



Economic Evaluation of Health Tourism in Turkey

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Abstract

The purpose of this study is to make an economic evaluation of health tourism by utilizing the number of tourists coming to Turkey in order to receive health care, and by taking the expenditures of these tourists into consideration. In the study, the data were obtained from secondary sources, mainly those that have been provided by Turkish Statistical Institute. A descriptive analysis was performed in this study. Within the study, it was determined that the number of tourists coming for health purposes and the share of health expenditures of tourists in total tourism income have increased over the years. Besides, it was seen that the average spending of tourists visiting Turkey for healthcare is much more than the average expenditure of all tourists.

Keywords

Health, Tourism, Income, Expenditure, Turkey

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Introduction

It is known that individuals travel in order to protect or regain their health. Those individuals, who wish to receive healthcare services in a country other than their own, have various motivations. For example, Jaapar, Musa, Moghavvemi, and Saab (2017: 540) listed these motivations for medical tourism within the scope of health tourism as follows: Cost-saving, timely service, combining medical care and holidays, cultural similarities, regulations relating to certain medical treatment or procedures (i.e. restricted, prohibited or unavailable), the quality of medical services, information availability and supporting services. Similarly, Aydın (2012: 93) stated that health tourism was spreading for reasons such as cost advantage, waiting lists, international travel becoming easier and economical, and that many countries provide healthcare services with high-level technology and at higher standards.

It is seen that an increasing number of tourists is involved in health tourism with different motivations. It can be said that Turkey has a significant potential due to having rich facilities in all types of health tourism. In order to analyze further, firstly, the current state of health tourism should be evaluated. The aim of this study is to evaluate health tourism in terms of the number of tourists coming for healthcare purposes and the amounts these tourists spend. In the present study, firstly, the concept of health tourism is explained, and types of health tourism are discussed. The method section describes how the data are obtained, and how they are evaluated. After presenting the findings of the study, it is completed with conclusions and recommendations.

Concept of Health Tourism

The World Health Organization (2018) defines health, not only as mere absence of disease or infirmity, but as a state of complete physical, mental and social well-being. Health is one of the major reasons that lead people to travel for touristic purposes. In its simplest definition, health tourism is defined as a type of tourism of which the main purpose is to protect or improve health (Szymanska, 2015: 1008). The Healthcare Tourism Coordination Committee (HTCC) defines health tourism as visits of individuals to a country other than their country of residence in order to receive preventive, therapeutic, rehabilitating and health promotion services (HTCC, 2018). According to the definition, it can be concluded that only the visits to another country to receive health care are considered within the scope of health tourism. However, it can be said that travels within the country should be included in the definition of health tourism as well. According to the World Tourism Organization and the European Travel Commission (2018: 63), "health tourism covers those types of tourism which have as a primary motivation, the contribution to physical, mental and/or spiritual health through medical and wellness-based activities which increase

the capacity of individuals to satisfy their own needs and function better as individuals in their environment and society.”

Health tourism has its own subsections. It can be seen that the Healthcare Tourism Coordination Committee sub-classified health tourism as thermal health tourism, third age tourism, disabled tourism and medical tourism (HTCC, 2018).

Thermal tourism is defined as “using waters with molten minerals for the purpose of relaxation, freshen up, treatment, etc.” (Kozak, Akoglan Kozak, & Kozak, 2015: 31). Thermal tourism is a type of tourism that can be seen throughout the year as an alternative to Turkey’s traditional sea, sand and sun tourism (Emir & Arslanturk, 2015: 566).

Third age tourism is defined as elderly people in need of care traveling to another country to meet their care needs (Ozsarı & Karatana, 2013: 140). Third age tourism is also referred to in the literature as elderly tourism, silver tourism, and senior tourism (Aydemir & Kılıc, 2017: 19).

The third type of health tourism is **disabled tourism**. Individuals with disabilities can participate in tourism activities with implementation of appropriate and adequate arrangements for them (Dogru, Kaygalak, Miral Cavdırılı, & Bahceci, 2014: 34). The participation of individuals with disabilities in tourism activities both enriches their lives and contributes to the tourism revenues of countries (Sahin & Erkal, 2012: 2).

One of the fastest-growing sectors within the scope of health tourism, however, is **medical tourism** (Heung, Kucukusta, & Song, 2011: 995). Medical tourists receive medical services abroad due to high costs, lack of insurance, long waiting times and domestically unavailable treatments (Chuang, Liu, Lu, & Lee, 2014: 49).

Health tourism, one of the oldest forms of tourism, dates back to ancient times, and since that time, society has been interested in finding some effective methods for maintaining health (Draghici, Diaconu, Teodorescu, Pintilii, & Ciobotaru, 2016: 387). Ridderstaat, Singh, and DeMicco (2018: 2) stated that health tourism had been practiced for thousands of years, dated back to Egyptians, Greeks and Romans, and that in those days, people had travelled to holy places to soothe and heal their spirits or to take advantage of warm thermal baths which had been thought to be good for the joints. Nowadays, it is possible to say, with technological developments, that individuals can travel easily to many different countries in order to get healthcare services, and that health tourism has a significant share in tourism revenues, in terms of the countries accepting tourists.

For 2015, the World Tourism Organization and the European Travel Commission (2018: 68-70) listed the countries that earned the highest income from health-related

international travel and spent the highest amounts for health-related international travel. Accordingly, for the year 2015, the United States was the country that earned the highest income from the health-related international travels and spent the highest amounts. In total, it generated USD 3,598 million as income, and spent USD 1,828 million. Turkey had the second ranking in terms of the highest income, and is followed by Jordan, France, Hungary, Republic of Korea, Thailand, Costa Rica, Belgium, Mexico, Czech Republic and India, respectively. In terms of expenditure, Kuwait ranks second, with USD 1,569 million. Kuwait is followed by Germany, Nigeria, Belgium, Canada, Oman and France, respectively. It is noteworthy that Turkey is not listed within the 25 countries with the highest expenditures, while ranking second in the list of the highest income. Brazil is at the bottom of the list with USD 32 million in terms of income, while Kazakhstan is at the bottom, with USD 35 million in terms of expenditures.

It can be said that many different factors play a role in the development of health tourism. These factors include the high added value of health tourism, presence of tourists who need high-quality health services with low cost, destinations willing to increase the foreign exchange input and continuous change due to the structure of the tourism sector (Bayın, 2015: 50). It is also stated by Loh (2015: 174) that unavailability or inaccessibility of health services in the domestic market is the major driving factor, and that health tourism seems to have gone through a major change in terms of the type of service sought and the demographic characteristics of consumers. Barca, Akdeve, and Gedik Balay (2013: 65) state that, while individuals with sufficient financial condition from developing and underdeveloped countries are traveling to developed countries, the direction of travel has changed because these countries can compete with developed countries due to developments in the field of medicine and lower charges in these countries. Aydın (2012: 93) states that, in the 21st century, patients go to places where the cost is lower and the waiting time is short for treatment purposes, and also adds that the most preferred countries are India, Cuba, Costa Rica, Thailand, Singapore, Colombia and the Philippines. It can be said that although low charges are important among the reasons that make these countries attractive for health care, tourists have many different motivations in selecting the country they will travel to for healthcare. For example, Jaapar, Musa, Moghavvemi, and Saub (2017) examined dental health tourism, and stated that the cost factor was the third most important factor in tourist motivations related to dental health services, after dental care quality and dental care information access. As a matter of fact, Dryglas and Salamaga (2018: 235) stated that despite them being relatively popular especially in developing countries, elite people were still traveling to expensive but reliable medical tourism destinations such as the United States, Switzerland, Germany and the UK, while medical tourism destinations within the scope of health tourism could be found in all continents.

Different organizations organize health tourism activities, which are preferred by tourists with various motivations. In Turkey, The Ministry of Culture and Tourism acts as a policymaker, guide and supervisor for businesses such as accommodation and travel establishments directly linked to the sector, and The Ministry of Health undertakes the establishment of healthcare institutions, training and recruitment of the necessary personnel and supervision of health care institutions (Altın, Bektas, Antep, & Irban, 2012: 158).

Method

In this study, health tourism has been evaluated from the economic point of view, considering the number of tourists and their spending amount for healthcare purposes in Turkey. For this purpose, data were obtained from secondary sources. Secondary data, defined as previously compiled data, allows researchers to conduct a rich study, whether crude or classified (Coskun, Altunisik, Bayraktaroglu, & Yildirim, 2015: 76). In the study, statistics of tourism income by type of expenditure, and departing visitors by the purpose of visit were used as secondary sources provided by Turkey Statistical Institute (TURKSTAT). When statistics provided by TURKSTAT are analyzed, statistics of the departing visitor according to the purpose of visit start in 2003, and tourism income statistics according to the type of expenditure starts in 2002. For this reason, 2003 was taken as the starting point in terms of the number of visitors, and 2002 in terms of income.

The data collected within the scope of the research were subjected to a descriptive analysis. In the descriptive analysis, which provides the presentation of the findings obtained in an edited and interpreted way, firstly, the data are described systematically and clearly, and then, the descriptions are explained and interpreted, cause-effect relationships are revealed and some results are obtained (Yildirim & Simsek, 2016: 239-240). In this study, data are presented as tables and evaluated, then, results are explained.

Findings

It is known that many tourists travel within the tourism sector for healthcare purposes. This study is conducted to determine the economic contribution of tourists traveling for healthcare purposes to Turkey. According to TURKSTAT data, the total number of incoming tourists to Turkey, and share of tourists traveling for health tourism and rates of increase in the number of tourists compared to the previous year, are given in Table 1.

Table 1
Number of Tourists and Increase Rates

Years	Total Number of Visitors	Total Number of Visitors for Healthcare Purpose		Years	Percentage of Increase in the Total Number of Incoming Visitors	Percentage of Increase in the Total Number of Visitors for Healthcare Purpose
		Number	Percent			
2003	16 302 048	139 971	0.86			
2004	20 262 645	171 994	0.85	2004/2003	24.30	22.88
2005	24 124 504	220 338	0.91	2005/2004	19.06	28.11
2006	23 148 670	193 728	0.84	2006/2005	-4.04	-12.08
2007	27 214 986	198 554	0.73	2007/2006	17.57	2.49
2008	30 979 974	224 654	0.73	2008/2007	13.83	13.15
2009	31 972 377	201 222	0.63	2009/2008	3.20	-10.43
2010	33 027 941	163 252	0.49	2010/2009	3.30	-18.87
2011	36 151 327	187 363	0.52	2011/2010	9.46	14.77
2012	36 463 921	216 229	0.59	2012/2011	0.86	15.41
2013	39 226 226	267 461	0.68	2013/2012	7.58	23.69
2014	41 415 070	414 658	1.00	2014/2013	5.58	55.03
2015	41 617 530	360 180	0.87	2015/2014	0.49	-13.14
2016	31 365 330	377 384	1.20	2016/2015	-24.63	4.78
2017	38 620 346	433 292	1.12	2017/2016	23.13	14.81
2018	45 628 673	551 748	1.21	2018/2017	18.15	27.34

Source: TURKSTAT, 2018

45,628,673 tourists visited Turkey in 2018, and 551,748 of these tourists came for health purposes. The number of tourists visiting Turkey was the highest in the year 2018. The highest number of incoming tourists for health purposes was in 2018. According to data, it can be said that there is an upward trend in the number of tourists and health-oriented tourists coming to Turkey. Using the data provided by TURKSTAT, the ratio of the number of tourists arriving for health purposes in the number of total tourists was calculated. It can be seen that the ratio of the number of incoming tourists for healthcare purposes in the total number of tourists was 0.86% in 2003, and this figure was 1.21% as of the end of 2018. The highest ratio of the number of tourists arriving for health purposes in the number of total incoming tourist was in 2018.

When the increase rate of the number of incoming tourists is examined, it is seen that the biggest decrease in the number of tourists occurred in 2016. However, it is observed that the number of tourists arriving dropped only in 2006 and 2016 from 2003 to 2018. The biggest increase was in 2004. It is seen that the number of tourists arriving increased the most in 2017 after 2004. This increase can be largely interpreted as an indication of recovery in the tourism sector after the number of tourist arrivals had a decline in 2016. When Table 1 is examined, it may seem as 2016 was the year when the biggest decline was observed, but 2016 was not the year when the number of tourists was the lowest. Similarly, it may seem that the biggest increase occurred in

2004, but 2004 was not the year when the number of tourists was the highest, because in Table 1, only the increase rate of the number of incoming tourists compared to the previous year is given.

When the rate of increase in the number of incoming tourists for healthcare purposes is examined, it is determined that the biggest increase was realized in 2014, and the biggest decrease was realized in 2010. In the same way, 2014 was not the year in which the highest number of tourists visiting Turkey for health purposes, and 2010 was not the year when the number of tourists visiting Turkey for health purposes was the lowest. Table 2 shows tourism incomes and the expenditure amount of tourists visiting for healthcare purposes and, in order to obtain more detailed information, increase rates of tourism incomes and health expenditures are provided as compared to the previous year.

Table 2

Tourism Incomes and Tourist Expenditures for Healthcare Purposes and Increase Rates

Years	Tourism Incomes (Thousand \$)	Expenditures for Healthcare Purposes		Years	Percentage of Increase in Income	Percentage of Increase in Expenditures on Health
		Quantity (Thousand \$)	Percent			
2002	12 420 519	147 844	1.19			
2003	13 854 868	203 703	1.47	2003/2002	11.55	37.78
2004	17 076 609	283 789	1.66	2004/2003	23.25	39.32
2005	20 322 110	343 181	1.69	2005/2004	19.01	20.93
2006	18 593 950	382 412	2.06	2006/2005	-8.50	11.43
2007	20 942 500	441 677	2.11	2007/2006	12.63	15.50
2008	25 415 067	486 342	1.91	2008/2007	21.37	10.11
2009	25 064 481	447 296	1.78	2009/2008	-1.39	-8.03
2010	24 930 996	433 398	1.74	2010/2009	-0.53	-3.11
2011	28 115 693	488 443	1.74	2011/2010	12.77	12.70
2012	29 007 003	627 862	2.16	2012/2011	3.17	28.54
2013	32 308 991	772 901	2.39	2013/2012	11.38	23.10
2014	34 305 904	837 796	2.44	2014/2013	6.18	8.40
2015	31 464 777	638 622	2.03	2015/2014	-8.28	-23.77
2016	22 107 440	715 438	3.24	2016/2015	-29.74	12.03
2017	26 283 656	827 331	3.15	2017/2016	18.89	15.64
2018	29 512 926	863 307	2.93	2018/2017	12.29	4.35

Source: TURKSTAT, 2018

Turkey achieved 29 billion 512 million dollars in tourism income in 2018. 863 million of this income was obtained from tourists visiting the country for healthcare purposes. It can be said that tourism incomes and expenditures of tourists visiting for healthcare purposes tend to increase generally in these years. When it is examined year by year, it is seen that the year in which tourism incomes were highest was 2014. In terms of the number of incoming tourists, 2018 was the year with the highest number of tourists. It was found that, while the number of incoming tourists was 4,213,603 less in 2014 compared to 2018, income was 4 billion 792 million more.

When the income obtained from incoming tourists for healthcare purposes is examined, it is seen that the highest income was obtained in 2018. The year 2018 has also been the year with the highest number of tourists visiting for healthcare purposes. Based on the data provided by TURKSTAT, the ratio of tourism expenditures for health-related tourists in the total tourism incomes were calculated by years. It can be seen that the ratio of tourist expenditures for healthcare purposes in total income was 1.19% in 2002, and this figure was 2.93% as of the end of 2018. While the number of incoming tourists for healthcare purposes and the amount of expenditure of these tourists were the highest in 2018, the highest ratio of tourist expenditures for health purposes in total tourism income was in 2016.

When examining the increase in the amount of income, it is realized that the biggest increase occurred in 2004, and the biggest decrease occurred in 2016. It is observed that the biggest increase in healthcare expenditures was in 2004, and the biggest decrease was in 2015. Although the biggest decline in tourism income was in 2016, compared to the previous year, a 12.03% increase in healthcare expenditures of tourists could be seen in 2016. Likewise, although there was a decrease in income in 2006, there was an increase of 11.43% in the amount of spending on healthcare expenditures.

The average spending amount of tourists was calculated (Table 1-Table 2) by considering the number of incoming tourists, the amount of income, the number of tourists visiting for healthcare purposes and the amount of these tourists' expenditure. It is seen, that in terms of the average, the per capita expenditure of tourists traveling for healthcare was 1565 dollars in 2018. According to the total number of tourist arrivals and total tourism income, it is seen that the average tourist expenditure was 647 dollars for the year of 2018. Average tourist expenditure was the lowest in 2018, from 2003 until 2018. Table 3 shows a comparison between the average expenditure of tourists and the average expenditure of incoming tourists for healthcare purposes.

Table 3
Average Expenditure Amount of Tourists

Years	Average Expenditure of Incoming Visitors to Turkey (\$)	Average Expenditure of Visitors For Healthcare Purposes (\$)
2003	850	1455
2004	843	1650
2005	842	1558
2006	803	1974
2007	770	2224
2008	820	2165
2009	784	2223
2010	755	2655
2011	778	2607
2012	795	2904
2013	824	2890
2014	828	2020
2015	756	1773
2016	705	1896
2017	681	1909
2018	647	1565

Source: TURKSTAT, 2018

When the data are compared, it is seen that the average spending amount of incoming tourists for healthcare purposes is higher than the average expenditure of all incoming tourists. In this sense, it can be said that attracting more health tourists will make a significant contribution to the increase of tourism income.

Conclusions and Recommendations

Better prospective plans can be prepared to identify and improve the current situation. Therefore, in this study, health tourism in Turkey has been evaluated from an economic perspective, and the development of health tourism has been tried to put forward. As a result of the evaluation carried out in this direction, a number of findings on the amount of expenditure of tourists and the number of incoming tourists who visited Turkey for healthcare purposes are presented. It is seen that the number of tourists coming for healthcare purposes has increased by 294.19% from 2003 to 2018, and the share of health tourists within the number of tourists has increased by 40.70%. However, it has been determined that health expenditures have increased by 483.93% from 2002 to 2018, while the share of health expenditures in total income has increased by 146.22%. Accordingly, it can be said that demand for health tourism has increased in terms of Turkey.

Health tourists' average expenditures have been found to be higher than the average expenditure of all tourists. For this reason, it would be beneficial to increase initiatives in terms of the sector for increasing the number of tourists visiting for health purposes.

Turkey ranking second in the list of highest income for health-related international travels indicates that tourists have different motivations to visit Turkey for healthcare purposes. Therefore, within the scope of future academic studies, firstly, profiles of health tourists visiting Turkey should be found. It could be determined which health tourism activities tourists are visiting for, with what motivations they come to Turkey. At the same time, the expectations and experiences of the tourists can be identified and compared.

This study has some limitations. This study only evaluated health tourism in terms of Turkey and within the scope of Turkey, the assessment has been made only about the tourists coming from abroad to Turkey. In terms of domestic tourism, no evaluation has been made regarding the tourists participating in health tourism in this study. However, citizens and foreigners have not been evaluated separately in terms of incoming tourists to Turkey. The evaluations are based on the total number of tourists, including foreigners and citizens. Accordingly, health tourism can be evaluated in terms of domestic tourism in future studies, citizens and foreigners coming to Turkey can be handled separately.

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