a better understanding of patient motives, ongoing activities of the medical tourism sector, statistics and volume of health care visits, while also gauging the influence of health care tourism on health systems. Throughout, data will be reported and analyzed.

In following the above, the dissection of this will occur through the establishment of the dissertation's core tenets, these being;

- 1.) Existing literature and information existing within the medical tourism industry
- 2.) The shortcomings and critique of the research and literature
- 3.) Future research possibilities within this field

1.4 Aims and Objectives

1.4.1 Aims

This project aims to analyse and illustrate the impact of medical tourism on foreign customers and the healthcare service providers in Famagusta, Cyprus. The study will then try to assist in developing a broader view and understanding on how foreign patients are being managed by the clinics, how effective the health treatments provided

by the health care clinics and the hospitals are, and whether the patients from abroad are pleased with the experience of Famagusta's medical treatments and the underlying services. Next, questions concerning price satisfaction will be explored, and how it potentially could be improved upon. Lastly, the paper will seek to scrutinize the elements of medical tourism, with the aim of coming to a conclusive argument concerning these topics.

1.4.2 Objectives

In order to conduct the most reasonable and accurate research, the paper and its mentioned corresponding research will be dictated by the main objectives as listed below:

- To establish a set of indicators and an indicative framework that can be used to monitor the performance of medical tourism as a tool for economic advantage
- To use the indicator to assess the extent to which medical tourism is advancing the needs of foreign patients and health care service providers in North Cyprus
- To assess and scrutinize the areas such as satisfaction of health treatments, costs, ethics and possible improvement methods that be adopted and implemented by clinics in North Cyprus
- To gauge the power of interactive internet platforms and social media on patients that demonstrate medical treatments online

Chapter 2

LITERATURE REVIEW

2.1 Medical Tourism

According to research conducted by MTA Medical Tourism Patient Survey (2013), medical tourism statistics all around the world show that Latin America and Asia are the most visited areas for health care travel, and amongst these, India and Mexico were the highest ranked in demand for health care tourism. In 2012, Costa Rica managed to attract approximately 50,000 medical tourists which spent 7000 dollars on average on the whole trip, including their care. Almost 50 percent of these cross-border patients were travelling for dental and orthodontic treatments, as well as operations for weight loss, plastic surgery as well as gynaecological issues. In the specific case of Costa Rica, this meant that foreign travellers spent about \$338 million USD on healthcare in the country, a strong indication of its perks to a developing nation (PROMED, 2012).

In India, a similar pattern is seen, although on another scale. In the specific case of visitors from Nigeria, the Indian subcontinent hosted more than 18,000 patients from the West African country alone, with it being estimated that almost 50% of all Nigerians visiting India did so for medical purposes. It is estimated that Nigerian medical tourists alone brought more than US\$260 million in foreign exchange into the country (Wapmuk, et. al., 2015). In Thailand, the Ministry of Public Health and Kasikom Research Centre noted that in 2012, more than two and a half million medical tourists entered the country for medical purposes, originating predominantly from

developed economies such as U.S, UK, GCC, Japan and Australia. It is estimated that the foreign exchange brought into the country by these patients was \$4 billion USD (Suess, C., Baloglu, S., & Busser, J. A. (2018).

In Mexico, their Minister of Tourism claimed that approximately 12 million international tourists were hosted in 2013, and 6.5 million of these were travelling from the U.S. Further south, The Medellin Healthcare Cluster of Colombia, stated that 24 percent of the international medical tourists who visited Colombia were from the U.S. (Collins, A., Medhekar, A., Wong, H. Y., & Cobanoglu, C. 2018, June).

In Korea, its Health Industry Development Institute observed that patients from 188 nations had travelled to the country by 2012, and 32,503 of these were from mainland China. Statistics on International Patients in Korea Report also demonstrated 81,789 cross border patients visited Korea, while approximately 33 per cent of them were from the U.S, approximately 20 per cent were from China, nearly 17 percent from Japan, and 8 per cent from Russia (Zarei, A., & Maleki, F., 2018).

Rohini Sridhar, the CEO of Apollo Hospitals, pointed out that the volume of international medical tourists travelling to the hospital were dramatically increased by almost 20 per cent annually. She also stated that, Apollo Hospital is providing medical service for approximately 500 patients from Europe, Singapore, Sri Lanka, the Middle East and Malaysia each year.

In the case of Taiwan, more than 60,000 medical tourists visited the island for medical purposes in 2012, and half of these visitors were Chinese. Report also stated that most common treatment requirement was a full check-up procedure (Wang, 2017).

Looking at the Middle East, the U.A.E. (United Arab Emirates) has seen its health care industry improve drastically over the years in alignment with the country's growth, and this sector alone is said to have generated \$1.69 billion in 2013 alone, according to the Alpen Capital Investment Banking (Shahwan, 2015). The Leading attraction within the gulf state was the Dubai Healthcare City (DHCC), which managed almost 500,000 patients by 2011, with 20 percent of these being medical visitors (Inhorn, , 2017)

2.2 Factors Affecting Medical Tourist Behaviour

Patient decisions in choosing medical tourism are more complicated than it seems (Hanefeld, J., Smith, R., & Noree, T. 2016). Patients tend to worry about health care quality, waiting hours, prices and other issues according to the treatment type. For instance, in the case of diaspora, reliability was the most important factor in the decision process, whereas for dental travel, it was usually the price which shaped the decision. The financial aspects is also seen to be the single most important factor when it came to cosmetic work, while in the specific case of fertility treatments, it tended to be the policies and regulations which mattered the most (Han, H., & Hyun, 2015). Therefore, stating that pricing is the main motive for foreign patients is not always the case, as the motives and reasoning vary depending upon the different types of medical procedures. As such, more information is needed to analyse the push and pull factors of medical tourists, so as to form a better understanding of the various dynamics of the extremely diverse industry (Crooks et al., 2010).

One of the fundamental aspects for any clinic is that of their performance levels, and the quality of service provided. Reaching, and maintaining excellent performance standards is rare, however, it is not the case of it being impossible, as there are indeed

countries who have managed to maintain such levels (Horowitz, M. D., 2007). In the case of Spain, they have gained, and maintained, a market leadership position within infertility treatment sector for a number of years, while Poland and Hungary are critically renowned for their dental treatments. India, for example, is known for offering a broad sphere of treatment services, and with that, their medical tourism industry is one of the largest contributors to the country's overall tourism sector (Olsen, J et al., 1998). Recent research conducted has managed to measure the volume and flows of visitors, and has provided an assessment of the importance that medical tourism has on the economy of the recipient nation (Runnels, V., Packer, C., & Labonté, R., 2016). Empirical data showed that an increase in medical tourism visits can have a great influence on the growth inequalities within the countries that are visited for medical purposes but that it depended on the circumstances. This forms yet another topic for discussion, as it raises the importance of ethical issues within the sector.

2.3 Ethical Aspects of Medical Tourism

Since the cost of healthcare in many developed nations has risen to a level where it is no longer affordable for everyone, health tourism, especially in developing countries, offers a more reasonably-priced alternative. As a result of this, many of these clinics and hospitals are angling towards promoting their services to these potential clients. This raises the question regarding the use of the health sector as a for-profit system, as it has been argued that a profit-driven healthcare industry only stands to benefit some, while lacking in social responsibility (Connell, J. 2006)

Researchers illustrated that meanwhile medical tourism provides advantageous profit, it also enters rivalry with the aims of the domestic medical care industry and has the

potential to carry some medical inconveniences of the western arena to the developing arena (Turner, L., 2010). The research findings illustrate that while medical tourism provides the unique advantage of lower cost treatments and thus more revenue for the clinic and its local government, it also causes for a local competitive scenario, as the clinic will find itself competing with the domestic medical care industry. The main repercussion of this is that some of the medical inconveniences as seen within the Western Hemisphere. Moreover, while medical tourism seems to allow pathway for new scopes within the receiving states for medical employees, the advantages of these scopes are labelled by the state of class and gender benefits which also relates to social responsibility issues of healthcare system (Hall, 2011).

According to the study carried out by the Organisation for Economic Cooperation and Development (OECD, Health Data 2009) illustrated that the comparative analyses showed that the United States expenditure on medical services were on average \$7290 more than the approximate expenditures of the any other developed countries. Additionally, the number of uninsured populations was the most critical one compared to the rest of the global developed economies (U.S. Census Bureau 2009).

Because of the high costs in the health services of developed economies, a large number of developing nations have now become actors in the medical tourism market, as a way of taking advantage of the situation, and offering overseas tourists a cheaper alternative. This review of the literature seeks to outline the current level of knowledge on medical tourism. In reviewing contemporary literature, it can be ascertained that the majority of available readings only provides narrowed perspectives on health care tourism, and only limited information is available regarding the subject matter. This hinders the understanding of the medical process involved to a great extent, as well as

making the magnitude of patient numbers and expenses unclear (Hanefeld, J., et al, 2014).

The unequal disposition between locals and foreign patients can be interpreted as the most significant problem, due to the vastly negative influence on medical tourism practices that it may spur. There is a chance of the creation of a two-tiered health care system (Gmelch, S. B., & Kaul, A., 2018) a system in which foreigners benefit from the best service delivery with highly qualified and trained practitioners and high developed technological medical devices, whereas local patients would only have the access to basic medical facilities along with insufficient levels of medical services and medication. Additionally, the potential result of a two-tier system would be higher levels of remuneration and opportunities within one end of the scale, this being the private sector for the expatriates, and the exact opposite effect happening on the other side of the spectrum, more specifically, the local population and their treatment. This causes a brain drain from the public sector, as people are sure to leave in favour of better pay packages and work conditions as is likely to be offered in the private sector. This situation eventually puts some segment of local patients under pressure, especially those whom also have chronic illnesses, not being able to afford private sector, only allowing them to access poor public health sector services. Another ethical issue is that some countries do not offer specific treatment methods due to their legislation, an example of this being in France, where they do not provide treatments for infertility treatment or egg donation, causing many French to travel to Belgium to get these treatments outside of their country (Mutalib, 2016).

Further illustrating the point, yet another example is that many patients from Iran and England choose to fly to North Cyprus to get infertility treatments, as it is illegal to do

so in their own countries. The treatments in question is typically conducted in private hospitals such as Central Medical Hospital and Life Hospital in Famagusta (MacReady, N., 2007).

Even though the medical tourism market stems from the private sector, the tax revenue gained from this newly established conduct has pressured nations into participating in this industry by embarking the restricted capital stocks which is divided for public healthcare sector into private, particularly within countries with no regulation of private health sector.

Apart from the problem of differences between the delivery of service, high quality medical devices and professionally trained practitioners, there exists a further number of issues concerning the ethical aspects of medical tourism. These originate from the quality of care issue, the existing risk of infection during the medical practice, especially in developing countries, as well as the inherent difficulty of undertaking an extensive journey for the medical tourist (Mutalib, 2016).

Throughout, this study aims to focus on the following:

1. Cross border patient incentives
2. Health tourism sector as a whole
3. Scale and magnitude of healthcare travel
4. Influences and factors impacting health care travel

2.4 The Influence of WOM & E-WOM on Medical Services Abroad and Destination Trust

Medical tourism allows medical tourists to put together the products and services from the medical sector and tourism industry, letting the patients to access health care and vacation at the same time (Lee, 2009; Misung et al., 2012). The medical tourism industry has been generating vast amounts of tax revenue for developing countries such as India, Turkey and Thailand. Some countries have differentiated themselves by providing a very broad range of medical services for those who traditionally struggle to find the adequate opportunities and treatments within their nations at an affordable price with adequately trained practitioners, with India being the prime example of this. Others, such as Turkey, have gained a competitive advantage over its rivals by being viewed as the second top attraction for medical tourism by attracting vital number of visitors and generating huge profits reaching about \$1 billion in 2015 by implementing cost strategy (Anadolu Agency, 2015).

Nowadays, medical tourism is supported by online networks and social media platforms, and have become a globally utilized term all over the world. Incredible use of communication technology has allowed the global population to instantly see reviews on actual experiences by other people from all around the world, and therefrom make a judgment whether to go ahead or not, based on their perception about the product, services or destination (York, D. (2008). This tangible product of medical tourism has now become relevant even before the experience, since the reliability of reviews from other patients and travelers are the most influential effect that shapes a person's mind in deciding to choose a specific country for a specific medical service or a destination to visit (Qolipour, M., et al., 2018). Hence, WOM or e-WOM which

stands for ‘Word of Mouth’ is a vital factor in determining the destiny of a business or an attraction destination (Sen and Lerman, 2007; Abubakar and Ilkan, 2013). The information provided online through e-WOM is so valuable because it can be reached anytime, anywhere and can be accessed by all (Abubakar and Ilkan. 2013). This empowerment provided by the internet platforms has allowed global consumers to improve decision-making and to take less risks when choosing a destination or a service product. Information flows allow consumer to consumer, consumer to business and business to consumer information access through a variety of channels (Litvin et al., 2008)

According to researchers, WOM has a leading effect on consumer decision-making rather than traditional advertisements, and they’re now considered to be more credible (Hung and Li, 2007; Mayslin, 2006). www.Tripadvisor.com suggested that there are hundreds of millions of visitors that seek advice from online reviews each year. Out of overall visitors, 84% of them found to be influenced by the reviews and the main reason is the intangible structure of tourism services (www.Tripadvisor.com, 2011; www.Travellingindustrywire.com, 2007). Therefore, WOM can have an impact on medical services/products image as well as allowing to reduce potential risks and unclear thoughts of patients and customers.

2.5 Impact of Online WOM on Destination Trust and Intention to Travel

The figure below illustrates the relationship between e-WOM and intention to travel, e-WOM and trust towards the destination, and the influence of income factors in the decision-making process of patients from abroad.

Figure 1. Conceptual Model

Source: Abubakar, A. M., & Ilkan, M., (2016). Impact of online WOM on destination trust and intention to travel

According to a study, (Munir, J., Shafi, K., Khan, F., & Ahmed, 2018) online WOM was highly influential on location trust as the online reviews had a huge impact on patients and tourist for being considered more credible than any other type of online advertisement. Destination trust is related with the potential and desire of travel to a destination and is highly affected by what other customers say about the specific destination. Online WOM can reduce risks and assure trust when making a travel decision. However, while positive WOM can be a positive influence for businesses as health service providers, a negative WOM can destroy the whole reputation of a business in its entirety, leading to a dramatic number of decreases in the number of visitors affected by other people's negative experiences (Chen et al., 2014)

On the other hand, the relationship between online WOM and intention to travel was incredibly connected concepts. This was because, up to date structure of online reviews are very useful for individuals to get information from. In the blink of an eye, an updated negative review about a service or product can cause for a potentially

significant loss of visitors. Therefore, healthcare workers and providers should do whatever they can to minimize negative WOM and manage the reviews and negative comments about their entities, as they can have a detrimental effect on other potential incoming tourists. Adopting a sustainable marketing strategy can be useful to prevent such cases (Campbell, 2012).

Another factor that had a dramatic impact on medical tourism was the income, as it has often played a major role in predicting the demand for tourism. Income can be a motivator for travel such as in Canada, citizens choose to travel abroad to seek health care outside of their country. Rate of income is related to the potential of travel. Therefore, when the income is higher, a stronger relationship link appears between the locational trust and aspiration to travel for purposes of medical treatment. (Cheng, 2012; Lee, 2012). Hence, findings showed that underlying tourism decisions for travel was highly linked with the price, personal preferences and motives and a great care must be taken by the providers to manage possible negativities and to maintain their success.

2.6 Tourism Motives, Push and Pull Factors

According to the studies, patients were affected by certain motives during their selection process. These motives reflect the interests or reasons of patients to behave in a way. Motives can be divided into two aspects; *Pull* and *Push factors* (Whyte, 2017). These are the factors that shape the thoughts of consumers by encouraging them to move away from their destination, this being regarded as a push factor.

2.6.1 Push factors

These are usually related to origins and intangible or about the desires of travellers, for example the need to escape or to rest and relax as well as health, adventure seeking or

social interaction. It stimulates fulfilment needs of the individuals by increasing the individual social state of people to travel to new destinations (Klenosky, 2002).

2.6.2 Pull Factors

These generally help enhance relation and communication with local people as well as exchanging traditions and engaging in new activities also sightseeing.

Pull factors on the other hand refer to the attractiveness of a location that is discerned by the tourist, which include tangible variables, as well as tourist expectations, perceptions and the marketing image of the place. Some of the aspects related to pull factors can be listed as affordable tourist destinations, safety, and convenience of Visa payment cards and value of money (Dann, 1981). The below figure is used as an example which illustrates a study made on the push and pull factors in medical tourism in Tehran, Iran.

Motivational Factors and Perceived Destination Image Attributes	Construct
Waiting time for medical service	Push factor
Total cost of medical treatment	Push factor
Type of medical treatment that is not allowed	Push factor
Type of medical treatment not covered by medical insurance	Push factor
Privacy and confidentiality	Push factor
Opportunity for person who has limited or no medical insurance	Pull factor
Ease of visa procedures	Pull factor
Recognized hospital/medical facility reputation	Pull factor
High standard level of medical staff	Pull factor
Recognized, positive reputation of physicians	Pull factor
Western experienced/trained physicians	Destination image
Ease of medical treatment arrangements	Destination image
A great place for relaxation after medical treatment	Destination image
Political stability	Destination image
Variety of existing tourist attractions for recuperating patients	Destination image
Opportunity to combine medical service with a vacation	Destination image
Tourism safety from crime and/or terrorist attack	Destination image
Ease of travel arrangements	Destination image
Ease of lodging arrangements	Destination image
Ease of transportation	Destination image
Friendliness and helpfulness of the local people	Destination image
No language barriers in travelling to your destination	Destination image
Ease of accessibility when travelling	Destination image

Figure 2. List of Motivational Factors and Perceived Destination Image Attributes
Source: Lajevardi, M. (2016)

2.7 Medical Agents and Facilitators

These factors can be used to shape customer behaviour and perceptions through marketing tools and tourism strategies such as the help of intermediary institutions. With the introduction of institutions in medical tourism, these institutions are starting to provide easier travel packages for the patients. Indeed, this is an important opportunity in the U.S. travel industry market, and the vehicle institutions are compared to the costs in the United States with the claim to save up to 80 percent savings, accommodation and operating expenses that have provided health tourism packages. The U.S.A, is a good showcase in illustrating why medical tourism thrives, as where a traditional cardiovascular surgery would cost an estimated \$250,000, as opposed to the same surgery in Thailand, but for a discounted price of \$50,000, a price tag which includes the vehicle institution (Turner, L., 2010). In this case, a process management which will take patients from their homes and follow them through all processes and then back to their homes is also provided by the institutions. In this way, the patients will be protected from the potential unpredicted expenses that are not seen nor covered by the insurance institutions or the package payment (Tontuş, 2016).

Medical facilitators act as a bridge between the patients and clinics all around the world. Through this, patients are able to buy packages just like a yearly vacation, instead of consuming time on trying to find and pay separately for their travels, hotels and everything else an agent can offer. Some particular benefits of medical agents are that they provide you with professional knowledge and expertise by letting medical tourists know the most appropriate countries as well as health service providers at the most suitable price range for them. Moreover, agents can be understanding in knowing your situation and know the steps you need to follow to travel and arrive safely.

Discounted rates are another benefit of facilitators, as they allow you to reach discount rates that are not available to the public. Also, better access advantages will allow clients to get priority during their bookings with prestigious health centers, accommodation and transport. Packages including flight, treatment, clinic, transport and accommodation are all covered by an agency as they take care of every detail of your journey which is less stressful than arranging everything on your own. Agents display the total expense price so as to ensure price transparency, and so that patients do not have to budget for every expense. In case of an emergency or if the medical tourist needs assistance, agents will give support to the patients in need. Agents can then guide patients who have no previous experience with a foreign country and the local system (Horowitz, M. D., Rosensweig, J. A., & Jones, C. A., 2007).

Generally, health tourism agencies usually work through the commission, work with clinics, hotels and transport companies do business. In this way, all these advantages can be reached without extra fees. Some agencies are also useful to reduce the total expenditure. Actually, due to the broad market research, the customers can benefit from even less expensive total prices. With that said, there is a cancellation fee that needs to be paid if the patients decide to cancel their trips, as this causes for the agency to lose out on their commission deal. Therefore, asking about the compensation charges may be helpful before starting to use a facilitator (Shekelle, P., Morton, S. C., & Keeler, E. B., 2006).

2.8 Global Outsourcing as an Option to Grow

The concept of outsourcing (DKK) started to be used as a management strategy and business model in the 1990s. Outsourcing is the simplest way to utilize a product or service that has already been produced in-house. (Lacity, M.C. Hirschheim, R, 1993.)

According to another definition, the company's transfer of some of its internal activities and decision rights to external suppliers or companies depending on an agreement “(Greaver (1999). The Oxford English Dictionary defines DKK as “providing some goods or services from a source outside the organization under a contract. The definitions of various researchers, writers and institutions related to DKK are as follows: Outsourcing is the transfer of a transaction that has been carried out within the company to an external firm under a long-term contract with the relevant human resources (Quelin & Duhamel, 2003). Outsourcing occurs when an organization is transferring ownership of a given process to a supplier. The important point here is that the control is also transferred. This definition differentiates the use of outsourcing from the traditional firm - supplier relationship, where the control remains in the parent company, i.e. the main firm tells the supplier what to do. In outsourcing, the firm tells the supplier which work he wants to achieve, not the way in which to do business, and how to reach these suppliers.

Outsourcing is a management strategy that allows the enterprise to focus on activities that provide a competitive advantage, and to ensure that activities that do not fall within their area of expertise are provided in compliance with the required quality standards through non-organizational organizations (The Outsourcing Institute, 1997). It is the process of transferring some or all of the work to the external suppliers or suppliers in the procurement of the production and services it needs in order to achieve the goals and objectives effectively in the internal activities of the organization (Akomode et al. 1998).

In the first years when the DKK began to develop, any goods and services were defined to cover all activities related to outsourcing instead of internal production. In other

words, it is summarized in the form of giving production and purchasing decision by considering advantages and disadvantages.

However, over time, companies have focused on their best efforts to be more competitive in the market, and in other subjects they have sought to take advantage of the resources of other companies that do well in the market. Thus, DKK has started to be defined as a strategic management tool in an operational or tactical level.

Nowadays, the two new strategic approaches allow companies to use their competencies and resources more effectively than other strategies when combined in a suitable manner. (Quinn, J. B. & Hilmer, F.G. 1994).

The firm's resources are focused on a certain number of core competencies, where the firm specializes in and can create a unique value that differentiates its customer.

Other than these - including some work that has long been in-house and thought to be integrated into the firm - outsource all jobs where the firm is not strategically critical and has no special expertise.

In the distinction of strategic and non-strategic outsourcing, two criteria are important: (Alexander, M & Young, D. 1996) Does the company have a strategic outsourcing policy? Does it consider giving out any of the core activities? These main activities are used for four different tasks:

- Traditionally built jobs for a long time
- Critical jobs for business performance
- Potential or competitive potential
- Activities that enable the business to grow, make new inventions and revitalize

In literature, DKK is defined as a strategic management approach and it is defined in the same sense as Strategic Outsourcing where businesses only want to do their own work based on the skills and skills they have or core competence is not used in areas where other companies tend to use tendencies. (Koçel, 1998). Utilization of external resources can be defined as the enterprises themselves to carry out the works related to their self-abilities in order to provide them with a competitive area, and to procure the works other than their own abilities from the specialized firms in that subject. (Ertürk, 1998).

2.9 Advantages of Outsourcing

Global outsourcing allows companies to create a more developed focus on core business activities by allowing the companies to concentrate on their strengths with a more focused staff doing their tasks and stronger guidance on future progress. The second benefit is the improved efficiency rate as outsourcing allows for a more specialised service and increased productivity by delivering better service and better quality. Third known advantage is more controlled costs and cost-savings due to released capital for investment in the given sector of a business. Companies gain a broader reach and ability to access more opportunities and facilities that are mostly restricted in access or overpriced. Moreover, there is a greater chance of gaining competitive advantage compared to other rivals within the pool by allowing you to leverage skills and knowledge through supply chain management. Organisations become more flexible and vibrant as they become better at adaptation to dynamic market situations and struggles by maintaining minimum cost and quality of service development (Rochester, J. H., & Rochester, H., 1995).

2.10 Disadvantages of Outsourcing

There are some downfalls and risks that may be caused by global outsourcing regardless of the advantages previously listed. Outsourcing requires efficient management and control over a business entity or a third party. While outsourcing, it is highly possible to struggle with service delivery as it may not be on time or may be below expectation. Security and privacy may be at risk as the knowledge and data is shared with a third party. Business contracts may cause for restricted flexibility as it may involve dramatic changes which are too rigid to adapt. Other management problems may arise due to changes that are taking place at the outsourcing business which may result in conflicts and stress. Also, instability is a problem as the outsourcing firm may go out of business agreement. Global outsourcing usually seems to be a very cost effective strategy but may involve other struggles and complications within. There may be hidden costs and expensive of the provider or takeover, division and expenses related to discharges of the workers who will not be resettled internationally. Even due to the differences in the time zones in long distances of offshore outsourcing, there may be challenges related to the cultural or linguistic differences and preferences (Schniederjans, M. J., Schniederjans, A. M., & Schniederjans, D. G., 2015).

2.11 The Case Study: Celikkaya Dental Clinic in Famagusa, Cyprus: Observations

The below information is collected personally by me while I spent five months within the clinic atmosphere, meeting different foreign patients, as well as interacting with the dentists and staff members, the assistants and the secretary.

The clinic has had connections with several foreign patients and an agency representatives originating from Norway and Germany. Before and after photos of patients, clinic photos, a fixed price list in denominated in Euros and also brochures to be prepared by graphic designers as well as new global business cards were sent to the representative to be used for marketing purposes in Norway and Germany. All the service that is provided were stated with relatable pictures and design in the brochures and was digitally sent to the agencies. After talking to the representatives in person, it has been noted that the prices of medical services in Germany and Norway are significantly higher than in Cyprus. Therefore, patients and citizens were likely to prefer to travel abroad, get a short vacation as well as the treatment and go back to their homeland instead of paying vast amounts for a treatment within their own country. The location and the climate of the island also stands out as advantageous because the tourists are usually interested in visiting Cyprus for its natural resources and sunny weather which is what mostly they are yearning for especially for those who come from northern and cold climate nations (U.S. Department of Labor, 2019). Even though the incomes of citizens in Norway is high and the economy is thriving, the spending are directly proportional to the earnings of people because of the expenses and high priced life style. When the cost of living is expensive, a high-income stops being a luxury, therefore the citizens are open to travel and visit a different country to go through their treatment processes with a trustworthy medical provider. In this case, the agency employee who is connected to the clinic plays a significant role in spreading the positive reputation as she will be the reference for the word of mouth of the clinic and people tend to trust more in agencies and feel more secure when choosing a place to travel and get treatment from. So sea, sun and treatment does not sound like a bad idea for them. For the agency employees, they did not prefer to charge a fixed amount

for the promotion and advertisement they did for the clinic, however they choose the commission method as a means of remuneration.

Sales commission refers to an amount paid to an employee after completing a task or generally after having sold a service or good. This method is usually used to boost employee productivity so they can get motivated by increasing their sales skills, selling more goods/services will increase the commission rate. Commission can be paid as an extra wage or instead of a wage (Smith, P. C., & Forgione, D. A. (2007). Moreover, for the prices set for treatments, recommendations and modifications are done according to the economic conditions of developed countries and developing rival countries. Keeping the prices affordable would be a good idea to attract more demand from patients as they compare the prices among other countries such as Romania, Greece, Turkey and America. The brochures are placed in foreign pharmacies, drug stores and hotels and the presentations on screen are made by the agency on a digital screen allowing patients to have an idea of before and after experience and set their expectations of the result of the treatments.

2.12 Mostly Purchased Dental Services by Foreign Patients

The mostly demanded dental treatment services by the patients from abroad were the Digital Smile Design and dental implant work due to their affordable prices compared to foreign patient home lands. Smile Design is explained as “bringing the person's smile to the desired state with techniques such as zircon coatings, bonding, whitening, gingival operations, bridges, tooth length adjustment and lip shaping muscles to return to the normal state is provided”. The smile design is made by the doctor by examining every detail of the face, skin colour, teeth and lips. Problems in oral health can be corrected in several sessions and a successful study can be demonstrated. It is very

important that the teeth and gums are in harmony in the smile design. It is ideal for them to appear at a certain rate during the smile (Ward, D. H., 2001). Usually in women, the front two teeth a little longer, men's teeth homogeneous distribution, with the support of the teeth cheeks can be more aesthetic and healthier teeth even more so. With the help of computer-aided smile programs, you can see how your smile is in harmony with your face without any prior action. A smile design to be made correctly is determined by the doctor and the patient by common decisions.” Visual representations and social media is also a vital tool for global businesses. Service business is intangible and to set an expectation for the customers entities have to use photographs and videos of the experience so that the imagination of the people who are interested in certain treatment methods. Furthermore, the process of the procedures of the treatments are shown on the screen to be able to educate and illustrates how the certain steps are taken during treatment techniques to remove any doubts or answer the questions of the patients. Apart from medical treatment visuals, medical providers should contain important historical or natural resources of the country for the medical tourists similar to tourism company businesses and platforms like Booking.com (SearchCIO, 2019).

2.13 CEREC Technology Used as a Competitive Advantage

With the advancement of the technology, the CEREC system is designed to be designed with the help of a computer which is considered a digital measurement tool, is only used for porcelain blocks. In this application, full ceramic crowns, lamina and inlays are all made at once as well as the porcelain veneers. The CEREC system, also envisages the introduction of fillers, lamina and bridges, has several advantages. It enables the service to come to the fore with only one appointment, also supports the

realization of the fast solution by taking the treatment process under control (Fasbinder, 2010).

CEREC, takes the measuring spoon into the background, predicts digital image acquisition. It also provides the 3 dimensional measurement by digital camera, is prepared according to the anodic structure of the mouth. After this procedure, a few aesthetic changes can be made depending on the request of the dentist. The tooth sent to the digging unit is cut and the fixation is carried out by means of the tooth colour determination device. In the last stage, the tooth is treated and polished. At the end of this process, which lasts about 10 minutes, the CEREC system is terminated. It eliminates the temporary tooth application, also allows you to save time (Vandeweghe, S., Vervack, V., Dierens, M., & De Bruyn, H. (2017). In the first stage of the treatment steps, measurement is made by using digital measurement and block selection is made according to color determination. Following the selection of the block that conforms to the colour, the block is brought together with the device and the units are prepared for the cutting of the designed tooth. All steps are finished by polishing the tooth taken from the milling unit. The system is very strong against breakage. Also, takes a picture of the tooth through the computer probe, also prevents the loss of time and is the source of only one session (Rao, 2012).

Chapter 3

METHODOLOGY

In this research, existing models and theories will be used to identify and reflect on the bigger picture and the aspects of the issue. Quantitative research analysis, using the Statistical Package for Social Sciences and 5-scale likert method will be conducted on patients from abroad, or from different nations who have visited the Celikkaya Dental Clinic in Famagusta, Cyprus. Numerical research will help to promote arguments and assess the current state of the medical situation in TRNC. Five months of personal observation within the clinic was carried out and communication between the staff and the patients were analyzed throughout this period. Critical evaluation of the results from the data collected will be discussed and concluded at the end of the study.

3.1 Data Collection

The survey was carried out at Celikkaya Dental Clinic in Famagusta, North Cyprus. The participants (medical tourists who visited the clinic for treatment) were asked to fill out a questionnaire including questions to address their demographic information such as gender, age and origin. Convenient sampling was used as only foreign participants were given questionnaires to be filled. The questions were slightly altered but mainly derived from the book `Implications for the NHS of inward and outward medical tourism: a policy and economic analysis using literature review and mixed-methods approaches.` which was published in 2014.

The questionnaire aimed to find out the main factors why they choose to get treatment abroad rather than within their own countries as well as whether they were pleased with the experience and if they would choose to be medical tourists again if they were required to (Peters & Sauer, 2011). The research gave path to find the primary motives in which had an influence on medical tourist decisions and perspectives. In order to carry out this research, the survey included 5 scale likert analysis to determine the importance and satisfaction factors and how they represented the quality of service as well as the financial aspects of the treatments and patients. Likert scale analysis are usually used to address the frequency, choice responses, perspectives and also the attitudes of the participants. They can include, the agreement or disagreement, importance or unimportance as well as likelihood of a situation or a condition. In this case, importance was 5 likert scale was used to detect the factors that carried significant for the respondents from abroad (Bowling, 1997; Burns, & Grove, 1997). Respondents were offered a choice of five responses also with a neutral option in between such as “not sure” being neither important nor unimportant. The other questions also aimed to find out how they travelled or with who, as well as if there had any insurance or governmental support to cover their treatment expenses or not.

The SPSS program is used to analyze some of the measurements obtained in the fields of health sciences and sciences, especially in surveys (Barrett, et. al, 2012). Frequency analysis is used to determine the numerical distribution of data (in terms of units). Descriptive statistics are used to calculate the mean, standard deviation, mode, and median of the obtained data. Frequency analysis and descriptive statistics are basic analyzes and can be easily performed. Comparison or correlation analyzes are grouped under two groups: parametric and non-parametric. Whether parametric or non-

parametric analyzes will be used depends on certain criteria. At the beginning of these criteria, whether the data are suitable for normal distribution and whether it is homogeneous or not. The concepts of normal distribution and homogeneity require statistical knowledge. However, briefly to explain; A data set of 1,2,1,3,1,2,2,3 shows normal distribution, and the data set of 1,6,2,1,8,2 is not normally distributed. In short, normal distribution / homogeneity refers to how close or distant the data in our data set is to each other, in other words, how messy it is. Compared to the frequency and descriptive statistics, the parametric tests of Independent T test require some expertise. These analyzes are used to compare mean / order averages of 2 or more groups. In addition to comparison analysis, correlation analysis such as regression and correlation can also be performed in SPSS program. While regression analysis is applied only to data with normal distribution, correlation analysis can be applied to both normal distribution and non-normal distribution data (Garth, 2008).

3.2 Findings

The questionnaire that targeted to find out the foreigner patients who were from abroad to visit the clinic was given to 100 participants in total, 52% forming male and 48% female patients. Patients from abroad originated from 21 countries.

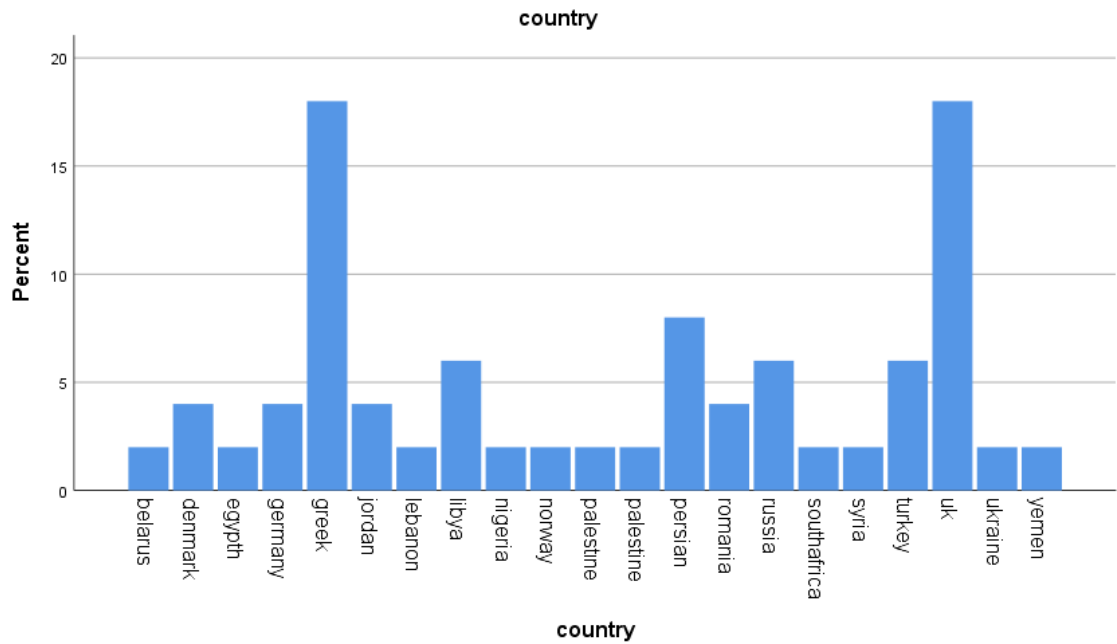


Figure 3. Bar Chart of Country and Number of Foreign Patients

Participants respectively included 2 patients from Belarus, 4 people from Denmark, 2 participants from Egypt, 4 from Germany, 18 from Republic of Cyprus, 4 from Jordan, 2 from Lebanon, 6 from Libya, 2 from Nigeria, 2 from Norway, 4 Palestine, 8 from Iran, 4 from Romania, 6 from Russia, 2 South Africa, 2 Syria, 6 from Turkey, 18 from the UK, 2 from Ukraine and 2 from Yemen.

The ages of participant ranged between 16-63. 46% of the participants were mostly between the age of 16 and 22 making up the most active patients from abroad. 40% travelled alone, 16% with friends, 44% with relatives. Out of 30% of the patients have visited the country for the first time while 36% have visited the country before due to holiday or business purposes and 34% of the patient's families originated from the TRNC.

When asked how the below factors were important to them when choosing this clinic with the scale of 1-5, options ranging from **1= not at all important, 2=not very important, 3=not sure, 4=important and 5= very important.**

1. 12% claimed that factor of *similar cultures and beliefs* when visiting the country was not at all important, 46 per cent chose not very important, 22% was not sure whether this factor was important or not, 14% answered as this factor was important, mean while only 6% thought similar cultures and beliefs was very important when visiting the clinic in T.R.N.C.

2. Second factor as motives were the *reputation of the hospital or clinic or the doctor*, 6 per cent was not sure, 34% selected important, 60% said it was very important.

3. The reason why they chose this clinic due to the cause of **not having the treatment available in their own country** had diverse responses. 22% choosing not at all important, 12% not very important, 38% was not sure about the importance, 12% chose important, 16% responding as it is being very important.

4. When it comes to the factor of *ease of access by plane or other transportation methods*, not very important was selected by 12% of patients, 10% was not sure, 40% thought I was important, 38% thought it was very important, making up 78% using this factor as a motive to choose treatment abroad.

5. Low cost of accommodation, 6% chose not at all important, 12% said it was not very important, 16% was not sure, 34% claimed it was important and 32% chose very

important, making up 66% of respondents thinking that low cost of accommodation was a significant factor when choosing the clinic within TRNC.

6. The sixth factor was the *success rates and outcomes of the clinic or the doctor*, 6% choosing not very important, 28% answered as important while 66% said it was a very important reason. 94% using this factor as a main motive to travel abroad to get a treatment making the reputation of the doctors and the clinic as a vital factor as well as the affordability of the treatment.

7. The factor of **understanding of my own native language** not at all important was chosen by 10%, 34% chose not very important, 14% said they were not sure if it mattered and 24% said it was important while 18% it was very significant to them

8. The factor of **quality of clinics/doctors**, 20% said I was important, 80% chose very important making this factor extremely important, with zero answers of not sure, not at all important and not very important.

9. *Low cost of treatment* results were respectively such as; 2% not at all important, 6% not very important, 12% was not sure, 32% said it was important, 48% chose very important, making the 80% considering this factor as a very important motive.

10. *Availability of aftercare* as an opportunity resulted in the answers of 4% not sure, 62% important, 34% very important, making 96% claiming aftercare was a significant factor.

11. The *Low cost of travel/flights* 10% said was not at all important, 12% said it was not very important, 24% was not sure, 34% decided it was important and 20% claimed it was very important. Resulting in 54% of the respondents thinking this factor affected their decision to choose to travel abroad for treatment.

12. *Personal safety and security*, 6% answers were not sure, 38% said it was important, 56% said it was very important. 94% of the respondents thought this was a great motive and a reason when deciding to choose a specific clinic abroad.

Out of 100 patients, 88% said they personally paid for their treatment while, 4% said their employer supported them with the costs, 8% claimed their insurance company covered the expenses. None has chosen the option of their government and health service as paid.

82% of the patients said they have arranged their appointment abroad directly on their own, 12% of them used their agency to make arrangements 2% was made by their employers, 4% of the patients arrangements were done by their insurers.

When asked how many trips were required for their treatment, 20% answered as just one, 26% said two, 18% responded as 3, 36% said more than three appointments were required. The days the patients has spent abroad in TRNC for treatment and for holiday purposes in total was recorded as 3 days minimum and 180 days maximum. Average patient stays ranged between 5-15 days approximately.

Respondents answered the question of did you have any travel insurance only 24% as yes, 76% had no insurance.

The experiences of patients with the clinic regarding to their experiences with the doctors and the other staff including the secretary and the assistants relating to the satisfaction levels of the foreign patients were asked as follows and divided into sections as **1=very dissatisfied, 2=dissatisfied, 3=not sure, 4= satisfied and 5=very satisfied :**

1. Responsiveness to their questions were answered with very dissatisfied with 2%, 6% were dissatisfied, not sure 4%, satisfied 46%, very satisfied 42%, 88% were highly pleased with the service.

2. Professionalism of the staff and their performance results were 4% very dissatisfied, dissatisfied 4%, not sure 6%, 38% satisfied and 48% very satisfied 86% were happy with this factor.

3. The understanding of the employees towards the patients was finalised as 6% dissatisfied, not sure 8%, satisfied 44%, and very satisfied 42%. Again making up the vast majority of the respondents have a pleasant experience with their needs. The overall treatment experience was illustrated as 4% dissatisfied, 8% not sure, 48% satisfied, very satisfied 40%.

4. The aftercare which refers to the care taken by doctors and employees with the patients after their treatment is complete and leading them to follow certain steps to prevent possible inconvenience or to solve problems if any occurs after the treatment is complete as results indicated that 2% dissatisfied, not sure 22%, 48% satisfied, 28% of them were very satisfied.

5. Communication between the patients and the staff was had data indicating 2% of the patients were very dissatisfied, 2% dissatisfied, not sure 12%, satisfied 46%, very satisfied 38%.

6. Quality of care had highly satisfying results, with no very dissatisfied nor dissatisfied answers but with not sure 10% and 40% satisfied, 50% very satisfied.

7. The result of treatment was answered by 16% indicating they are not sure about it, 36% were satisfied, and 48% was very satisfied.

8. When asked how satisfied they were overall with your experience of visiting this clinic for treatment, only 2% were very dissatisfied, 10% were quite dissatisfied, 34% quite satisfied and 54% were very satisfied.

9. The main reasons and factors the patients chose the clinic by visiting North Cyprus from their home lands were divided into sections as well. First factor was **to avoid the waiting list in their own country**, 20% said it was not at all important, 16% claimed it was slightly important, 20% of them was not sure, 32 per cent of them said it was important, 12% answered as very important. Therefore 50% considering is as an important factor meanwhile 50% thought it did not have a great influence in shaping their decision to visit the clinic.

10. To save costs and reduce their expenses on treatment in their own country by choosing this clinic was the second reason on the list with results of 14% chose not at all important, 6% said it was slightly important, 14% was not sure, 34% said it was

important and 32% said it was very important, 66% per cent giving positive answers to this factor.

11. *Worrying about the risk of hospital infections in their country* was the third reason and the results indicated that 34% thought it was not at all important, 12% said it was slightly important, 36% was not sure, 6% said it was important and lastly 12% claimed it was very important.

12. *Combining their treatment with a holiday* has showed 22% of them answering as not at all important, 12% said it was slightly important, 12% was not sure, 22% claiming it was an important factor and finally 32% of them saying it was very important.

13. *The reason to travel because they wanted to have a treatment without their family/friends knowing* illustrated that 64% said it was not at all important, 4% said it was slightly important, 10% was not sure, 12% said it was important, 10% chose very important.

14. The respondent were asked ***whether they would go abroad again for treatment*** and the results included 4% of them saying definitely not, 4% probably not, 56% probably yes and 36 % definitely yes. 92% were likely to choose abroad treatment again rather than choosing treatment within their own country.

15. Finally, the patients were asked ***if they would go abroad to the same doctor and the clinic for treatment if they were again required to*** and 2% of them said very unlikely, 4% chose unlikely, 44% said it was likely and 50% selected the answer of

very unlikely as a result. 94% giving positive answers to choosing the same clinic and the same doctor, illustrating that they are satisfied with the overall experience.

3.3 Observations

From my own individual experience as the CELIKKAYA DENTAL CLINIC employee who took a role as an administrator and a foreign patient communication and advisor, I can confirm that the main reason for the patients to visit the clinic and find it popular was also related to the latest technology used and adopted by the clinic system. Having a dental technician lab and full-time technician who designs the smile projects and crowns, having a panoramic x-ray room to take the x-rays of the patients on point and especially the CEREC machine who helps to design teeth within a couple of hours instead of waiting for a week or more, makes the clinic more attractive for many customers. As well as employing 3 separate dental assistants, one orthodontist, one surgeon and paediatric dentist which is also called Pedodontics (Paediatric Dentistry. Pedodontics is a branch of dentistry that follows and treats the oral and dental health of the children and the development of the jaw-face region from the infancy period, including protective measures allowing patients options to choose and benefit from different services supported by the latest tech system and highest quality brands such as Nobel which is a global implant brand that is used globally by the top dentist within the sector.

3.4 Data Analysis

To analyse the data collected from the respondents, Normality Test, Pearson Correlation Test and T- Test were used as well as Independent Sample test were used.

3.4.1 Normality Test

It is possible to use various normality tests in order to determine whether the data is suitable for normal distribution. The most common of these tests are Chi-Square,

Kolmogorow-Smirnov, Lilliefors and Shapiro - Wilk normality tests. In these tests, while the hypothesis is that the data come from a normal distribution, the hypothesis suggests that the distribution of the population does not conform to the norm (Park, 2015).

Table 1. Test of Normality

Items	Shapiro-Wilk Statistic	Df	Sig.
Would you go abroad to the same hospital /doc for treatment?	,728	50	,000
Would you go abroad for treatment again if required?	,742	50	,000
Who paid for your treatment?	,382	50	,000
How satisfied are you overall with your experience of visiting this clinic?	,834	50	,000

According to normality test, the correlation among the three factors; would you go abroad to the same clinic/doctor for treatment, would you go abroad for treatment and how satisfied are you overall with your experience of visiting this clinic the significance, 000 means it is normally distributed (Park, 2015).

3.4.2 Pearson Correlation Test

It is a statistical method used to determine whether there is a linear relationship between two numerical measurements and, if any, the direction and severity of this relationship. In case of normal distribution of data, Pearson correlation coefficient and Spearman Rank correlation coefficient are preferred when data is not distributed

normally. In order to interpret a correlation coefficient, p value should be less than 0.05. If the correlation coefficient is negative, there is an inverse relationship between the two variables, namely "one of the variables increases while the other decreases". If the correlation coefficient is positive, one of the variables is increased while the other increases (Artusi, R., Verderio & Marubini, 2002).

Table 2. Correlation between variables

Items		Reputation of the hospital or clinic or doctor	Low cost of travel	Quality of care	I wanted to save cost of the treatment in my country
Reputation of the hospital or clinic or doctor	Correlation	1	,099	,109	,212
	Sig. (2-tailed)		,494	,450	,139
	N	50	50	50	50
Low cost of travel	Correlation	,099	1	-,282*	,347*
	Sig. (2-tailed)	,494		,047	,014
	N	50	50	50	50
Quality of care	Correlation	,109	-,282*	1	-,174
	Sig. (2-tailed)	,450	,047		,227
	N	50	50	50	50
I wanted to save cost of the treatment in my country	Correlation	,212	,347*	-,174	1
	Sig. (2-tailed)	,139	,014	,227	
	N	50	50	50	50

*. Correlation is significant at the 0.05 level (2-tailed).

According to the Pearson Correlation test, the table illustrates that the four above factors *1. Reputation of the clinic/doctor, 2. Low cost of travel, 3. Quality of care and 4. Wanting to save cost on the treatment* in home land country has a positive correlation among each other. Therefore, the low cost and good quality of care taken by the clinic and their positive reputation has a great impact and is a huge motive for the medical tourists to choose treatment away from their countries.

3.4.3 T- Test

Two groups can be defined as an approach that tries to determine statistically whether there is a significant difference between the means of data. Another name of the t-test is the student test. Small samples are also known as testing techniques. The reason for this is a statistical technique that can be applied where $n < 30$ or where the mean mass mean is normal. It can be said whether there is a relationship with this technique, but not the degree of the relationship (Ruxton, 2006).

Table 3. Independent Samples Test

Levene's Test for Equality of Variances			t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
	14,010	,000	1,971	98	,052	,23718	,12036	-,00167	,47603	
Reputation of the clinic/doc			1,941	81,702	,056	,23718	,12218	-,00589	,48025	

Sig. (2-tailed) shows 0.691 variance which is greater than 0.05, therefore indicates no difference between the two variables. Female and male respondents have given the same answers.

Table 4. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
										Lower	Upper
Low cost of treatment	Equal variances assumed	3,890	,051	2,172	98	,032	,42628	,19627	,03680	,81577	
	Equal variances not assumed			2,141	82,927	,035	,42628	,19907	,03034	,82222	

Table 5. Group Statistics

		N	Mean	Std. Deviation	Std. Error Mean
Low cost of treatment	male	52	4,3846	,79592	,11037
	female	48	3,9583	1,14777	,16567

The graph above shows that male and female participants had different opinions about the factor of importance of low cost of treatment factor. The graph above shows that the variance was, 032 at Sig. (2-tailed) which is less than 0.05. Therefore, this supports the idea that there was a variance of attitudes among male and female patients.

In this case, the mean value indicates that there is a difference between the male and female where the male respondents had a higher mean value than the female, giving more priority to the low cost of treatment factor.

Chapter 4

RESULTS

Looking at the above information from the collective data and the results of the study, the primary motives for medical tourist visits and their contribution to the health tourism in North Cyprus could be considered and determined by two main motives which are low cost treatment and the effect of reputation of the health services. Furthermore, the exchange of currency difference are seemed to be very beneficial for those especially who generate sterling and euros in their own earnings as it has a great advantage for their spending compared to their own land as they usually pay in Turkish liras or minimum amount of sterling or euros.

On the other hand, similar cultures or beliefs of the country they visit for the treatment seem to have just a little impact on shaping patient decision to choose a country to travel for medical purposes, as according to results only 20% (14%=important, 6%=very important) of the ratio thought it was an important factor when picking a specific clinic or hospital in a specific location abroad.

Reputation of the clinic or doctors however seems to one of the biggest influences on patient attraction as none of the respondents thought it was unimportant or not important at all but also 94 in total said it has a great effect on their decision.

When analysing the impact of not having the treatment available in their home country, this factor did not have a significant impact or nearly had no impact at all on patient opinions as they mostly was not sure about this part of the questionnaire and selected not sure. This may be because they had no prior knowledge to what their country offers or not before choosing to get treatment abroad. Similar to being afraid of the possible risk of hospital infections within their country, patients usually did not have an attitude or opinion on this factor as though it may not have been a common problem within their origins as 34% of the ratio selected not at all important meanwhile only 6% said it was important to them.

Ease of access by plane or by other transportation methods was also a significant factor for most of the foreign patients, especially for Greek speaking Cypriots who only need to cross the border to reach to their destination in North Cyprus, but also 78% of overall respondents said it was a substantial advantage for them and it was why they chose to travel North Cyprus for their medical procedures.

The success rates and outcomes of the clinic or the doctor also had a relative influence on patients as well as the general reputation of the health service providers and effect and could be determined as one of the main motivate factors in general as it is a vital aspect for the vast majority (94%) of the patient as the trust is built prior to the experience in service businesses through effective and positive word of mouth and positioning.

The quality of clinic/doctors and the availability of aftercare was critical considerations for most of the participants as within health sector businesses the quality is vital and there is usually no room for mistakes when it comes to personal

health procedures. Moreover, provision of aftercare which is the support and guidance patients can benefit from after they have completed their treatments or operation has had a huge impact on respondents, giving them the feel of ease or feeling supported and directed if anything goes outside of the plan afterwards. This can be correlated with personal safety and security as these factor are all related with building trust with customers and meeting their needs on time by providing an excellent service such as in other business sectors.

The least influential factor for patients from abroad would be the need of understanding of their own language as they could be able to communicate with the staff and the doctors fluently and without problems, expressing their needs and opinions as well as getting feedback and recommendations for their treatment plans or the prices of detailed procedures that would be followed. This is also linked to the rate of communication between the patients and the clinic employees as well as the level responsiveness patients get to their questions. The findings illustrated that they were mostly very satisfied with the quality of care and communication skills of the staff and the attention they were able to get from the employees when they needed information or help on particular issues.

Even though most of the respondents did not own health insurance (76%) and they had to finance themselves for their medical treatment expenses, it was still a great advantage as they were allowed to acquire quality health service with an affordable price, compared to outside of North Cyprus. Moreover, they could also combine their treatment with a holiday and pay the same amount in total, including their travel, accommodation, food and beverage and treatment price for a similar price rather than paying the same amount and just being able to get the same procedure within their

homeland just by going to a clinic or hospital and coming back home. This is the main reason why many claimed to choose treatment abroad because they wanted to save costs and reduce their expenses on treatment in their own country as medical tourists.

The reason to travel because they wanted to have a treatment without their family/friends knowing was considered to be not very significant as dental procedures are not commonly needed to be hidden by patients despite some patients who apply for infertile treatments would prefer going through overseas treatments as in some cultures it is seen as unethical or shameful due to social pressure within some cultures.

Chapter 5

CONCLUSION AND DISCUSSION

The aim of the study was to discover the true perceptions and satisfaction levels of medical tourists who are travelling to North Cyprus for medical purposes. The results have shown that the main motivators for the foreign patients to choose clinics in TRNC was that the price and cost saving factor. Affordable prices and also the reputation of the clinics played a significant role in shaping patient perceptions and behaviours. Positive word of mouth was another important element which indicated an influential effect on increased patient engagement. Patients who were recommended by their friends or relatives about the health services within the TRNC were more likely to feel secure and safe even before they visited the clinic. This again showed the true importance of WOM for the customer behaviour.

5.1 The Currency Difference

According to the study and several observations made the main reason why foreign patients were purchasing health services in North Cyprus was because prices were due to currency exchange rates in overall rankings, hence benefiting from low cost of treatment. (Erdal & Pınar, 2019). The ease of access combined with low prices compared to South Cyprus within the service sector as well as the health services industry such as in dentistry moreover the opportunity of the proportion of TL to Euros (1 Euro= 6.33 TL) has given them the advantage to benefit from high quality health services with a much more lower price. However, whether the currency exchange rates were to change, decreasing the value of foreign currencies or lead them to go lower

rates, there could be a decrease in the inflow of foreign patients from the South side as well as from overseas in general.

5.2 The Effect of WOM and e-WOM

This factor can be equally significantly beneficial as well as damaging for the businesses and health service providers as it has the power to shape the reputation of an entity. According to the observations, when the foreign patients were asked how did they they hear about the clinic, vast majority of patients suggested that they were recommended by their relatives/friends. This also shows the effect of positive WOM and how it can influence the reputation of a work place, especially in health sector which is very critical and can easily be damaged if a mistake is made as it is a sensitive sector to be in (Chawdhary & Dall'Olmo Riley, 2015). This has been said, the social pressure were also noted by negative e-WOM comments down below social media posts of the clinic when the Facebook Ads were used on the South side of Cyprus. The comments included offensive content relating with the political issues and conflicts between the two sides. The amount of social pressure within the two communities by some citizens on both sides might also affect the patient decisions in choosing to have their treatment within North Cyprus (Martensen& Grønholdt, 2015).

5.3 Limitations of the Study

Likert Scales can be beneficial since they include more answers than only yes or no from the participants. Moreover they allow the opportunity to contain the levels of verdict and conviction of the respondents, assisting in acquiring a quantitative data collection which can be then critically evaluated and analysed regarding to their relevance and relativity as well as the correlations.

Nevertheless, just as most of the survey researches the accuracy of this method of opinion measurement can be jeopardy due to social desirability. Which refers to the tendency of a person to give answers that are accepted by society rather than giving them real information in research or survey questions. Leading some individuals to give dishonest answers or opinions about the issues to present themselves in a positive image. one of the main reasons why this may have occurred in this survey is because the survey questions were given out to the patients from abroad within the clinic atmosphere. Being surrounded by all the doctors and other staff members may raise their tendency to only choose positive answers in the hesitation of not seeming unpleasant or like a problematic patient (Crowne & Marlowe, 1960). A solution to minimize the social desirability problem could be allowing the respondents to be anonymous without including their personal data or name. In this study, name and surname part of the questionnaire was held optional for those who did not prefer to include their identity. This would help to decrease social pressure and tension so that may also help to reduce social desirability issue. As Paulhus (1984) claimed that according to his research the tendency to act towards social desirability bias was increased when the participants were asked to include their names, addresses, telephone number details and other personal data on the survey more than when it was kept optional (Paulhus, 1991).

Other limitation on the topic of honest opinions about the respondents was that, even though they were not pleased with the long waiting times between the appointments or appointments not starting on time due to delays of other appointments from other patients or delays in doctors arrival to the clinic, they mostly hesitated to mention that as a complaint when filling out the questionnaire even though they did not find it hard

to express their complaints about this issue verbally in the waiting rooms. This also shows how people tend to misrepresent their own attitudes when a survey is carried out among them making them feel the need to be more positive with their opinions about particular topic questions. Having the opportunity to deal with foreign customers as a human resources personnel have given me the chance to talk to them in person and try solving their problems, which mainly referred to long waiting hours in the clinic for their procedures since there would be too many patients waiting in the list or with appointments with 30 minutes gaps in between the examination and treatment time mostly. When the required time exceeded the expected time that would take to complete a treatment, there would be a delay for the next appointment in the end affecting the rest of the appointments, hence increasing the waiting times of the other patients.

Furthermore, low response rate and language barrier may have a negative influence on the gathered data as the Language of the survey questions may be an issue for some who might have struggled with not be able to fully understand the questions as the written language was only in English and not their native language for some patients.

There were some several limitations to the study throughout the dissertation, given the limited research available on the topic matter. Very few sources exist in terms of research papers, articles, books and documentaries that tackle this phenomenon in relation to Cypriot medical tourism and its relation with foreign patients. Within this context, another problem also exists, as a lot of patients were under stress or pain while they are filling out the surveys and answering questions, as they were not able to pay great attention to the questionnaire. Therefore there may be a slight inaccuracy in question validity due to these circumstances. Dishonest opinions or answers were

detected in some cases and this may be due to the reason that the questionnaires were given out within the clinic atmosphere. Lack of information may be gathered from such participants that would affect the true results of the study

5.4 Recommendations and the Future Study

Taking more samples outside of the clinic would be more useful to increase the accuracy of the study. Moreover, it is possible that the answers may differ if the questionnaire was given out to the patients after a fixed period of time such as one month of the completed treatment may be a good idea as according to the observations some patients have had to face some problems such as fallen crowns or implants shortly after being instantly happy with the results. This was time consuming as they had to visit the clinic several times for a fixation operation at times. In addition, implementing the survey by reaching a broader audience and having the respondents to increase in number also by choosing different locations in Cyprus, outside of Famagusta could be useful for the further study.

Also partnering with insurance companies could reduce or remove any risks after treatment as the faults would be covered by insurance companies, the clinics would not have to worry about extra costs that may occur due to any unwanted problems after that, such as an implant work failing, leaving the patient as a victim by fallen crowns and lacking implants or a plastic surgical operation that has not ended as expected leaving the patient with unpleasant results after healing period.

Attending to more seminars and medical fairs abroad so they can promote themselves and the destination abroad. Furthermore being more aware of the significant influence of social media should be taken in consideration and used by improved social media

marketing techniques to help become more globalized by reaching out to more international customers.

New policies should be implanted in North Cyprus for the health industry to increase profit. Through marketing technology, companies and also the government can gather information about foreign patients and put more effort to find out more about their demands and needs, so that they can find more solutions and use more effective tools to overcome or meet these expectations.

More training is needed for health care employees so they can be sure to meet customer demands also language may be a barrier for communication topic between the staff and overseas patients, therefore employing employees with more foreign language knowledge or English could be beneficial, education is needed to help develop overall skills and remove the language barrier.

In health industry trust is crucial more than in any other business, there is no room for an excuse when it is the health issue on the table. Once you lose trust, your whole reputation may be damaged forever. Partnering with high quality hotels, assisting in accommodating these foreign patients with the help of travel and health packages could be useful. Health service providers and hospitals should initiating in partnering with more medical agencies to reach more patients and increase demand as a strategic tool.

Building homes or private accommodations for foreign residents who travel in purpose of medical treatment could be a good idea, especially for those who will have to have

a longer stay in Cyprus for the treatments which may take a certain period of time such as infertility or rehabilitation.

More advertisement and promotion is needed also addressing the perceptions of customers can be helpful to build an effective ground for tourism not only for medical industry but for the whole tourism sector, government should be more aware of the fact that the patients who travel abroad for treatment are also tourists and they would have certain expectations of the location they are travelling to and they should feel satisfied with the overall experience including the condition of the destination. Tourism planning policies are essential.

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