

Prof. Dr. Fatma DEMIRCI OREL
Çukurova University,
Faculty of Econ. & Adm. Sci. Dept of Business Administration
Balcalı, ADANA, 01330 TURKEY
Tel: +90 322 3387254-60/279
fdorel@cu.edu.tr

Lect. Eda YASA (Ph.D. Candidate)
Çağ University,
Faculty of Econ & Adm.Sci. Dept.Of Business Administration,
Adana-Mersin Karayolu Uzeri Yenice Tarsus MERSIN 33800, TURKEY
Tel: +90 533 716 81 56
edayasa@cag.edu.tr

IMPORTANCE OF MEDICAL TOURISM: A PRELIMINARY RESEARCH ON “A” CLASS HOSPITALS’ WEBSITES IN TURKEY

ABSTRACT

Medical tourism is one of the locomotive trends for the last decade and there are many people in the world who prefer the best prices and the best alternatives to get well. It has been estimated that, worldwide, about 4.5% of searches on the web are health related. Due to the process of globalization, everyone may receive the information via search engines just by typing the info in and then finding it out immediately by their main pages. The aim of this study is to carry out and take attention to the importance of the level of the websites of hospitals in Turkey for tourism. In this study, we try to analyze the quality of websites of A class hospitals according to the scale of Maifredi and et al, (2010). The websites were coded by using a Codebook (SPSS), comprising 85 items divided into five sections: technical characteristics (15 items, such like including the presence of a site map and others), hospital information and facilities (22 items, such like concerning general information; the history of the hospital, and others), medical services (25 items, such like concerning hospital admission, discharge and everyday life during the hospitalization period and others), interactive on-line services (10 items, such like being able to communicate with hospitals via Internet or e-mail, and others) and external activities (13 items such like being able to obtain health information and others), (Maifredi and et al, 2010). We dedicated the Turkish one by using content analysis, descriptive and reliability analysis to measure the data. The results for internal consistency among variables are defined between 0, 65-093 (highly sufficient). As for the analysis of the quality of the website evaluations, it shows an average assessment values from %41,92 (factor 5) to %74,86 (factor 2). None of the hospitals’ websites fulfill the whole requirement of 85 items.

Key words: medical tourism, Turkey, website analysis, private hospitals, global patient.

1. INTRODUCTION

In today's competitive healthcare markets, consumers have more options in the selection of healthcare organizations than ever before (Tengilimoglu and et al, 2007). With increasing competition for a given pool of patients, emphasis on disease prevention, and health promotion, and the availability of more health-related information to consumers in recent years, it is clear that patients have been better informed and this has become more accountable to consumers of health care services (Akinci, et al, 2004). To date, hospitals are turning increasingly towards the internet and develop their own web presence in order to enhance the provision of information and also to employ interpersonal and interactive communication practices (Patsiours, and et al, 2009: 223). According to one research results in 2009, foreign people prefer Turkey as a tourism destination for four essential reasons. The majority of the respondents (%58,7) prefer Turkey for its natural beauty; (%24,9) the second reason is the cheapness; cultural richness (%21,4) of Turkey is the third reason to come to Turkey and the last one is their friends' advices (%16,9) (www.tuyev.org/yayinlarimiz/SB.pdf, 20.08.2011). For the last decade one more reason was added to these reasons; medical tourism. Patients travel to Turkey from Europe, Russia, Balkan countries, the Middle East, and Central Asia, seeking specialized healthcare which is unavailable, inadequate or prohibitively expensive in their countries.

Medical tourism is one of the locomotive trends for the last decade and there are many people in the world who prefer the best prices and the best alternatives to get well. It has been estimated that, worldwide, about 4.5% of searches on the web are health related. Medical travel (it is also called as health tourism or global healthcare) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of travelling across international borders to obtain health care. Day by day new hospitals and chain of hospitals are built up. Through the process of globalization, everyone may receive the information via search engines just by typing the info in and then finding it out immediately by their main pages. The aim of this study is to carry out and take attention to the importance of the level of the websites of hospitals in Turkey for tourism, since there are not enough resources about this topic. Today, health

expenditures of patients are increasing in many countries around the world and that trend has resulted from a combination of factors such as increasing individual incomes, advanced medical technology, including a shift in demographic structure towards an older population and therefore more chronically ill patients (Yigit and et al, 2007, 86). In today's competitive health care market, consumers have more options in the selection of health care organizations than ever before, hence, managers need to understand how consumers make their choices and what factors are taken into account when these decisions are made (Tengilimoglu, and et al, 2007: 20-21). According to one research that deals with this topic indicates that, consumers' decisions of hospital choice are effected by four factors including, behaviors of hospital staff; reputation and image of the hospital; quality of health services; and cleanliness of the physical facilities (Berkowitz and Flexner,1981). The growth has been facilitated by the rise of the internet, and the emergence of new companies, which are not specialized in health, but in being brokers between international patients and hospital networks (Connell, 2006:1094).

By the way, the health travelers are attracted to Turkey for its world-class hospitals and medical services, most of which are centered in Istanbul, Ankara, Izmir. Medical groups located in these cities offer both topnotch healthcare and pleasant touring experiences before or after treatment (Woodman, 2009:174).

In this study, we firstly determined the overall profile of framework of medical tourism and its functions in Turkey, then analyzed the websites of Turkish private "A" class hospitals due to their profile carry out. There are approximately 490 private hospitals in Turkey and nearly 79 of them have "A" class score (between 0,800-1000 points according to the scale of the Turkish Republic Ministry of Health and according to the new revolution of hospitals in terms of their features). We gained the data by systematically random sampling technique.

2. LITERATURE REVIEW

2.1. The Concept of Medical Tourism

In terms of the economy of a country, the difference between medical tourism and traditional tourism lies in the income per capita (Health Tourism Journal Report, 2009). As the medical tourism business model and its benefits become more widely known,

more countries will seek to enter in this industry, and new services will be offered to gain share in medical tourism market (Jordan, 2010:58). Medical tourism, where patients travel overseas for operations, has grown rapidly in the past decade, especially for cosmetic surgery (Connell, 2006: 1093). Being a niche in tourism, medical tourism has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers in a more conventional sense. (Connell, 2006:1094).

According to the Connell (2006), medical tourism was also defined as a niche, as it has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense (Connell, 2006: 1094).

Whereby the definition of Medical Tourism association, “medical tourism is where people who live in one country travel to another country to receive medical, dental or surgical care while at the same time receive equal or greater care than they would have in their country, and are travelling for medical care because of affordability, better access to care or a higher level of quality care (Medical Tourism Association, 2010). The most important drivers of medical tourism are economic variables (Jordan, 2010: 54). Surprisingly, medical tourists are not many from rich world countries where the costs of medical care may be very high, but where the ability to pay for alternatives is high as well (Connell, 2006: 1096).

Medical tourism occurs when a patient leaves his/her local area for medical treatment (Brotman, 2010:45). According to the description of the center of Deloitte (2010), there are three types of medical tourism: outbound (occurs when a person from Turkey comes to the United States for medical care), inbound (occurs when foreign patients or Americans who travel from their countries to get treatment in Turkish hospitals), and intrabound (characterized by a patient travelling to a different geographic area for treatment but the patient remains in his/her home country).

2.2. World's Best Medical Tourism Destinations

The most important drivers of medical tourism are economic variables such as high costs of health care; and increasing costs of health insurance in developed countries combined with low costs of health care in developing countries have caused patients to opt for health care services away from home (Jordan, and et al, 2010: 55). Time, quality and cost are the main values that are led international patients' movement for medical treatment (Adam, 2009). The rapid expansion and growth of the medical industry due to globalization cause problems regarding the health systems in other countries (for example, long waiting periods, increasing costs, and dissatisfaction with the services). In recent years, it may be observed that the medical tourism trend is increasing day by day as a fastest developing and important tourism alternative. There are four regions in the world mostly preferred as a destination for health care treatments. These are Europe, Latin America, Middle East and Asia (Table 2.1). Cost is one of the major criteria for choosing a destination where you can see each operation in Table 2.2, in terms of their costs by comparing each one of them among countries that are identified as main destinations for medical tourism.

Table 2.1 Destinations for Medical Tourism

Regions	Countries
Asia-Middle East	Thailand, India, Singapore, Malaysia, Turkey
Europe	Spain, Turkey , Germany, Hungary, Poland, Malta, Croatia, Portugal, Austria, Greece, and Macedonia.
Latin America	Mexico, Costa Rica, Panama, Colombia, Brazil and Argentina
Africa	South Africa

Source: www.health-tourism.com/destinations/,02/08/2011).

There are also many agencies that arrange the travelling plans on behalf of you. Also, some hospitals have their travelling guides in their websites to lead you to the steps you must follow to choose the correct one for yourself. Internet is a huge source of information to reach what they desire to reach. In the field of health, internet can be used in a number of ways: providing information on health and illnesses, providing

health education, having chats and debates (among patients, professional people or both) or spreading medical news (Mira and et al, 2004:4).

2.3. JCI Accreditation and Certification

The JCI (Joint Commisisonal International) standards are patient centered, and focus on care and treatment of patients (Journey to JCI, 2011). The standards are organized around the important functions common to all health care organizations. The functional organization of standards is now the most widely used around the world and has been validated by scientific study. The standards are grouped by those functions related to providing patient care and those related to providing a safe effective and well-managed organization. The standards are aligned as; Ambulatory Care Standards, Care Continuum Standards, Clinical Care Program Certification Standards, Clinical Laboratory Standards, Hospital Standards, Medical Transport Organization Standards, Primary Care Centers Standards (Journey to JCI, 2011). According to the sources of JCI website; Joint Commission International (JCI) accreditation and certification is the proven process for your organization needs, to help ensure a safe environment for hospitals' patients, staff and visitors. This voluntary process shows organization's commitment to continuously improving patient safety. This dedicated organization is helping to international health care organizations, public health agencies, and ministries of health to evaluate, improve and demonstrate the quality of patient care while accommodating any specific legal, religious and cultural factors within a country (www.jointcommisisonalinternational.com). The fundamental benefits of JCI accreditation and certification are; improving public trust as an organization that values quality and patient safety, involving patients and their families as partners in the care process, building a culture open to learning from adverse events and safety concerns, establishing collaborative leadership that strives for excellence in quality and patient safety, understanding how to improve clinical care processes continuously, and outcomes. If any institution applies and gets accreditation of JCI, it is up to 3 years. Each three year, they must renew their process standards. There are 45 Turkish health care institutions that have JCI accreditation; 40 of them are hospitals and 35 of them are private ones shows that especially private hospitals are more specifically interested in this topic (Appendix 1: list of Turkish JCI institutions/hospitals).

Table 2.2. Comparing Prices of Operations Among Countries (Dollar)

OPERATION	COUNTRY'S PRICES (DOLLAR)										
	US	TURKEY	IRELAND	THAILAND	GERMANY	TAIWAN	SINGAPORE	INDIA	ISRAEL	ENGLAND	SWITZER
heart bypass (CABG)	129.750	11.375-15.000	26.500-27.500	11.000	17.335	18.900	30.000-33.000	8.666	30.000	27.770	44.596
heart valve Replacement	58.250	16.950	N/A	10.000	N/A	27.500	12.500	11.750	25.000	25.000	47.794
hip replacement	45.000	10.750	19.500-21.000	11.000-14.000	11.644	7.500	10.725	7.000	17.150	15.840	19.899
knee replacement	40.000	11.200	19.500-21.000	10.500	11.781	8.000	9.350	7.833	12.950	20.600	20.432
spinal fusion	62.000	7.125	24.750-25.900	7.000	13.500-15.000	5.900	9.000	12.000	18.000	32.400	30.915
lipos uction	9.000	3.333		1.200	4.376	4.000	3.000	2.500	N/A	4.950	7.551
bone marrow transplantation	300.000	40.000-70.000	250.000	50.000-60.000	250.000	50.000-60.000	250.000	40.000	90.000	250.000	200.000
gamma knife	40.000	8.676			16.650-20.000					22.000-25.000	
cyber knife	12.000			12.500				13.500			
hys terectomy(Vaginal)	20.000	7.000	10.000-11500	5.500-7.000	5.500-7.000	2.700	9.000-10.500	4.250		10.100	

(<http://www.healthinturkey.org/en-EN/Price.aspx>,19.08.2011)

For the operation of heart bypass (CABG), Turkey is the third cheapest country after India and Thailand. Comparing to the USA, the cost of each operation in Turkey is nearly 3-4 times cheaper than there. For bone marrow transplantation, US cost is equal to 300.000 Dollar but in Turkey it is 10 times less than that cost. According to the results indicated in the table, India is the cheapest country that provides huge sources than Turkey, except in spinal fusion (Turkey's cost is equal to 7.125 however India's cost is equal to 12.000 Dollar). Nearly five million people travel abroad every year for affordable and high quality healthcare (www.patientbeyondborders.com, 01.09.2011). The most successful country is India, each year it increases its medical patient volume up to 30% more from the previous year, and for 2012 their aim is to increase the volume of medical tourist over 1 million around the world (www.tuyev.org.tr/yayinlarimiz/SB.pdf).

2.3. Turkey, As a Destination for Medical Tourism.

In 2008 Turkey's foreign patient volume was equal to 74.000 patients. In 2009 this potential increased up to 91.000 and according to the results of the statistics in 2010 it rose to 95.000 (Yilmaz, 2010). These results showed that Turkey is on the right way to become one of the best leaders in this locomotive sector; medical tourism. Unfortunately, there are no statistical results to identify their nationality so far, in the following years' reports we hope that we may reach those kinds of results in 2011 (www.tuyev.org/SB). For Turkish domestic tourists, research results of the reasons of their travelling are classified into three sub categories and their percentages are such like; for "visiting their relatives" (%75,3); for "fun, trip and entertainment" (%10,4); and for "healthcare reasons" (%8,3). Table 2.3, indicates that the most attractive specialized areas are located in Turkey (Woodman, 2009: 73-79).

Table 2.3. Specialties that Attract Medical Travelers to Turkey

Name of the Operation
Bone Marrow Transplantation
Cardiology and Cardiovascular Surgery
Dentistry
Genetics
Neurosurgery
Obstetrics and Gynecology and Assisted Reproduction
Oncology
Ophthalmology Orthopedics And Traumatology
Plastic Surgery
Transplantation

2.3.1. Classification of Turkish Private Hospitals

Originated from the World Bank in Turkey, “health reform” reputation is an important pillar of the establishment of private hospitals, even those performed by the private sector investments in health service supply “opening up” has created. Begun in the 1990s and then after 2003, the government of AKP’s coming to power is seen as this has accelerated private investments in health (www.ohsad.com.tr, 09.08.2011).

There are nearly 1439 hospitals in Turkey, totally inpatient volume is 200.678. (842, ministry related hospitals (120.535 beds), 62 university hospitals (35001 beds), 490 private hospitals (28.147 beds), 3 municipality hospitals (1095 beds), 42 military hospitals (15900 beds) Turkey has 81 cities and among these, 66 of them have at least one private hospital (www.ohsad.com.tr, 14.08.2011).

According to the new structure of Turkey Healthcare System, the private hospitals are classified according to the classes of their figures; these are called as “A”, “B”, “C”, “D”, “E” classes. Since the date of 1st January, 2010, this classification has been used. “A” class hospitals are between the score of 0,800 and 1,000; “B” class hospitals are between 0,600-0,799, and etc. “A” class hospitals may demand a difference of 70 % of the payment from the patient. The institution of Social Security classifies the hospitals according to the criteria such as service quality of the hospital, variety of the service the hospital provides, the number of doctors and patients; as well as workers safety and inpatient bed availability (www.ohsad.com.tr,07.08.2011).

Indeed, according to the research results that are proved by the ministry of health, the number of private institutions’ inpatient treatment bed availability was 116 in 1987; 365 in 2007 and it increased up to 490 in 2011. It means that private hospitals have 14 % of the total bed capacity out of all. Istanbul ranks number one (281 total number of hospitals; 155 private one); the second one is Ankara (28 private ones) and the third one is Antalya (the capital city of the tourism sector in Turkey, within 24 hospitals) (www.ohsad.com.tr, 08.08.2011).

2.3.2. Advantages & Disadvantages for Turkey

Seeing that it is located in a strategically area that borders Asia and Europe, Turkey is fast becoming a popular destination for medical travelers. Turkey is one of the leading tourism destinations in the world. According to UNWTO figures, Turkey ranks number 7 among international tourist arrivals by 2010 and ranks number 9 in tourism revenues. Turkey hosted 28.632.204 tourists in 2010 and generated \$20.806.708. The tourist arrival growth is %5.74 comparing to the 2009 figures (<http://www.healthinturkey.org/en-EN/tourism-environment/34.aspx>). Figures show that more than 200.000 medical tourists arrived in 2008 from Europe and the Middle East, representing a 40% increase since 2007 (www.health-tourism.com, 02.08.2011). Also, according to the study of British researchers on health tourism, Turkey is one of the top three destinations for medical tourism, sharing the top spot with India and Hungary.

There is a great potential for health tourism in Turkey, with around 20 million tourists visiting Turkey each year, 4.5 million Turkish people living abroad, and thousands of foreigners residing in Turkey. Furthermore, Turkish people living abroad have communication problems with foreign doctors and health personnel in expressing their needs and complaints regarding their sickness; and this is one of the most important reasons why they prefer to return to Turkey for the health services (Adam, 2009).

Turkey offers high quality facilities for medical, thermal spas and wellness services meanwhile by incorporating five-star hotel accommodation into the package. Turkey has become a choice of destination for medical tourists coming from European countries such as England, Netherlands, Russia, Ukraine, Germany, Romania, and others, as well as Middle East and Arab countries (www.healthtourism.com/turkey-medical-tourism,25.08.2011).

The advantages of Turkey's facilities in medical tourism are classified as five sub categories: **JCI-accredited medical centers:** Turkey has got the highest number of JCI-accredited health facilities and medical tourists coming to Turkey are assured of high quality infrastructure and services by these hospitals and their medical staff. All accredited hospitals are outfitted with world-class infrastructure and modern

technology. There are 45 accredited institutions in Turkey (Indicated in the appendix). **Competitive & consistent prices**, prices of medical care in Turkey are very competitive compared to Western Europe countries like the UK, Ireland, Austria and Italy. Table 3.4 (above) indicates the prices among well-known medical tourism countries. **Hospitality, culture and geographical location**: Turkey has long been a gateway between the East and the West and it allows easy access and short flight durations to every destination in the world. The friendliness and hospitality of its people have always been well spoken about. **Reliable supply of blood (KIZILAY)**: (the Turkish Red Crescent) is a JCI accredited organization. **Major pharmaceutical companies' manufactured areas**: companies such as Pfizer, GlaxoSmithKline, Johnson and Johnson, Sanofi-Aventis, Merck, Novartis, Roche, Astra Zeneca are present in Turkey with regional headquarters and manufacturing facilities as well as many local manufacturers (Cities in Turkey:<http://www.healthinturkey.org/en-EN/kayseri/69.aspx>, 15.08.2011). There are two main disadvantages: The first one is **language deficiency**: while dealing with medical tourists, there exists a deficiency in English speaking skills of the health personnel, another one is that, some hospitals lack the required knowledge with regard to the documentations which should be issued by foreign medical travelers (medical records and documentations) (www.health-tourism.com/turkey-medical-tourism,02.08.2011).

3. METHODOLOGY

There are three types of hospitals in Turkey: private, public and university hospitals. Our sample framework is limited to private hospitals. The list of Turkish private hospitals was obtained from the website of Turkish Ministry of Health (www.saglik.gov.tr, July 2011). In total, there are 399 private hospitals in Turkey. According to the current list provided by the Ministry of Health, there are 79 "A" class hospitals, 132 "B" class, 130 "C" classes, 57 "D" class, and 1 "E" class hospitals). Sampling of this study has just covered the hospitals within the class of A. There are 79 "A" class hospitals and we systematically selected the samples (1, 3, 5, etc). 39 out of 79 "A" class hospitals' websites were analyzed according to the scale improved by Maifredi and et all, (2010). This scale has 89 items but for Turkish hospitals we adopted its values to Turkey and 85 of the items are suitable to analyze hospital websites. The analysis considered half of the A class Turkish private hospitals with a

working website between July and August 2011. The websites were coded using a Codebook (SPSS), comprising 85 items divided into five sections: technical characteristics (15 items, such like including the presence of a site map and others), hospital information and facilities (22 items, such like, concerning general information; the history of hospitals, and others), medical services (25 items, such like, concerning hospital admission, discharge and everyday life during the hospitalization period and others), interactive on-line services (10 items, such like being able to communicate with hospitals via Internet or e-mail, and others.) and external activities (13 items such like, being able to obtain health information, and others), (Maifredi and et al, 2010). We dedicated the Turkish one by using content analysis coding with 1 indicating that they have or 0 if they do not. Content Analysis is recognized as research technique used in various fields, for instance, in marketing, psychology, communication, social science, with the ,introduction of web-based information, content analysis has become a significant research method (Banna and et al, 2009,1). The data's reliability analysis and their means were computed.

4. FINDINGS

The reliability analysis was conducted to determine internal consistency among variables. Nunnally (1978) suggest that Cronbach's Alpha value of .60 is sufficient for early stage or exploratory research. According to the information each of our factor's reliability score, they are higher than this score and their sufficient levels are higher as well (Table 4.1.).

Table 4.1. The Scores for Reliability Analysis

Factors of scale	Items	V.Cronbach Alpha
1.Technical characteristics	15	0,650
2.Hospital information and facilities	22	0,885
3.Medical services	25	0,790
4.Interactive on-line services	10	0,930
5.External activities	13	0,746
All	85	

According to the results of Cronbach Alpha if the value is equal to or greater than 0,60 it means that, coefficient of internal consistency among variables is highly sufficient for Social Science. And if the score is equal to or greater than 0,80 it means that, its consistency is yet highly sufficient. So the results indicate that the results of factor 1, factor 3 and factor 5 are highly sufficient and the variables of factor 2 and 4 are even more sufficient.

Table 4.2. Mean Percentage Items for each Factor

Factors of scale	Items	Mean%
1.Technical characteristics	15	56,53
2.Hospital information and facilities,	22	74,86
3.Medical services	25	60,28
4.Interactive on-line services	10	74,40
5.External activities	13	41,92
All	85	61,59

According to the website evaluation score, Table 4.2 shows the results of average in terms of each factor's percentage. Just the external activities are less than 50 per cent.

Table 4.3. Technical Factors and Items Scores

No	Items	Yes %
1	Site name appears on browser title bar	97
2	Active part of the site appears on the browser title bar	95
3	Name of the hospital at the head of the website	95
4	Hospital logo at the head of the website	59
5	Any animation or visual displays can be by passed	36
6	Access to the website in foreign languages	54
7	Website map available	46
8	Website searcher available	26
9	Date of last website update	0
14	Website has certification of accessibility to people with disabilities provided by the Turkish authority on informatics in the public administration	15
15	Links with other useful websites provided (hospitals, scientific associations, institutions)	41
16	General disclaimers provided	97
17	Copyright notice	82
18	Treatment of surfer personal data statement	8
19	Website pages can be printed	97

There are fifteen items identified in the technical factor analyzing for Turkish hospitals' Websites and 7 out of 15 have less percentage value from the average value 56.53%. Those are any animation or displays passing by opening the website; website map availability;

website searcher availability; info for disabled people; links with other useful web addresses (hospitals others.); surfer personal data statement. Other items are above the average.

Table 4.4. Hospital Information and Facilities

No.	Items	Yes %
20	Hospital history	98
21	Contact details on the homepage or available at a click: hospital postal address	98
22	Contact details on the homepage or available at a click: telephone and/ or fax number	98
23	Contact details on the homepage or available at a click: e-mail address	90
24	Contact details on the homepage or available at a click: VAT number	69
25	Statement of purpose	90
26	ISO certification on the homepage	85
27	Organization chart	46
28	Information regarding patient privacy	77
29	Ways of reaching the hospital: car, public transport	90
30	Map of the hospital	87
31	Virtual visit to the hospital	82
32	Public relations office: work hours	69
33	Public relations office: location	67
34	Public relations office: telephone and/or fax number	77
35	Public relations office: e-mail address	69
36	Services charter	92
37	Patient's rights and obligations	98
38	Results of surveys regarding patient satisfaction are provided	3
39	Information for General Practitioners is provided	82
40	Information for foreigners is provided	57
41	Complementary services: press, cafeteria, television, telephone	23

The average of these 22 items is equal to %74, 86. And the items of info about complementary services (press, cafeteria, etc) info for foreigners, results of surveys regarding patient satisfaction, public relations offices info (such as e mail address, location and work hours), organization chart of the hospitals and VAT number of the hospital are below this average (Table 4.4.).

Table 4.5. Admissions and Medical Services

No.	Items	Yes %
42	Admission guide: different types of admissions are disclosed	69
43	Admission guide: information and rules to be followed on admission	92
44	Admission guide: information and rules to be followed during the hospital stay	90
45	Admission guide: information and rules to be followed on discharge	97
46	Admission guide: information and rules to be followed regarding visits by relatives	92
47	Admission guide: information and procedure for obtaining a copy of the medical documentation	13
48	Details of how to pay prescription charges or fees	5
49	Departments or units providing user services: complete list	80
50	Departments or units providing user services: location	92
51	Departments or units providing user services: telephone and/or fax number and/or e-mail address	85
52	Detailed list of outpatient hospital services available (consultation, diagnostic services)	92
53	Number of hospital beds disclosed	82
54	Waiting list disclosed	72
55	Date of last monitoring of the waiting list disclosed	23
56	Hospital report of the number of admissions in the previous year	18
57	Doctors' curricula disclosed	69
58	Hospital quality indicator: nosocomial infection rate disclosed	5
59	Hospital quality indicator: inpatient mortality rate disclosed	5
60	Hospital quality indicator: surgical mortality rate disclosed	18
61	Hospital quality indicator: others	85
62	List of employed doctors in alphabetical order	82
63	List of employed doctors by specialization	82
64	Information about private consultations/services and fees	4
65	List of consultations/services with fees available	0
66	Cost of consultations/services with fees available	0

In table 4.5 items for admissions and medical services are listed in terms of their percentages rates, as 10 out of 25 items. The average of them is %60,28 and the items are related with fees and costs for both private and other services, types of consultations, report of hospitals for previous years in terms of admission, date of last monitoring of the waiting list disclosing, hospital quality indicators (such as nosocomial infection, inpatient mortality, and surgical mortality rates).

Table 4.6. Interactive On-Line Services

No.	Items	Yes %
67	Appointments for consultation via the Internet	75
68	Appointments for services/admission via the Internet	89
69	Other facilities available via Internet (e.g. documentation)	69
70	Appointments for consultation/services/ admission via Internet: link on the homepage	77
71	Possibility to communicate with the hospital via the Internet or e-mail	85
72	Possibility to ask a specialist a health- related question via Internet or e-mail	82
73	Information request form via Internet or e-mail	80
74	Suggestions/ complaints forms via Internet or e-mail	85
75	Possibility to sign up for a newsletter	56
76	A health-related forum is present	46

The fourth factor includes 10 items and the average of these items is % 74.40, and there are two out of ten items are below the mean. These items are related with the possibility for signing up for a newsletter and a health-related forum's presence.

Table 4.7. External Activities

No.	Items	Yes%
77	Possibility to read online or to download health-care booklets	97
78	Medical glossary available	15
79	Scientific studies that the hospital promotes or is involved in	62
80	Undergraduate or postgraduate courses that are held at the hospital	18
81	Presence of a library	18
82	Schedule of activities that take place at the hospital: courses, congresses and conferences	82
83	Publication of the hospital itself	21
84	Details of job opportunities at the hospital	87
85	Associations that work at the hospital: voluntary associations	2
86	Associations that work at the hospital: patient associations	26
87	Associations that work at the hospital: associations for the defence of patients' rights	5
88	Information on how to make a donation to the hospital	22
89	The hospital in the media: press review	90

The fifth factors' items are listed according to their ownership in Table 4.7 by external activities. This means that score is equal to % 41, 92. 8 of these items are listed below the average rate. Those are related to the info about making donation to the hospitals; about associations (voluntary, patient's rights defense, and other patient associations),

publication of the hospitals, presence of a library, availability of the medical glossary, university-hospital interactions.

5. CONCLUSION

Over 50 countries have identified medical tourism as a national industry (http://en.wikipedia.org/wiki/Medical_tourism, 02,11,2011). For this reason, they have tried to expand their facilities & opportunities in this area. The hospitals no more have global patients, thus, they have to improve their capabilities according to this competitive marketplace. There are many global chains of hospitals which are built day by day. They also affect the decision of their patients in choosing the best hospital. Nowadays, globalization affects the whole world essentially by technological developments in all sectors, especially in healthcare. Studies of Eysenbach and Diepgen (1998) in the US, have found that 56% to 80% of Internet users have looked for health information online, including details of doctors and hospitals whereas the percentage of Internet health users in Europe ranges from 32% to 71%. In parallel with this improvement, the use of Internet for health purposes has increased steadily in the last decade and only a few studies have explored the information provided by the websites of health institutions and no studies on the on-line activities of Turkish hospitals have been performed to date. By this study, we have tried to carry out the quality of Websites features for all patients & their relatives who look for Turkish medical sources among private hospitals. This study is also prepared to identify and compare the features of websites of private hospitals to carry out and support the opportunities of medical tourism in Turkey. The researchers used a hospital website content analysis scale to map out Maifredi and et al, five dimensions. They are; technical characteristics, hospital information and facilities, medical services, interactive on-line services, and external services. Their sub items are analyzed through the websites of Turkish hospitals.

In conclusion, according to the results of the data, very few hospitals provided information likely to increase the credibility of the hospital and user confidence in the institutions, as the results of surveys regarding patient satisfaction and clinical quality indicators point out. These indicators are standardized hospital mortality rate, etc. The

remaining results that contain less than 10% are aligned such like; %8 of the hospitals websites have included the treatment of surfer personal data statement. None of the hospitals have the last date of the updated time for websites. Unfortunately, almost none of the websites have information about fees/charges about any operation or any consultation; no payment process included. This is one of the big deficits for them; however they have this information through the medical tourism agencies websites. A few of the pages included the satisfaction testimonials' of ex-patients. However, just their satisfactions are displayed; unfortunately no dissatisfaction about the hospitals is shared. While searching for the best fit for potential patients, they are impressed by the views of ex patients, so the results of surveys regarding patient's satisfaction level may be indicated on the site. The sites indicate the rules and rights for the patients and their relatives but there are not so many voluntary associations seen on the website for the patients; they did not mention about this associations on the website.

Presence of a library on the site and also containing a medical glossary can be more helpful to reach actual information for the searcher, as there is a different language of medicine.

Overall, the findings suggest that Turkish hospitals' websites are classified more qualified in terms of the hospital information and facilities included, and their interactive on line services comparing to their external activities displayed in their websites. The managers also take their updating time and improving its features into account.

6. LIMITATION

With regards the limitations of the study, many websites may have been changed during the two-month survey as they are updated very quickly, or some hospitals without websites may have gone on line. There is only one hospital which has no website, or their updating was being processed at the same time we were doing the search. . This study is accepted as a preliminary research and for that reason it contained just a small portion of hospitals in Turkey. In a long time period, the authors plan to expand the hospitals' sampling size and types to validate the data.

7. FURTHER RESEARCH

This is the first study to examine the websites of Turkish hospitals. In further research we aim to analyze all hospitals (public, private and university hospitals) in Turkey to provide broader information about our online medical sources for everyone. The next study will be analyzing the well-known destinations of other medical tourism countries websites by comparing to this study's extension since this study has just been mentioned as a summary format about the other destinations.

By analyzing all hospital types (private, government, university and others) websites, we have provided comprehensive information for foreign tourists who have decisions about choosing Turkey as a medical destination.

8. MANAGERIAL IMPLICATIONS

Internet provides many advantages over other media in the provision of information services in the area of public health (Banna, and etc, 2009: 1). To improve global patients' views about Turkey, the practitioners must be very careful. There are many scales in foreign literature about measuring website quality and increasing its interactivity to attract this century's global and more conscious patients and consumers. As being one of the major medical tourism destinations, the managers of Turkish hospitals must improve their perspectives and permanently analyze both their competitors' websites to compete in this market. Thus, managers of hospitals should not forget the importance of factor selection which affects consumers' decisions. Therefore they must improve themselves at all times.

9. REFERENCES

1. Akinci, F., Esatoğlu, bE., Tengilimoğlu, D., Parsons,A. (2004), "Hospital Choice Factors : A case Study in Turkey », Health Marketing Quarterly, Vol, 22 (1).
2. Adam. B., (2009), www.medicaltourismmag.com/article/turkey-medical-toursim-potential.html, 2009 February.

3. Banna, S., Hasan,H., Meloche, J., (2009), “Opportunities for Interactivity in Public Health websites: A content Analysis Approach, European and Mediterranean Conference on Information Systems July 13-19 İzmir, Turkey.
4. Berkowitz, E.N., Flexmer, W.A., (1981), “ The market for health care services: Is there a non traditional consumer?” *Journal of Health Care Marketing*, 1, 25-34.
5. Brotman, B.A., (2010), “Medical Tourism Private Hospitals: Focus India”, *Journal of Health Care Finance/Fall 2010* 37 (1), pp. 45-50.
6. Connell, J., (2006), “Medical tourism: sea, sun and.....surgery”, *Tourism Management*,(27), 1093-1100.
7. Deloitte Center for Health Solutions, (2010) “Medical Tourism update and Implications”, viewed on Mar.2010.
8. Eysenbach,G., and Diepgen, T.L (1998) “Towards quality management of medical information on the internet: evaluation, labeling, and filtering of information”, *BMJ* 317 : 1496 (Published 28 November 1998
9. Jordan, J.L., (2010), “Healthcare in foreign hands: trends, issues, and directions”, *Review of Business Research*,Vol.10, No. 5,2010.
10. Maifredi G., Orizio G. et al. (2010), “Italian hospitals on the web: a cross-sectional analysis of official websites” // *BMC Medical Informatics and Decision Making* (published online). –2010. – Vol. 10:17. – <http://www.biomedcentral.com/1472-6947/10/17>.
11. Mira, J.J., Tomas, G.,L., O., Jover,V.,P., (2004), “ Quality of Websites in Spanish PublicHospitals”,calite.umh.es/data/docs/110/Quality_of_websites_%201.pdf, Access date: 02.09.2011.
12. Nunnally, J.C. (1978), *Psychometric Theory*. 2nd ed. New York: McGraw-Hill.
13. Patsioura,F., Kitsiou, S., Markos,A., (2009), “ Evaluation of Grek Public Hospital websites”, *International Conference on E-business*.
14. Tengilimoglu, D., Yesiltas,M., Kisa,A., Dziegielewski, S.F.,, (2007), “ The Role of Public Relations Activities in Hospital Choice”, *Health Marketing Quarterly*, Haworth Press, pp. 19-31. Vol 24 No. ¾.
15. Woodman, J., (2009), “ Patient Beyond Borders: Turkey Edition, Everybody’s Guide To Affordable, World Class Medical Tourism”, *Healthy Travel Media*.
16. Yılmaz,C., (2010), “ Medikal Turizm Araştırması: Birinci Bölüm, Ekim-Aralık 2010, Sağlık Bakanlığı, www.tuyev.org/yayinlarimiz/SB.pdf, 01.09.2011.

17. Yigit,V., Tengilimoglu, D., Kisa,A., Younis, M.Z., (2007), “ Outsourcing And Its Implications For Hospital Organizations İn Turkey”, Journal of Health Care Finance/ Summer 2007,33 (4), pp 86-92.

18. Websites:

1. <http://www.healthinturkey.org/en-EN/tourism-environment/34.aspx>
2. <http://www.healthinturkey.org/en-EN/Price.aspx>,19.08.2011
3. Medical Tourism associations, (2010), Medical Tourism FAQs, www.medicaltourismassociation.com/medical-tourism-faq-s.html, 25 July, 2011).
4. Health tourism Journal, April 2009, TUSIAD-DEIK Health Tourism Report,” The economic dimension and other effects of medical tourism in terms of Turkey”.
5. www.healthtourism.com/turkey-medical-tourism,25.08.2011/
6. www.health-tourism.com,02.08.2011).
7. www.health-tourism.com/turkey-medical-tourism,02.08.2011.
8. <http://www.healthinturkey.org/en-EN/kayseri/69.aspx>, 15.08.2011
9. (www.patientbeyondborders.com, 01.09.2011)
10. www.ohsad.com.tr, 14.08.2011).
11. (www.ohsad.com.tr,07.08.2011).
12. www.ohsad.com.tr,09.08.2011).
13. www.ohsad.com.tr,08.08.2011).
14. Journey to JCI, 2011 www.jointcommisionalinternational.com, 02.08.2011.
15. www.health-tourism.com/destinations/, 02/08/2011).
16. www.saglik.gov.tr, (July-August 2011)
17. <http://www.saglik.gov.tr/EN/ana-sayfa/2-0/20110905.html>, (July-August 2011)
18. http://en.wikipedia.org/wiki/Medical_tourism, 02.11.2011.

Appendix: JCI Institutions Specifications and JCI Accredited Info of Turkish

Program	Name of the institution	Accr. Date
Ambulatory Care	Yeditepe University Faculty of Dentistry (Goztepe-balmumcu-İstanbul) www.7tepedis.com	First Accr.: 30 May 2009
Clinical Laboratory	Çukurova University Medical Faculty (Adana) www.cu.edu.tr	First Accr: 20 Oct,2006 Re-accr: 2 april,2010
Clinical Laboratory	Turk Kızılayı Ege Bolge Kan Merkezi (Bayraklı/İzmir)	First Accr.: 29 January 2011
Clinical	Turk Kızılayı Orta Anadolu Bolge Kan	First Accr: 29 June, 2007

Laboratory	Merkezi (Ankara) www.oakbm.org	Re-accr: 11 June 2011
Hospital	Acibadem Adana Hospital	First:25 Sept 2010
Hospital	Acibadem Bakirköy Hospital	First: 5 Febr, 2005 Last: 29 March 2008
Hospital	Acibadem Bursa HospitalQQ	First: 5 July 2008 Last: 5 July 2011
Hospital	Acibadem Kadiköy Hospital	First: 5 Febr, 2005 Last: 4 April, 2008
Hospital	Acibadem Kocaeli hospitalQQ	First: 17 July 2008 Last: 18 July 2011
Hospital	Acibadem Kozyatağı Hospital İstanbul	First: 5 Febr, 2005 Last: 11 April 2008
Hospital	Acibadem Maslak Hospital İstanbul	First: 2 Oct,2010
Hospital	Alman Hastanesi- Deutsches Krankenhaus İstanbul	First: 3 June, 2006 Last:20 Nov 2009
Hospital	American Hospital, A.S. (Formerly Vehbi Koc Foundation American Hospital)İstanbul	First: 15 Dec,2002 Last: 12 July,2009
Hospital	Anadolu Medical Center (previously Anadolu saglık Merkezi)	First: 17 Febr,2007 Last: 27 Febr, 2010
Hospital	Ankara Guven hospital	First: 1 March, 2008 Last: 26 March 2011
Hospital	Antalya Hospital-medical park heath care Group	First : 6 Dec,2008
Hospital	Bahcelievler Hospital medical park health care Group İstanbul	First: 14 Nov,2008
Hospital	Bayindir hospital Ankara	First: 15 July 2006 Last: 24 Oct,2009
Hospital	BSK Metropark hospital Adana	First: 5 March, 2010
Hospital	Bursa Hospital medical park health care Group	First: 8 Nov,2008
Hospital	Dünya-Eye hospital İstanbul	First: 19 July 2006 Last: 10 Sept, 2009
Hospital	Ege Saglık Hastanesi İzmir	First: 14 July 2006 Last: 13 July,2011
Hospital	Gayrettepe Florence Nightangale Hospital Gayrettepe-İstanbul	First: 26 June 2003 Last: 19 June 2009
Hospital	Goztepe Hospital Medical park health Care Group İstanbul	First: 22 Nov,2008
Hospital	Hacettepe University-Adult Hospital Ankara	First: 14 Sept, 2007 Last:22 Jan,2011
Hospital	Hisar Intercontinental Hospital İstanbul	First: 20 Jan, 2007 Last: 20 Febr,2010
Hospital	HRS Ankara Kadin Hastalıkları doğum Hastanesi	First: 10 Oct,2010

	Ankara	
Hospital	International Hospital (Acibademi HealthcareGroup) Yeşilköy, İstanbul	First:11 June 2008
Hospital	Kadıköy Florence nightingale Hospital Kadıköy, İstanbul	First: 12 June 2009
Hospital	Kent Health Group İzmir	First: 10 June, 2006 Last:12 Sept, 2009
Hospital	Medicana International Ankara hospital Ankara	First: 27 Febr.,2010
Hospital	Medicana International Istanbul Hospital	First:20 Febr,2010
Hospital	Memorial Şişli Hospital	First: 29 March,2002 Last: 28 May 2011
Hospital	Ortopedia Hospital Adana	First: 15 Jan.,2010
Hospital	Ozel Medicana hospitals Bahçelievler İstanbul	First: 22 May 2008
Hospital	Ozel Medicana hospitals Camlıca, İstanbul	First: 27 oct,2007 Last: 9 Oct.2010
Hospital	Ozel Pendik bolge hospital Pendik-İstanbul	First: 10 June 2010
Hospital	Sema Hastanesi Maltepe,istanbul	First: 19 Dec,2008
Hospital	Sifa Universitesi Bornova Sağlık Uygulama ve Arastırma merkezi İzmir	First: 25 March,2011
Hospital	Sisli Florence Nightingale Hospital İstanbul	First: 17 Apr.,2004 Last: 14 May 2010
Hospital	TDV Ozel 29 Mayıs Hastanesi Ankara	First acr.: 14 Aug,2009
Hospital	TOBB ETU Hastanesi Ankara	First acr: 1 July 2006 Re accr: 12 Jan.,2010
Hospital	Uludağ Universitesi Sağlık Kuruluşları Bursa	First Accr : 15 Dec,2007
Hospital	Yeditepe University hospital İstanbul	First accr. : 2 Nov.,2007 Re acct: 23 Oct. 2010