Motivators and Perceptions of Island Residents towards Medical Tourism in Mainland

Tuğçe Kurtuluş Birader Faculty of Tourism, Eastern Mediterranean University, Northern Cyprus

Ali Öztüren

Faculty of Tourism, Eastern Mediterranean University, Northern Cyprus

Received: 1 July 2019. Revision received: 17 December 2019. Accepted: 18 December 2019

Abstract

A quality healthcare service at a reasonable price is one of the fundamental rights of a human. On the other hand, ideal healthcare services are not always available in our countries, and traveling abroad for health purposes becomes a necessity. The purpose of this study is to examine North Cyprus residents' perceptions and motivators toward medical tourism in choosing a medical tourism destination instead of consuming domestic medical services. A survey conducted with 430 residents in North Cyprus. Frequency analysis tables were created to analyze the demographic profiles, while the mean, median, Anova, and t-test have been conducted to analyze the respondents' perceptions based on their demographic profiles. North Cyprus residents have an overall positive perception of medical tourism in Turkey. Push factors such as seeking for health and fitness, resting and relaxation motivate the residents to travel. Internal motives pushing residents to travel abroad for medical treatment included reasons such as a lack of accredited hospitals, low quality of care, and insecurity for employers in the North. External factors included a safe physical environment, high quality of facilities, food, and friendly people. The study revealed the critical motivational factors in the decision process of the respondents. The selective factors had a positive relationship with medical treatments, wellbeing, and health inconveniences. Residents were more comfortable and content with medical facilities and treatment in Turkey than North Cyprus. The study provides insights for the industry administrators and public officials in designing their strategies for attracting more patients.

Key Words: Medical tourism, push factors, pull factors, North Cyprus, Turkey, health services

JEL Classification: L83, I12, Z32

1. Introduction

Medical tourism (MT) involves people traveling from one place to another for quality and cost-efficient medical treatment (Lunt, Horsfall, & Hanefeld, 2016). With its 55 billion worth (Transparency Market Research, 2017), medical tourism is one of the fastest-growing tourism sectors in the world. In 2016, it was estimated that there are 50 million medical tourists annually worldwide (Lunt, 2016), and the sector is expected to grow by about 18.4% by 2025, making approximately \$99.3 billion contributions in

receipts. The top MT destinations are Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey, and the United States (Patients Beyond Borders, 2017). According to the statistics published by "the most trusted resource in medical travel" (Patients Beyond Borders, 2017), medical tourism was dominated mainly by the high-income class patient-tourists. However, middle-class patient-tourists have started to visit developing destinations for high quality and low-cost healthcare facilities.

Turkey, which is considered as the focus of the current study, is noted as one of the upcoming developing destinations following Thailand (Patients Beyond Borders, 2017). Furthermore, the statistics show that medical tourists save up to 65% when traveling to Turkey as compared to destinations such as the United States.

The current research study aims to examine the North Cyprus residents' perceptions of MT and assesses the medical tourists' motivating factors for traveling to Turkey for medical purposes.

2. Literature review

The health tourism sector shows the leverage effect for the economies of these destinations because health tourism is not the seasonal sector, but it is valid during the whole year. Health tourism has a positive and significant relationship with related industries such as travel agencies, hospitality, airlines, food and beverage, pharmaceuticals, local shops, tour companies. According to the World Health Organization (WHO), health comprises complete physical, psychological (mental) and social well-being (WHO, 2016).

According to the Medical Tourism Index rating developed by Fetscherin & Stephano in 2016, Canada leads the world with a 76.9 score. Then it is followed by the United Kingdom (74,87) and Israel (74.8). According to another index made by the International Healthcare Research Centre, the top European health tourism destinations are the UK (74,87), Germany (71,9), and France (71,22) with Italy and Spain following (Medical Tourism Index, 2017). By 2025 the Eastern European Market is expected to reach numbers of approximately \$27,698.4 million. In the world, according to the World Health Organization (WHO), they are expecting that depression will be the most critical health issue which is threatening the world by 2030 (World Health Organization, 2017).

2.1. Health tourism vs. medical tourism

Medical tourism is a facet of health tourism (Connell, 2006; Pocock & Phua, 2011). Precisely, the health tourism sector is composed of the other tourism subsets, namely the medical, curative, wellness, thermal, elderly, and disabled tourism (Omay & Cengiz, 2013; Rokni, Pourahmad, Langroudi, Mahmoudi, & Heidarzadeh, 2013). Although there have been arguments in literature over the two terms to mean the same (Lam & Hsu, 2006), they have been differentiated to fall into two separate industries (M. Smith, Puczkó, & Rátz, 2009). According to (Connell, 2016), medical tourism includes medical interventions that have more prolonged effects. One of the most accredited definitions of medical tourism is proposed by Wongkit & McKercher (2013, p.5) as "the travel of people to a specific destination to seek medical help that forms the primary purpose of the trip."

For a very long time, people have traveled outside of their countries for health purposes and medical treatment (Ross, 2001). Medical tourism can be defined as traveling from home countries to other destinations with the aim of treatment (Heung, Kucukusta, & Song, 2010). In addition to the medical needs, medical tourists demand other services and features such as enjoyment and stress-free activities with treatment (J. Yu, Lee, & Noh, 2011), luxury, and comfort outside their homes (Mohan, 2010).

Besides the benefits for the medical tourists, MT is also valuable for the destinations (e.g., through revenue generation). Revenue generation achieved through fair taxation offers benefits to the public health sector (Burkett, 2007; Gupta, 2008). Moreover, health infrastructures are improved (Burkett, 2007). Furthermore, MT can enhance the quality of life and wellbeing of residents (Suess, Baloglu, & Busser, 2018)

Although advantages to both the medical tourists and the host nation, it also has several challenges. For instance, before traveling, medical clients have to averse themselves with the requirements of the medical destination (Mirrer-Singer, 2007); upon return from the trip, medical tourists may face several risks with adaption during recovery (J. Y. Yu & Ko, 2012).

2.2. Push-pull motivation theory

Medical Tourism has some push and pulls factors that lead people to travel. Push and pull factors are also known as psychosocial motivations in tourist behavior (Klenosky, 2002). Motivation is a psychological force arising from an unsatisfied need, which is pushing individuals to search for fulfilling behavior or activity to satisfy their needs (Schiffman, 2004). Motivation is a vital force that compels tourist behaviors (Herrero & San Martín, 2017). MT tourist's motivation differs from individual to individual, as there are various reasons why people are traveling for medical purposes. For example, some medical tourists' motivation for travel are cost, service quality, treatment types, availability (Sultana, Haque, Momen, & Yasmin, 2014), distance-related (Hanefeld, Smith, Horsfall, & Lunt, 2014), while some travel due to mistrust in quality of public medical services, lack of professionalism (Musa, Doshi, Wong, & Thirumoorthy, 2012) and inadequate services (Crush, Chikanda, Sanders, & Maswikwa, 2015; Moghimehfar & Nasr-Esfahani, 2011). Besides, the factors can be defined as leisure components (Wongkit & McKercher, 2016), family pressure (Moghimehfar & Nasr-Esfahani, 2011), or emotional attachments to healthcare services and or destinations (Rokni et al., 2013).

Internal forces push people to travel while external forces of the destination pull people to choose that destination (Kim, Lee, & Klenosky, 2003). Push factors are intrinsic desires of human beings to escape or seek for novelty, adventure, dream fulfillment, self-exploration, rest, health and fitness, prestige, and socialization (Chon, 1989; Lam & Hsu, 2006). They can best be described as the reason for changing one's location based on the characteristics of the destination, which hurts the quality of life at the destination (Moon, 1995). Concerning the subject matter, a lack of modern facilities, equipment, lack of control (Heung, Kucukusta, & Song, 2011), lack of medical staff/expertise (Rokni, Turgay, & Park, 2017), malpractice problems, high cost of private health insurance, and the absence of full public health insurance (TRNC Ministry of Health, 2013) negatively affect the healthcare sector in Northern Cyprus.

Pull factors make locations attractive to travelers (Bansal, Taylor, & St. James, 2005). They are tangible and intangible external forces emerging from attributes that

attract individuals to specific locations such as natural and historical attractions (Kim et al., 2003). These pull factors consist of six domains, including social opportunities and attractions, natural and cultural amenities, accommodation and transportation, infrastructure, food and environment of people, physical amenities and recreation activities, and entertainment (Fakeye & Crompton, 1991). Among Turkey's pull factors, the provision of high-quality services, the use of advanced technological equipment, low medical costs, and its location (middle of the world) provide a competitive advantage.

Forces pulling or pushing patients to travel may be either internal or external (e.g., economic conditions, political climate). They are categorized in two stages that are the choice of an international country location and choice of an international medical facility (Smith & Forgione, 2007).

3. Methods

The purposeful snowball sampling method is used to collect information from North Cyprus residents. Target respondents were found by using online sources, such as who liked or made a comment at Facebook pages of Northern Cyprus Ministry of Health, Near East Hospital, Burhan Nalbantoğlu Government Hospital, and other hospitals' pages located in North Cyprus. Cyprus is the third largest island in the Mediterranean Sea, following Sicily and Sardinia. North Cyprus has a total population of approximately 320 thousand people (www.devplan.org). It is the perfect location for health and medical tourism because of its warm climate and breath-taking natural scenic views.

Furthermore, besides being cost-effective, it has accreditation for the right MT destination as well as provision for good health care services, medical equipment, and professional medical staff. Turkey, on the other hand, is one of the most attractive MT destinations. It is bequeathed with state of the art medical equipment; has several medical natural thermal spa resorts, high quality of services and health care programs

Data were collected over two months (April-May 2017). Questionnaires were presented in both Turkish and English languages. A back translation method was used to translate questionnaires from English to Turkish. Four hundred and thirty surveys were sent out, to which all were responded to and returned. All items in the questionnaire were adapted from a valid and reliable study (J. Y. Yu & Ko, 2012). The questionnaire has 55 items, with 17 items asking the demographic characteristics of the respondents. Before the primary survey, a pilot study with 40 respondents was done to make sure all questions were clear. Precisely, one pilot study was conducted with 20 respondents face to face while the main study was done on Google Forms. Although respondents generally did not have any problems in understanding the questionnaire, they had difficulties in understanding one question that was then slightly altered to make a fundamental understanding for the respondents.

The questionnaire is comprised of two parts, one of which included six questions measuring factors that lead clients to choose medical tourism destinations, experiences, inconveniences, and future intentions for participation in MT. The second part of the questionnaire mainly included items on respondents' demographics. All items were measured on a 5-point Likert scale, and data were analyzed through IBM SPSS statistics 24.

The data of this study were reported via different analytical tools. Frequency analysis tables were created to analyze the demographic profiles, while the mean, median, Anova, and t-test have been conducted to analyze the respondents' the perceptions based

on their demographic profiles (such as gender, nationalities, education, and frequency of the travel).

4. Results

Out of 430 respondents, 221 were female, with 209 of them being male. Age-wise, 159 participants were in their 20s, 127 in their 30s, with the rest falling between 40 years and over. 202 (47%) were Turkish Cypriots, 165 (38.4%) were Turkish citizens living in North Cyprus, and 63 (14.7%) were respondents from other countries but residing in Cyprus. Respondents were educated as they held either a postgraduate degree (71) or bachelors (295) with the rest having attained some form of education via secondary level (63) and primary level (1). In terms of job status records, 159 participants worked in the private sector, 112 were students followed by academicians 88, and retired citizens (29). At least 199 earned a monthly wage between 2000 and 4900 Turkish Lira (TL), while 135 persons got less than 2000TL, 71 respondents earned between 5000 and 10000TL, and 25 respondents were recorded to earn at least 10000TL and or more. In response to the number of times participants traveled for medical purposes, 126 of the participants attested not to have traveled on these grounds before, while 172 participants had traveled at least once. Between 2-5 times, 86 reviews were noted with the rest having at least traveled for 6 or more times. Three hundred three participants preferred private hospitals to public ones (34), and the rest were neutral (93). Furthermore, respondents preferred internet use (201) to make travel arrangements as compared to working with travel agencies (14) or seeking government funds (47). Recommendations (168) on MT travel proved to be essential in making decisions on which places to visit for MT. Finally, upon being asked on which organizations supported MT travel into Turkey, 257 interviewees cited no recommendations were given, while 137 noted the government to have played a vital role. The rest came from either health insurances (29) or others (7).

4.1. Push and pull factors affecting North Cypriots

Deducing from the study results, the weighed factors presented in the findings were categorized in five groups namely, the Selective (tourism and medical activities), Medical Treatments (minor and major surgeries), Wellbeing & Health (rehabilitation, lifestyle, aesthetic and healthcare services), and Inconveniences (stay cost, information, infrastructure, and medical services and care services). Table 1 lists the decisive factors affecting the residents of North Cyprus to travel on MT purposes.

Table 1. Decision Factors for Choosing Medical Tourism Destinations

	Frequency	Percentage	Importance*
Security for medical services	401	93.2	1
Quality	392	92.5	2
Modernization	386	90.2	3
Pre and post care services	385	89.4	4
Cost	372	86.5	5
Communication	352	81.9	6
Proximity and Accessibility	349	81.1	7
Natural Scenery and climate	241	56.1	8
Attractiveness of tour	239	55.5	9
package			

Source: own

*The number 1 represents the most important; the number 9 represents the least important.

Table 2 presents the results on the medical services (heavy and light treatments) that North Cyprus residents like to have in Turkey.

Table 2. Preferred Medical Services for Turkey

	Frequency	Percentage	Ranking
Major Surgeries	379	88.1	1
Eye, Nose Throat Ear	328	83.3	2
Pre and Post Care	350	81.4	3
Oncology	345	80.2	4
Cosmetic & Plastic Surgery	302	70.2	5
Senile Diseases	282	65.5	6
Gynecology	263	61.1	7

Source: own

Concerning wellbeing and healthcare treatments, Table 3 summarizes the factors that motivate North Cyprus residents to travel to Turkey for MT purposes.

Table 3. Preferred Health Care and Wellbeing Services in Turkey

	Frequency Percentage		Sort By
	Trequency	Tercentage	Importance
Comprehensive Diagnostic	376	87.5	1
Spa Massage Thalassa	342	79.6	2
Stress Release Detox	271	63	3
Esthetic Diet Program	265	61.7	4
Skin Care Services	231	53.7	5
Sport Spiritual Things	207	48.1	6
Meditation	162	37.7	7

Source: own

Although traveling to Turkey seems attractive, the results of the study noted some inconveniences as well.

Table 4. Expected Inconveniences of Medical Tourism in Turkey

	Frequency	Percentage	Ranking*
Cost	192	44.7	1
Availability of Insurance	175	40.7	2
Cost of Tours	167	38.8	3
Transportation	118	27.5	4
Pre-Post Care Services	89	20.7	5
Communication	81	18.9	6
Quality	78	18.2	7
Medical Accidents	78	18.2	8
New Medical Services	70	16.3	9
and Facilities			
Access To medical Info	55	12.8	10

Source: own

*The number 1 represents most expected inconvenience in Turkey

Medical attention in North Cyprus also has its setbacks. The factors, which are negatively affecting the residents to consume the medical services in North Cyprus, are shown in Table 5.

Table 5. Expected Inconveniences of Medical tourism in North Cyprus

	Frequency	Percentage	Ranking*
Medical Accidents	284	66	1
New Medical Services and Facilities	252	58.6	2
Access to Medical Info	231	53.7	3
Quality	225	52.3	4
Pre-Post Care Services	216	50.3	5
Cost	189	43.9	6
Transportation	133	30.9	7
Cost of Tours	144	33.5	8
Availability of Insurance	110	25.5	9
Communication	79	18.3	10

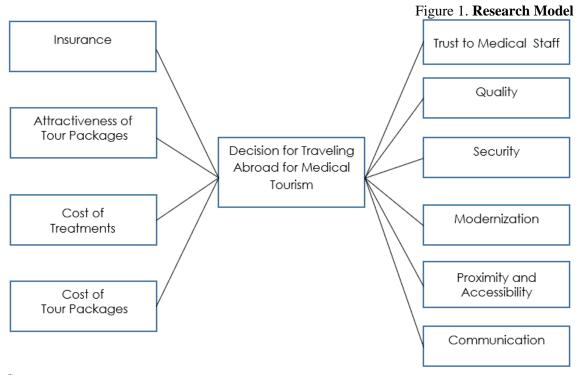
Source: own

Demographic characteristics have a vital role in understanding the sample study's perceptions of Medical Tourism in North Cyprus and Turkey. In terms of gender, results indicate that women paid more attention to MT push factors compared to male patients. Analysis via nationality indicates that the Turkish Cypriot respondents ranked the pull factors more than the Turkish and other nationalities. Furthermore, age also contributed a lot in understanding perceptions, as the younger ages (20 - 40) interested in high selective and medical treatments, wherein the older ages 50s and above were more concerned with wellbeing. It can thus be concluded that the younger age patients were not concerned with well-being, which, however, was a significant issue with the aged medical clientele.

In analyzing perceptions concerning the frequency of travel, the selective factors were rated higher by the first time visitors because their decisions were arrived at after evaluating factors such as cost, ease of access, communication, and modernization of the facilities. The repeat visitors, who would typically have traveled between two and five times, favored more medical treatment factors. This finding can be interpreted as surgery requires typically a follow after a visit for post-care services, and sometimes a pre-care service is required.

The most significant motivators and barriers are illustrated in the research model (Figure 1).

^{*}The number 1 represents the most expected inconvenience in North Cyprus.



Source: own

5. Discussion

The purpose of this study was to understand the perceptions of North Cyprus residents toward MT in Turkey. In addition to the perceptions, this study aims to find out the motivator factors for the North Cyprus residents for choosing Turkey as a leading medical tourism spot. For this study, the push and pull motivation theory has been conducted. Motivators for the decision to travel to Turkey for MT are more than the barriers. The resources and efforts should be prioritized and directed towards eliminating these barriers and enhancing the emerged motivators. In tourism literature, motivation is defined as an essential force in compelling tourist behaviors (San Martín H et al., 2008).

Results also showed varied socio-demographics and different motivational behavior and perception. Therefore, gender playing a significant and positive role in selective factors in tourism and medical activities. Specifically, females supported selective factors more than the male respondents did. Additionally, females had different perceptions of medical treatments and seemingly supported both minor and major surgeries more than men support. Men, on the other hand, supported more rehabilitation and lifestyle activities. On the overall, however, the security for medical services and the quality were the essential factor for respondents in North Cyprus. Given this analysis, the results denote that cost is not a primary factor in the decision making for health and medically related activities. Tourists are traveling based on push and pull motivators. Push motivation factors to represent the intangible and intrinsic desires of human beings, which includes the desire for escape, novelty-seeking, adventure-seeking, dream fulfillment, self-exploration, rest and relaxation, health and fitness, prestige, and socialization (Lam & Hsu et al., 2006). Push and pull factors are leading individuals to travel, and they are considered as psychosocial motivations in tourist behavior (Klenosky

et al., 2002). Based on the specific needs of MT tourists' motivation and leisure tourist motivation is different. Medical tourists from Northern Countries (Canada, Russia, etc.) often travel for a variety of reasons such as cost-saving or deterrent expenses in healthcare services in their home countries (Macintosh, 2004). However, pull motivation factors represent both tangible and intangible factors such as natural and historical attractions, physical environment, facilities, food, people, and marketed image of the location (Klenosky et al., 2002). As it is mentioned before in the literature section, internal forces push people to travel; however, external forces of the destination pull people to choose that destination (Kim et al., 2003). One of the essential reasons for motivating medical tourists is the long waiting lists for treatments in home countries with publicly-funded healthcare systems, such as the UK and Canada (Lunt. N. et al., 2016). Crooks (2010) grouped the travel motivations of tourists from Northern countries as procedure-related, travel-related, or cost-related (Crooks et al., 2010). On the other hand, a medical tourist from the Middle East countries are traveling abroad because of family pressure and services in the Middle East Countries are in-adequate (Moghimehfar F. et al., 2011).

Furthermore, the agreements between the governments on health insurance can eliminate the cost of tour packages and medical treatments that are perceived as significant barriers. Moreover, tour operators should create more attractive tour packages.

6. Conclusion

The study is comprised of three main objectives, all of which were achieved. Results indicate that tourists traveling for MT are driven both by the push and pull motivators. Push factors such as seeking for health and fitness, resting and relaxation motivate the residents to travel. Internal forces pushing residents to travel abroad for medical treatment included reasons such as a lack of accredited hospitals, low quality of care, and insecurity for employers in the North. External factors included residents looking for a safe physical environment, the highest quality of facilities, food, and friendly people.

A significant amount of trust was also placed in healthcare employees. While residents did not expect any medical accidents in Turkey, in North Cyprus, they were rated a great inconvenience as the medical facilities and equipment in Turkey were chosen as the least important factor to residents compared to those in North Cyprus. Additionally, information on medical facilities in Turkey was more accessible to residents as compared to that of North Cyprus. In other words, Turkey showed up as a better option in terms of medical care and facilities in comparison to North Cyprus. As such, most residents were more comfortable and willing to revisit Turkey for medical tourism purposes.

Generally, selective factors had a positive relationship with medical treatments, wellbeing, and health inconveniences. Medical treatments, on the other hand, had a positive relationship with well-being and health and inconveniences in North Cyprus. Residents were more comfortable and content with medical facilities and treatment in Turkey than North Cyprus.

A few hindrances such as medical insurance were noted to affect Turkish Cypriots travel; recommendations are therefore made for both governments to merge, thus allowing flexibility and more travel from North Cyprus. Agreements with insurance companies and social security systems from potential tourist countries to cover spending in Turkey can lead to higher numbers of international patients as well.

According to the respondents, more efforts are needed in Turkey to focus on technological developments and skilled staff. Package tour programs can be another strategy for Turkey and North Cyprus to attract international customers. Accessing information on current medical matters in North Cyprus has been a challenge. Hence, the use of technology could be adapted to distribute information out as well as promote medical tourism in the region. Seeking accreditation with International medical organizations could also aid MT in North Cyprus and Turkey. North Cyprus healthcare centers should aim to meet the elderly residents' preferences in order to retain its patients in favor of Turkey. Recommendations are made for North Cyprus to consider the building of fully equipped nursing homes bearing in mind the requirements of the elders.

Limitations are unavoidably usual with this study. Firstly, there was a low response rate; therefore, future research should consider collecting data from more residents from other parts of North Cyprus. Questions were initially constructed in English and back-translated to Turkish, however not all residents were Turkish, future research could consider converting questions to other languages to benefit feedback from other foreign residents such as Russian and Germans. The survey also notes self-reported bias, and lastly, the research fails to acquire data from the older generation due to the use of technology.

As medical tourism in the world gained popularity and become a new phenomenon for the late 20s century, new studies should be examined by considering the third parties in medical tourism. A cross-cultural study comparison of other destinations can be made to investigate the other nationalities' perceptions and motivational factors. Furthermore, future studies could consider the perceived risk and the critical role of trust in the healthcare sector and the employees in medical facilities, thus measuring the importance of trust in medical tourists' behavioral motivation. Additionally, future research can adopt a qualitative approach to gather data on patients' perceptions. Besides, future research could consider the perceptions of the healthcare staff in TRNC towards medical tourism in Turkey and North Cyprus. Specifically, a comparison of the destinations could be made by investigating the advantages and disadvantages of medical tourism. Considering the perceptions of medical tourists coming from Turkey to have medical services in North Cyprus could be considered for new studies too. Finally, future studies should investigate the role of the medical tourism tour packages' effect on medical tourists' behavior.

References

- 1. Bansal, H. S., Taylor, S. F., & St. James, Y. (2005). "Migrating" to new service providers: Toward a unifying framework of consumers' switching behaviors. *Journal of the Academy of Marketing Science*, 33(1), 96-115.
- 2. Burkett, L. (2007). Medical tourism: concerns, benefits, and the American legal perspective. *The Journal of Legal Medicine*, 28(2), 223-245.
- 3. Chon, K.-S. (1989). Understanding recreational traveler's motivation, attitude and satisfaction. *The Tourist Review*, 44(1), 3-7.
- 4. Connell, J. (2006). Medical tourism: Sea, sun, sand and... surgery. *Tourism Management*, 27(6), 1093-1100.
- 5. Connell, J. (2016). Reducing the scale? From global images to border crossings in medical tourism. *Global Networks*, 16(4), 531-550.

- Crush, J., Chikanda, A., Sanders, D., & Maswikwa, B. (2015). 32. The rise of medical tourism to South Africa. *Handbook on Medical Tourism and Patient Mobility*, 323.
- 7. Fakeye, P. C., & Crompton, J. L. (1991). Image differences between prospective, first-time, and repeat visitors to the Lower Rio Grande Valley. *Journal of travel research*, 30(2), 10-16.
- 8. Fetscherin, M., & Stephano, R. M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, 52, 539-556.
- 9. Gill, J., & Johnson, P. (2010). Research methods for managers: Sage.
- 10. Gupta, A. S. (2008). Medical tourism in India: winners and losers. *Indian Journal of Medical Ethics*, 5(1), 4-5.
- 11. Hanefeld, J., Smith, R., Horsfall, D., & Lunt, N. (2014). What do we know about medical tourism? A review of the literature with discussion of its implications for the UK National Health Service as an example of a public health care system. *Journal of Travel Medicine*, 21(6), 410-417.
- 12. Herrero, Á., & San Martín, H. (2017). Explaining the adoption of social networks sites for sharing user-generated content: A revision of the UTAUT2. *Computers in Human Behavior*, 71, 209-217.
- 13. Heung, V. C., Kucukusta, D., & Song, H. (2010). A conceptual model of medical tourism: Implications for future research. *Journal of Travel & Tourism Marketing*, 27(3), 236-251.
- 14. Heung, V. C., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995-1005.
- 15. Kim, S. S., Lee, C.-K., & Klenosky, D. B. (2003). The influence of push and pull factors at Korean national parks. *Tourism Management*, 24(2), 169-180.
- 16. Klenosky, D. B. (2002). The "pull" of tourism destinations: A means-end investigation. *Journal of Travel Research*, 40(4), 396-403.
- 17. Lam, T., & Hsu, C. H. (2006). Predicting behavioral intention of choosing a travel destination. *Tourism Management*, 27(4), 589-599.
- 18. Lunt, N., Horsfall, D., & Hanefeld, J. (2016). Medical tourism: A snapshot of evidence on treatment abroad. *Maturitas*, 88, 37-44.
- 19. MacIntosh, C. (2004). Medical tourism: Need surgery, will travel. CBC News, 18.
- 20. Medical Tourism Index. (2017). Medical Tourism Index. Retrieved 3 August 2017, from https://www.medicaltourismindex.com/overview/destination-ranking/
- 21. Mirrer-Singer, P. (2007). Medical malpractice overseas: the legal uncertainty surrounding medical tourism. *Law and Contemporary Problems*, 70(2), 211-232.
- 22. Moghimehfar, F., & Nasr-Esfahani, M. H. (2011). Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments. *Tourism Management*, 32(6), 1431-1434.
- 23. Mohan, V. (2010, March 10). Medical tourism and its impact on our GDP. Retrieved from http://www.merinews.com/catFull.jsp?articleID=130884
- 24. Moon, B. (1995). Paradigms in migration research: exploring'moorings' as a schema. *Progress in Human Geography*, 19(4), 504-524.
- 25. Musa, G., Doshi, D. R., Wong, K. M., & Thirumoorthy, T. (2012). How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur. *Journal of Travel & Tourism Marketing*, 29(7), 629-646.

- 26. Omay, E. G. G., & Cengiz, E. (2013). Health Tourism in Turkey: Opportunities and Threats. *Mediterranean Journal of Social Sciences*, 4(10), 424.
- 27. Patients Beyond Borders. (2017). *Medical tourism statistics & facts*. Retrieved from https://patientsbeyondborders.com/medical-tourism-statistics-facts
- 28. Pocock, N. S., & Phua, K. H. (2011). Medical tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia. *Globalization and health*, 7(1), 12.
- 29. Rokni, L., Pourahmad, A., Langroudi, M. H. M., Mahmoudi, M. R., & Heidarzadeh, N. (2013). Appraisal the potential of central Iran, in the context of health tourism. *Iranian Journal of Public Health*, 42(3), 272.
- 30. Rokni, L., Turgay, A., & Park, S. H. (2017). Barriers of developing medical tourism in a destination: A case of South Korea. *Iranian Journal of Public Health*, 46(7), 930.
- 31. Ross, K. (2001). Health tourism: an overview. *HSMAI Marketing Review*, 27, 2001.
- 32. San Martín, H., & Del Bosque, I. A. R. (2008). Exploring the cognitive—affective nature of destination image and the role of psychological factors in its formation. Tourism Management, 29(2), 263-277.
- 33. Schiffman, L. (2004). G., Kanuk, L., L. 2000. Consumer Behavior. *America: Prentice Hall International, Inc.*
- 34. Smith, M., Puczkó, L., & Rátz, T. (2009). Twenty-three districts in search of a city: Budapest–the capitaless capital. *City tourism: national capital perspectives, Wallingford: Cabi Publishing*, 201-213.
- 35. Smith, P. C., & Forgione, D. A. (2007). Global outsourcing of healthcare: a medical tourism decision model. *Journal of Information Technology Case and Application Research*, 9(3), 19-30.
- 36. Suess, C., Baloglu, S., & Busser, J. A. (2018). Perceived impacts of medical tourism development on community wellbeing. Tourism Management, 69, 232-245.
- 37. Sultana, S., Haque, A., Momen, A., & Yasmin, F. (2014). Factors affecting the attractiveness of medical tourism destination: An empirical study on india-review article. *Iranian Journal of Public Health*, 43(7), 867.
- 38. Transparency Market Research. (2017). *Medical Tourism Market (Medical Treatment Cosmetology, Dentistry, Cardiology, Orthopedic surgery, Neurology, and Oncology) Global Industry Analysis, Size, Share, Growth, Trends, and Forecast* 2017 2025. Retrieved from https://www.transparencymarketresearch.com/medical-tourism.html
- 39. TRNC Ministry of Health. (2013). TRNC Health Workshop Report. Retrieved from Nicosia, North Cyprus:
- 40. Wongkit, M., & McKercher, B. (2016). Desired attributes of medical treatment and medical service providers: A case study of medical tourism in Thailand. *Journal of Travel & Tourism Marketing*, 33(1), 14-27.
- 41. Wongkit, M., & McKercher, B. (2013). Toward a typology of medical tourists: A case study of Thailand. Tourism Management, 38, 4-12.
- 42. World Health Organization (2017). Retrieved from http://www.who.int/about/definition/en/print.html (Access Date: 05/12/2019).
- 43. World Health Organization, (2016). "Constitution of WHO: principles", http://www.who.int/about/mission/en (Access Date: 05/12/2019).

- 44. Yu, J., Lee, T. J., & Noh, H. (2011). Characteristics of a medical tourism industry: The case of South Korea. *Journal of Travel & Tourism Marketing*, 28(8), 856-872.
- 45. Yu, J. Y., & Ko, T. G. (2012). A cross-cultural study of perceptions of medical tourism among Chinese, Japanese and Korean tourists in Korea. *Tourism Management*, 33(1), 80-88.

Brief description of Author/Authors:

Tuğçe Kurtuluş Birader

Faculty of Tourism, Eastern Mediterranean University, Gazimagusa, Northern Cyprus (TRNC), via Mersin 10, Turkey, tugcekurtulus94@gmail.com. Research interests include tourism, hopitality, medical services, and airline transportation industry.

Ali Öztüren

Faculty of Tourism, Eastern Mediterranean University, Gazimagusa, Northern Cyprus (TRNC), via Mersin 10, Turkey. Wb page: https://tourism.emu.edu.tr/en; Email: ali.ozturen@emu.edu.tr. He is a vice dean and Associate Professor of Tourism Management. His main research interests are tourism and hospitality management, medical tourism, sustainable tourism, and service operations management.