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Barriers of Developing Medical Tourism in a Destination: Case of Antalya

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ABSTRACT

The aim of this study is to determine the factors that prevent the development of medical tourism in Antalya. To explore the current medical tourism trend, a qualitative procedure was adopted. Besides analyzing the current situation of medical tourism in Antalya through a systematic searching on the available information and publications, in-depth interviews were conducted to collect data from relevant authorities and representatives of medical tourism associations in this country. The data were derived from interviews with 42 key informants. Data analysis of the study was conducted through employing the software NVivo-11. Data gathered at the end of the study were grouped into 8 main themes and 40 sub-themes. The results show that insurances, language and communication, management, policies and rules, prices and treatments, structural, transfer and terminology problems are the main barriers to the development of medical tourism. Several strategies are required in order to address and combat these barriers, such as governmental support, ethical practices, pricing and enhance personel linguistic competence on an international scale. In this context, the study is expected to contribute to national and regional planning on medical tourism.

Keywords: Barriers; Medical Tourism; Tourism Development; Antalya.

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Countries that want to get more shares from the international tourism market make significant investments in diversifying their touristic products (Jones & McCullough, 2007). In this contex, current mobility in the medical tourism sector and predictions about its future have made medical tourism an important sector in recent years (Salehi-Esfahani, Ridderstaat & Özturk, 2020; Bulatovic & Iankova, 2021). Medical tourism travels are mostly carried out for infertility treatment, oncological diseases, orthopedics, obesity, dental, cosmetic and cardiovascular treatments (Boyd, McGrath & Maa, 2011; Béland & Zarzeczny, 2018).

An important parameter that enables us to see the size of medical tourism sector is its economic magnitude which has been at the level of approximately $60 billion in 2008 (Sharma, 2013). Approximately 50 million people travel for health purposes around the world annually every patient spent an equivalent of $3800 to $6000 on each visit (Momeni, Janati, Imani & Khodayari-Zarnaq, 2018). However, according to 2019 data, direct medical tourism expenditure has reached $44.8 billion (Salehi-Esfahan et al., 2020). The market size of medical tourism before the pandemic was $ 11.56 billion, $ 13.98 billion in 2021 (Mishra and Rana, 2022). It is expected to reach $39.57 billion in 2023, $53.51 billion in 2028, $48.26 billion in 2024, $243.74 billion by 2032 and grow at a compound annual growth rate (CAGR) of 22.44% during the forecast period (2024 - 2032). As can be seen, with the COVID-19 normalisation process, the access of healthcare services to the masses is taking its pre-pandemic form, while continuing to change and increase the pace of development (Gümüşlü, 2023).

The size of the medical tourism market, the presence of technological developments in the medical field and the low treatment costs in developing countries are seen as the main driving force that increases the growth of the market. For this reason, millions of people around the world travel to countries where treatment is more accessible in order to overcome restrictions such as difficulties in accessing the health system in their countries and strict legal regulations on the health system (Ormond, 2020). Medical tourism was initially defined as the movement of a patient travelling from a less developed country to a medically developed country to receive better health treatment (Reddy & Qadeer, 2010). However, this trend has shown a reverse change with the increasing number of patients choosing to travel from developed countries to developing countries for medical purposes (Abadi, Sahebi, Arab, Alavi & Karachi, 2018). The most important reason for this situation is the increasing prices of health services in developed countries (Gill, Kalsi & Singh, 2011; Yeoh, Othman & Ahmad, 2013; Çavmak & Çavmak, 2020). In addition, the high prestige of the health services of countries travelling for medical treatment increases the preferability of medical tourism regions (Runckel, 2024).

Considering the development process and potential of medical tourism in the world, it is thought that there will be a significant global competition environment in the coming years (Aydın, Aypek, Aktepe, Sahbaz & Aeslan, 2011). According to The Medical Tourism Index (MTI), the most important tourism regions for medical tourism are Canada, Singapore, Japan, Spain, United Kingdom, Dubai, Costa Rica, Israel, Abu Dhabi and India (Bulatovic & Iankova, 2021). In Turkey, a total of 1,538,643 people travelled

to Turkey to receive healthcare services in 2023, and the revenue generated from these visits amounted to $3,006,092. In the first quarter of 2024, 428,072 people came to our country to receive healthcare services and the income obtained from here was $849,663.

Turkey is one of the most preferred countries in the medical tourism market. In Turkey, the accreditation certificate given by the JCI quality certified 48 hospitals, ambulance services that are a health care provider and a laboratory (Gülen and Demirci, 2012). A total of 52 health centers in Turkey are accredited worldwide by JCI and this number is increasing with studies (Aksu & Bayar, 2019).

In Turkey; Antalya, Istanbul, Izmir, Muğla and Aydın are the provinces with the highest share in medical tourism (TURSAB, 2021). However, this study aims to reveal the reasons that hinder the development of medical tourism in Antalya, Turkey. Antalya is one of the cities that host the most tourists in the Western Mediterranean Region of Turkey. Therefore, it is vital that deficiencies are detected and that they are fulfilled at world standards. Thus, it will be possible to develop strategies suitable for the goals of the destination. In this context, the purpose of the present study was to determine factors impeding the development of medical tourism in Antalya, regarding the views of key stakeholders in the industry. It first provides a description of the concept of medical tourism development and medical tourism. The methodology employed in this study is discussed in the next section, followed by a presentation of the framework of barriers to the development of medical tourism.

1. Medical Tourism

Concepts of health tourism and medical tourism are frequently used as substitutes. Health tourism is a kind of tourism that includes thermal tourism, spa-wellness tourism, third age tourism, disabled tourism and medical tourism. In this context, it should be noted that medical tourism is one of the various kinds of health tourism rather than another name for health tourism (Lunt & Carrera, 2010). In addition, people who do not travel for treatment purposes, but who get sick, injured and have to receive treatment while travelling are considered as the subject of health tourism within the scope of tourist health, while people travelling to receive medical treatment is considered within the scope of medical tourism (Kurar & Baltacı, 2021).

Medical tourism is generally travelling due to low quality of physicians, high costs, long waiting times (Johnston, O'Malley, Bachman & Schulenberg, 2010), inadequate health services and inadequate insurance coverage (Alsharif, Labonté & Lu, 2010). Medical tourism is the definition of the action of people travelling from their country to another country to benefit from health services such as medical treatment, dental treatment, cosmetic, reproductive treatment, organ transplantation, medical check-ups, plastic surgery, cardiology, orthopaedic interventions and surgical care (Connell, 2006; Bookman & Bookman, 2007; Jadhav, Yeravdekar & Kulkarni, 2014; John & Larke, 2016;

Béland & Zarzeczny, 2018; Ahmed, Moonesar, Mostafa, Zakzak & Khalid, 2020; Sevim, Gül & Akbulut, 2024). In this part of the research, the concept of medical tourism product is included within the scope of touristic product.

A touristic product is any tourism service or combination of services (Kotler, Bowen & Makens, 2006). Countries that want to get more share from the tourism market invest heavily in diversifying their touristic products (Jones & McCullough, 2007). In modern marketing, the product is considered at three levels: core product, formal product and augmented product (Mucuk, 2010). In the medical tourism product, the core product answers the question of what the medical tourist actually buys. The formal product includes the physical and perceived characteristics of the product, including its quality, features, accreditation, prestige of the brand and the packaging of the product. Augmented product includes pre- and post-sales services, local transport, accommodation, shopping centres and management of medical tourism zones (Todd, 2011). Cormany (2010) explains the medical tourism product by taking into account four main elements: healthcare facilities and medical talent, hotel and restaurant support and quality, general tourism intructure, governmental policies and laws. Each of these will be explained and expanded below.

1.1. Healthcare facilities and medical talent

Medical tourism is a subset of health tourism that includes preventive services such as medical checkups and health screening procedures (Heung, Kucukusta & Song, 2011), relaxation therapies (Connell, 2013) and wellness tourism (John & Larke, 2016). Medical tourism is defined as medical and touristic activities that people prefer to receive medical care, which enables the growth of the country's economy and health investments (Lianto, Suprapto & Mel, 2020). Medical tourism is defined as people travelling to regions or countries other than their place of residence and engaging in touristic activities in order to purchase diagnosis, treatment, rehabilitation, health improvement and recreation services (Dunet, Yankovskaya, Plisova, Mikhailova, Vakhrushev & Aleshko, 2020).

Healthcare facilities play an extremely important role in meeting the post-treatment medical care and needs of medical tourists. Accommodation for family members accompanying the medical tourist, concierge services, local transport, quality food and beverage services (restaurants) are in the same tourism region as the health facility where the medical tourist is treated (Cormany, 2010). Therefore, investments such as hotels, hospital investments suitable for the needs of medical tourists and companions, and souvenir shops where companions can spend time make the medical tourism region a centre of attraction (Mirza, 2016). In this context, since the recovery process of medical tourists takes place in hospitals and nearby accommodation establishments, hospitals also serve as accommodation establishments in some medical tourism regions (Cormany, 2010). As can be seen, other tourism stakeholders such as hotels, shopping centres and food and beverage establishments play an important role in

meeting the needs of medical tourists and companions (Abdullah, Cheah, Mulia & Abdul Fatah, 2019).

1.2. General tourism infrastructure

Transportation and technology facilitating access to information, affordability of services in developing countries, long waiting lists in one's own country and desired quality of health care in other countries (Bookman & Bookman, 2007), tourism and travel purposes, personal and privacy reasons (Horowitz & Rosensweig, 2007), legal and ethical reasons (Longe, 2010; Cohen, 2011), globalisation of health services (Lunt, Smith, Exworthy, Green, Horsfall & Mannion, 2011), similarities in culture, food, climate and language (Lim, 2019), and the existence of environments suitable for different beliefs (Garcia-Altes, 2005; Chee, 2007; Kurar & Baltacı, 2021) increase the preferability of medical tourism regions.

The proximity of medical tourism to developments in social, economical, industrial and technological fields is also an important factor in the development of medical tourism (Lunt et al., 2011). The impact of digital health applications such as mobile health (mHealth), electronic health records (EHR), electronic medical records (EMR), wearable devices, telehealth and telemedicine on medical tourism cannot be underestimated. Because effective management of costs in the health system, increasing service quality and efficiency, providing preventive health services and increasing the quality of life make it mandatory to utilise digital technologies (Gümüşlü, 2023). Depending on the development of communication technologies, tourism regions introduce themselves to people in different parts of the world quickly and cost-effectively through websites and social media (Öksüz & Altıntaş, 2016). In addition, many medical tourism industry stakeholders such as hospitals and promotion agencies also use social networks to direct market information to the target audience in an easier, faster and cheaper way (Chandran, Puteh, Zianuddin, Azmi & Khuen, 2018). In addition, with telemedicine applications, the medical history of the patient is taken at the first arrival of the patient, preventing the loss of time for the procedures and saving time and resources by continuing the treatment process online if there is a situation that does not require physical examination (Osman, Awang & Birnin-Kudu, 2021). Therefore, due to technological developments, people can access better quality and cost-effective healthcare services without the need to physically travel (Seto, Smith, Jacques & Morita, 2019; Alhajri et al., 2022).

1.3. Governmental policies and laws

International agreements, partnerships, ease of transportation, the convenience of medical equipment and digital technology in daily life play an important role in medical tourism policies (Garcia-Altes, 2005). In addition, visa facilities in international travel,

increases in income from medical tourism and investments in human resources for medical tourism add a special value to these policies (Bookman & Bookman, 2007). Financial transactions, legal practices, social and cultural relations are extremely important in transitions between countries (Lee and Spisto, 2007). In this respect, medical tourist education (Reddy & Qadeer, 2010), local people's access to health services (Smith, Martinez-Alvarez & Chanda, 2011), government support and legal practices have an important place in the development of medical tourism (Sharma, 2013). In addition to all these, medical tourism includes many dimensions such as quality, access, accreditation, appropriateness, effectiveness, equality, equity, safety, timeliness, etc. (Woodhead, 2013).

Countries have included benefits such as tax exemption, provision of medical equipment and reduction of procedures for those who want to invest in medical tourism in their national policies (Kanchanachitra et al., 2011). Since medical tourism includes all kinds of trips for health promotion, it helps sustainable development and the mobility of the national economy (Beladi, Chao, Ee & Hollas, 2015). Due to the low cost and high income of the industry, many developing countries have focused on this part of the industry and are making plans for it (Abadi et al., 2018). Therefore, the sustainability of the medical tourism sector is possible through public-private partnerships and marketing efforts (Chandran et al., 2018).

1.4. Hotel and restaurant support and quality

Although the main product in medical tourism is treatment, tourism elements such as accommodation and travel are also of great importance in this field. Medical tourists imitate different cultures by participating in activities such as entertainment and shopping (Helmy & Travers, 2009). Medical tourists prefer destinations with similar cultures, languages and food habits (Momeni et al., 2018; Zarei et al., 2020). Then, it can be said that medical tourism mainly emerged from the combination of medicine and tourism (Heung, Küçükusta & Song, 2010). Factors such as the quality of medical and tourism services, culture, health, expertise, cost, convenience, desire for holiday, tourism facilities and equipment, networks between service providers, information and communication technology affect the development of medical tourism (Hanefeld, Lunt, Smith & Horsfall, 2015). In this context, Chandran et al. (2018) consider medical tourism as an economic activity representing two sectors, tourism and medicine, which require service trade. Therefore, the fact that medical tourism regions have developed infrastructure for tourism and medical treatment and have good communication links between hospitals, insurance and tourism agencies are important determinants of their success (Momeni et. al, 2018). In this context, it can be said that ease of travel and intermediary organisations contribute to the development of medical tourism (Lim, 2019). In this context, Antalya has a high capacity in health standards, the number of well-equipped and accredited hospitals, its geographical location, its development and success in classical tourism makes it stand out in the field of medical tourism (Sevim, 2019).

It is possible to see significant improvements in terms of medical tourism activities in Antalya. Antalya has a great potential in medical tourism with its hospitals with international standards of technology and comfort, specialised physicians and health personnel, ease of transportation, price advantage in many treatments, and historical, natural and cultural richness (Buzcu & Birdir, 2019). Therefore, Antalya, which is trying to hold on to the medical tourism market, should proceed with a strong planning. In this process, especially the medical equipment of tourism destinations should be evaluated and integration with the existing tourism infrastructure should be worked on.

2. Barriers to the development of medical tourism

Problems that may be encountered in medical tourism may be listed as follows: psychological, physical or mental distress due to traveling to a new destination (Lee & Spisto, 2007), post-operation care, duration of stay and concerns regarding intercultural competition (Karuppan & Karuppan, 2011), medical and political risks, problems related to government aid, prices, capacity and local people's need of health care (Heung et al., 2011). As the above studies suggest, there are always some potential problems that medical tourism as a sector and medical tourists as individuals may encounter. The result of the literature review of barriers affecting the selection of medical tourism destinations is summarised in Table 1.

Table 1. Literature review on the barrier to medical tourism development

Barriers	Author(s)
Language and communication Insufficiently qualified in foreign language, Specialists in working with foreign patients special training, Insensitivity to cultural differences and Lens of culture, patient perspective.	Tenzer, 2015; Snyder et al., 2015; Alizadeh & Chavan, 2015; Jin, 2016; Rokni et al., 2017.
Accreditation Inadequate insurance coverage (Cosmetic, dental, vision, fertility treatments, etc.) Lack of medical vise and medical insurance Lack of insurance coverage in clinics and Lack of cooperation agreements with international medical centers.	Horowitz et al., 2007; Alsharif et al., 2010; John & Larke, 2016; Abadi et al., 2018; Bagga et al., 2020; Mishra & Rana, 2023.
Pricing and billing High cost of healthcare and medical tourism services, Lack of package price application Different pricing practices and Billing errors and double billing.	Han & Hyun, 2015; Yazdi et al., 2016; Abadi et al., 2018; Jain et al., 2018; Al-Talabani et al., 2019; Mishra & Sharma, 2021.
Telemedicine Lack of health-e-access whose health services, Lack of primary care (store-and-forward material), The feasibility of telemedicine services providing and Lack of the Telehealth assistant.	McConnochie, 2006; McConnochie et al., 2010; McIntosh et al., 2014; Ronis et al., 2017; Pourmand et al., 2021
Lack of establishing a relationship Government support, and international relations, Lack of direct international flights to Province and low quality flights, Ease of travel and public transport and strong network (Medical tourism suppliers, travel agencies specialized in medical tourism).	Menvielle et al., 2011; Mohamad et al., 2012; Abadi et al., 2018; Abdullah et al., 2019; Çavmak & Çavmak, 2020; Mishra & Rana, 2023; Asa et al., 2024.

Table 1. Literature review on the barrier to medical tourism development

Human resources Lack of qualified personnel in medical tourism, Lack of leadership, Lack of experience in medical tourism, lack of recognized doctor and Lack of intermediate staff (religion, culture, language).	Lee & Spisto, 2007; Johnston et al., 2010; Yazdi et al., 2016; Al-Talabani et al., 2019; Bulatovic & Iankova, 2021
Malpractice and follow-up care Worsening health conditions, Delayed diagnosis of complications and Increased Medical Costs.	MacKian 2003; Bies & Zacharia, 2007; Léon-Jordán et al., 2010; Al-Lamki, 2011; Yazıcı et al., 2015; Al-Talabani et al., 2019
Infrastructure and technical problems Lack of technical tool and medical equipment, Lack of high healthcare service quality, Lack of diagnosis and treatment centers, Lack of equipped medical centers Lack of rehabilitation centers and Lack of medical tourism offices to attract patients purposefully.	Lunt & Carrera, 2010; Heung et al., 2011; Yazdi et al., 2016; Zarei & Maleki 2019; Bagga et al., 2020; Mishra &Rana, 2023
Medical tourism professionals Lack of insufficient promotion, Lack of centralized administrative support system, Lack of regulation over the practice. Lack of collaboration between airports, airlines, tourism and hospitality sector and medical sector.	Kim et al., 2013; Rokni et al., 2017; Skountridaki, 2017.
Lack of medical travel facilitators and promotion Facilitator and marketing activities, Packages offered to the tourists, Lack of modern and efficient advertisement, The fractioned product, lack of specific brand and Overseas marketing strategies and R&D activities.	Mahdavi et al., 2013; Azimi et al., 2017; Momeni et al., 2018; Zarei and Maleki, 2019; Bulatovic & Iankova, 2021; Taheri et al., 2021
Policies and regulations Lack of centralized system for promotion and traning, Need for reconfiguring the goals, Encouragement for more competive performance, Lack of a regular program for medical tourism Lack of government support and Lack of control over health care costs Ethics in Medical Tourism.	Heung et al., 2011; Penney et al., 2011; Mahdavi et al., 2013; Rokni et al., 2017; Rokni et al., 2017; Abadi et al., 2018; Momeni et al., 2018; Bulatovic & Iankova, 2021
Country environment Lack of transparency in the logic of political relations with other countries, Anti-province propaganda and destroying public opinions in other countries, Political instability in neighbouring countries and the spread of terrorism, High diversity of medical tourism services in competing countries, Low medical tourism tariffs of competing countries, The existence of administrative bureaucracy and Lack of providing a license to develop medical tourism.	John & Larke 2016; Abadi et al., 2018; Abdullah et al., 2019

There are many factors limiting the development of medical tourism. The most common ones are physician quality, costs and difficulties in establishing communication (language). In addition, treatments not covered by insurance, lack of accreditation, inadequate knowledge and skills of employees and lack of active promotion of countries can be said to be obstacles to the development of medical tourism.

3. Methodology

The aim of this study is to determine the factors that prevent the development of medical tourism in Antalya. There are a total of 1920 accommodation facilities in Antalya, 1025 of which are with municipality certificates and 895 with ministry certificates. In addition, there are 262 family health centers, 17 state hospitals, seven wellness centers, two oral and dental health centers and one university hospital in Antalya. These are funded and operated by the government of a state. On the other hand, there are 841 Pharmacy and Medical Device Points, 720 oral and dental health centers, 543 outpatient diagnosis and treatment centers, 31 first aid and training centers, 30 private diagnosis and treatment centers, 28 hospitals and 1 university hospital. These are funded and operated by the private sector (Kurar & Baltacı, 2021).

The most important limitations of the research are time and cost. It is not always possible to determine a sample adequate enough to represent the population in qualitative studies. In this context, findings are usually hard to generalize (Yin, 2011) since the samples in qualitative studies are smaller compared to the ones in the quantitative studies (Miles & Huberman, 1994). Thus, relevance, for example, is considered between the sample and the subject in qualitative studies rather than quantitative representation and representative power of the sample. In other words, the aim for the selected sample is not for it to represent a wider population but to collect more information through it about the subject (İslamoğlu & Alnıaçık, 2013). This is the reason why (aimed/designed) samples which have been determined by the field experts are preferred (Fraenkel & Wallen, 2006).

The population of the present study consists of senior corporate representatives operating in health tourism in Antalya which tends towards “Medical Tourism” in the international field in recent years, and NGO (Non-Governmental Organizations) representatives operating in Turkish and worldwide health tourism sector. Interviews on research data were conducted in January-June 2016. The snowball sampling method was used because the boundaries of the study and the members of the universe could not be determined precisely (Gegez, 2010). The snowball sampling method is used when it is difficult to determine the population to be reached and the sampling frame obtained by the researcher does not include a large number of sample individuals. In this method, the selection of the first individual or institution to be included in the population is made judicial or random. Then, the second person is selected at the direction of the first interviewee and thus the sample is multiplied.

According to Briggs (1986), interview forms are the most common data gathering tool used in the studies conducted within the field of social sciences. Interview forms reveal which opinions are more emphasized by the participants in qualitative studies (Roberts, Priest & Traynor, 2006). Therefore, semi-structured interview forms were produced through literature review (Momeni et al., 2018; Rokni, Turgay, & Park, 2017; Caballero-Danell & Mugomba, 2007; Crooks, Kingsbury, Snyder& Johnston, 2010; Dawn & Pal, 2011) and after the checks were completed by two field experts.

Semi-structured interview questions were asked to 42 senior representatives in health tourism. In this context, the study sample may be said to be representative of the

population. In order to prevent data loss during the interview with permission from the participant, the interview was first transferred to digital media and then to NVivo-11 computer-aided qualitative data analysis program as a document.

Because, according to Kuş (2009) and Roberts et al., (2006), the reliability of the research can be increased by using computerized data analysis programs such as NVivo. For this reason, member checking, which is the most effective method to increase the reliability (Büyüköztürk, Çakmak, Akgün, Karadeniz & Demirel, 2011) was performed before the word documents were transferred to the NVivo program. In other words, the accuracy of the records transferred from digital media to word files was confirmed to the participant. A semi-structured form consisting of 2 sections was used with the medical tourism sector representatives in the study. The first section of the interview form consisted of demographical information regarding the participants. The second section of the interview form consisted of semi-structured interview questions. According to this, research questions (Q) consisted of the following:

Q.1. What is the demographical profile of participants?
Q.2. What are the weaknesses of Antalya in terms of medical tourism?
Q.3. What are management problems in this area?
Q.4. What are the threats in Antalya in terms of medical tourism?
Q.5. What are the transfer challenges of medical tourists?
Q.6. Is the necessary infrastructure to attract medical tourism appropriate?
Q.7. Can you think of any other factors that could be a barrier to development?

The term “trustworthy” for the validity and reliability of qualitative studies, and emphasized that trusworthiness could be provided in the frame of four criteria consisting of credibility, transmissibility, durability, and verifiability, the interviews were directly transferred (Fraenkel & Wallen, 2006). Data were coded twice by the first researcher. Data gathered at the end of the study were grouped in 8 main thema and 40 sub-themes. There was a period of approx. 12 months between two coding processes, and reliability coefficient was determined as 0.85 through “Consensus / (Consensus + Dissensus)” formula. According to Miles and Huberman (1994), reliability degrees related to codes were high.

4. Findings

For the purposes of the study, the following research questions were examined. There are seven questions in this study. The first of these is to determine the demographic characteristics of the participants and the others are to determine the obstacles to the development of medical tourism.

Q.1. *What is the demographical profile of participants?*

With the first question of the research, the findings related to the demographic variables of the participants are included (Table 2).

Table 2. Demographical Properties of the Participants

Definition	Age	Sector	Health Tourism Oranization	Occupation	Position in the Workplace	Gender
Participant 1	41-50	Private Health	Convention	Doctor	Manager	Man
Participant 2	31-40	Private Health	Expo	Tourism	Owner	Woman
Participant 3	31-40	Public Health	Convention	Expert	Coordinator	Woman
Participant 4	41-50	Public	Expo	Expert	Senior Manager	Man
Participant 5	31-40	Private Health	Expo	Tourism	Health Tourism Responsible	Man
Participant 6	31-40	Public Health	Expo	Expert	Health Tourism Responsible	Woman
Participant 7	51-60	Private Health	Convention	Doctor	Assistant to Rector	Man
Participant 8	31-40	Private Health	Expo	Tourism	Junior Administrative Officer	Woman
Participant 9	41-50	Public Health	Workshop	Expert	Division Manager	Man
Participant 10	31-40	NGO	Expo	Expert	Junior Administrative Officer	Man
Participant 11	41-50	Private Health	Expo	Tourism	Owner	Man
Participant 12	51-60	NGO	Expo	Business Man	Senior Manager	Man
Participant 13	31-40	Public Health	Expo	Expert	Health Tour Coordinator	Woman
Participant 14	51-60	Public Health	Expo	Doctor	Health SSI manager	Man
Participant 15	21- 30	Private Health	Expo	Tourism	Legal Consultant	Woman
Participant 16	41-50	Public Health	Expo	Doctor	Senior Manager	Man
Participant 17	31-40	NGO	Workshop	Expert	Junior Administrative Officer	Woman
Participant 18	31-40	Public Health	Workshop	Expert	Statistics Expert	Man
Participant 19	41-50	Private Health	Expo	Business Man	Senior Manager	Man
Participant 20	31-40	NGO	Workshop	Expert	Junior Administrative Officer	Woman
Participant 21	51-60	Private Health	Convention	Doctor	Senior Manager	Man
Participant 22	51-60	NGO	Expo	Business Man	Senior Manager	Man
Participant 23	31-40	Public	Workshop	Academician.	Junior Administrative Officer	Woman
Participant 24	51-60	NGO	Expo	Insurance	Senior Manager	Man
Participant 25	31-40	NGO	Expo	Expert	Employee	Man
Participant 26	51-60	Insurance	Expo	Business Man	Senior Manager	Man
Participant 27	31-40	Private Health	Expo	Doctor	Manager	Woman
Participant 28	41-50	Tourism	Expo	Expert	Manager	Man
Participant 29	41-50	Private Health	Convention	Doctor	Manager	Man
Participant 30	31-40	Tourism	Expo	Expert	Manager	Man
Participant 31	41-50	Private Health	Expo	Business Man	Owner	Man
Participant 32	31-40	Public Health	Workshop	Expert	Employee	Woman
Participant 33	31-40	Private Health	Convention	Expert	Employee	Man
Participant 34	41-50	NGO	Convention	Business Man	Manager	Man
Participant 35	41-50	Private Health	Convention	Doctor	Owner	Man
Participant 36	31-40	Public Health	Workshop	Expert	Employee	Man
Participant 37	41-50	Public Health	Convention	Prof. Dr.	Senior Manager	Woman
Participant 38	31-40	Public Health	Workshop	Expert	Manager	Woman
Participant 39	31-40	Public Health	Workshop	Expert	Employee	Woman
Participant 40	31-40	Public Health	Convention	Expert	Manager	Man
Participant 41	51-60	Private Health	Convention	Doctor	Owner	Man
Participant 42	51-60	Private Health	Expo	Doctor	Owner	Man

As seen in table 1, barriers of the developing medical tourism in a Antalya were directed to doctor, expert, business man and academician. Gender, age, sector, organisation, position and occupation variables of the participants were included.

The framework shown below is the result of themes and sub-themes of the findings of the study and presents an outline of the relations between them (Table 3).

Table 3. Results of content analysis

Themes	Sub-Themes	Frequency*
Insurances	Lack of nursing insurences	**4**
	Lack of medical vise	**5**
	Lack of Travel insurance	**5**
	Lack of international insurance companies agreements	**4**
	Lack of doctor insurance	**4**
Language & Staf	Restrictions on foreign language skills	**4**
	Lack of communication with medical tourists	**4**
	Lack of Qualified Personnel	**4**
	Lack of medical staf	**4**
Management	Lack of a superstructure	**5**
	Inconstancy	**4**
	Lack of coordination& integration	**4**
	Cause disruption in providing service	**5**
	Lack of health tourism facilities	**5**
	Low number of hospitals	**5**
	Lack of legal regulations	**4**
	Consumer's shaken trust	**5**
	Lack of trust-building standard	**5**
Policies & Rules	Policy makers	**4**
	Inadequate government support	**8**
	Unsettled rules	**9**
	Lack of governmental incentive	**8**
Prices & Treatments	Double billing	**4**
	Lack of a common pricing policy	**4**
	Wrong invoicing	**9**
	Wrong pricing	**8**
	Redundant treatments	**4**
	Wrong treatments	**4**
Transfer	In-city transportation problems	**4**
	Not to be interested in medical tourism	**7**
	Non-expert people	**5**
	Lack of certification	**4**
Structural	Lack of physical infrastructure	**4**
	Inconvenient hotel infrastructures	**9**
	Lack of rehabilitation centers	**8**
	Lack of inform people	**4**
	Late payments of incentives	**5**
Terminology	Lack of informations	**4**
	Lack of medical doctor	**8**
	Lack of call center	**4**

*The number of sub-themes repeated by the participants.

The main themes and sub-themes and their repetitions by the participants are represented. There were 8 themes and 40 subthemes. Each of these will be explained and expanded below, but the relative impact of each may vary depending upon the type of medical tourism being considered.

***Q.2** What are the weaknesses of Antalya in terms of medical tourism?*

4.1. Insurances

Purchasing adequate specialist travel health insurance may be problematic, especially if the intending medical tourist has significant preexisting health problems prior to travelling (Lunt et al., 2011). It is extremely unwise to travel outside of one's home country without this type of insurance unless a deal has been negotiated with the provider hospital that they will cover all possible eventualities (Lunt et al., 2011).

"…Nursing insurance is implemented in various ways in European countries while it has almost no place in Turkish legislation [lack of nursing insurances] (Participant 34)."

"…Another important point to be implemented within the context of health tourism is the implementation of medical visa. Patients are occasionally deported since their treatments take longer than expected [lack of medical visa] (Participant 2)." Our results are in line with results published by Bulatovic and Iankova (2021).

"…In addition, inadequacy of travel insurance and the fear of foreign insurance companies regarding fraud create an obstacle in the region having a strong image [Lack of travel insurance] (Participant 24)." "…Agreements made with international insurance companies are inadequate [lack of international insurance companies agreements] (Participant 17)."

"…In Europe, doctor insurance premiums are quite high, and if we are to treat these patients, we do not have risk insurances in these standards, and this would create problems for our doctors in terms of treatment results [lack of doctor insurance] (Participant 26)."

4.2. Language & Staf

In order to communicate effectively, the language in use in that country must be same language used by medical tourists (Crooks et al., 2010). In health tourism, the patients who are making a research on other countries for treatment look for countries with a common culture, speaking the same language' (Penney, Snyder, Crooks & Johnston, 2011). The respondents stated 2 factors as structural barriers which follow:

"…In general, the most important problem encountered in providing service seems to be communication [Restrictions on foreign language skills] (Participant 15)."

"…A lack of personnel who can speak English in the public institutions as well as a lack of personnel who can speak another language besides English in the private institutions are observed [lack of communication with medical tourists] (Participant 36)."

"…There is also inadequacy of knowledge and information on the part of health personnel and hospital managers about European health regulations and patient rights [Lack of Qualified Personnel] (Participant 7)."

"…Travel agencies should include medical doctors in their staff [lack of medical staf] (Participant 11)."

These results correspond with analysis provided by Mishra and Sharma (2021). In their research, they determined that the absence of language problems in medical tourism regions provides competitive advantage. In addition, medical tourism regions with language problems in their staff reveal that they give special attention to improving the communication skills of the staff. Rokni et al. (2017) conclude that language skills play an important role in the promotion of employees.

Q.3. *What are management problems in this area?*

4.3. Management

Having multiple players in management (planning, coordination, integration) means that medical tourism faces major challenges, and multiplicity of decisions means that decision-making has not been coordinated (Momeni et al., 2018). These challenges have been expressed by the respondents as follows:

"…There is the lack of a superstructure specific to the elderly population [Lack of a superstructure](Participant 14)."

"…Double standards are in place for foreign tourists coming from abroad and expat Turkish people even though they have the same rights [Inconstancy](Participant 32)."

"…The lack of coordination and integration between ministries and sectors and the lack of interest of local tourism professionals in health tourism are other negative points that come forth [Lack of coordination& integration] (Participant 37)."

"…The lack of efficient and effective work flow between hospital and assistant, firm and doctor that would have prevented delays in patients treatment process in they were in place [Cause disruption in providing service] (Participant 14)."

"…There is the lack of health tourism facilities that could compete internationally in the fields of alternative [Lack of health tourism facilities] (Participant 10)."

"…There is the lack of low number of hospitals that are accredited internationally [low number of hospitals] (Participant 37)."

"…Effective legal regulations are not put into effect in terms of ethical rules. [lack of legal regulations] (Participant 7)."

"…There is Consumer's shaken trust caused by big price differences between hospitals [Consumer's shaken trust] (Participant 21)."

"…There is complementary or holistic medicine, the lack of trust-building standard approaches between hospitals as well as between hospital and doctor, and hospital and commissioner [lack of trust-building standard] (Participant 3)."

Q.4. *What are the threats in Antalya in terms of medical tourism?*

4.4. Policies & Rules

Lack of a comprehensive government policy on health tourism management, limited number of organizations supporting health tourism, high levels of bureaucracy in health tourism, political instability in regional countries, lack of standardization in health tourism services were identified as the main challenges and threats affecting health tourism in Turkey (Omay & Cengiz, 2013).

"…Before, doctors used to treat both their own patients and hospital's patients in the hospital, and this was beneficial both for doctors and for the state. But now, the state stopped allowing this and said to these doctors that they should go to the private sector necessarily [Policymakers] (Participant 42)."

"…The state also says that the doctor cannot operate on patients in their own state. This is a hard-to-understand logic and damages health sector greatly [Inadequate government support] (Participant 19)."

"…Another disadvantage is considered to be the presence of unsettled rules in legal terms and the inability to solve problems in short time due to this [Unsettled rules] (Participant 30)."

4.5. Prices & Treatments

Non-transparency or not being able to be transparent in pricing may affect competition and entrepreneurship of the health services in a negative way (Herrick & Goodman, 2007). In addition, differences in economic structures of the source and destination countries may also cause problems in pricing (Caballero-Danell & Mugomba, 2007).

"…Another threatening factor for the health tourism is the loss of trust of European patients due to wrong treatments and double prices [Double billing] (Participant 28)."

"…Insurance companies of European have especially raised eyebrows due to the wrong pricing policies, the lack of a common pricing policy between public and private hospitals, and wrong treatment methods [lack of a common pricing policy] (Participant 9)."

"…This is especially valid in emergency cases of tourists coming to West Mediterranean Region with the purpose of holiday; once they arrive to the hospital for treatment unusually high billings occur [Wrong invoicing] (Participant 37)."

"…Sometimes, wrong pricing and treatment policies shake confidence of consumers and wrong implementations which affect the whole sector create a bad image in certain areas [Wrong pricing] (Participant 21)."

"…It has been observed that European patients have lost their trust in the treatments they are getting, and wrong and redundant treatments caused suffering for the patients [Redundant treatments] (Participant 30)."

"…Medical tourism is the loss of trust of European patients due to wrong treatments [Wrong treatments] (Participant 28)."

Q.5. *What are the transfer challenges of medical tourists?*

4.6. Transfer

According to Green (2008), a medical tourist's body has the potential to carry dangerous microorganisms between hospitals located in different parts of the world. Therefore, patient transfer and transport is one of the most important services provided by medical tourism facilitators to their customers and companions. The respondents stated five factors as structural barriers which follow:

"…Local tourism professionals are observed not to be interested in medical tourism; therefore awareness, organization and coordination problems are being experienced since intermediary organizations think about health tourism in the same way as they think about classical tourism [Not to be interested in medical tourism] (Participant 15)."

"…Travel agencies conduct health tourism activities with non-expert people outside of hospitals and universities and these activities occasionally give negative results [Non-expert people] (Participant 34)."

"…Intermediary organizations have not been informed adequately in terms of health tourism. They need to informed in terms of protective treatments, health tourism, spa, wellness, and alternative therapies [lack of informations] (Participant 41)."

"…Guides who will be dealing with the patient must have certification and must be trained in the field [lack of certification] (Participant 1)."

"…In-city transportation problems are considered as the most important obstacles in the way of development of health tourism (Participant 9). There are difficulties in city transportation due to inadequate infrastructure [In-city transportation problems] (Participant 23)."

These results correspond with the analysis provided by Abdullah et al., (2019) and; in their research, they determined that the absence of language problems in medical tourism regions provides a competitive advantage. In addition, medical tourism regions with language problems in their staff reveal that they give special attention to improving the communication skills of the staff. Rokni et al. (2017) conclude that language skills play an important role in the promotion of employees.

Q.6. *Is the necessary infrastructure to attract medical tourism appropriate?*

4.7. Structural

Existence and strengthening of tourism infrastructure, which not only plays a direct role in providing better services but also increases satisfaction of medical tourists

(Momeni et al., 2018). The respondents stated ten factors as structural barriers which follow:

"…Turkey needs concerning physical infrastructure [lack of physical infrastructure] (Participant 25). There is a inconvenient hotel infrastructures for foreign patients [Inconvenient hotel infrastructures] (Participant 8)."

"…A lack of adequate rehabilitation centers in the region is observed due to the private sector investors perspective on rehabilitation centers as risks [lack of rehabilitation centers] (Participant 23)."

"…Travel agencies does not inform people they are bringing about every case scenario that could happen and arrange a consultant medical professional [lack of inform people] (Participant 38)."

"…There were certain participation incentives in terms of tickets, rent support for publicity offices and expositions in recent years, however, intermediary institutions which applied for these incentives are complaining about late payments or hard and long processes [late payments of incentives] (Participant 12)."

Q.7. *Can you think of any other factors that could be a barrier to development?*

4.8. Terminology

Personnel in medical tourism sector must be experienced and qualified in their field (Lee & Spisto, 2007). The respondents stated four factors as structural barriers which follow:

"…There is still not enough governmental incentive with regard to health tourism for the health organizations [Lack of governmental incentive] (Participant 5)."

"…Travel agencies definitely must establish a "call center" taking calls in patients' mother tongues [lack of call center] (Participant 41)."

"…Medical doctor competence both in public and private sector [lack of medical doctor] (Participant 30)."

The findings of this study are similar to the findings of Mishra and Sharma (2021). According to Mishra and Sharma (2021), doctors, surgeons and specialists in the field play an important role in medical tourists' preference for medical tourism regions.

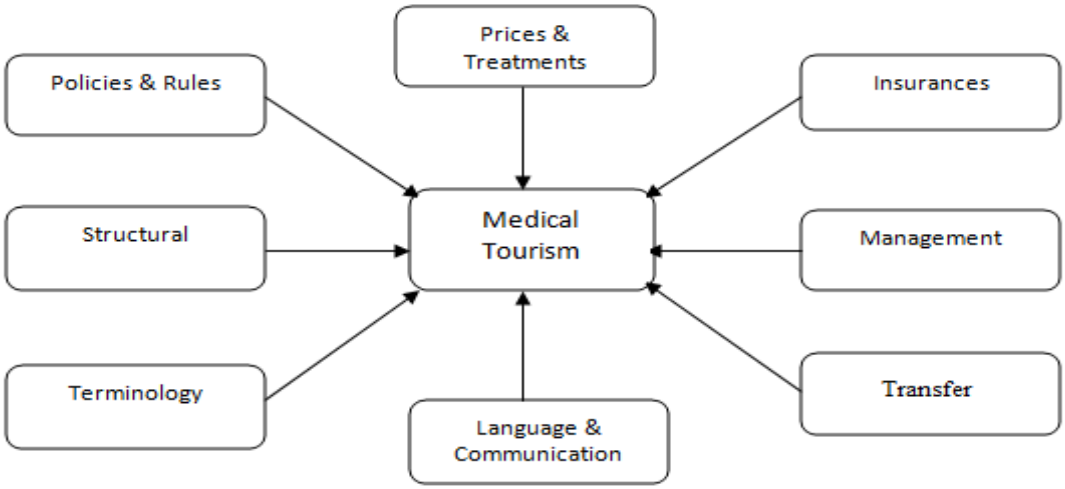

Figure 1. Framework of Barriers to the development of medical tourism in Antalya

As seen figure 1, illustrates the barriers to development of medical tourism in Antalya. The figure shows that structural, transfer, terminology, prices & treatments, policies & rules, insurances, language & communication, management problems are the main barriers to the development of medical tourism in the province.

5. Conclusion and Implications

The aim of this study is to determine the factors that prevent the development of medical tourism in Antalya. When the findings gathered from the participants have been analyzed, patients are observed to complain the most from unhealthy communications and foreign language problem.

On the other hand, wrong pricing and treatment policies shake confidence of consumers and wrong implementations which affect the whole sector create a bad image in certain areas. This is especially valid in emergency cases of tourists coming to Antalya with the purpose of holiday; once they arrive to the hospital for treatment unusually high billings occur.

It has been observed that European patients have lost their trust in the treatments they are getting, and wrong and redundant treatments caused suffering for the patients. Another threatening factor for the medical tourism is the loss of trust of European patients due to wrong treatments and high prices. There are difficulties in city transportation due to inadequate infrastructure. Agreements made with international insurance companies are inadequate. In addition, inadequacy of travel insurance and the fear of foreign insurance companies regarding fraud create an obstacle in the region having a strong image. And the weak coordination between hospitals in Antalya and insurance companies abroad. The following suggestions were recommended by the participants to the development of medical tourism industry in Antalya:

- If effective legal regulations are put into effect in terms of ethical rules and private sector is allowed to be free in determining its service prices, service quality may be increased and an income corresponding to this may be gained.
- The bills for our citizen and tourist should not be the same. Our citizen's health expenses are subsidized by the state.
- Double standards are in place for foreign tourists coming from abroad and expat Turkish people even though they have the same rights, and this influences our citizens' decision to prefer our country for people who are living abroad.
- All actors in the sector must be informed, an awareness must be created and coordination between these actors must be sought for.
- On the part of travel agencies or intermediary organizations, the unwillingness of dealing with patients in health tourism must be resolved with legal regulation.
- If we want to benefit from Europe's geriatric tourism potential, we must, first of all, have elderly nursing insurances and physical rehabilitation centers in our country.
- Intermediary organizations may not be informed adequately in terms of health tourism. They need to be informed in terms of protective treatments, health tourism, spa, wellness, and alternative therapies.
- The tourists are taken to places such as Turkish bath or spa with a disregard of their conditions. These kinds of approaches must be left behind since they harm the image of the destination.
- When Turkish and European implementations are compared, however, a lack of adequate rehabilitation centers in the region is observed due to the private sector investor's perspective on rehabilitation centers as a risk.
- Especially institutions that dominate AB countries' markets are complaining about the lack of nursing insurance in Turkey. It is expressed that a country that doesn't have nursing insurance cannot appeal to 3rd age tourism.
- The most important piece of information obtained in the context of the study is the demand for medical visas. All of the patients have indicated that patient numbers would increase if medical visa is implemented. Because patients are occasionally deported since their treatments take longer than expected.
- The lack of medical doctors and assisting personnel who know a foreign language must be compensated with specialists from abroad.
- Especially to bring patients in, joint works should be conducted with insurance companies in EU countries and assistance services in other countries.
- All institutions operating in the destination region should act jointly for promotion and advertisement, joining together in a NGO or a platform.
- Success stories must be advertised all around the world through media and the success, quality and recognition of the destination must be increased.
- Inconvenient hotel infrastructures for foreign patients are other negativities that should be dealt by the ministry by constituting certain standards for special rooms and bathrooms and transportation facilities especially for handicapped people and the patients.

In this study, the reasons preventing the development of the medical tourism region are revealed through sector representatives. In future studies, instead of repeating qualitative research, researchers should transform the codings (sub-themes related to the main theme) under each category identified in this study into Likert-type questions and apply them in the form of quantitative research with the help of questionnaires to larger sample groups. The scale titled "barriers to medical tourism", which will be included in the literature by applying scale development methodology for quantitative applications, can be applied to both sector representatives and medical tourists. In addition, with the help of this scale, the medical tourism destination can be monitored by importance-performance analysis. In this way, any national or regional planner can more easily identify the areas that need to be kept up the good work, those that need to be concentrated here on, low priorities and possible overkill of the medical tourism region.

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