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Evaluation of Health Tourism Awareness of Employess in the Tourism Industry: The Case of Kayseri*

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Abstract

The perception of the knowledge and experiences of employees in tourism businesses regarding health tourism as an important attraction factor necessitates research not only for health businesses but also for tourism businesses to increase awareness of health tourism among their employees. This research aims to reveal the awareness of health tourism among tourism businesses such as accommodation, food and beverage and travel agencies employees in the example of Kayseri, to create knowledge accumulation for the relevant literature, and to provide recommendations for service quality improvement and creating more attractiveness for sector representatives. In this context, the data obtained from 224 participants working in all components of tourism businesses in Kayseri using the survey method were analyzed in line with the purpose of the research within the quantitative research methods. Some conclusions were drawn, and recommendations for health tourism destinations were made based on the example of Kayseri. It was found that the increase in the level of education of the employees progressed in parallel with the awareness of health tourism. In addition, it has been observed that foreign language education is necessary simultaneously with foreign promotion and marketing activities in order for destinations to stand out in terms of preferability. On the other hand, it was determined that young people, who were found to lack sufficient knowledge especially in terms of awareness, should be trained in different subjects related to the subject as future tourism professionals.

Keywords: Awareness, Health Tourism, Tourism Industry, Kayseri.

Jel Code: Z32, Z320, Z33, Z330

Turizm Sektöründe Çalışanların Sağlık Turizmi Farkındalığının Değerlendirilmesi: Kayseri Örneği

Öz

Turizm işletmelerinde çalışanların sağlık turizmiyle ilgili sahip oldukları bilgi ve deneyimlerin önemli bir çekicilik unsuru olarak görülmesi, sadece sağlık işletmeleri değil aynı zamanda turizm işletmeleri çalışanlarınında sağlık turizmi ile ilgili farkındalıklarına yönelik araştırmaları gerekli kılmaktadır. Bu çalışmada, turizm işletmeleri çalışanlarının sağlık turizmi farkındalıklarının Kayseri örneğinde ortaya konması, ilgili literatüre yönelik bilgi birikiminin oluşturulması ve sektör temsilcilerine yönelik hizmet kalitesi ve daha fazla çekicilik unsuru oluşturulması bakımından önerilerin sunulması amaçlanmaktadır. Bu doğrultuda, Kayseri'deki turizm işletmelerini oluşturan bütün bileşenlerde çalışan 224 katılımcıdan anket yönteminden yararlanılarak elde edilen veriler, nicel Araştırma yöntemleri dâhilinde araştırmanın amacı doğrultusunda analiz edilmiştir. Kayseri örneğinde birtakım çıkarımlar elde edilmiş ve sağlık turizmi destinasyonlarına ilişkin öneriler sunulmuştur. Çalışanlarda eğitim seviyesinin artmasının sağlık turizmi farkındalığı ile paralel bir şekilde ilerdiği saptanmıştır. Ayrıca destinasyonların tercih edilebilirlik açısından ön plana çıkabilmeleri için yurt dışı tanıtım ve pazarlama faaliyetleri ile eş zamanlı olarak yabancı dil eğitiminin gerekli olduğu görülmüştür. Diğer yandan özellikle farkındalık bakımından yeterli bilgiye sahip olmadığı tespit edilen gençlerin geleceğin turizmcileri olarak konuyla ilgili farklı konularda eğitime tabi tutulmaları gerektiği tespit edilmiştir.

Anahtar Kelimeler: Farkındalık, Sağlık Turizmi, Turizm Sektörü, Kayseri.

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1. Introduction

Today, the tendency of individuals to move away from mass tourism and towards different tourism activities has led to alternative tourism (Şeyhanlıoğlu & Kıngır, 2021). In this context, they tend to travel for health purposes in line with intrinsic motivation factors, which include leisure time and health-related needs (Wachyuni & Kusumaningrum, 2020). Changes in healthcare services have altered individuals' perspectives on treatment methods. Therefore, the mobility created by individuals traveling to access healthcare services is considered a driving force behind the formation of health tourism. Additionally, recent developments in health tourism have reached a level where they influence the economic and political decisions of countries, making the health tourism sector a subject of curiosity and prompting numerous researchers to focus on the topic (Akın, 2021). Therefore, in parallel with the demand for health tourism, research on health tourism is increasing day by day (Smith & Puczkó, 2015).

The increase in the global population, the rise in the standard of living, and the gradual increase in the elderly population lead to an increase in healthcare costs in one's own country and a decrease in affordability. For this reason, individuals travel to other countries in order to receive less costly and higher quality services more abundantly compared to their own countries (Haleem, Javaid, Singh & Suman, 2021). Alongside the trips individuals make for medical treatment, the importance of health tourism continues to grow. Health tourism, especially in recent years, has been perceived as a political concept by countries, allowing for significant investments. In this regard, health tourism is defined as an important international trade industry where countries, destinations, and service providers compete, offering high added value and witnessing considerable expenditures worldwide every year (Zsarnoczky, 2018; Riddersstaat & Singh, 2020; Tengilimoğlu, 2020).

In addition to having a definite health tourism profile in health tourism, infrastructure facilities are important in terms of making destinations the most popular and preferred health tourism destinations (Jónás-Berki et a., 2015). Kayseri, which is examined within the scope of the research, is one of the destinations that has an important vision in health tourism as well as in alternative tourism activities such as winter tourism and cultural tourism. Kayseri has touristic attractions such as having opportunities in terms of transportation due to its location, having an active and large airport, having alternative tourism resources such as Erciyes Mountain, Soğanlı Valley, Kültepe Kaniş Karum, Zamantı River, and being close to tourism destinations such as Cappadocia. On the other hand, in addition to health facilities such as state and public hospitals, private hospitals, dental polyclinics, beauty and aesthetic clinics (Bayram & Akkülah, 2020), the fact that the majority of these facilities have health tourism authorization certificates and are accredited by various organizations shows the infrastructure and attractiveness of Kayseri in terms of health. Therefore, Kayseri is an important destination that carries out activities to become a health tourism destination with its public institutions and organizations, non-governmental organizations and private subsidiaries. In this context, in addition to conducting effective and accurate promotion and marketing activities on the basis of health tourism, it is important to ensure that tourist satisfaction is achieved.

One of the most important factors in terms of preference in health tourism is that healthcare workers have the necessary equipment and knowledge. Having the necessary infrastructure for foreign patients contributes significantly to country promotion and enhances satisfaction with the health tourism experience (Acar & Turan, 2016). From this perspective, the awareness of tourism industry employees about health tourism is

crucial for providing this service. The aim of this research is to determine the perspectives and awareness of tourism industry employees regarding the evolving field of health tourism. It is thought that the research will reveal the role and characteristics of health tourism as a type of tourism in general tourism and contribute to the literature by determining the importance of health tourism with the emphasis made. In addition, the importance of this research reveals the importance of revealing the qualities of infrastructure as an important tool in global promotion and marketing activities for health tourism practitioners as well as future researchers and the inferences to be drawn to ensure the satisfaction of health tourists with more spending potential. On the other hand, unlike other researches in the literature, this study is considered to be important in terms of revealing the awareness of the employees of tourism enterprises operating in Kayseri province towards health tourism. It is believed that the research will reveal the role and characteristics of health tourism within the broader tourism context, contribute to the literature by emphasizing the importance of health tourism, and shed light on the awareness of tourism industry employees in Kayseri, which is different from other studies. Finally, the findings and recommendations generated from this research are considered important for identifying strategies for the development of health tourism and guiding stakeholders and future research endeavors.

2. Conceptual Framework

2.2. Health Tourism

According to the World Health Organization, health is defined as "not merely the absence of disease or infirmity, but a state of complete physical, mental, and social well-being" (WHO, 2020). Therefore, the concept of health tourism, which holds a significant market share in both developed and developing countries and contributes economically, is frequently heard of today. From this perspective, health tourism can be defined as a type of tourism that encompasses developed medical and healthy living activities aimed at improving and maintaining physical, mental, and emotional well-being (Jiang, Wu, & Song, 2022). According to the definition provided by the Ministry of Health, health tourism refers to all travel undertaken with the aim of receiving treatment within a predetermined program (Acar & Turan, 2016). As seen in the definitions of health tourism, health-related travels are made for various purposes. In addition to these purposes, when evaluated in terms of methods, health-related travels are categorized into three main types: thermal tourism, medical tourism, and elderly and disabled tourism (Dağlı, 2021).

Thermal tourism refers to treatment practices applied by healthcare personnel in thermal spring centers with the aim of improving specific conditions in the post-treatment period of diseases (Ministry of Health, 2014). Examples of thermal tourism treatments include inhalation, water vapor, mineral water, water therapy, aquatic therapy, bathing, physiotherapy, mud baths (Ranjit, 2022). Türkiye ranks seventh globally and third in Europe in terms of the richness of geothermal resources and the temperatures, chemical properties, and flows of these waters, with over 1,500 geothermal water sources (Erdoğan & Aklanoğlu, 2008). According to a study conducted by the General Directorate of Mineral Research and Exploration (MTA) in 2014, 227 geothermal sources were discovered in Türkiye (Ministry of Energy and Natural Resources, 2014). This indicates Türkiye's significant potential in terms of thermal tourism.

Medical tourism refers to the travel of a person with the aim of receiving more qualified and full-fledged service outside the region of residence according to health-related problems or needs (Turski et al., 2021). Developing countries, along with developed ones, are experiencing significant demand for health tourism

today. One of the main reasons for this is that developing countries can provide these treatment services at lower costs compared to developed countries (Dağlı, 2021). The main factors contributing to the development of medical tourism are as follows (Connel, 2011):

- High-priced insurance and healthcare practices in developed countries,
- Utilizing price advantages through improved transportation facilities,
- The ease provided by technology and the desire of patients to receive treatment as soon as possible,
- Increasing elderly population, growing interest in aesthetic operations, and the opportunity to have a vacation while undergoing treatment.

Elderly and disabled tourism involves participation in practices carried out by certified healthcare professionals in geriatric treatment centers, care homes, and guesthouses for elderly or disabled individuals to receive treatment (Ministry of Health, 2014). In this context, it is expected that not only receiving healthcare services but also an active lifestyle with activities such as travel and entertainment will increase the total benefit (Quia et al., 2022). According to a United Nations report, there are approximately half a billion disabled individuals worldwide, with around nine million in Türkiye (Çabuk, 2023). Therefore, designing nursing homes, hotels, and retirement homes used for treatment purposes in elderly and disabled tourism in a way that individuals can easily utilize them offers significant potential for this type of tourism and enhances the process (Gülmez, 2012).

2.3. Health Tourism in the World

Health tourism has been of great importance to economies since the 1950s due to its contributions. The integration of health and tourism and investments in health tourism provide an opportunity to develop a more competitive destination for developing countries (Phuthong, 2021). Economically, it plays a significant role in countries' gross domestic product (GDP) by creating employment, professional diversity, investment incentives, and balancing foreign trade. Because health tourism is one of the sectors that provides the highest return due to treatment costs and long accommodation periods (Büyüksırıt, 2023), although the number of health tourists is generally much lower compared to mass tourists (Noree, 2015).

Considering that health tourism activities are currently being carried out in more than 100 destinations around the world (Liu et al., 2024), it can be said that the global impact of health tourism will be very large. For example, while it is estimated that 500 million people worldwide have cross-border mobility for health tourism, the size of the global health tourism market, which is 44.8 billion dollars, is expected to be even higher in the coming years (Grand View Research, 2020; Tontuş, 2020; Ağazade & Ergün, 2023). Therefore, it can be said that health tourism will be a source of employment as well as a serious source of income, especially for developing countries, and will pave the way for gaining a significant competitive advantage.

2.4. Health Tourism in Türkiye

Health tourism in Türkiye began to take shape between 1990 and 2000, and in the subsequent years, it was included in the 2010–2014 strategic action plan with the awareness created in both the public and private sectors and civil society organizations. Subsequently, the first existing publication on health tourism in Türkiye was published in 2011, and with the inclusion of health tourism in the government policy of the Ministry of Health's 2023 vision, it began to gain significant importance (Bulut & Şengül, 2019). With its

geopolitical position and rich underground resources, Türkiye is becoming increasingly preferable in terms of health tourism.

Therefore, Türkiye has significant factors supporting its potential in health tourism. In line with this potential, Türkiye ranks fifth among countries prominent in health tourism, alongside India and Thailand. According to the Health Tourism Development Council, an indicator of these positive results is Türkiye's taking significant steps in health tourism services by implementing effective policies. Publicly supported policies implemented after 2010 and strategic action plans implemented between 2013 and 2017 are seen as the most important factors in improving health tourism (Yıldırım, 2021). Türkiye's total health expenditures in 2021 increased by approximately 42% compared to 2020, reaching close to 355 billion TL. General state health expenditures increased by 42% to 281 billion TL. Finally, private sector health expenditures were recorded at approximately 74 billion TL, with an increase of 40% (TUIK, 2021). In 2022, compared to the previous year, total health expenditures increased by approximately 72% to 606 billion TL, general state health expenditures increased by 66% to 464 billion TL, and private health expenditures increased by approximately 95% to 144 billion TL (TUIK, 2023).

In addition to the conceptual framework presented on the subject, a literature review was conducted on health tourism awareness. Acar & Turan (2016) conducted studies on awareness of health tourism through the perspective of healthcare workers in a public hospital located in Kırşehir. It was observed that the awareness of health tourism in Kırşehir varies according to demographic variables, and employees evaluate health tourism activities based on the hospital they work for. In their study, Dökme, Yağar, & Parlayan (2018) aimed to determine the awareness levels of healthcare workers regarding health tourism. As a result, it was found that healthcare workers have a high level of awareness of health tourism and sufficient knowledge on the subject. İpek, Batmaz, & Ayyıldız (2023) aimed to determine the awareness of tourism stakeholders regarding health tourism and evaluate their perspectives on health tourism. It was found that health tourism was only evaluated through the concepts of thermal and medical tourism, and the awareness of health tourism in Kuşadası was found to be lacking according to the study results. Finally, it was recommended in the study that the existing potential for health tourism in Kuşadası be developed through more conscious investments, further education, and practices involving all stakeholders.

Erenoğlu Aksoy (2023) conducted a study to determine the awareness of health tourism among A-group travel agencies and 5-star hotel businesses operating in Kuşadası. It was found that the awareness of health tourism is high among travel agencies with health tourism authorization and those without authorization, while the awareness of health tourism among A-group travel agencies is at a moderate level. Yıldız, Aydın, Gökçay, Kızılarslan & Yaman (2023) aimed to examine the impact of intercultural sensitivity and ethnocentrism on nurses' awareness of health tourism. According to the research results, it was determined that as nurses' levels of intercultural sensitivity and ethnocentrism increase, their awareness of health tourism also increases.

Yoshida & Chotchaicharin (2019) examined Thailand's health behavior and brand awareness. In their research, Yoshida & Chotchaicharin (2019) suggested that although the brand awareness of Japanese tourists regarding health tourism is high, service providers should plan together to increase the awareness of Thailand's health tourism brand, and health tourism awareness activities should be carried out. The research by D'Souza & Pinto (2023) in 21 hospitals in Mangalore, India aimed to reveal the health tourism awareness of healthcare professionals. According to the findings, it was seen that the employees have a satisfactory level of awareness

about providing quality service to health tourists and this situation can be used in promotional activities to increase attractiveness. Rastegar, Sarokhani & Hashemi (2018), in their research on the use of media diplomacy on the basis of Iran to create international awareness in health tourism, concluded that health tourism businesses can get more share from the global market with media diplomacy and emphasized that all organizations related to health tourism should conduct media diplomacy to have international awareness.

In conclusion, based on the information provided, a framework has been established for research aimed at determining the awareness of health tourism among employees of tourism businesses, especially those interacting with health tourists. Drawing on the relevant literature, the research problem has been formulated into a hypothesis, with sub-hypotheses developed based on demographic variables (Acar & Turan, 2016; Yoshida & Chotchaicharin, 2019; Arkın & Salha, 2023; İpek, Batmaz & Ayyıldız, 2023; Öztürk, Aydın & Sert, 2023).

$H_{1:}$ The awareness of health tourism among tourism business employees varies according to their genders.

$H_{2:}$ The awareness of health tourism among tourism business employees varies according to their marital statuses.

$H_{3:}$ The awareness of health tourism among tourism business employees varies according to their ages.

$H_{4:}$ The awareness of health tourism among tourism business employees varies according to their departments.

$H_{5:}$ The awareness of health tourism among tourism business employees varies according to their income statuses.

$H_{6:}$ The awareness of health tourism among tourism business employees varies according to their educat statuses.

$H_{7:}$ The awareness of health tourism among tourism business employees varies according to their positions.

$H_{8:}$ The awareness of health tourism among tourism business employees varies according to their length of service.

3. Methodology

In this research, conducted within the context of tourism employees in Kayseri, the research scope has been determined based on health tourism awareness. The fundamental problem of this research is to determine the health tourism awareness of tourism employees in the Kayseri context and to make inferences for destinations. Based on the research problem, the aim of this research is to reveal the health tourism awareness of tourism employees in Kayseri. Additionally, another aim of the research is to highlight the role and importance of health tourism within the tourism sector. The fact that the research is approached from the perspective of Kayseri adds an original quality compared to other studies. Lastly, it is believed that the findings and recommendations derived from the research are important in terms of determining some strategies for the development of health tourism and guiding both stakeholders and future studies.

For data collection in the research, a questionnaire consisting of two parts was used. The first part of the questionnaire, which received ethical approval from the ethics committee with the decision dated 22/11/2023 and numbered 459 of Erciyes University, consists of a personal information form prepared to determine the demographic characteristics of the participants. The second part of the questionnaire, which aimed to

determine the health tourism awareness of the participants, was taken from the "Health Tourism Awareness Scale" developed by Dağlı (2021) and finalized by Yaba (2022) in their study. Originally consisting of 22 statements and 4 sub-dimensions including awareness, institutional competence, effects of health tourism, and image, the statement "I will continue to work in the field of health tourism after graduation." was developed for student samples, and it was excluded from the scale due to not being suitable for the sample group of the research. Therefore, the research was conducted based on 21 statements. The ethics committee permission document required for the collection of research data was obtained from the Erciyes University Social and Human Sciences Ethics Committee with decision number 459 and dated 28/11/2023. The convenience sampling method was used in the research. The reason for adopting this method is to ensure the participation of all employees who could be included in the research at the time of the questionnaire administration. Since the convenience sampling method provides advantages in terms of both time and cost to the researcher (Kalaycı, 2009), this method was preferred.

The population of the study consists of employees of tourism businesses such as accommodation, food and beverage and travel agencies operating in Kayseri province. The sample of the research consisted of 224 employees whose data from these businesses was considered acceptable. The questionnaires were distributed to businesses between 20/11/2023-20/01/2024, and after being filled out, they were collected in the same manner. The research questionnaire was presented to all employees without considering departmental differences. At the end of the data collection process, a total of 224 questionnaires were evaluated. In the scope of the research, without conducting population and sample calculations, the principle was adopted that the collected data indicate a sufficient sample size when it is 5-10 times the number of items in the scale (Tavşancıl, 2002; Shultz & Whitney, 2005; Hair vd., 2010; Gürbüz & Şahin, 2015). Therefore, considering that the research sample is approximately 10.6 times the number of scale items, the number of questionnaires obtained was considered sufficient to continue the research with a total of 224 data points. In the research, a 5-point Likert scale was used to collect participants' responses to the scale questions. The scale includes statements such as 5-Strongly Agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree. Finally, in the data obtained from the participants, variables with low frequency values were regrouped. Within the scope of the research, descriptive statistics were used to classify the data obtained and reveal the distributions, as well as T-test and variance analysis to test the difference hypotheses.

4. Findings

The most important factor in achieving success in a research is the correct planning of the research design and the adoption of appropriate analysis methods to achieve the research objective. In this context, in this research, primarily, tests for normality distribution, frequency analysis to determine participants' demographic characteristics, reliability analysis, difference analyses, and Tukey test for identifying the group with differences among differentiating sub-dimensions were conducted. Skewness and kurtosis coefficients were considered to be distributed between the values of 2.0 and +2.0 to determine whether the research data show normal distribution (Ryı, 2011; Chemingui & Ben Lallouna, 2013). In this research, it was determined that the skewness (-1.163 / 0.037) and kurtosis (-1.073 / 0.647) values show normal distribution. Cronbach's Alpha coefficients were calculated to test the reliability of the scale, and it was found that the reliability was at a sufficient level both in the entire scale (α=0.880) and in the dimensions (awareness: α=0.864; institutional competence: α=0.721; image: α=0.654; effects of health tourism α=0.648) (Kalaycı, 2009).

Table 1: Findings Regarding the Demographic Characteristics of the Participants

Demographic Characteristics	Variables	n	%
Gender	Female	97	43,3
	Male	127	56,7
Marial status	Married	87	38,8
	Single	137	61,2
Age	25 and below	60	26,8
	26-35	110	49,1
	36-45	44	19,6
	46 and above	10	4,5
Department	Front Office	72	32,1
	Housekeeping	24	10,7
	Food&Beverage	38	17
	Travel Agency	52	23,2
	Other	38	17
Income status	Less Than Minimum Wage	16	7,1
	Minimum Wage	119	53,1
	More Than Minimum Wage	89	39,7
Education status	Primary School	6	2,7
	High School	58	25,9
	Associate Degree	74	33
	Bachelor's Degree	77	34,4
	Master's Degree	9	4
Position	Employee	172	76,8
	Manager	38	17
	Top-level Manager	5	2,2
	Other	9	4
Length of service	Less than 1 year	38	17
	1-4 years	95	42,4
	5-8 years	50	22,3
	9-12 years	26	11,6
	13 years and above	15	6,7
	Total	**224**	**100**

In the frequency analysis regarding participants' demographic characteristics, when Table 1 is examined, it is observed that the majority of participants are in the age range of 26-35 (%49.1), male (%56.7), and single (%61.2). Additionally, it is found that the general majority of participants consist of individuals with

minimum wage (%53.1), working in the front office department (%32.1), in an employee position (%76.8), with a length of service of 1-4 years (%42.4), and graduates (%34.4) from undergraduate programs.

Table 2: Findings Regarding Participants' Health Tourism Awareness Levels

Sub-dimensions	Min.	Max.	Mean	Standard deviation
Awareness	1,00	5,00	3,40	0,843
Corporate Competence	1,00	5,00	3,70	0,888
Image	1,00	5,00	3,28	0,752
Effects of Health Tourism	1,00	5,00	3,38	0,849

When looking at the findings obtained to reveal the levels of health tourism awareness among the participants, it is observed that all dimensions have values above the average. Additionally, it can be seen that the corporate competence and awareness dimensions are relatively higher compared to the image and the effects of the health tourism dimension. When the averages of these dimensions are examined, it is possible to say that the corporate competence dimension ($\bar{X}$=3.70) has the highest average, while the image dimension ($\bar{X}$=3.28) has the lowest average (see Table 2).

Table 3: T-test Results According to Gender, Marital Status, Ages of Participants

Sub-dimensions	Gender	n	Mean	Standard deviation	t value	Degrees of Freedom	p
Awareness	Female	97	3,34	0,849	-1,034	205,617	0,757
	Male	127	3,46	0,839			
Corporate Competence	Female	97	3,32	0,748	0,635	207,964	0,671
	Male	127	3,25	0,757			
Image	Female	97	3,34	0,823	-0,615	212,077	0,691
	Male	127	3,41	0,870			
Effects of Health Tourism	Female	97	3,73	0,841	0,473	215,247	0,473
	Male	127	3,68	0,925			
Sub-dimensions	**Marital status**	**n**	**Mean**	**Standard deviation**	**t value**	**Degrees of Freedom**	**p**
Awareness*	Married	87	3,37	0,944	-0,439	157,321	0,025
	Single	137	3,42	0,776			
Corporate Competence	Married	87	3,30	0,725	0,226	191,569	0,587
	Single	137	3,27	0,771			
Image	Married	87	3,38	0,808	0,073	194,126	0,101
	Single	137	3,37	0,877			
Effects of Health Tourism	Married	87	3,55	0,952	-1,988	165,440	0,171
	Single	137	3,79	0,934			

Table 3 (continue): T-test Results According to Gender, Marital Status, Ages of Participants

Sub-dimensions	**Ages**	**n**	**Mean**	**Standard deviation**	**F value**	**p**
Awareness	25 and below	60	3,26	0,865	1,443	0,231
	26-35	110	3,48	0,827		
	36-45	44	3,33	0,848		
	46 and above	10	3,71	0,816		
Corporate Competence*	25 and below	60	3,12	0,776	1,316	0,045
	26-35	110	3,34	0,764		
	36-45	44	3,34	0,662		
	46 and above **	10	4,20	0,801		
Image	25 and below	60	3,23	0,871	1,353	0,258
	26-35	110	3,38	0,910		
	36-45	44	3,52	0,651		
	46 and above	10	3,65	0,709		
Effects of Health Tourism	25 and below	60	3,74	0,976	0,235	0,872
	26-35	110	3,65	0,856		
	36-45	44	3,77	0,885		
	46 and above	10	3,70	0,788		

N: 224; %95 confidence interval; p<0,05 significance level; *distinguishing factors, **varying variables.

Table 3 presents the results of the T-test conducted to examine the perception of participants' awareness of health tourism. According to the results of the T-test, it is observed that there is no significant difference in awareness, corporate competence, image, and the effects of health tourism based on gender ($p>0.05$). Based on the mean responses provided by the participants to the survey questions, it is also evident that there is no significant difference in awareness, corporate competence, and image dimensions between female and male participants. Additionally, although the effects of health tourism ($\bar{X}=3.73$; $\bar{X}=3.68$) are observed to be relatively higher in participants' perceptions of health tourism compared to the other three dimensions, this difference is not significant enough to constitute a distinction between perceptions. Therefore, based on these results, the H_1 hypothesis is rejected.

Table 3 also presents the results of the T-test conducted to measure participants' perceptions of health tourism according to their marital status. According to the analysis results, it is understood that the dimensions of institutional adequacy, image, and the effects of health tourism do not show a significant difference according to participants' marital status ($p>0.05$), while the dimension of awareness shows a significant difference ($p<0.05$). When looking at the averages of the responses to the survey questions, it is observed that the dimensions of institutional adequacy ($\bar{X}=3.30$; $\bar{X}=3.27$) and image ($\bar{X}=3.38$; $\bar{X}=3.37$) are at a lower level compared to the dimension of the effects of health tourism ($\bar{X}=3.55$; $\bar{X}=3.79$). Therefore, it can be seen that the perceptions of institutional adequacy and image dimensions by single and married participants are at a similar level, lower than the dimension of the effects of health tourism. Based on these results, the H_2 hypothesis is accepted.

The results of the analysis of variance conducted to determine whether there is differentiation in perceptions of health tourism among participants based on age are presented in Table 3. Upon examination of the results, it is observed that awareness, image, and the effects of health tourism do not show a significant difference according to age factor ($p>0.05$). However, it has been determined that there is a significant difference in the dimension of institutional competence according to the age factor ($p<0.05$). Additionally, it can be stated that participants aged 46 and above find the dimension of institutional competence more significant compared to other age groups ($\bar{X}=4.20$). When looking at the scale questions related to institutional competence, factors such as "quality of healthcare services," "specialized personnel in health tourism," "the more demanding nature of the health tourism sector," and "practices posing a threat in health tourism" are perceived to provide advantages to the health tourism sector, especially by participants aged 46 and above. Based on these results, Hypothesis H_3 is accepted.

Table 4: Variance Analysis Results According to Participants' Departments and Income

Sub-dimensions	Departments	n	Mean	Standard deviation	F value	p
Awareness*	Front Office	72	3,47	0,900	2,583	0,038
	Housekeeping**	24	2,95	1,063		
	Food&Beverage	38	3,62	0,898		
	Travel Agency	52	3,42	0,633		
	Other	38	3,34	0,692		
Corporate Competence	Front Office	72	3,26	0,893	0,691	0,599
	Housekeeping	24	3,08	0,540		
	Food&Beverage	38	3,40	0,682		
	Travel Agency	52	3,29	0,655		
	Other	38	3,31	0,772		
Image	Front Office	72	3,49	0,911	1,842	0,122
	Housekeeping	24	3,09	0,674		
	Food&Beverage	38	3,57	0,770		
	Travel Agency	52	3,25	0,797		
	Other	38	3,33	0,928		
Effects of Health Tourism	Front Office	72	3,79	0,940	1,465	0,214
	Housekeeping	24	3,52	0,800		
	Food&Beverage	38	3,85	0,779		
	Travel Agency	52	3,72	0,904		
	Other	38	3,46	0,895		

Table 4 (continue): Variance Analysis Results According to Participants' Departments and Income

Sub-dimensions	**Income status**	**n**	**Mean**	**Standard deviation**	**F value**	**p**
Awareness	Less Than Minimum Wage	16	3,52	0,608	1,301	0,274
	Minimum Wage	119	3,32	0,880		
	More Than Minimum Wage	89	3,50	0,925		
Corporate Competence	Less Than Minimum Wage	16	3,41	0,772	0,591	0,555
	Minimum Wage	119	3,23	0,719		
	More Than Minimum Wage	89	3,32	0,794		
Image*	**Less Than Minimum Wage****	16	2,64	0,836	1,152	0,031
	Minimum Wage	119	3,32	0,842		
	More Than Minimum Wage	89	3,48	0,860		
Effects of Health Tourism	Less Than Minimum Wage	16	3,71	0,912	0,373	0,689
	Minimum Wage	119	3,74	0,873		
	More Than Minimum Wage	89	3,64	0,910		

N: 224; %95 confidence interval; p<0,05 significance level; *distinguishing factors, **varying variables.

The results of the variance analysis conducted to determine whether there are differences in perceptions based on the department where the participants length of service are presented in Table 4. According to these results, it is concluded that there is no significant difference in the dimensions of corporate competence, image, and the effects of health tourism based on the department where the participants length of service ($p>0.05$). However, it is observed that the dimension of awareness significantly varies according to the department ($p<0.05$). When looking at the scale questions in this dimension, it is found that individuals working in the "housekeeping" department generally have less knowledge about health tourism, equipment, competence, and developments ($\bar{X}=2.95$). Based on the analysis results, it is possible to say that Hypothesis 4 is accepted.

The results of the variance analyse assess participants' perceptions of health tourism awareness based on their income status are also presented in Table 4. According to this, there is no significant difference in participants' health tourism awareness in terms of awareness, corporate competence, and the effects of health tourism dimensions ($p>0.05$). However, it is observed that the dimension of the image significantly varies according to the participants' income status ($p<0.05$). Additionally, when considering the scale questions related to the image dimension, it can be said that the level of knowledge about factors such as "reasons for foreigners preferring our country in health tourism," "countries that most prefer our country in health tourism," "technological developments in health tourism," and "competence of accommodation facilities in health tourism" is lower in participants earning "less than minimum wage" compared to other income statuses. Based on the analysis results, it is possible to say that Hypothesis 5 is accepted.

Table 5: Analysis of Variance Results According to the Education Status and Position in the Business of the Participants

Sub-dimensions	Education status	n	Mean	Standard deviation	F value	p
Awareness*	**Primary School****	6	2,31	0,946	4,114	0,003
	High School	58	3,31	0,847		
	Associate Degree	74	3,50	0,802		
	Bachelor's Degree	77	3,40	0,832		
	Master's Degree	9	3,96	0,577		
Corporate Competence	Primary School	6	3,88	0,512	1,402	0,234
	High School	58	3,33	0,635		
	Associate Degree	74	3,39	0,797		
	Bachelor's Degree	77	3,21	0,785		
	Master's Degree	9	3,98	0,826		
Image	Primary School	6	3,29	0,797	1,468	0,213
	High School	58	3,21	0,718		
	Associate Degree	74	3,56	0,829		
	Bachelor's Degree	77	3,35	0,937		
	Master's Degree	9	3,27	0,947		
Effects of Health Tourism	Primary School	6	3,66	0,983	0,186	0,946
	High School	58	3,67	0,845		
	Associate Degree	74	3,70	0,906		
	Bachelor's Degree	77	3,69	0,918		
	Master's Degree	9	3,94	0,845		
Sub-dimensions	**Position**	**n**	**Mean**	**Standard deviation**	**F value**	**p**
Awareness*	Employee	172	3,34	0,856	2,035	0,037
	Manager	38	3,64	0,792		
	Top-level Manager	5	3,93	0,585		
	Other**	9	2,74	0,749		
Corporate Competence	Employee	172	3,27	0,729	1,131	0,337
	Manager	38	3,40	0,921		
	Top-level Manager	5	3,53	0,320		
	Other	9	2,94	0,416		
Image	Employee	172	3,37	0,855	0,786	0,503
	Manager	38	3,51	0,870		
	Top-level Manager	5	3,35	0,379		
	Other	9	3,05	0,836		
Effects of Health Tourism	Employee	172	3,71	0,882	0,094	0,963
	Manager	38	3,65	0,959		
	Top-level Manager	5	3,80	0,273		
	Other	9	3,61	1,024		

N: 224; %95 confidence interval; p<0,05 significance level; *distinguishing factors, **varying variables.

When Table 5 is examined, it is observed that participants' health tourism awareness does not differ significantly in terms of corporate competence, image, and the effects of health tourism (p>0.05). However, it is seen that the awareness dimension varies according to the participants' education status (p<0.05). When considering the scale questions of the awareness dimension to understand the reason for this difference, it is concluded that participants with primary education do not have sufficient knowledge about health tourism, and necessary awareness-raising efforts have not been made in this regard. Based on the analysis results, it is possible to say that Hypothesis 6 is accepted. According to Table 5, which contains data regarding positions in the organization, participants' awareness of health tourism does not differ significantly in terms of corporate competence, image, and the effects of health tourism (p>0.05). However, there is a significant difference in terms of the awareness dimension (p<0.05). This difference in the awareness dimension stems from participants in "other" positions having less knowledge about health tourism compared to participants in employee, managerial, and top-level executive positions. Based on these results, it can be said that H_7 is accepted.

Table 6: Analysis of Variance Results According to the Participants' Length of Service

Sub-dimensions	Length of service	n	Mean	Standard deviation	F value	p
Awareness	Less than 1 year	38	3,64	0,728	1,598	0,716
	1-4 years	95	3,43	0,767		
	5-8 years	50	3,20	1,006		
	9-12 years	26	3,39	0,813		
	13 years and above	15	3,33	0,966		
Corporate Competence	Less than 1 year	38	3,37	0,743	0,426	0,790
	1-4 years	95	3,22	0,744		
	5-8 years	50	3,30	0,861		
	9-12 years	26	3,28	0,659		
	13 years and above	15	3,41	0,626		
Image	Less than 1 year	38	3,42	0,801	0,869	0,483
	1-4 years	95	3,33	0,930		
	5-8 years	50	3,27	0,864		
	9-12 years	26	3,53	0,684		
	13 years and above	15	3,65	0,596		
Effects of Health TourismFormun Üstü*	**Less than 1 year****	38	4,06	0,823	0,434	0,048
	1-4 years	95	3,65	0,888		
	5-8 years	50	3,52	0,973		
	9-12 years	26	3,78	0,763		
	13 years and above	15	3,53	0,766		

N: 224; %95 confidence interval; p<0,05 significance level; *distinguishing factors, **varying variables.

Table 6 presents the results of the variance analysis based on participants' total length of employment. From these results, it is concluded that there is no significant difference in terms of awareness, corporate competence, and image dimensions concerning the total length of employment ($p>0.05$). However, it is observed that the dimension of the effects of health tourism significantly differs based on participants' total length of employment. Particularly in this dimension, it is possible to say that participants' awareness of health tourism varies more according to their length of employment compared to other dimensions. Within the dimension of the effects of health tourism, it is observed that participants with less than 1 year of tenure differ from other groups. According to the analysis results, H_8 is accepted.

5. Conclusion, Discussion and Suggestions

The increasing importance of health tourism is recognized by countries, and in this regard, many investments are made in the health tourism market by countries to expand transportation and communication networks, facilitate visas, develop the economy, and establish international relations (Çabuk, 2023). These investments also create a significant competitive environment for countries. Therefore, countries realize the importance of developing themselves both to reveal their potential in health tourism and to respond appropriately to the increasing demand. The success of this awareness depends on comprehensive efforts nationwide and the cultivation of a conscious society regarding health tourism (Erenoğlu Aksoy, 2023). Türkiye is one of the leading countries in the health tourism market, which is one of the most important types of tourism within the tourism sector (Bulut & Şengül, 2019). Türkiye has strong potential in both the tourism sector and the health tourism sector with its geographical location, natural, cultural, historical, and underground riches. One of the most important advantages for the proper utilization of this potential is the quality of holiday opportunities during treatment processes and affordable price advantages (Aydın, 2012).

Within the scope of the research, various analyses were conducted in line with the research purpose. The following section focuses on the results of the analyses and their comparison with relevant literature. According to the analysis results, it was found that approximately 57% of the participants were male, 61% were single, and 49% were between the ages of 26 and 35. Additionally, it was determined that 32% worked in the front office department, 53% received the minimum wage, 34% were university graduates, 76% held positions as employees, and 42% had worked in the business for 1-4 years. Furthermore, the analysis conducted to reveal the level of awareness of participants about health tourism showed that all dimensions had values above the average, and it was found that the dimensions of corporate competence and awareness were relatively higher compared to the dimensions of image and the effects of health tourism. In line with the hypotheses developed within the scope of the research, it was concluded that the awareness of employees about health tourism generally varied according to demographic variables. These results are similar to many studies in the literature (Acar & Turan, 2016; Arkın & Salha, 2023; İpek et al., 2023; Öztürk, Aydın & Sert, 2023).

To test the research hypotheses, a T-test was conducted first to determine whether perceptions of health tourism awareness differed by gender. According to the analysis results, the hypothesis "H_1 The awareness of health tourism among tourism company employees varies according to their genders." was rejected. It was found that male and female participants did not show significant differences in perceiving all dimensions in terms of health tourism. This result is similar to the studies of Öztürk, Aydın, and Sert (2023); Kızıldağ (2018); and Altıparmak (2020). Based on this result, it can be interpreted that both male and female participants

are generally knowledgeable and equipped with information about health tourism, aware of its positive contribution to the country's economy, conscious of the steps taken for health tourism, aware of threatening practices, aware of the challenges of the health tourism sector, as well as the opportunities and advantages it presents for the country. Additionally, it can be said that both male and female participants consider health tourism as a driving force in improving quality standards in the healthcare field and believe that the health tourism sector is a good sector to work in for many years. Another T-test conducted within the scope of the research yielded the result that the hypothesis "H_2 The awareness of health tourism among tourism company employees varies according to their marital statuses." was accepted. According to the results obtained, there was no significant difference ($p>0.05$) in corporate competence, image, and the effects of health tourism between single and married participants. However, the awareness dimension significantly differed ($p<0.05$) according to the marital status of the participants. This result is partially similar to the studies of Acar and Turan (2016); Öztürk, Aydın & Sert (2023); Kızıldağ (2018); and Altıparmak (2020). Based on these results, it was determined that both single and married participants have higher awareness regarding why health tourism is generally preferred, which countries are preferred, what infrastructural and technological developments are, and the capacity statuses of businesses. However, it can be inferred that especially married participants have lower awareness regarding health tourism and its types, the contribution of health tourism to the country's economy, and the opportunities and threats of health tourism. In addition, it can be said that the thoughts of single participants about the functions of health tourism businesses, the adequacy of promotion and marketing activities, and the insufficient coordination between institutions arise from the assumption that these individuals are young and have less experience in the sector.To reveal the differences in participants' perceptions of health tourism concerning age, department, income status, education status, position held, and total working period, a variance analysis was conducted. According to the analysis results, participants' awareness of usinesses, the adequacy health tourism differed according to the specified demographic characteristics. When these differences are considered, it can be observed that the age factor varies in terms of corporate competence in participants aged "46 and over" (F: 1.316; p: 0.045), awareness of the department among participants working in the "housekeeping" department (F: 2.583; p: 0.038), income status in terms of image among participants earning "less than minimum wage" (F: 1.152; p: 0.031), education status in terms of awareness among participants with "primary education" (F: 4.114 p: 0.003), position held in terms of awareness among participants with "other" status (F: 2.035 p: 0.037), and the length of service in terms of the effects of health tourism among participants working "less than 1 year" (F: 0.434 p: 0.048). Accordingly, the hypotheses "H_3 The awareness of health tourism of tourism company employees varies according to their ages.", "H_4 The awareness of health tourism of tourism company employees varies according to their departments.", "H_5 The awareness of health tourism of tourism company employees varies according to their income statuses.", "H_6 The awareness of health tourism of tourism company employees varies according to their education status.", "H_7 The awareness of health tourism of tourism company employees varies according to their positions in the company.", and "H_8 The awareness of health tourism of tourism company employees varies according to their length of service." were accepted. These results parallel the studies of Acar and Turan (2016); Öztürk, Aydın, and Sert (2023); Arkın and Salha (2023); and Dağlı (2021). The fact that the age factor was found to be more significant among participants aged 46 and over in terms of corporate competence can be attributed to the fact that these participants are more experienced by age and have been in the sector for a longer period, parallel to their length of service. Especially considering that this age group holds positions as expert personnel, it can be inferred that their perception of corporate

competence is proportionate to their experience of experiencing the quality of health tourism services, working conditions compared to other sectors, opportunities in the sector, and threats firsthand. The lower awareness of participants aged 18–25 about this awareness may be proportional to their inexperience in the sector, unlike participants aged 46 and over. Additionally, it can be said that participants from all age groups generally agree on why health tourism is preferred, the developments in health tourism, reasons for preference, the capacity statuses of businesses, and the employment significance of the health tourism sector.

The lower awareness of particularly housekeeping employees in terms of the awareness dimension, according to the department, suggests that these participants may lack sufficient knowledge about health tourism, are not adequately equipped due to their education status, and cannot actively participate in activities such as promotion due to their departmental responsibilities. However, it was observed that all departments showed similar levels of awareness regarding the corporate competence of health tourism service providers, the image they create for tourists, and the overall effects of health tourism.

The lesser significance of the image dimension among participants earning less than the minimum wage in terms of income status generally indicates that individuals with this income may consist of interns, probationary staff, and newcomers to the sector, parallel to their lack of communication within the institution and inexperience in the sector. The greater significance of the image dimension among participants earning more than the minimum wage can again be attributed to their sectoral experience and competence regarding the activities of the business in health tourism. Additionally, it can be said that individuals holding managerial positions and working in the company for longer years generally attach more importance to health services and health tourism.

Finally, the lower significance of the awareness dimension among participants with primary education and the lesser significance of the effects of health tourism among participants working for less than 1 year can be attributed to the time spent in the sector, the level of education received, inexperience, lack of knowledge about the functions of health tourism, and their younger age. Furthermore, the lower significance of awareness among primary school graduates and participants working for less than 1 year indicates problems in communication with health service-receiving tourists. Especially, it can be said that graduates and postgraduates having higher awareness of health tourism, corporate competence, image, and the effects of health tourism indicate that the business they work for is more conscious and trusted.

In a general evaluation of the results obtained from the research, it was found that the participants were aware of the contribution of health tourism to economic development and the opportunities and advantages offered by health tourism. It was observed that individuals with longer years in the sector and those who received education on this topic generally have higher awareness regarding the scope of health tourism, its types, support provided to this sector, investments, incentives, and promotion. In addition, the findings show that the presence of tourism business employees with high awareness of health tourism is an important opportunity to ensure the satisfaction of health tourists, which is especially important in terms of competitive advantage, and to generate more revenue.

In line with these findings, the recommendations developed for institutions and organizations, service providers within the sector and local stakeholders are discussed in detail in the following section.

- When the awareness of health tourism is considered from the perspective of tourism businesses operating in Kayseri, it is observed that especially young individuals and those newly entering the

sector lack sufficient knowledge regarding health tourism. In this regard, conducting awareness-raising activities by businesses and educational institutions and providing more comprehensive information on this subject will allow for positive outcomes in the future. Incentives should be organized to improve the language skills of employees, future students who will be involved in this sector, and especially young individuals, and it is necessary to add sections related to health tourism to the curriculum of educational institutions to raise awareness about the scope and content of health tourism.

- To ensure that Kayseri gets its fair share of health tourism, it is important to prioritize efforts to increase awareness among the local people and individuals operating within the sector. Determining management strategies and policies in healthcare institutions will contribute significantly to the region's economic development in terms of health tourism. Additionally, policies aimed at effectively marketing health tourism should be expanded, and investments in digital marketing should be increased.
- The necessary infrastructure facilities should be prepared equally to ensure the more effective implementation of health tourism practices in Kayseri. Resources and budgets should be provided for health tourism integration, and overseas advertising and promotional activities should be conducted more effectively. The preparation of foreign language training programs for serving foreign patients and expanding health tourism practice areas while reducing workload are necessary. Furthermore, to enhance the standards of personnel and businesses, progress should be made through coordinated efforts with experts and organizations in the field of health tourism.
- It has been observed in the research that an increase in the level of education progresses parallel to the awareness of health tourism. In this sense, corporate training provided on what health tourism entails and the benefits it can provide will play an important role in increasing awareness of health tourism among employees. Because being informed about the awareness levels of the personnel employed by businesses and setting goals accordingly will provide an opportunity to create added value and brand for both the business and the Kayseri in terms of health tourism.

This research is limited to the employees of tourism businesses operating only in Kayseri. At this point, it can be suggested as a recommendation for future studies to conduct more comprehensive research, particularly targeting the Central Anatolia Region, which has rich resources and infrastructure.

References

Acar, N. & Turan, A. (2016). Sağlık çalışanlarının sağlık turizmi farkındalığı üzerine bir araştırma: Ahi Evran Üniversitesi Eğitim ve Araştırma Hastanesi çalışanları örneği, *C.Ü. İktisadi ve İdari Bilimler Dergisi,* 17(1), 17-36.

Ağazade, S., & Ergün, A. (2023). Medical tourism demand to Türkiye: Sub-sectoral panel data estimations. *Journal of Quality Assurance in Hospitality & Tourism*, 1-19. https://doi.org/10.1080/1528008X.2023.2272631

Akın, H., M. (2021). Sağlık turizmi alanyazınının bibliyometrik analizi (2015-2020). *MANAS Journal of Social Studies, 10*(3), 2026-2036.

Altıparmak, E. (2020). Sağlık turizminin güçlü ve zayıf yönleri ile fırsat ve tehditlerinin analizi: Kahramanmaraş ilinde bulunan hastaneler üzerinde bir araştırma. *Yüksek Lisans Tezi,* Kahramanmaraş Sütçü İmam Üniversitesi, Sosyal Bilimler Enstitüsü, Kahramanmaraş.

Arkın, M., & Salha, H. (2023). Sağlık personelinin sağlık turizmi farkındalığı üzerine bir araştırma: Tekirdağ örneği, *Türk Turizm Araştırmaları Dergisi, 7*(1), 66-83.

Aydın, O. (2012). Türkiye'de alternatif bir turizm: Sağlık turizmi, *Karamanoğlu Mehmetbey Üniversitesi Sosyal ve Ekonomik Araştırmalar Dergisi, 2012*(2), 91-96.

Bayram, H.S., & Akkülah, A.U. (2020). Kayseri sağlık turizminin geliştirilmesi mevcut durum analizi ve 2021–2030 eylem planı, https://www.oran.org.tr/images/dosyalar/20200910102654_0.pdf adresinden erişildi.

Baysal, D. (2016). Sağlık turizminin Türkiye turizm gelirleri içindek payı: 2000-2015. *International Congress of Management Economiy and Policy, 26-27 Kasım*, İstanbul.

Bulut, A. & Şengül, H. (2019). Health tourism in Turkey and the world. *Journal of Management, Economic and Marketing Research,* 3(1), 45-62.

Büyüksırıt, B., M. (2023). Türkiye ve Hindistan'ın sağlık turizm faaliyetlerinin karşılaştırılması. Yüksek Lisans Tezi, Necmettin Erbakan Üniversitesi, Sağlık Bilimleri Enstitüsü, Konya.

Connell, J. (2006). Medical tourism: Sea, sun, sand and surgery. *Tourism Management,* 27(6), 1093-1100.

Çabuk, Ş. (2023). Sağlık çalışanlarının sağlık turizmi ile ilgili farkındalık düzeylerinin belirlenmesi ve tele tıp uygulamasının sağlık turizmi ve sağlık hizmeti sunumu açısından uygulanabilirliğinin değerlendirilmesi: Bozyası ilçesi örneği. Yüksek Lisans Tezi, Alanya Alaaddin Keykubat Üniversitesi Lisansüstü Eğitim Enstitüsü, Antalya.

Dağlı, M. (2021). Tıp fakültesi ve turizm fakültesi öğrencilerinin sağlık turizmi hakkındaki farkındaklık düzeyleri. Yüksek Lisans Tezi, Alanya Alaaddin Keykubat Üniversitesi Lisansüstü Eğitim Enstitüsü, Antalya.

Dökme, S., Yağar, F., & Parlayan, A., M. (2018). A Study on the ınvestigation of awareness of health employees about medical tourism. *International Journal of Scientific Management and Tourism,* 4(1), 107-118.

D'Souza, V., & Pinto, P. (2023). Medical tourism awareness and its potential to excel in developing cities: A case study of mangalore city. *Atna Journal of Tourism Studies*, *18*(1), 1-26.

Enerji ve Tabii Kaynaklar Bakanlığı, (2014). Jeotermal enerji. http://www.enerji.gov.tr// adresinden erişildi.

Erdoğan, E., & Aklanoğlu, F. (2008). Termal turizm ve Afyon gazlıgöl örneği. *Social Science,* 3(1), 83-92.

Erenoğlu Aksoy, E. (2023). Kuşadası'nda faaliyette bulunan otel işletmelerinde ve seyahat acentelerinde sağlık turizmi farkındalığı. Yüksek Lisans Tezi, Adnan Menderes Üniversitesi, Sağlık Bilimleri Enstitüsü, Aydın.

Grand View Research. (2020), Medical tourism market size, share & trends analysis report by country and segment forecasts, 2020 - 2027. https://www.grandviewresearch.com/industry-analysis/medical-tourism-market adresinden erişildi.

Gülmez, Z. (2012). Türkiye'de ve Dünya'da sağlık turizmi ve çeşitleri: Sağlık turizminin ülkemizdeki mevcut durumu ve bazı ülkelerle kıyaslanması. Yayınlanmamış Yüksek Lisans Tezi, İstanvul Üniversitesi, İstanbul.

Gürbüz & Şahin, F. (2015). *Sosyal Bilimlerde Araştırma Yöntemleri Felsefe-Yöntem-Analiz* (2. Baskı). Ankara: Seçkin.

Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sensors international*, *2*, 100117.

Hair, J. F., Black, W. C., Anderson, R. E., & Babin, B. J. (2010). *Multivariate Data Analysis*, Seventh Edition, New Jersey, Prentice Hall.

İpek, E., Batmaz, O. & Ayyıldız, Y., A. (2023). Sağlık turizmi farkındalığı: Kuşadası örneği. *II. International Conference on Engineering, Natural and Social Sciences,* April, 4-6, Konya.

Jiang, L., Wu, H., & Song, Y. (2022). Diveresified demand for health tourism matters: From a perspective of the ıntra-ındustry trade. *Social Science and Medicine,* (293), 1-10.

Jónás-Berki, M., Csapó, J., Pálfi, A., & Aubert, A. (2015). A market and spatial perspective of health tourism destinations: The Hungarian experience. *International Journal of Tourism Research*, *17*(6), 602-612.

Kalaycı, Ş. (2009). *SPSS uygulamalı çok değişkenli istatistik teknikleri* (Dördüncü Baskı). Ankara: Asil Yayın Dağıtım.

Kızıldağ, G., Ç. (2018). Hekim dışı sağlık personeli ve sağlık yöneticilerinin medikal sağlık turizmi konusunda farkındalıklarının değerlendirilmesi. Yüksek Lisans Tezi, Ufuk Üniversitesi, Sosyal Bilimler Enstitüsü, Ankara.

Liu, M., Guan, J., Ren, L., Yang, H., & Zhuang, Y. (2024). Developing health tourism in a gaming city: Stakeholder perceptions of a proposed strategy. *Journal of China Tourism Research*, *20*(1), 90-114.

Noree, T. (2015). *The impact of medical tourism on the domestic economy and private health system: A case study of Thailand* (Doctoral dissertation), London School of Hygiene & Tropical Medicine. London.

Özkartal, A. (2022). Ankara'nın jeotermal olarak zengin olan ayaç ilçesinde çalışan sağlık personelinin sağlık turizmi hakkındaki bakış açılarının ve farkındalıklarının değerlendirilmesi. Yüksek Lisans Tezi, Ufuk Üniversitesi, Sosyal Bilimler Enstitüsü, Ankara.

Öztürk, Y., Aydın, T. & Sert, S. (2023). Sağlık çalışanlarının sağlık turizmi farkındalık düzeylerinin belirlenmesine yönelik bir araştırma. *Tarih Okulu Dergisi,* 16(64), 1263-1277.

Phuthong, T. (2021). Developing a Competitive Model For Health And Well-Being Tourism Destinations In Thailand: Confirmatory Factor Analysis Approach. *GeoJournal of Tourism and Geosites*, *39*(4), 1439-1449.

Ranjit, M. (2022). Hot and mineral spring water for health benefits. In *Hot Springs in Nepal: Health Benefits and Geothermal Applications* (pp. 161-187). Cham: Springer International Publishing.

Rastegar, A., Sarokhani, B., & Hashemi, S. (2018). Designing media diplomacy for international awareness for health tourism. *Payesh (Health Monitor)*, *17*(4), 349-360.

Ridderstaat, J. & Singh, D. (2020). Increasing health tourism spending in the United States. *Rosen Research Review,* 2, 38-41.

Sağlık Bakanlığı. (2014). Sağlık turizmi genel bilgi. http://www.saglikturizmi.org.tr/tr// adresinden erişildi.

Sağlık Bakanlığı. (2014). Termal turizm. http://www.saglik.gov.tr/SGGM/belge/1-15714/daire-baskanliklarinin-gorevleri.html adresinden erişildi.

Şeyhanlıoğlu, H. Ö., & Kıngır, S. (2021). Ağrı destinasyonunun alternatif turizm potansiyeline ilişkin yerel paydaşların bakış açısı. *MANAS Sosyal Araştırmalar Dergisi*, *10*(1), 619-634.

Tengilimoğlu, D. (2021). Sağlık turizmi ve devlet teşvikleri. *Journal of Life Economics,* 8(1), 1-10.

Tontuş, H. Ö. (2020), Dünyada Sağlık Turizmi. SATURK (Health Tourism Coordination Board of Türkiye), https://shgmturizmdb.saglik.gov.tr/Eklenti/10945/0/03pdf.pdf adresinden erişildi.

Turski, I., Mashika, H., Tkachenko, T., Khmara, M., Komarnitskyi, I., & Oliinyk, M. (2021). Medical tourism: analysis of the state of international tourism and prospects for domestic development. *Universal journal of public health*, *9*(2), 27-34.

Türkiye İstatistik Kurumu, (2021). Türkiye İstatistik Kurumu. https://data.tuik.gov.tr adresinden erişilmiştir.

Türkiye İstatistik Kurumu, (2023). Türkiye İstatistik Kurumu. https://data.tuik.gov.tr adresinden erişilmiştir.

Wachyuni, S. S., & Kusumaningrum, D. A. (2020). The effect of COVID-19 pandemic: How are the future tourist behavior? *Journal of Education, Society and Behavioural Science*, *33*(4), 67-76.

WHO, World Health Organisation, (2020). Basic documents, WHO Office of Publications, 49. Edition. https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf adresinden erişilmiştir.

Yaba, M. (2022). Sağlık turizmi farkındalık düzeyinin belirlenmesi üzerine bir alan araştırması. *International Social Mentality and Researcher Thinkers Journal*. 8(65)I, 2127- 2139.

Yoshida, D., & Chotchaicharin, W. (2019). The study of behavior and brand awareness of Thailand health tourism image among Japanese tourists. *Journal of Business Administration and Languages (JBAL)*, *7*(2), 100-111.

Yıldırım, B., F. (2021). Bilgi sistemi olarak e-nabız uygulamalarının sağlık turizmi hastaları için geliştirilmesi, bir model önerisi, Doktora Tezi, Ankara Üniversitesi, Sosyal Bilimler Enstitüsü, Ankara.

Yıldız, M., Aydın, A., M., Gökçay, G., Kızılarslan, V. & Yaman, U. (2023). The effect of ıntercultural sensitivity and etnocentrism on health tourism awareness level in nurses: Analysis with machine learning approach. *Archives of Psychiatric Nursing,* 46, 40-50.

Zsarnoczky, M. (2018). Novel concepts in the healts tourism industry. *Vadyba Journal of Management, 1*(32), 67-73

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