

## PAPER DETAILS

TITLE: INVESTIGATION OF THE WEBSITES OF INTERMEDIARY INSTITUTIONS WITH HEALTH  
TOURISM AUTHORIZATION CERTIFICATE

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## SAĞLIK TURİZMİ YETKİ BELGESİNE SAHİP ARACI KURULUŞLARIN WEB SİTELERİNİN İÇERİK ANALİZİ İLE İNCELENMESİ

### INVESTIGATION OF THE WEBSITES OF INTERMEDIARY INSTITUTIONS WITH HEALTH TOURISM AUTHORIZATION CERTIFICATE BY CONTENT ANALYSIS

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#### Abstract

In this research, it is aimed to examine the websites of intermediary organizations that have received authorization certificates in the field of health tourism by the Ministry of Health, to evaluate them around certain criteria and to present suggestions to policy makers regarding the consequences that may result from existing deficiencies. In this study, which was carried out using the content analysis method, the two criteria that the majority of intermediary institutions pay attention to in their websites were determined as information content of corporate and multilingualism option. Online customer service and status of health tourism information were among the criteria that remained at low rates. In this regard, together with the decisions to be taken by the Ministry of Health or sectoral associations, the information and content that should be standardized on the websites can be determined. All these activities can affect the information of individuals participating in health tourism, their satisfaction, choosing the right health facility, the details of the service and their intention to participate in health tourism again.

**Keywords:** Health tourism, websites of intermediary organizations, content analysis, Ministry of Health

#### Öz

Bu araştırmada Sağlık Bakanlığı tarafından sağlık turizmi alanında yetki belgesi almış aracı kuruluşların web sitelerinin incelenerek belirli kriterler etrafında değerlendirilmesi ve var olan eksikliklerin yol açabileceği sonuçlara dair politika yapıcılara önerilerin sunulması amaçlanmaktadır. İçerik analizi yöntemi kullanılarak gerçekleştirilen bu çalışmada aracı kuruluşların büyük çoğunluğunun web sitelerinde dikkat ettiği ve bulunmasına özen gösterdiği iki kriter kurumsal bilgi içeriği ve çok dillilik seçeneği olarak tespit edilmiştir.

Canlı destek hizmet sunumu ve sağlık turizmi hakkında bilgi sunumu ise tam tersine oldukça düşük oranlarda kalan kriterler olarak yer almıştır. Bu konuda Sağlık Bakanlığı veya sektörel birlikler tarafından alınacak kararlarla birlikte web sitelerinde standart bulunması gereken bilgiler ve içerikler belirlenebilir. Tüm bu faaliyetler, sağlık turizmine katılan bireylerin bilgilendirilmesini, memnuniyetlerini, doğru sağlık tesisini seçmesini, hizmetin detaylarını ve tekrar sağlık turizmine katılma niyetini etkileyebilmektedir.

**Anahtar Kelimeler:** Sağlık turizmi, aracı kuruluşların web siteleri, içerik analizi, Sağlık Bakanlığı

## INTRODUCTION

After the World Health Organization (WHO, 2020: 7) defines health as “not merely the absence of disease or infirmity, but a aspect of complete physical, mental and social well-being”, the importance attributed to the role of health has provide to the consideration of the concept of “cross-border health care”, which states that treatment is not only within the borders of the country of residence (Jiang, Wu, ve Song, 2022: 2). The starting point of this article is that website of authorized intermediary institutions in the field of health tourism where individuals come into contact in the healing process with the move of health-seeking behaviour across border is evaluated what kinds of qualifications fulfilling around certain criteria. Individuals who relocate from their country of residence to another country in order to receive preventive, therapeutic, rehabilitative and health-promoting services being a health tourism journey that includes medical tourism, thermal tourism, elderly tourism and accessible tourism. Türkiye, which has the ability to provide services in all four headings in this journey, is one of the rare countries that can easily turn health tourism into an advantage with other alternative tourism types. The human mobility occurred as a outcome of globalization has shown that the search for individuals can also be specific to health and has made health tourism one of the rapidly developing and growing sectors (Tontuş, 2017: 2-3). Health tourism, which is an area that yields a profit than traditional tourism activities, has subrogated among the income generating sectors that positively affect the level of development for countries. As the traditional holiday trio denoted in the form of sea-sand-sun, affect by security, quality, political stability, epidemics and pandemics, etc. And several factors; health tourism is also impressed by these and similar factors. Thus, this situation reverberates to country preferences of health tourists (Konstantakopoulou, 2021: 427).

Since there is a situation of moving from one place to another in health tourism, it is crucial for patients to reach the point that they want to arrive by spending their travels comfortably and smoothly. Intermediary institutions act as facilitator in this transition. The first contact places reflecting the country image of the intermediary institutions, which form an essential part of health tourism by providing the best coordination at the point of the needs and expectations of the patients, are their websites (Mohamad, Omar ve Haron, 2012: 360). The functions of intermediary institutions, that are tackled with a value chain perspective and ultimate goal is to provide satisfaction, of patient, from the patient's beginning to think about the country they will arrive, to the stage of deciding on the hospital and before and after the travel, necessitate a functional perspective in this respect. Intermediary institutions ensuring a serious coordination with the contractual hospitals have many duties and responsibilities like that steering patients, getting an appointment from these hospitals, receiving payments, billing, making out a receipts, making process of hospitalization and discharge, ensuring transfer procedures, hotel services and other organizations, following up the entry of international patient records and accounting records outrightly, transferring from the airport, the hotel or other places where patients are staying if they need, being accompanied and guiding the patient during the process in the hospital, informing the clinical staff about the socio-cultural characteristics of patient's country, translating the epicrisis

reports in the language of the country to which the patient will go and delivering them to the patient, if the patient request them (Çelik, 2020: 420).

## RELATED STUDIES

It is stated that new media functions have become popular for patients to interact and share information in the Lee et al's (2014) study investigating the persuasive appeal of intermediary institutions' websites. Despite some risky treatment processes, it has been expressed that the focus is on creating websites that emphasize benefit and attractiveness for patients. In the study conducted by Maguire et al. (2016) on the websites of medical travel agencies, it was stated that contact forms are a frequently used element on the website, but there is no information sharing about the risks taken. Also, it has been expressed that there is a requirement for a health access policy that takes into account the regulation of the medical travel industry and the services ensured. In the study of Temizkan and Konak (2018), in which the websites of intermediary institutions within the scope of medical tourism were examined, the websites are evaluated a criterion consisting of 7 dimensions that are institution information, target group / stakeholder information, health information, product / service information, up-to-date and informative, facilitating transactions and financial information. It has been concluded in this study, that the websites contain detailed information about the services and that they offer tourism and medical services together. Çavuşoğlu (2018) verbalized that quality management, which ought be in the sectoral sense, should also be fulfilled for intermediary institutions, in his study that included opinions and suggestions about the service standards of authorized intermediary institutions in health tourism. This study is expressed that intermediary institutions that meet certain criteria will provide satisfaction and loyalty and will encounter less legal problems with more earnings. In the study of Bayrak and Dalkıran (2020), in which a total of 126 intermediary institutions with health tourism authorization certificates were examined, websites were evaluated functionally. While it was determined that the intermediary institutions were successful in producing content for health tourism and using images, the high rate of compliance of websites with mobile technology and the information that the images used were suitable for health tourism activities were among the findings obtained in the result of the study. In the study of Kaygısız (2021), in which he examined the websites of 89 travel agencies with international health tourism authorization certificates, he expressed that institution information, service information and facilitating transactions were features on the website, but financial information such as price and package price were inadequate. In the study of Saatçı et al. (2022), in which he examined the internet pages of intermediary institutions with health tourism authorization certificates in the sense of the services they offer, the websites of 203 out of 246 intermediary institutions were accessed. In the study, which includes the regional and branch-based distribution of intermediary institutions, in the distribution by branch, it has been determined that the most oral and dental health services are provided and the most intermediary institutions operate in the Marmara region. In this study, the content analysis of the websites of the intermediary institutions that have received authorization certificates in the field of health tourism by the Ministry of Health were examined within certain criteria. The difference of this study from previous studies in this field is that more intermediary institutions are included in the study because of the significant increase in the number of intermediary institutions. In view of the fact that this study includes comparisons with the previous years, study offers suggestions to policy-makers. Unlike other studies in which the websites of intermediary institutions with health tourism authorization certificates are examined, this study stands out with the fact that the included intermediary institutions are more in terms of scope. In addition, this study will enable to obtain

more comprehensive findings and the perspective to be discussed in the light of the results will contribute to the literature.

## MATERIALS and METHODS

In this study, which was carried out according to the content analysis method, the intermediary institutions that were entitled to procure authorization certificates in the field of Health Tourism, were taken from the page of the Ministry of Health (2022), and the website of each intermediary institution in the list was tried to be reached. The websites were evaluated within the framework of certain criteria with the content analysis method. While a total of 443 intermediary institutions are included in the list, only 272 intermediary institutions have the current website, so only these are included in the research. These institutions were evaluated with certain criteria, that are stated by Bayrak and Dalkıran's study in 2020, such as integration to social media accounts, content of institutional information, multilingualism option, connection of contracted hospitals, service of live support, suitability of their visuals for health tourism and health tourism information.

**Ethical aspect of the study:** This research is a descriptive content analysis. Direct human or does not contain any effects on animals. Therefore, there is no need for an ethics committee approval decision.

## FINDINGS and RESULTS

In this part of the research, the list of the organizations entitled to receive the health tourism authorization certificate published by the Ministry of Health (2022) on 02.08.2022 was examined and the statistical results regarding the evaluation made within certain criteria are given in the tables below.

**Table 1.** Provincial Distribution of Intermediary Institutions with Health Tourism Authorization Certificate

Item Number	City	Number of Intermediary Institutions	Item Number	City	Number of Intermediary Institutions
1	Adana	4	15	Kayseri	2
2	Afyonkarahisar	2	16	Konya	1
3	Ankara	65	17	Manisa	2
4	Antalya	46	18	Muğla	4
5	Aydın	10	19	Nevşehir	4
6	Burdur	1	20	Rize	1
7	Bursa	6	21	Samsun	2
8	Çankırı	2	22	Şanlıurfa	2
9	Diyarbakır	2	23	Şırnak	1
10	Elazığ	1	24	Tekirdağ	3
11	Gaziantep	3	25	Trabzon	2
12	Hakkâri	1	26	Van	1
13	İstanbul	241	27	Yalova	2
14	İzmir	32			
Total		27 Cities	443 Intermediary Institutions		

**Reference:** The Ministry of Health 2022.



In Table 1, it is seen that a total of 443 intermediary institutions in 27 cities have health tourism authorization certificates. When the regional distribution of intermediary institutions is examined in the table, the highest number of intermediary institutions is located in the Marmara region. In this sense, it is possible to state that Istanbul highlights the region. The fact that Istanbul acts as a transit area for airlines, has the potential to offer holiday tourism and health tourism together, has qualified and expert health professionals in the field of medical tourism, the architectural texture and geographical richness of the city are the factors that ensure the acceptance of visitors from many countries. In the table, it has been determined that the region where the least intermediary institutions are located is in the Eastern Anatolia region. The fact that the population density of the region is less than other regions is seen as one of the reasons for this situation. It is thought that revealing the aspects that provide the intersection of historical and touristic places in the region with health tourism will promise to increase the potential of health tourists and sectoral investments.

**Table 2.** Website Status in Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is a website	272	61,4
There is no website	171	38,6
<b>Total</b>	<b>443</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

Table 2 shows that 38,6% (n=171) of the intermediary institutions possessing the Health Tourism Authorization Certificate do not have website, whereas 61,4% (n=272) have a website.

**Table 3.** Integration with social media accounts on the websites of Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
Integrate with social media accounts	179	65,8
Not integrated into social media accounts	93	34,2
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 3, it has been determined that 65,8% (n=179) of the intermediary institutions holding the Health Tourism Authorization Certificate have the feature of providing access to social media accounts on their websites, and it has been determined that 34,2% (n=93) do not provide access to their social media accounts.

**Table 4.** Content of institutional information on the websites of Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is content of institutional information	221	81,3
There is not content of institutional information	51	18,7
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 4, it has been determined that almost all of the websites of the intermediary institutions holding the Health Tourism Authorization Certificate have institutional information such as mission, vision and goals with a rate of 81,3% (n=221).

**Table 5.** Multilingual option of websites of Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is multilingual option	243	89,4
There is not multilingual option	29	10,6
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

Table 5 shows that 89,4% (n=243) of the intermediary institutions holding the Health Tourism Authorization Certificate have more than one language option on their website, and only 10.6% (n=29) do not have a multilingual option.

**Table 6.** Link of the contracted hospitals working on the websites of the Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is link of the contracted hospitals working	159	58,5
There is not link of the contracted hospitals working	113	41,5
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 6, it is seen that 58,5% (n=159) of the intermediary institutions holding the Health Tourism Authorization Certificate have links to the contracted hospitals, while 41,5% (n=113) do not have any links.

**Table 7.** Live support service provision on the websites of Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is live support service	106	39
There is not live support service	166	61
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 7, it is seen that 39% (n=106) of the intermediary institutions with Health Tourism Authorization Certificate provide live support service on their website, while the majority of them do not provide this service with a rate of 61% (n=166).

**Table 8.** Suitability to health tourism of the website images of the Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
Suitable for health tourism	157	57,8
Not suitable for health tourism	115	42,2
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 8, 57,8% (n=157) of the intermediary institutions holding the Health Tourism Authorization Certificate include images suitable for health tourism on their website, while 42,2% (n=115) do not include such images.

**Table 9.** Status of health tourism information on the website of Intermediary Institutions with Health Tourism Authorization Certificate

	Number	Percentage
There is status of health tourism information	120	44,1
There is not status of health tourism information	152	55,9
<b>Total</b>	<b>272</b>	<b>100</b>

**Reference:** Websites of intermediary institutions

In Table 9, 44,1% (n=120) of the intermediary institutions holding the Health Tourism Authorization Certificate have health tourism information on their website, while 55,9% (n=152) do not have such information.

## DISCUSSION and CONCLUSION

In this study, the websites of the intermediary institutions holding the Health Tourism Authorization Certificate were examined. Throughout the study, these institutions were evaluated within the scope of certain criteria such as integration to social media accounts, content of institutional knowledge, multilingualism option, connection of contracted hospitals, service of live support, suitability of their visuals for health tourism and health tourism information. In the evaluations that were made, it was seen that 443 intermediary institutions in 27 cities have health tourism authorization certificates according to the data of the Ministry of Health (2022). When compared with the data of the Ministry of Health in 2021, it was determined that the number of cities with intermediary institutions increased from 18 to 27, and the total number of intermediary institutions increased from 158 to 443. With this rise, while the highest increase was in Istanbul (n=241), it was determined that Istanbul was followed by Ankara (n=65) and Antalya (n=46) respectively.

In the evaluations, it was identified that 38,6% (n=171) of the intermediary institutions holding the Health Tourism Authorization Certificate do not have website. While it has been determined that the institutions marked with red color in the list of intermediary institutions with the authorization certificate have just received their authorization certificate and therefore have not yet completed their website work, it is seen as a major deficiency that apart from these institutions still do not have website. According to Harridge (2004: 306), determination of the needs and expectations of



individuals and making understand of people a part of the value by giving them confidence come true through web pages.

Having website is not only necessary to attract patients. In other words, the existence of website or digital platform is important in many ways. Because, when it comes to health tourism, what is reflected is not only the image of the organization but also the image of the country. Therefore, intermediary institutions, which become the first contact points in country preference, have the potential to positively or negatively affect the reputation of the country with the services they offer/not offer, even though they seem like rivals to each other. Although they are so important for the country's reputation, it has been determined that 34,2% (n=93) of the intermediary institutions do not provide access to their social media accounts. Considering the role that digital platforms play in increasing recognition and awareness in today's global world, it is essential for the aforementioned institutions, to have websites and integrate them into social media accounts. In fact, Bayrak and Dalkıran stated, in their research (2020: 176), that social media affects consumers and that the social media posts area factor that facilitates the decision-making process of people.

Today, where the role of websites is so great, organizations with this awareness give weight to the functionality of their websites. In fact, it has been specified that almost all of the intermediary institutions holding the Health Tourism Authorization Certificate have institutional information such as mission, vision and targets on their websites. Institutional information, which has a very important function in providing the element of trust, is a significant factor that can influence the country choice of patients who want to visit a country within the scope of health tourism. At the same time, it has been determined that most of the intermediary institutions have more than one language option on their websites. Because, in the health tourism sector, where it is very momentous to attract patients from all over the world, multilingualism is one of the first factors that enable countries to get service by bringing potential patients together. It is stated in the research of Göde, Yorulmaz and Aydoğdu (2021: 220) that the availability of a foreign language option is a facilitating factor for patients to understand the information and tend to purchase.

It has been determined in the evaluations that 41,5% (n=113) of the websites of the intermediary institutions holding the Health Tourism Authorization Certificate do not involve the links of the contracted hospitals. But ensuring information and connection/link to the hospitals where the patients will be treated or serviced are among the requirements of multi-sectoral digital transformation. Also, Kaygısız stated in her research (2021: 160) that sharing the information of the stakeholders is a factor that will reflect on the trust that will be created in the patient and the satisfaction of the patients. In addition to these, it has been determined that live support services are not ensured on the websites of intermediary institutions with a rate of 61% (n=166). However, the live support service, which has functional importance against any question mark that may happen in the patient's mind during the selection stage, facilitates the establishment of healthy communication, trust and loyalty. Nevertheless, it has been determined that 57,8% (n=157) of intermediary institutions' websites contain images proper for health tourism. In fact, the functionality of the visuals is also a very significant issue. Because, predicated on the impression that the information is permanent by being supported by visuality and that the memorable is preferred, the prerequisite for being able to draw attention and appealing to the target audience is visuality. Another factor supporting this issue and being able to affect to the target audience is that 44,1% (n=120) of intermediary institutions' websites contain health tourism information. Besides that, having the option to access various information and visuals related to the services offered within the scope of health tourism is also an explanation of the potential of the country.

The continuous increment in the number of intermediary institutions also reflects their willingness to be able to take part in health tourism. In fact, the increase of number of them is very important issue for both the health tourism, the patients and the image of the country. As mentioned before, although intermediary institutions are rivals of each other, they play an important role in the image of the country with the services they provide. Therefore, each intermediary institutions should consider themselves as a host that represent their country, because of that individuals, who come to country and receive services in there through intermediary institutions within the scope of health tourism, will remember their positive or negative experiences with the name of country and spread their all of experiences and affect other people/patients just as logic of marketing. For intermediary institutions that are aware of the magnitude of their role and feel lacking in this matter or want to receive support, are provided essential backings by the Ministry of Health and its subordinates. However, in order for the support to be provided to be more efficient, it is recommended to establish an association that gives autonomy to each institution and also eliminates its legal or systemic deficiencies, with a new structure to be formed or integration into an existing structure. By this means, it will be ensured that the brokers, who run after commissions, do not give no chance to recover and the sector, which is open to abuse in many respects, will not be left alone with problems. In this study, the websites of intermediary institutions with health tourism authorization certificates were examined around certain criteria. While making an evaluation on the basis of seven criteria constitutes the limitation of the study in terms of the number of criteria, it is also expressed as a suggestion for researchers to increase the number of criteria in future studies. In addition, in this study, a conceptual study was carried out on the cooperation of health facilities with health tourism authorization certificates and intermediary institutions. In this direction, it is among the issues recommended to researchers to transform this cooperation into HIP (Healthcare Institution-Intermediary Institution Partnership) model as an output. Although there is no such model in the literature, the aim of this study is to lay the groundwork for the formation of a guiding and helpful field for future research and studies, rather than putting forward a new model. With this ground created, a cooperation model that helps policy makers in the field of health is suggested.

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