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Physician-Patient Meeting Tools of Public and Private Institutions in Health Tourism

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Abstract

The aim of this study is to determine the means of physician -patient meeting by interviewing managers of agencies, companies, medical centers and hospitals that have the competence to do health tourism in Samsun. Qualitative interview method was used to obtain study data. The interview form is created based on the literature review and expert opinion. The interview was conducted between 01.06.2019 and 01.09.2019. It is aimed to reach all managers in charge of health tourism who work in institutions, companies, health centers and hospitals. In total, six managers were reached. As a result, private institutions that have the competency certificate to conduct health tourism in Samsun make patient-physician connections through international promotions, digital advertising, patient recommendations, international patient-doctor organizations, foreign agreements, foreign partners, social media and intermediary institutions. In addition, it is determined that public institutions have a patient-doctor interaction based mostly on patient recommendations.

Key Words: Health Tourism, Samsun, Qualitative Research

Sağlık Turizminde Kamu ve Özel Kurumların Hekim-Hasta Buluşturma Araçları

Öz

Bu çalışmanın amacı, Samsun'da sağlık turizmi yapabilme yetkinlik belgesine sahip acenta, firma, tıp merkezi ve hastanelerin yöneticileri ile görüşülüp hekim-hasta buluşturma araçlarının tespit edilmesidir. Çalışma verilerin elde edilmesi için nitel görüşme yöntemi kullanılmıştır. Görüşme formu literatür taraması ve uzman görüşü alınarak oluşturulmuştur. Görüşme 01.06.2019-01.09.2019 tarihleri arasında gerçekleştirilmiştir. Acenta, firma, tıp merkezi ve hastanelerde çalışan sağlık turizmi ile görevli yöneticilerin hepsine ulaşılması amaçlanmıştır. Toplamda altı yöneticiye ulaşılmıştır. Sonuç olarak; Samsun'da bulunan sağlık turizmi yapabilme yetkinlik belgesine sahip özel kurumların hasta-hekim bağlantılarını yurtdışı tanıtımlar, dijital reklam, hasta tavsiyeleri, yurtdışı hasta-doktor organizasyonları, kurumsal yurt dışı anlaşmalar, yurtdışı ortaklar, sosyal medya üzerinden, aracı kurumlar vasıtasıyla yaptığı ve kamu kurumlarının ise daha çok hasta tavsiyeleri üzerine kurulu bir hasta hekim bağlantısı olduğu tespit edilmiştir.

Anahtar Kelimeler: Sağlık Turizmi, Samsun, Nitel Araştırma

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Introduction

Health tourism is a type of tourism that has been carried out between the countries and even across the continent in recent years to regain the health of individuals, to maintain their health for a long time, and to make a better quality life a way of life (Aktepe, 2013, p. 171). In the past, people traveled from their countries and cities to advanced medical countries to get better quality health care. Nowadays, this situation is completely reversed. Due to reasons such as expensive health insurance in developed countries and long waiting time, they have turned to countries that have alternative methods of treatment and at the same time considering these countries as a good opportunity for a holiday. In this context, health tourists travel to countries such as Thailand, Malaysia, Singapore, South Korea, and Costa Rica (Polat-Üzümcü, & Çimen, 2019, p. 98). The aim of this study is to determine the means of physician -patient meeting by interviewing managers of agencies, companies, medical centers and hospitals that have the competence to do health tourism in Samsun.

Literature Review

Health Tourism

Today, tourism, which is an important source of income for countries, has undergone a periodic change depending on reasons such as the development of technology and human needs. In the past, tourists while traveling had an interest in places of natural beauty or coastal places, nowadays, these trips are mainly used to treat existing diseases and to benefit from the underground resources, climate and weather conditions of different countries and regions (Özgür-Öztürk, 2019, p. 11).

To find a cure for their diseases, people can search for different treatments by using the opportunities of globalization. They aim to select a health service, where they can get a better quality service, recover faster, and be as inexpensive as possible (Görener, 2016, p. 160). The concept of health tourism can be explained by more than one definition in the literature. For example; The World Tourism Organization explains the definition of health tourism as "a visit to improve the physical well-being of a person traveling to spas or other health centers" (Keleş, 2019, p. 12). Another definition of health tourism is to collaborate with the tourism sector to provide special "cost-effective" care to patients in need of applications involving surgeries or other medical interventions that require specific expertise in general. Health tourism is also defined as the fact that patients receive the emergency health service or a health service of their choice in different countries (Akarcılı, 2016). According to Magablih (2001), there are certain periods of travel within the scope of health tourism. Health tourism is defined as traveling to other countries for less than a day and more than a year to get the treatment they need to be better (Barca, Akdeve, & Gedik-Balay, 2013, p. 66).

It is seen that health tourism is done for many reasons. According to this, the main reasons for health tourism are the lack or absence of high technology in health services and professional human resources in the country where they live, the desire to have a holiday during the duration of treatment, the high cost of health services in their country, the desire to receive better quality health care services, the fact that they do not want the surgery to be known in their country for various reasons, the request for holidays in a place where the thermal facility and thermal tourism facilities are available, the desire of chronic patients, the elderly and the disabled to be treated in other settings, and the desire of addicted individuals from drugs to be indifferent or more suitable environments for them during treatment (Özer, & Sungur, 2012, p.71).

The needs and expectations of the tourists in the target market, treatment methods, the difference of the resources used, and health tourism are divided into four types. These are (Tengilimioğlu, 2018, p. 53);

- Medical Tourism
- Thermal tourism,
- Elderly and disabled care tourism,
- Spa-wellness tourism

Types of Health Tourism

Medical Tourism: Medical tourism is defined as the travel of the patient from a country to another to benefit from therapeutic applications performed by physicians in secondary and tertiary health institutions and organizations (Yılmaz, Turan-Kurtaran, & Yücesan, 2019, p. 268). In addition to

treatment, Goodrich and Goodrich (1987) state that traveling for healthcare may include the consumption of tourist facilities such as hotels, transportation and visits to tourist destinations. Tourist destinations intentionally promote health services and facilities, along with other tourism services (Singh, 2019, p. 77-78). Medical applications such as medical examination, dental treatment, heart surgery, cancer treatment, implantation, and organ transplantation are in the field of medical tourism (Aydın et al, 2012, p. 14). Cohen divided the medical tourists into five.

The first are tourists who do not use any medical facility in foreign countries. The second category is tourists who use health services due to emergency or coincidence. Third are medical tourists, who deliberately combine both tourism and treatment. The fourth category is tourists who come for treatment but enjoy the holidays casually or during treatment. Finally, tourists who are treated without using various holiday activities (Singh, 2019, p. 78).

Thermal tourism: Thermal water sources have an important place in human history. Thermal waters have been an important criterion for the selection of human settlements since ancient times. These sources are used for drinking water, curative water, and water for other uses (Dikmetaş-Yardan et al, 2014, p. 31).

Thermal tourism; It is a kind of all-round tourism that includes the use of cold and hot mineral waters in drinking and external applications for health purposes, and meeting the needs of transport, accommodation and hospitality of tourists for curing (Samırkaş-Komşu, & Eban, 2019, p. 655). In other words, it includes various methods such as thermo-mineral water baths, drinking, inhalation, mud baths, as well as treatment methods that are combined with supportive treatments such as climate treatment, physical therapy, rehabilitation, exercise, psychotherapy, diet (Şengül, & Bulut, 2019, p. 59).

Elderly and Disabled Care Tourism: With the improvement of health conditions in developed countries, human life has been prolonged, and with it, various needs have increased. Elderly and disabled care tourism, which are not given enough importance in our country, have significant potential to respond to the lifestyle and needs of the elderly due to the economic prices offered and the lack of seasonality (Aksoy, & Yılmaz, 2019, p. 31). Elderly care and disabled tourism, also known as 3rd age tourism, is a sector that has progressed in the last decade. These are practices for meeting the needs of care by certified employees trained in places such as Clinical Guesthouses, Geriatric Treatment Centers, Nursing homes for care, and improvement (rehabilitation) of elderly and disabled tourists (Yalçın, 2013, p. 33). Geriatric tourists can use health tourism services such as medical spa and rehabilitation if they include travel offers, but the priority of geriatric tourists travel is entertainment, not health reasons (Tsartsara, 2018, p. 797).

Spa and Wellness Tourism: Spa tourism, which is one of the health tourism types, is tourism done in health centers. Spa-Wellness tourism is one of the types of health tourism that aims to maintain or improve the current health status with physical and mental rest by using spa treatment methods and other methods that have an impact on health by isolating themselves from the harmful effects of daily life by staying in an accommodation center (Butler, & Szromek, 2019, p. 2). SPA therapies using different techniques by expert therapists can be applied daily, weekly, monthly, or periodically (Gölpek-Karababa, 2017, p. 19). For this reason, the average stay is longer than other types of tourism (Özer & Sungur, 2012, p. 73).

Health Tourism in Turkey

The Scope of health tourism activities in Turkey is being offered many services and many tourists choose our country to receive these services. The health tourism sector in Turkey is quite advanced. Turkey is considered one of the most successful countries in the field of health tourism activities. The reasons for this assessment are listed below (Kostak, 2007, p. 48-49, Özgür-Öztürk, 2019, p. 19-20).

- Environmental beauties,
- Natural beauties,
- The positive attitude of people towards tourism
- Historical places,
- Anatolian civilizations,
- Tourism is an important sector
- Welcoming society,
- The facilities have a modern structure

- Having a wide culture with Western and Eastern synthesis Improved transportation facilities and no transportation problems
- The suitability of physical conditions especially for yacht tourism
- Its geographical location is valuable
- The activity of tourism activities in the country
- Being in an important place in the search for a new culture for cultures at a distance,
- The abundance of shopping opportunities,
- Success in handicrafts,
- The tourism industry can easily adapt to change and innovations.

Turkey is supported by most countries working towards medical tourism (Özkan, 2019, p. 55). However, medical tourism has become active especially in recent years with private hospitals addressing this issue. Many private hospitals, especially Class A private hospitals, have started to participate in medical tourism fairs worldwide and have established "Foreign Patient Departments" in order to provide better service to health tourists (Özsarı & Karatana, 2013, p. 141). The Ministry of Culture and Tourism, General Directorate of Investments and Enterprises, through the efforts of the Department of Planning and Investment Promotion, aims for private health institutions to have a wider space and a more important place in health tourism in Turkey. Also, the Ministry of Culture and Tourism of the Republic of Turkey, according to the Tourism Strategy of 2023, public and private sector organizations and tourism companies, will collaborate with social security companies in European countries. Thus, our country will be in an advantageous position in order to be preferred more by health tourists (Özkan, 2019, p. 55).

In Turkey, the most important step for health tourism was held by the Ministry of Health within the General Directorate of Primary Health Care, no. 18529 dated 31/03/2010 establishing the Health Tourism Unit. Later, this unit was transferred to the General Directorate of Treatment Services under the name of Health Tourism Coordinator on 05.05.2011. According to the Decree-Law no. 663 with the Official Gazette dated 02/11/2011, it was structured as the Department of Health Tourism under the General Directorate of Health Services, in the framework of the restructuring in the Ministry. The legislation in force regarding health tourism is the "Directive of Health Services to be provided in the Scope of Health Tourism and Tourism Health", dated 23/07/2013 and number 25541. The works and processes related to health tourism activities are carried out within the scope of this directive. Furthermore, the "Health Tourism Coordination Board-SATURK" was established with Circular 2015/3 dated 13/02/2015 and number 1332. Under the headings of Health Tourism and Tourism Health, the "Foreign Patient Registration System" was established in 2011 to register foreign patients receiving health care in our country. Academic studies on health tourism are conducted within the Department of Health Tourism (Polat-Üzümcü, & Çimen, 2019).

In Turkey, there are 49 units of hospitals and health institutions accredited by Junior Chamber International. Furthermore, within the Department of Health Tourism, translation services are provided to international patients 24/7 in 4 languages, Arabic, English, Russian, and German (Emre, 2016, p. 21-22).

Turkey international patients came from ten countries respectively, while Germany, Libya, Russia, Iraq, the Netherlands, Azerbaijan, Britain, Romania, Norway, and Bulgaria. The reason for the high number of patients coming from Germany is the Turkish emigrants living in Germany. According to 2012 data; most patients come from Libya in the context of medical tourism, the most patients from Russia within the context of tourist health, the most patients from Afghanistan within the scope of bilateral agreements and the most from Germany within the scope of social security (Kantar, & Iřık, 2014, p. 18).

Turkey was awarded an international health tourism certificate in February 2021. In Turkey, there are 170 intermediary organizations, 1100 health facilities (<https://shgmturizmdb.saglik.gov.tr/TR-78599/yetki-belgesi-listeleri-guncellenmistir.html>. Date of access; 18.02.2021).

Materials and Methods

The Aim and the Method of the Research

The study aims to meet the managers of the agencies, companies, medical centers, and hospitals that

have the competency certificate to conduct health tourism in Samsun and to identify physician-patient meeting tools. As of 17.02.2021 in Samsun province, 13 facilities are entitled to receive a health tourism authorization certificate. 3 of these facilities are public health facilities and the remaining 10 are private facilities.

One of the qualitative research methods, face-to-face interview technique, was used in the study. The interview form used as a data collection tool was created by benefiting from Emre's (2016) master's thesis and expert opinions. Before the interview, an appointment was made from the relevant persons. Before the interview, a brief briefing was given about the research. Consent was obtained for their participation in the research. It is stated that the data will only be used for scientific purposes. In order to conduct the interview in a healthier and faster manner, the voice recording was made with the consent and consent of the participants.

Content analysis, one of the qualitative data analysis methods, was used in the analysis of the data. The purpose of content analysis is to reach concepts and relationships that can explain the collected data (Koçak, & Arun, 2006, p. 21-28). The field notes obtained at the end of the interviews was converted into text in computer environment and 15 pages of text were obtained. In this context, the information obtained as a result of the interviews in this study is organized systematically and presented in a way that the reader can easily understand.

Regarding health tourism facilities in Samsun; 13 facilities have obtained a certificate of competence to do health tourism. Permission was obtained for 6 of these facilities. It was not intended to select a sample, the entire population tried to reach, but 7 facilities did not allow the study. In the study it was asked; the status of the institution, how long they have been doing health tourism, from which countries they have brought patients, for which areas they have brought patients, how they have made contact with patients, how much is the demand for health tourists per year if they offer accommodation support if they offer transport support, how they provide language communication, what other support do they give to patients, if they have collaborations with other institutions, what do they do for marketing activities, whether they are accredited or not. The necessary permission to conduct the study was obtained from Ondokuz Mayıs University Clinical Research Ethics Committee. Permits required to collect research data were also obtained from Samsun Oral and Dental Hospital, Samsun Training and Research Hospital, Samsun Medicana Hospital, Samsun Büyük Anadolu Hospital, Samsun FBM Aesthetic Center, and the Aurora Atakum Park Travel Agency, respectively.

Results

Considering the institutions interviewed, 2 are public and 4 are private institutions. However, Samsun Oral and Dental Health Hospital have not gained any experience in the scope of health tourism as it has recently received a certificate in health tourism. Examining the duties and titles of the interviewed people, it turns out that 3 of them are managers (Director of Health Care Services, Deputy Chief Physician, Manager of Institutions dealing with Health Tourism), one is the International Marketing Director, one is the International Patient Center Specialist and one is the owner of the institution (Table 1).

Table 1. Participant Information

<i>Status of the institution</i>	<i>Indicated as frequency (f)</i>	<i>%</i>
Public	2	25
Private	6	75
<i>Task</i>	<i>Indicated as frequency (f)</i>	<i>%</i>
Manager	3	50
Founding Partner / Responsible Manager	1	16,6
Director Of International Marketing	1	16,6
Specialist Of The International Patient Center	1	16,6

Eleven themes were created in accordance with the data obtained in the research. The expert opinions of these themes and themes are given below.

Topic 1: From which countries do you bring patients?

It has been determined that most patients come from places such as; Georgia, Germany, Iraq, Azerbaijan, the Netherlands, Russia, Denmark, France, the United States, Kuwait, Qatar, Saudi Arabia, Bosnia, and Herzegovina, Macedonia, Kosovo, and Bulgaria. It has been asserted that patients have not

been brought to Public Hospitals and that patients have applied for it. Georgia, Azerbaijan, Germany, Britain, France and Iraq are the countries in which they are applied.

Topic 2: In which departments are there patients?

Patients are generally brought to the departments of; ophthalmology, urological cases, diabetes surgery, overweight surgery, carcinogenic surgery, USB surgery, orthopedics, ENT (throat nose), cataract, plastic surgery, and Cardiovascular Surgery.

Topic 3: How do you establish connections with patients?

Communication with patients is done through international promotions, digital advertising, patient recommendations, and international patient-physician organizations, agreements with foreign corporations, foreign partners, social media, and intermediary institutions.

Topic 4: How many requests of health tourists (patients) does your institution have annually?

An average of 150-170 patients per month applies to private hospitals. An average of 300-350 patients per month applies to public hospitals. An average of 325 patients per month applies to the Aesthetic Medical Center. On average 7-10 patients per month apply to agencies.

Topic 5: Do you support patients with accommodation?

They stated that they generally provide accommodation support and that have contracts with certain hotels for this. Only in public hospitals, patients are accommodated in single rooms with high standards.

Topic 6: Do you provide transportation for patients?

Generally, the interviewees stated that they provide transportation support while the Public Hospital stated that they did not provide support for transportation.

Topic 7: What other issues do you support patients?

Generally, the interviewees stated that they provide support in city tours, shopping, cultural trips, interpreting, and consultancy. They stated that only public health care is provided in public hospitals.

Topic 8: Do you have cooperation with other institutions?

It is stated that they have agreements with intermediary institutions in private health institutions and cooperation with other hospitals for health services that are not included in them. They stated that the agencies are in the process of agreement with public hospitals and that they are in cooperation with private institutions.

Topic 9: What are your marketing activities?

They stated that in general, the activities in the field of marketing include: promotion organizations abroad, digital marketing, advertisements in foreign television programs, and through social media. The public hospital stated that they use the viral marketing method and that there is a website compiled in four languages.

Topic 10: Are you accredited? If yes, from which institution are you accredited?

In general, respondents answered no to this question but stated that they possess a health tourism competency certificate and they are working to be accredited.

Topic 11: How do you ensure linguistic communication?

Private hospitals stated that patients who came with intermediary institutions have their interpreters with them and if it's necessary, their teams include people who can speak German, English, and Arabic. Aesthetic Medicine Center stated that they have staff and doctors who know English, German, and French. They stated that the agencies have staff who speak English, Russian, and Arabic and that they receive outside support for Georgian. It was also stated that there are certified translator and interpreter in public hospitals and that they have doctors and nurses that know foreign languages.

Discussion, Conclusion, and Recommendations

With the increase in health costs in the world, some treatments that are not done in every country, cooperation between countries, ease of transportation, improvement of the quality of health care in different regions of the world, made it stand out in health tourism in our country (Polat-Üzümcü, & Çimen, 2019, p. 112). In Turkey, according to 2011 data in the analysis of the number of international patients by province, Samsun is seen to occupy the sixth place (BAKA, 2013; Ministry of Health, Health Tourism Study Report, 2012). When the literature was examined, no study was found on the interaction of physician-health tourist in Samsun. In this study, interviews were conducted with institutions that have a certificate of competence of health tourism in Samsun, and as a result of the responses received from the interviewed executives, the following data were obtained:

Patients (health tourists) come mainly from Georgia, Germany, Iraq, the Netherlands, Russia, Denmark, France, America, Kuwait, Qatar, Saudi Arabia, Bosnia and Herzegovina, Macedonia, Kosovo, and, Bulgaria. If we look at the profile of health tourists, it can be seen that they are places with 4-5 hours of flight distance to our country. Patients are generally brought to the departments of; ophthalmology, urological cases, diabetes surgery, overweight surgery, carcinogenic surgery, USB surgery, orthopedics, ENT (throat nose), cataract, plastic surgery, and Cardiovascular Surgery. In the study conducted by Çavuş and Gonenbaba (2020) in Erzurum province, it was determined that health tourists came from Azerbaijan, Iran, Georgia, Nakhchivan and Russia. In the study conducted by Uzum and Çimen (2019) in Kocaeli Province, it was found that health tourists generally come for oncology, surgical therapy and aesthetic procedures such as eye and hair transplantation.

When managers were asked how they made connections with health tourism patients, They stated that they had contacts with patients through international promotions, digital advertising, patient recommendations, international patient-physician organizations, agreements with foreign corporations, foreign partners, media social and intermediary institutions. In the study conducted by Uzum and Çimen (2019), it was determined that patients mostly consulted with patients, applied through research, came through relatives-acquaintances, came as a result of marketing activities, came through agencies, hospitals abroad offices, from the internet or from the website of the institution.

Buzcu and Birdir, in their study in Antalya and Istanbul, found that they advertised in magazines and newspapers, and advertised on foreign TV channels. In the study of Çavuş and Gonenbaba (2020), it was determined that hospitals prepare brochures and promotional catalogs and distribute them abroad, and go abroad and establish connections there.

The interviews show that except for one health institution, all other institutions provide support to health tourists for accommodation, transportation, and other issues. The result of the study is compatible with the study of Çavuş and Gonenbaba (2020) and Buzcu and Birdir. In addition to the public hospital, Managers of other hospitals answered "yes" to the question of whether they have cooperation with other institutions.

The institutions we interviewed, in terms of activities in the scope of marketing, have stated that in general, the activities in the field of marketing include: promotion organizations abroad, digital marketing, advertisements in foreign television programs, and through social media. The public hospital stated that they use the viral marketing method and that there is a website compiled in four languages. Buzcu and Birdir, in their study in Antalya and Istanbul, found that they advertised in magazines and newspapers, and advertised on foreign TV channels. In the study of Çavuş and Gonenbaba (2020), it was determined that hospitals prepare brochures and promotional catalogs and distribute them abroad, and go abroad and establish connections there.

Regarding the question "Are you accredited? In general, respondents answered no to this question but stated that they possess a health tourism competency certificate and they are working to be accredited. The institutions we interviewed have translators and staff who know foreign languages to ensure language communication.

It is estimated that 30 million people and \$ 500 billion in health spending are circulating worldwide within the scope of health tourism. It is calculated to reach \$ 1 trillion in 2023. In particular, year-round tourism spread in Turkey, given the tourism sector, will ensure sustainability and contributions to the economy, and that the importance of health tourism cannot be denied (Polat Üzümcü , & Çimen, 2019, p. 112).

In this sense, for the future of health tourism in Samsun the following suggestions should be taken into account: to appreciate the natural and cultural beauties in the best way, to increase the number of accredited health institutions, to create health tourism projects, especially to increase the number of institutions with a certificate of competence of health tourism, as well as the services provided in public hospitals should provide transport and accommodation service.

Public institutions should be supported in terms of accommodation and transportation of health tourists. Hospitals should develop cooperation activities with other institutions (agency and hotel, etc.). Public hospitals should work on marketing activities. This study was carried out in private and public institutions with health tourism competence certificate in Samsun. Similar studies can be done in different cities.

Ethical Declaration

In the writing process of the study titled “Physician-Patient Meeting Tools Of Public And Private Institutions In Health Tourism”, there were followed the scientific, ethical and the citation rules; was not made any falsification on the collected data and this study was not sent to any other academic media for evaluation. Ethics committee approval of the Samsun Ondokuz Mayıs University Clinical Research Ethics Committee OMÜ KAEK No. 2019/452, dated 13/06/2019.

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TÜRKÇE GENİŞ ÖZET

Ülkeler açısından önemli bir gelir kaynağı olan turizm teknolojinin gelişmesi ve insan gereksinimleri gibi nedenlere bağlı olarak sürekli bir değişim içerisine girmiştir. Önceleri turistler doğal güzelliklere sahip yerleri görmek, deniz turizmi için seyahat ederken günümüzde ise bu seyahatlerin yerini daha çok mevcut hastalıklarının tedavi ettirmek ve farklı ülke ve bölgelerin yeraltı kaynaklarından, ikliminden ve hava koşullarından faydalanmak amacıyla seyahat etmektedir (Özgür-Öztürk, 2019, s. 11).

İnsanlar hastalıklarına çare bulmak için, küreselleşmenin getirdiği olanakları da kullanarak farklı tedavi arayışlarına girebilmektedir. Daha kaliteli hizmet alabilecekleri, daha çabuk iyileşebilecekleri, daha az maliyetli seçenekleri araştırarakları sağlık hizmetine karar vermektedir (Görener, 2016, s. 160). Türkiye medikal turizme yönelik çalışmaların büyük çoğunluğu devlet tarafından desteklenmekte (Özkan, 2019, s. 55), bununla birlikte medikal turizm özellikle son yıllarda özel hastanelerin bu konuya el atması ile hareketlenmiştir. A sınıfı özel hastaneler başta olmak üzere birçok özel hastane dünya çapındaki medikal turizm fuarlarına katılmaya başlamış ve sağlık turistlerine daha iyi hizmet verebilmek için “Yabancı Hasta Departmanları” kurmuşlardır (Özsarı ve Karatana, 2013, s. 141).

Türkiye’ye uluslararası hastaların geldiği on ülke ise sırasıyla Almanya, Libya, Rusya, Irak, Hollanda, Azerbaycan, İngiltere, Romanya, Norveç ve Bulgaristan’dır. Almanya’dan gelen hasta sayısının fazla olmasının nedeni ise Almanya’da yaşayan gurbetçilerdir. 2012 yılı verilerine göre; medikal turizm kapsamında en fazla hasta Libya’dan, turistin sağlığı kapsamında en fazla hasta Rusya’dan, ikili anlaşmalar kapsamında en fazla hasta Afganistan’dan, sosyal güvenlik kapsamında en fazla Almanya’dan hasta gelmektedir (Kantar ve Işık, 2014, s. 18).

Çalışmanın amacı, Samsun’da sağlık turizmi yapabilme yetkinlik belgesine sahip acenta, firma, tıp merkezi ve hastanelerin yöneticileri ile görüşülüp hekim-hasta buluşturma araçlarının tespit edilmesidir. Samsun da sağlık turizmi tesislerine genel olarak bakıldığında; 13 tane sağlık turizmi yapabilme yetkinlik belgesi almış tesis bulunmaktadır. Bu tesislerden 6 tanesinden çalışma için izin alınmıştır. Örneklem seçme yoluna gidilmemiş bütün evrene ulaşmaya çalışılmış ancak 4 tane tesis çalışma için izin vermemiştir. Araştırmada nitel araştırmalarda sıklıkla kullanılan yüz yüze görüşme tekniği kullanılmıştır. Veri toplama aracı olarak ise konu ile ilgili literatür taramalarından ve ilgili uzman görüşlerinden yararlanılarak oluşturulan yarı-yapılandırılmış görüşme formu kullanılmıştır. Görüşme yapılmadan önce ilgili kişilerden randevu alınmıştır. Görüşmeye başlamadan araştırma ile ilgili kısa bir bilgilendirme yapılmıştır. Araştırmaya katılımları için onayları alınmıştır. Verilerin sadece bilimsel amaçlarla kullanılacağı belirtilmiştir. Görüşmenin daha sağlıklı ve hızlı yapılabilmesi için katılımcıların onay ve rızası alınarak ses kaydı yapılmıştır.

Verilerin analizinde nitel veri analizi yöntemlerinden içerik analiz kullanılmıştır. İçerik analizinde amaç toplanan verileri açıklayabilecek kavramlara ve ilişkilere ulaşmaktır (Koçak ve Arun, 2006). Görüşmeler sonunda edinilen alan notları, bilgisayar ortamında metin haline dönüştürülmüştür. 15 sayfalık metin elde edilmiştir. Bu bağlamda bu çalışmada görüşmeler sonucunda elde edilen bilgiler sistematik olarak düzenlenerek okuyucunun kolaylıkla anlayabileceği bir şekilde sunulmaktadır.

Çalıřmada; kurumun statüsü, ne kadardır saėlık turizmi yaptıkları, hangi ölkelerden hasta getirdikleri, hangi alanlar için hasta getirdikleri, hastalarla baėlantıları nasıl kurdukları, yılda kaç saėlık turisti talebi bulunduėu, konaklama konusunda destek saėlayıp saėlamadıkları, ulařım konusunda destek saėlayıp saėlamadıkları, dil iletiřimini nasıl saėladıkları, bařka hangi konularda destek saėladıkları, diėer kurumlarla iřbirliklerinin bulunup bulunmadığı, pazarlama faaliyetleri için neler yaptıkları, akredite olup olmadıkları sorulmuřtur. Çalıřmanın yapılması için Ondokuz Mayıs Üniversitesi Klinik Arařtırmalar Etik Kurulundan gerekli izin belgesi alınmuřtır.

Görüşme yapılan kurumlara bakıldığında 2 tanesi kamu, 4 tanesi özel kurumdur. Ancak bir kurum daha yeni saėlık turizmi yetkinlik belgesi aldıėı için saėlık turizmi kapsamında hasta tedavi etmemiřtir. Görüşme yapılan kiřilerin görev ve unvanları incelendiğinde; 3'ünün yönetici (Saėlık Bakım Hizmetleri Müdürü, Saėlık Turizmi ile ilgilenen Bařhekim Yardımcısı, Kurum Yöneticisi) olduėu, birinin Uluslararası Pazarlama Direktörü, birinin Uluslararası Hasta Merkezi Uzmanı ve birinin de kurum sahibi olduėu görölmektedir.

Bu çalıřmada Samsun'da bulunan saėlık turizmi yetkinlik belgesine sahip kurumlarla görüşme yapılmıř ve görüşme yapılan yöneticilerden alınan cevaplar sonucunda; Hastalar (saėlık turistleri) bařlıca Gürcistan, Almanya, Irak, Hollanda, Rusya, Danimarka, Fransa, Amerika, Kuveyt, Katar, Suudi Arabistan, Bosna-Hersek, Makedonya, Kosova, Bulgaristan'dan gelmektedir. Gelen saėlık turisti profiline bakıldığında Türkiye'ye 4-5 saat uçuř mesafesinde olan ölkeler olduėu görölmektedir. Hastalar (saėlık turistleri); Göz cerrahisi, Ürolojik vakalar, diyabet cerrahisi, obezite cerrahi, kanser cerrahisi, USB cerrahi, ortopedi, katarak, plastik cerrahi, KBB (Kulak Burun Boėaz), KVC (Kalp Damar Cerrahisi) alanları için hasta getirilmektedir. Yöneticilere saėlık turisti hastaları ile baėlantıları nasıl kurdukları sorulduğunda; yurtdıřı tanıtımlar, dijital reklam, hasta tavsiyeleri, yurtdıřı hasta-doktor organizasyonları, kurumsal yurt dıřı anlařmalar, yurtdıřı ortaklar, sosyal medya üzerinden, aracı kurumlar vasıtasıyla hastalar ile baėlantı kurduklarını belirtmiřler.

Görüşme yapılan bir saėlık kurumu dıřında bütün kurumlar saėlık turistlerine konaklama, ulařım ve diėer konularda destek saėlamaktadır. Diėer kurumlarla iř birliėiniz var mı sorusuna kamu hastanesi dıřındaki yöneticiler "evet" cevabını vermiřlerdir. Görüşme yapılan kurumlardaki pazarlama faaliyetleri için; Yurt dıřı tanıtım organizasyonları, dijital pazarlama, yurt dıřına yayın yapan televizyon programlarına reklam verme, sosyal medya üzerinden reklam verdiklerini belirtmiřlerdir. Görüşme yapılan kurumlar akredite misiniz sorusuna hayır cevabı vermiřler ancak bunun için çalıřmalarının olduėunu ve saėlık turizmi yetkinlik belgesine sahip olduklarını belirtmiřlerdir. Görüşme yapılan kurumlar dil iletiřimini saėlamak için tercüman ve yabancı dil bilen personel bulundurmaktadır. Literatür incelendiğinde Samsun'da hekim- saėlık turisti etkileřimine yönelik bir çalıřmaya rastlanılmamıřtır. Bu anlamda literatüre katkı saėlayacaėı düşünölmektedir.

Sonuç olarak; Samsun'da bulunan saėlık turizmi yapabilme yetkinlik belgesine sahip özel kurumların hasta-hekim baėlantılarını yurtdıřı tanıtımlar, dijital reklam, hasta tavsiyeleri, yurtdıřı hasta-doktor organizasyonları, kurumsal yurt dıřı anlařmalar, yurtdıřı ortaklar, sosyal medya üzerinden, aracı kurumlar vasıtasıyla yaptıėı ve kamu kurumlarının ise daha çok hasta tavsiyeleri üzerine kurulu bir hasta hekim baėlantısı olduėu tespit edilmiřtir.