MEDICAL TOURISM DETERMINANTS AND SATISFACTION: A CASE OF TURKIYE

Safak CINAR
Health Sciences University,
Gulhane Health Services Vocational School,
Türkiye
E-mail: safak.cinar@sbu.edu.tr

Derya SIVUK
(Corresponding Author)
Ankara Hacı Bayram Veli University,
Faculty of Economics and Administrative Sciences,
Türkiye
E-mail: derya.sivuk@hbv.edu.tr

Jiahui WANG
University of Massachusetts Amherst,
Isenberg School of Management,
United States
E-mail: jiahuiw@umass.edu

Muzaffer UYSAL
University of Massachusetts Amherst,
Isenberg School of Management,
United States
E-mail: muysal@isenberg.umass.edu

Abstract

Purpose – This study aims to provide fresh insights into the primary factors influencing foreign patients' satisfaction in medical tourism. Specifically, it seeks to understand how the quality of medical services in Türkiye, environmental factors, and demographic variables affect international patient satisfaction.
Methodology/Design/Approach – Data were collected from 412 international patients in Türkiye. Exploratory Factor Analysis (EFA) was used to identify dimensions of satisfaction. Subsequently, correlation and multiple regression analyses examined the relationships between these satisfaction dimensions and variables such as patient age, treatment budget, and revisit intention.
Findings – Results reveal significant variation in satisfaction levels across hypothesized factors (e.g., service quality, environmental aspects). Notably, patients from Africa, Europe, Asia, and the Middle East exhibited meaningful differences in satisfaction linked to demographics, budget, and intent to return.
Originality of the research – This study is among the first to systematically model the key determinants of patient satisfaction in international medical tourism within the Türkiye context. Quantitatively analyzing regional and demographic distinctions, it contributes novel theoretical and practical insights into literature.
Keywords medical tourism, patient satisfaction, service quality, demographic factors, Türkiye

Original scientific paper
Received 03 July 2025
Revised 18 September 2025
Accepted 17 October 2025
https://doi.org/10.20867/thm.32.3.10

INTRODUCTION

Medical tourism is increasingly recognized as one of the most dynamic sectors in the global health and tourism sector. This sector has a positive impact on local economies by generating income and employment, stimulating business development, and fostering business development. Patients traveling abroad for medical treatment spend money on a variety of goods and services, including medical treatments, accommodation, transportation, food, and entertainment, creating a significant source of income for local businesses (Medical Tourism Magazine, 2021). The development and scaling of medical and health tourism is expected to help increase revenue from medical and health tourism and subsequently support the economic growth of the entire region. A study by Beladi et al. (2019) confirmed that medical tourism has a positive impact on the growth of host economies, particularly in non-OECD countries. Furthermore, a study by Sarantopoulos & Demetris (2015) investigating the contribution of medical tourism to economic and tourism development in Greece also indicated that medical tourism can positively contribute to the economic development of the region and the development of tourism in the country.

Many countries (e.g., Thailand, India, Singapore, Malaysia, Hungary, Poland, and Malta) recognize the potential impact of medical tourism on economic development. These countries promote medical tourism through national government institutions and policy initiatives, viewing these activities as supporting activities within official economic development and tourism policy (Lunt et al., 2011). Nearly 14 million people travel abroad each year to seek medical treatment. The global medical tourism market is valued at $24.1 billion in 2023 and is expected to exceed $100 billion by 2032 (Medical Tourism Association, 2024). Advances in medical care technologies, rising costs of care, the supply–demand mismatch in healthcare (Kundury et al., 2024), and the need to stay informed and up to date on innovations, security, and privacy regulations (Bagga et al., 2020) are contributing to the continued growth of medical tourism services globally.

Satisfaction and loyalty are crucial factors for the success of tourist destinations. If satisfaction is a result of past experiences, loyalty is seen as a desired outcome in the future. Loyal tourists tend to have positive attitudes and intentions to revisit (Kim et al., 2017; Wang & Li, 2023). Previous studies have also shown that patient satisfaction plays a central role in encouraging loyalty and increasing repeat visits (e.g., Han & Hyun, 2015; Nakhaeinejad et al., 2022). This suggests that patient satisfaction and loyalty are critical to the success of medical tourism destinations and that these factors directly influence destination preferences and revisit intentions.

Given the economic potential offered by medical tourism in the tourism sector, this study aims to analyze the satisfaction and loyalty of medical tourists in different source markets in Türkiye. To analyze these effects, the research examines the role of key determinants such as country environment, tourism destination, facilities and services, and medical tourism costs. Despite the rapid growth of medical tourism globally, there is limited research examining the combined effects of environmental, service, and experience factors on tourist satisfaction and loyalty, particularly in the Turkish context. Understanding these relationships is critical for policymakers, healthcare providers, and tourism managers seeking to enhance destination competitiveness and ensure sustainable growth in the medical tourism sector.

1. LITERATURE REVIEW

1.1 Medical Tourism and Determinant Factors

Medical tourism, a specialized branch of health tourism, involves individuals traveling across national borders to receive medical, dental, or surgical care (Connell, 2006). Existing literature (Connell, 2006; Lunt et al., 2011; Connell, 2013) identifies factors such as technology, quality of care, waiting times, cost-effectiveness, cultural factors, and ease of access as the main determinants of medical tourism. Capar & Aslan (2020) identified the factors influencing destination selection in medical tourism as, in order of importance, accessibility to healthcare, level of safety and security, quality of healthcare, level of hygiene, savings potential (low cost), and tourism opportunities. In another study by Bagga et al. (2020), various factors such as low-cost medical expenses, state-of-the-art medical equipment, the dual service of medical treatment plus tourism (holiday), and the medical ecosystem of the host country were revealed when choosing a medical tourism destination. Zakaria et al. (2023) found that the availability of experienced and well-trained doctors, high-standard hospital/medical facilities, and quality treatment and medical supplies were the top determinants of Bangladeshi patients' decision-making process. A study by Mandagi & Tappy (2023) identified the following factors as determining the attractiveness of medical tourism: economic factors (cost of medical expenses, destination competitiveness, and economic diversity), cultural and social factors (destination characteristics, tourism and vacation experience, and geographic distance), healthcare infrastructure and quality standards (service quality factors, medical treatment quality, and government support for medical tourism infrastructure), and marketing and promotional strategies (branding, marketing, and destination perception). Toni et al. (2024) identified the antecedents of patient satisfaction in the medical tourism sector as treatment quality, cost attractiveness, destination image, and service quality.

1.1.1 Country Environment

In medical tourism, the destination country is often referred to as the destination, and the choice of country determines the demand side of the medical tourism sector (Heung, Kucukusta, & Song, 2010). The macro-level environment of the host country, including political stability, economic health, legal policies, and international reputation, significantly influences medical tourists' choices (Fetscherin & Stephano, 2016). A study by Manaf et al. (2015) addressed tourism security in terms of terrorism and crime, visa and immigration procedures, and political stability within the scope of country factors. Another study conducted in Iran by Lajevardi (2016) revealed that destination image, political stability, terrorist and criminal activities, and ease of transportation and travel are influential factors in medical tourism choice. In addition to these factors, cultural and social influences shape patient satisfaction, particularly in various societies. Religious beliefs, cultural perceptions of health and illness, and social isolation may influence how patients perceive and evaluate care services (Fadhal & Dioso, 2025). A study by Aydın and Karamehmet (2017) showed that socio-cultural factors (e.g., language, religion, eating habits and daily life characteristics) are important in tourists' destination selection.

1.1.2 Tourism Destination

Medical tourists seek not only medical services but also entertainment, relaxation, and wellness. In addition to medical treatment, they also take advantage of the opportunities (e.g., accommodation and travel) and advantages offered by the destination (Heung, Kucukusta, & Song, 2010; Smith & Puczko, 2009). Yu & Ko (2012) demonstrated the importance of accommodation for Japanese and Chinese tourists. Therefore, combining treatment in the destination country with tourism activities emerges as an attractive factor for patients (Connell, 2006). A destination's attractiveness and exotic nature, favourable weather conditions, natural beauty, and complementary activities contribute to a destination's overall appeal (Fetscherin & Stephano, 2016). A study by Lwin et al. (2021) revealed that destination attractiveness has a positive impact on tourist satisfaction. A separate study by Bader et al (2023) found that destination attractiveness has a significant impact on medical tourists' satisfaction and revisit intentions. Toni et al. (2024) also demonstrated the impact of destination image on patient satisfaction. Because medical tourists can visit the destination country's top tourist attractions, the tourism services offered by the destination provide greater added value (Kundury et al, 2024).

1.1.3 Facilities and Services

Facilities and services directly influence patient decisions. High-quality healthcare, competent professionals, and modern equipment are key elements in this process (Fetscherin & Stephano, 2016). Studies have found that service quality and facilities (Sarwar et al., 2012; Lwin et al., 2021; Asnawi et al., 2019; Fatima et al., 2018; Naidu, 2009; Zhou et al., 2017; Bader et al., 2023; Toni et al., 2024) are among the factors that affect patient satisfaction. A study conducted by AlOmari (2022) to reveal the impact of care cost and service quality on patient satisfaction emphasized that service quality has a greater impact on patient satisfaction than care cost. Rasheed and Abadi (2014) found a positive relationship between service quality and trust, service quality and perceived value, trust and customer loyalty, and perceived value and customer loyalty. Consequently, the findings suggest that service quality is among the antecedents of customer loyalty. On the other hand, researchers (Liu et al., 2021; Abdul-Rahman et al., 2023) found that service quality did not predict participants' intention to revisit a destination. In addition to the quality element, communication and expertise among staff (especially doctors) (Ham et al., 2015; Han & Hyun, 2015; Park et al., 2021; Fadhal & Dioso, 2025; Afthanorhan et al., 2018; Ali et al., 2025), hospital environment (Li et al., 2022; Rahman et al., 2021), service delivery and features, interior decoration, and cleanliness (Rahman et al., 2021; Ai et al., 2022) have been determined to be other factors affecting patient satisfaction.

1.1.4 Medical Tourism Costs

Many people can attain high-quality medical care at a fraction of the cost by traveling overseas (Medical Tourism Association, 2022). The importance of cost in medical tourism is emphasized in the literature (e.g., Connell, 2006; Sarwar et al., 2012; Connell, 2013; Fetscherin & Stephano, 2016; Toni et al., 2024; Fisher & Sood, 2014), and low costs for travel, accommodation, and treatment are important. Research also demonstrates the importance of cost among the factors affecting patient satisfaction and loyalty. A study by Afthanorhan et al. (2018) revealed that medical price has a positive effect on patient loyalty. Another study by Bader et al. (2023) found that value for money has a significant impact on health tourists' satisfaction and revisit intention. Abdul-Rahman et al. (2023) found that participants' intention to revisit a destination was significantly predicted by affordable expenses, medical tourism infrastructure, clinical trust, and well-being. Furthermore, Yu & Ko (2012) stated that Japanese and Chinese tourists prioritize cost when purchasing medical services.

1.2 Medical Tourism Satisfaction and Loyalty

Satisfaction is defined as the direction and magnitude of the difference between expected and perceived service quality (Thompson & Yarnold, 1995). Satisfaction and dissatisfaction are not merely performance evaluations; they involve both cognitive and emotional judgments (Oliver, 2014). It has been stated that the factors that most influence patient satisfaction are physician and nurse factors (Chahal & Mehta, 2013). For example, in a study conducted by Boquiren et al. (2015) on patient satisfaction and patient satisfaction with doctors, the doctor's communication skills, behaviours, technical skills, knowledge, and personal characteristics were listed among the factors that influence doctor satisfaction. In another study by Tung & Chang (2009), in terms of clinical quality, the doctor's technical skills were found to be the most relevant, followed by the doctor's interpersonal skills.

Studies have shown that satisfaction and loyalty significantly affect intentions to revisit a destination country (Rahman et al., 2021; Yıldırım et al., 2022; Meesala & Paul, 2018; Asnawi et al., 2019; Kessler & Mylod, 2011; Zhou et al., 2017). Studies have also shown that satisfaction and loyalty influence word-of-mouth communication. Heydari Fard et al. (2019) found that medical tourists' satisfaction with their trip leads to revisit intentions, which in turn influence word-of-mouth communication. Another study by Ai et al. (2022) found that patients' satisfaction and trust had a high and significant impact on revisit intentions, willingness to pay for first-class healthcare, and word-of-mouth marketing activities related to healthcare services. Nguyen et al. (2021) stated that customer satisfaction and customer-perceived value significantly influence customer loyalty, including word of mouth and revisit intention. Chang et al. (2013) also noted that high patient satisfaction alone is not sufficient and must be combined with patient involvement in diagnostic and treatment decision-making processes to ensure patient loyalty.

2. METHODOLOGY

2.1 Data and Sampling

The target population of this study consisted of 302,416 medical tourists who received healthcare services in Istanbul (n = 251,858) and Ankara (n = 50,558), two of Türkiye's leading medical tourism destinations (Republic of Turkey Ministry of Health, 2019). Data was collected voluntarily from participants between October 1, 2019, and March 1, 2021. A total of 437 medical tourists were reached; however, 22 responses were excluded due to missing data, resulting in 415 valid responses. The rate of usable questionnaires was 94.9% of the total distributed questionnaires. Of the 415 valid questionnaires, 150 were obtained from Istanbul (36.14%), and 265 were collected from Ankara (63.86%). When determining the study's sample, considering the financial

constraints and time limitations, the simple random sampling method, one of the random sampling techniques, was selected. Of the responses, 82.41% (n = 342) were collected through face-to-face surveys, while 17.59% (n = 73) were collected online.

The data collection period coincided with the onset and progression of the COVID-19 pandemic, which may have influenced medical tourists' behaviors, including travel decisions, choice of healthcare facilities, and perceptions of safety and service quality. While data collection adhered to safety protocols, it is acknowledged that participants' responses may reflect pandemic-related concerns, which could have affected satisfaction and loyalty assessments. However, key determinants in medical tourism, such as country context, healthcare infrastructure, service quality, and costs, have remained largely stable during this period, preserving the validity of the data for the purpose of this study.

2.2 The Questionnaire and Measurement

The first section of the questionnaire focused on the demographic characteristics of the participants. The second section included the determinants of medical tourism, adapted from Fetscherin & Stephano (2016), comprising four dimensions: *Country Environment* (7 items), *Tourism Destination* (5 items), *Medical Tourism Costs* (5 items), and *Facilities and Services* (17 items). To strengthen the "Facilities and Services" dimension, three items were added based on the work of Omisore and Agbabiaka (2016): shorter waiting times for healthcare services, coordination of the hospital and insurance with the patient, and the cleanliness and hygiene of the hospital. All items in this section were measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

In the final section of the questionnaire, satisfaction levels regarding doctors, clinics, and overall service quality were measured using items adapted from Kim et al. (2017) and Mechinda et al. (2010). These items were also rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Additionally, the questionnaire included supplementary questions related to participants' medical tourism behaviors, such as budget, types of medical treatments received, insurance type, and country of origin.

The survey was translated into five languages (English, French, Arabic, Russian, and Persian) following standard cross-cultural adaptation procedures. It was then back translated into Turkish by independent translators to ensure semantic equivalence. Discrepancies were discussed and resolved by a committee of researchers. Additionally, the survey was pilot tested with 30 health tourists from different language groups to assess clarity, comprehensibility, and cultural appropriateness. Based on their feedback, minor adjustments were made to ensure the survey was both linguistically accurate and culturally appropriate for all participants.

3. DATA ANALYSIS AND RESULTS

3.1 Data Analysis

Initially, a power analysis was conducted using G*Power software (version 3.1.9.2) to determine whether the sample size was sufficient to detect statistically significant effects. Based on the responses from 415 participants, with a significance level set at $\alpha = 0.05$, the calculated effect size was 1.0868, and the post hoc statistical power was found to be 1.00. Since the minimum acceptable power for post hoc analysis is 0.67, the obtained value indicated that the sample size was adequate for further analysis.

Data analysis was performed in two main stages. First, an exploratory factor analysis (EFA) was conducted on the items measuring the medical tourism index and satisfaction to identify the underlying factor structure and validate the applicability of the Medical Tourism Index to the Turkish context. The EFA revealed four dimensions for the medical tourism index: Facilities and Services, Country Environment, Tourism Destination, and Medical Tourism Costs. Additionally, two satisfaction-related factors were identified: Doctor and Clinic Satisfaction, and Overall Satisfaction. In the second stage, correlation and regression analyses were conducted to examine the relationships among determinants and satisfactions.

3.2 Profile of Respondents

Among the participants, 55.9% (n = 232) were male and 44.1% (n = 183) were female. Of the participants, 25.3% (n = 105) were between the ages of 25-34, and 48.7% (n = 202) were married. Additionally, 35.9% (n = 149) were high school graduates or held lower levels of education. The descriptive analysis revealed that 26.0% (n = 108) of the participants were from Middle Eastern countries, while 27.7% (n = 115) came from African countries. Furthermore, over 53% of the participants reported a monthly income between $1500 and $3000. The mean budget allocated for medical treatment was around $8000, and the median was $4000. Over 79.3% travelled to Turkiye for medical treatment. Less than 5% of the medical tourists indicated that their life was "bad," whereas almost 50% indicated the quality of their life was "good" or "particularly good." It is important to note that nearly 30% of respondents had no insurance. The study also found that the health services received by participants varied across different medical fields. The most popular medical services were thoracic surgery, urology, oncology, and bone marrow transplantation (24.02%), followed by orthopaedics and traumatology (10.14%), emergency medical services (7.64%), eye diseases (5.77%), and hair transplantation (5.61%).

3.3 Factor Analysis of the Medical Tourism Index

Before performing factor analysis, the adequacy of the sample was evaluated using the Kaiser-Meyer-Olkin (KMO) measure, which assessed the suitability of the data for factor analysis. Bartlett's test of sphericity was also applied to determine if the correlations between variables were significant, further supporting the appropriateness of factor analysis. The KMO value (11619.58) and the significance of Bartlett's test (p = .00) confirmed the adequacy of the sample. Factor analysis of thirty-seven items from the Medical Tourism Index, using principal components analysis with varimax rotation, identified four key dimensions for Turkiye: "facilities and services," "medical tourism costs," "tourism destination," and "country environment."

The first factor, "Facilities and Services," explained 31.00% of the total variance, followed by "Medical Tourism Costs," which accounted for 11.54%. The remaining two factors each explained less than 10% of the variance in the Medical Tourism Index. All four factors demonstrated high reliability, with Cronbach's alpha values ranging from .962 for "facilities and services" to .809 for "country environment" (Table 1). The results were consistent with the general structure of the Medical Tourism Index in existing literature.

Table 1: **Factor Analysis of the Medical Tourism Index**

Factors	**Component**			
	Factor Loading	**Eigen-Value**	**Explained Variance**	**Reliability Coefficient**
Factor 1: Facility and Services		**15.156**	**31.001%**	**0.962**
Has hospital/medical facilities with good healthcare indicators	.828			
Has high-quality healthcare	.805			
Has well-experienced doctors	.801			
It is known for state-of-the-art medical equipment	.789			
Has well-trained doctors	.774			
Has internationally educated doctors	.766			
The Hospital is Clean and hygienic	.763			
Has internationally certified staff and doctors	.761			
Hospitals/medical facilities I would recommend	.752			
Has internationally accredited hospitals/medical facilities	.746			
Has reputable hospitals/medical facilities	.741			
Has overall a positive medical tourism image	.739			
Has hospital/medical facilities with high standards	.737			
Has internationally certified doctors	.736			
Has doctors I would recommend to my family or friends	.713			
Has quality treatments and medical materials	.707			
Has reputable doctors	.697			
Has friendly staff and doctors	.597			
Has shorter waiting time for medical service	.530			
Has Coordination between patent, hospital, and insurance	.529			
Factor 2: Medical Tourism Costs		**3.305**	**11.541%**	**0.904**
Has low accommodation costs	.847			
It is low cost to travel to	.802			
Has affordable airfares to travel to	.789			
Has low treatment costs	.771			
Has low healthcare costs	.705			
Factor 3: Tourism Destination		**2.367**	**9.558%**	**0.847**
It is a popular tourist destination.	.836			
It has many cultural or natural attractions/sites	.825			
It is an attractive tourist destination	.762			
Is an exotic tourist destination	.720			
Has great weather	.595			

Factors	Component			
	Factor Loading	Eigen-Value	Explained Variance	Reliability Coefficient
Factor 4: Country Environment		**1.941**	**9.439%**	**0.809**
Has a stable economy	.731			
Has a stable exchange rate	.687			
It is safe to travel to	.658			
Has overall a positive country image	.615			
Has low corruption	.611			
It is culturally like mine	.603			
It has a similar language to mine.				
Total variance explained			**61.539%**	**0.951**

Notes: Extraction method – Principal component analysis; Rotation method – Varimax with Kaiser normalization; KMO (Kaiser–Meyer–Olkin measure of sampling adequacy) = 11619.586; Bartlett's test of sphericity: p=0.000).

3.4 Factor Analysis of Satisfactions

To assess medical tourist satisfaction, a list of 14 items covering various aspects of medical treatment and services was subjected to factor analysis using principal components analysis with a varimax rotation. The correlation matrix was found to be statistically significant (p = .000), and the Kaiser-Meyer-Olkin value was 7554.63, indicating sample adequacy. All retained factors had eigenvalues greater than one, with factor loadings exceeding 0.45. Two key factors emerged from the analysis: doctor and clinic satisfaction, and overall satisfaction. The "doctor and clinic satisfaction" factor accounted for the largest share of the total variance at 37.86%, highlighting its importance in driving overall satisfaction. The reliability of these satisfaction dimensions, as measured by Cronbach's alpha, ranged from 0.948 to 0.958, indicating high internal consistency. Combined, these two dimensions of items that drive satisfaction explained over 73% of the variance (Table 2).

Table 2: **Factor Analysis of Satisfaction**

Factors	Component			
	Factor Loading	Eigen-Value	Explained Variance	Reliability Coefficient
Factor 1: Doctor and Clinic Satisfaction		**11.413**	**37.856%**	**0.948**
I am satisfied with my decision to visit this medical clinic	.786			
My decision to visit this medical clinic was a wise one	.772			
I feel particularly good about this medical clinic	.784			
Overall, I am satisfied with this medical clinic	.753			
I am satisfied with my decision to select my doctor	.770			
My decision to select my doctor was a wise one	.757			
I feel particularly good with my doctor	.711			
Overall, I am satisfied with my doctor	.660			
Factor 2: Overall Satisfaction		**1.066**	**35.551%**	**0.958**
I will say positive things about this medical clinic to other people	.622			
I will recommend Turkiye for medical care to my friends and neighbours	.773			
I will say positive things about Turkiye to other people	.810			
Choosing medical tourism service from this hospital/clinic in Turkiye is the right decision	.810			
I am happy with the medical tourism service from this hospital/clinic in Turkiye	.798			
I feel good about my decision to use medical tourism from this hospital/clinic in Turkiye	.787			
Total variance explained		73.407%		0.969

Notes: Extraction method – Principal component analysis; Rotation method – Varimax with Kaiser normalization; KMO (Kaiser–Meyer–Olkin measure of sampling adequacy) = 7554.629; Bartlett's test of sphericity: p=0.000).

3.5 Correlations Analysis

The SPSS software was used to conduct Pearson correlation analysis to explore the relationship between satisfaction and tourism destination determinants, allocated budget, and intention to revisit (Table 3). The results revealed that the four dimensions of medical tourism determinants are significantly correlated with visitors' doctor and clinic satisfaction, while the allocated budget and intention to revisit did not show any significant results. Similarly, medical tourism determinant factors and intention to revisit are significantly associated with overall satisfaction, while the allocated budget did not show a significant correlation with overall satisfaction. These findings indicate that medical tourism determinants and their intention to revisit may lead to higher satisfaction. The significant correlation between the allocated budget and intention to revisit may imply that the cost of treatment in Turkiye is affordable or acceptable for medical tourists.

Table 3: **Pearson Correlation Coefficients among Variables**

	Country Environment	Tourism Destination	Medical Tourism Costs	Facility and Services	Doctor and Clinic Satisfaction	Overall Satisfaction	Allocated Budget	Intention to Revisit
Country Environment	1							
Tourism Destination	.450**	1						
Medical Tourism Costs	.445**	.365**	1					
Facility and Services	.534**	.411**	.431**	1				
Doctor and Clinic Satisfaction	.595**	.445**	.367**	.437**	1			
Overall Satisfaction	.550**	.376**	.389**	.387**	.822**	1		
Allocated Budget ($)	.060	.036	.067	.009	.027	-.006.	1	
Intention to Revisit	.510**	.377**	.300**	.323**	.749	.752**	.804**	1

Table 3 shows the relationship between satisfaction, destination factors, allocated budget, and intention to revisit.

3.6 Regression Analysis

3.6.1 The Influence of Medical Tourism Determinants on Doctor and Clinic Satisfaction

A regression analysis was conducted to examine the relationship between medical tourism determinants and doctor and clinic satisfaction (Table 4). The results revealed a significant impact of the determinants on doctor and clinic satisfaction ($F = 103.724$, $p < .001$; Adjusted $R^2 = .635$). Among the four medical tourism factors, the country environment emerged as the strongest and most significant predictor ($\beta = .211$, $p < .001$), followed by two moderate but statistically significant predictors: tourism destination ($\beta = .092$, $p < .001$) and facility and services ($\beta = .091$, $p = .016$). In contrast, medical tourism costs did not significantly predict doctor and clinic satisfaction ($\beta = .036$, $p = .304$).

Additionally, intention to revisit was used as a proxy for loyalty, and it had the strongest overall effect on doctor and clinic satisfaction ($\beta = .575$, $p < .001$), suggesting that patient loyalty plays a critical role in shaping satisfaction levels. Meanwhile, allocated budget ($\beta = –.002$, $p = .953$) and gender ($\beta = –.03$, $p = .330$) did not exhibit any statistically significant effects on satisfaction. The non-significant result for gender implies that medical treatment choices may be considered gender-neutral and that patients may have already committed to the anticipated medical expenses regardless of gender.

3.6.2 The Influence of Medical Tourism Determinants on Overall Satisfaction

As shown in Table 4, the regression analysis also indicated that medical tourism determinants significantly influence tourists' overall satisfaction ($F = 93.977$, $p < .001$; Adjusted $R^2 = .611$). Country environment remained a strong and significant predictor ($\beta = .153$, $p < .001$), followed by medical tourism costs ($\beta = .111$, $p = .002$). However, the other two dimensions—tourism destination ($\beta = .015$, $p = .670$) and facility and services ($\beta = .050$, $p = .200$)—did not significantly predict overall satisfaction. Furthermore, the intention to revisit again demonstrated the strongest effect on overall satisfaction ($\beta = .619$, $p = .001$), reinforcing the importance of loyalty in the context of medical tourism. Like the previous model, allocated budget ($\beta = –.031$, $p = .308$) and gender ($\beta = –.017$, $p = .580$) did not have any significant influence.

Table 4: **Satisfaction Regression Models as a Function of Medical Tourism Dimensions, Intention to Revisit, Cost-Budget Allocated, and Gender**

	Unstandardized Coefficients		Standardized Coefficients	T-value	Sig.
	B	Std. Error	Beta		
Dependent Variable: Doctor and Clinic Satisfaction					
(Constant)	.115	.129		.894	.372
Country Environment	.211	.044	.196	4.838**	.001
Tourism Destination	.073	.028	.092	2.606*	.010
Medical Tourism Costs	.034	.034	.036	1.028	.304
Facility and Services	.081	.033	.091	2.419*	.016
Intention to revisit	.457	.028	.575	16.301**	.001
Allocated budget ($)	.001	.013	-.002	0.59	.953
Gender	-.041	.042	-.030	-.409	.330
F					103.724
Sig					<.001
Adjusted R^2					.635
Dependent Variable: Overall Satisfaction					
(Constant)	.101	.140		.724	.469
Country Environment	.173	.047	.153	3.664***	<.001
Tourism Destination	-.013	.030	.015	.426	.670
Medical Tourism Costs	.112	.036	.111	3.080**	.002
Facility and Services	.046	.036	.050	1.285	.200
Intention to revisit	.515	.030	.619	17.017**	.001
Allocated budget ($)	-.014	<.014	-.031	-1.021	.308
Gender	-.025	.046	-.017	-.553	.580
F					93.977
Sig					<.001
Adjusted R^2					.611

3.6.3 The Influence of Medical Tourism Determinants on Satisfaction by Source Markets

The impact of key medical tourism determinants on satisfaction was assessed across four source market regions—the Middle East, Europe, Africa, and Asia—using regression analysis. As summarized in Table 5, for the satisfaction with doctor and clinic, country environment and tourism destination showed significant effect only in the Middle East region ($\beta = .151$, $p < .05$). Similarly, medical tourism costs only had significant effect on doctor and clinic satisfaction in Aisa region ($\beta = .214$, $p < .05$), while it didn't show significant effect in other three regions. The determinant facility and services held significance in both Middle East ($\beta = .247$, $p < .01$) and Africa ($\beta = .298$, $p < .001$). In contrast, intention to revisit showed a positive effect on doctor and clinic satisfaction across all four regions (βMiddle East = .717, $p < .001$; βEurope = .617, $p < .001$; βAfrica = .573, $p < .001$; βAsia = .543, $p < .001$). Allocated budgets were not significant at all in four regions (βMiddle East = .053, $p > .05$; βEurope = -.037, $p > .05$; βAfrica = -.011, $p > .05$; βAsia = -.106, $p > .05$).

For overall satisfaction, country environment was only significant in the Africa region ($\beta = .184$, $p < .05$), the determinants tourism destination, medical tourism costs, and allocated budget were not significant across the four regions. The determinant facility and services showed a significant effect on overall satisfaction in the Middle East ($\beta = .18$, $p < .05$) and Africa ($\beta = .182$, $p < .05$) regions. Intention to revisit acted as the strongest predictor across four regions again (βMiddle East = .811, $p < .001$; βEurope = .763, $p < .001$; βAfrica = .624, $p < .001$; βAsia = .727, $p < .001$). These findings suggest that the influence of key medical tourism determinants varies by region, with certain predictors demonstrating stronger effects in specific source markets.

Table 5: **Regression Results of Medical Tourism Determinants on Satisfaction by Source Markets (Middle East, Europe, Africa, and Asia)**

	Doctor and Clinic satisfaction				Overall satisfaction			
	Middle East	**Europe**	**Africa**	**Asia**	**Middle East**	**Europe**	**Africa**	**Asia**
Country environment	.151*	.054	.025	.08	-.052	.013	.184*	-.063
Tourism destination	-.263***	-.046	.026	-.026w	-.114	.092	-.042	-.01
Medical tourism costs	.097	.129	.031	.214*	.058	.064	-.139	-.096
Facility and services	.247**	.190	.298***	.199	.18*	.055	.182*	.123
Intention to revisit	.717***	.617***	.573***	.543***	.811***	.763***	.624***	.727***
Allocated budget	.053	-.037	-.011	-.106	.006	.042	.002	-.051
F	43.22***	26.18***	33.19***	10.97***	41.336***	50.1***	23.55***	10.434***
Adjusted R^2	.703	.632	.629	.545	.693	.770	.543	.531

Table 5 presents the effects of medical tourism determinants on satisfaction across different source markets (Middle East, Europe, Africa, Asia) using regression analysis.

CONCLUSION AND IMPLICATIONS

This study examines medical tourist satisfaction and loyalty in relation to the key determinants of medical tourism. The study was conducted among tourists benefiting from the rapidly growing medical tourism sector in Türkiye. The results revealed that medical tourism determinants had a significant impact on doctor and clinic satisfaction and overall satisfaction. Among the four medical tourism factors, country environment emerged as the strongest and most significant determinant. This result underscores the significant role of country environment in shaping both doctor and clinic satisfaction and overall satisfaction among medical tourists in Türkiye. This also supports previous studies (Fetscherin and Stephano, 2016; Heung et al., 2010; Manaf et al., 2015; Lajevardi, 2016; Fadhal & Dioso, 2025; Aydın & Karamehmet, 2017) showing that factors such as economic stability, national image, political and legal structures, language and cultural proximity, and travel safety are key determinants in patients' selection of medical tourism destinations.

Furthermore, the impact of medical tourism determinants on satisfaction was evaluated in four source market regions (Middle East, Europe, Africa, and Asia). For doctor and clinic satisfaction, country environment and tourism destination showed a significant effect only in the Middle East region ($p < .05$), medical tourism costs only in the Asia region ($p < .05$), and facilities and services in both the Middle East ($p < .01$) and Africa ($p < .001$). For overall satisfaction, country environment only in the Africa region ($p < .05$). 05), facilities and services showed a significant impact on overall satisfaction in the Middle East ($p < 0.05$), and Africa ($p < 0.05$).

Another finding in the study is that revisit intention, used as an indicator of loyalty, has an impact on doctor and clinic satisfaction. This result supports previous findings by researchers (Rahman et al., 2021; Yıldırım et al., 2022 Meesala & Paul, 2018; Asnawi et al., 2019).

While cost advantage is widely cited in the literature as an important factor in destination selection (e.g., Toni et al., 2024), this study found that medical tourism costs have a relatively weak and mostly insignificant effect on satisfaction. This suggests that while cost is a consideration, it may not be the primary driver of satisfaction in the Turkish context. However, in regression analysis across source markets, some tourists reported that cost This was cited as an attractive aspect of medical services in Türkiye. Facilities and services played a secondary but significant role, particularly in relation to physician and clinic satisfaction. This is consistent with previous studies (e.g., Fetscherin & Stephano, 2016; Lwin etal., 2021; Asnawi et al., 2019) that emphasize the importance of healthcare quality, accreditation, reputation of medical professionals, and the overall desire for improved health outcomes.

Theoretical implications

This study contributes to the theoretical understanding of medical tourism by demonstrating that tourist satisfaction is influenced not only by clinical quality but also by broader environmental and experiential factors. It also advances the literature by separately considering the dimensions of doctor/clinic satisfaction and overall satisfaction within the satisfaction model. This distinction highlights how different aspects of the medical tourism experience contribute individually to overall tourist perceptions and loyalty, providing a more nuanced theoretical framework compared to previous research focusing on a single satisfaction dimension. Furthermore, the study supports the development of integrated models that combine service quality, destination attractiveness, and environmental compatibility to better predict tourist satisfaction.

Practical implications

The findings offer clear practical implications for the development of medical tourism. First, to achieve greater economic benefits from tourism, it is crucial for countries to move beyond the traditional "Sea, Sand, Sun" approach and utilize their natural, historical, and cultural assets. Second, given that the country's environment has the most significant impact on both satisfaction dimensions, investments should be directed toward improving security, infrastructure, and accommodation services. Furthermore, policies facilitating international access will enhance tourist experiences and increase satisfaction, making Türkiye a more attractive destination for medical tourists. As the study demonstrates, satisfaction determinants vary across source regions; tailored marketing strategies based on regional preferences are crucial for enhancing Türkiye's attractiveness. For example, emphasizing affordability for Asian tourists and quality services for Middle Eastern visitors could help Türkiye attract a more diverse clientele and enhance its global competitiveness.

LIMITATIONS AND FUTURE RESEARCH

This research has some limitations. The fact that the study was conducted with international health tourists visiting Turkey (from the Middle East, Europe, Africa, and Asia) limits the generalizability of the findings. For example, the satisfaction and loyalty perceptions of health tourists receiving services in different regions, such as Latin America, may vary. Another factor is that the data was collected based on participants' self-reports, which may have limitations such as individual perception differences. The possibility that participants exaggerated or misrepresented their experiences should not be ignored. Finally, the study addressed four key determinants (country environment, health tourism costs, tourism destination, facilities, and services). However, other factors that may influence health tourism decisions (e.g., accessibility of digital health services, social media influences) were excluded. This limits the scope of the model and suggests that these variables should be considered in future studies. In future research, using qualitative methods such as in-depth interviews in addition to quantitative analyses will allow for a better understanding of health tourists' expectations and experiences. This will both strengthen theoretical knowledge and contribute to policy development. More applicable strategies can be developed for makers and practitioners

AI USE DECLARATION

In preparing this manuscript, the author(s) used *ChatGPT* (OpenAI) to enhance the readability and language clarity of the text. After using this tool, the author(s) thoroughly reviewed and edited the content to ensure its accuracy and integrity. The author(s) take full responsibility for the content of the final submitted version.

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Please cite this article as:
Cinar, S., Sivuk, D., Wang, J & Uysal, M. (2026). Medical Tourism Determinants and Satisfaction: A Case of Turkiye. *Tourism and Hospitality Management, 32*(3), 469-480, https://doi.org/10.20867/thm.32.3.10



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