

Global Cooperation, Inventiveness and Growth in Medical Tourism Sector: Antalya Sample

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Extensive Summary

Introduction

The purpose of this study is to analyze development of medical tourism sector which shows a pretty rapid growth in Antalya Tourism Set with the point of view of globalization, contingency and environmental compliance approaches. This analysis was conducted in micro and meso-levels. Revealing development dynamics of medical tourism through globalization and network relationships as sub-sector of Antalya Tourism Set whose growth trend is going on is remarkable because of rapid growth speed of the sector. Indeed, Antalya was the first city attracting international patients in 2012. Again, Antalya was in the fourth rank in 2011 and second rank in 2012 in terms of the most preferred city by foreign health tourists coming within the scope of medical tourism. Antalya is the second most preferred city by health tourists who come from the agreement countries with Social Security Institution (Republic of Turkey, Ministry of Health, 2013). When the numeric developments are examined regarding health services in Antalya by years, it is seen that there is increase in issues such as establishment numbers, bed capacities and specialist personnel numbers after the years 2006-2009 and 2009.

Enterprises operating in Antalya Medical Tourism Sector are in the level of idea stage according to the classification made on the basis of development levels of sets; therefore they compose an economic concentration. It can be said that Antalya medical tourism sector also takes place within the classification which has been made by Malmberg et al. (1996) through taking economic concentration features into consideration and in which the establishments operating in the same field has been named as sectoral regions. Hence, this situation caught the attention of national and regional authorities, as well. The Ministry of Health has intensified activities towards the development of health tourism since 2010 in national basis (Department of Health

Tourism, 2012). Antalya comes to the forefront in terms of quantitative data in “Health Tourism Activity Report” prepared by the Ministry of Health in 2012. Western Mediterranean Development Agency (BAKA) made project calls on clustering and alternative tourism issues as a support to clustering in health tourism and held meetings regarding the related issues (BAKA, 2012).

According to UNWTO 2012 data, Turkey takes place in the 6th rank as tourism destination while Antalya is in the 7th rank among the most popular tourism cities. Therefore, with the present study, the research questions whether hospitals constitute new international cooperation and whether they provide new services and processes for international patients as the medical tourism establishments have been seen remarkable because of globalization, international cooperation and networks and adaptability to the environment and situations. Within this context, the purpose of the study is to measure whether the hospitals in Antalya, which experience positive development in terms of resources and demand conditions in medical tourism sector, adapt to the changing environment in terms of innovative cooperation, technology and new markets. Ansoff's Growth Matrix was applied with the data collected from this measurement.

Method

In the questionnaire form determining innovativeness of hospitals in terms of medical tourism, questions prepared by Sarvan et al. (2012), Calantone et al. (2002) and Varis and Littunen (2010) and used in order to measure innovativeness performance in establishment level were used. Questionnaire form was prepared as five point scale. “Completely new” and “fundamental improvement or amendment was made” choices in the scale are accepted as innovativeness criterion; other three choices of “amendment was made on the present one”, “small amendments were made” “no any amendment was made” give the result that there is no innovativeness (Sarvan et al., 2012). Data acquired through these questions was presented with percentage analysis. The answers of the questions regarding innovativeness tendency in the second part make it possible to distinguish hospitals as innovative or not innovative within the context of medical tourism. Cooperation and innovativeness performances of hospitals were evaluated by five point Likert Scale (1=Totally disagree; 5=Totally agree) according to the presence of their local, national and international connections (patient leaders, consultancy firms, travel agencies, etc.) (See Annex 1: Data Collection Tool). Since it is impossible to acquire sufficient information through secondary sources, data was acquired from primary sources as a result of face-to-face negotiations made with high-level managers of these establishments.

The aim of this study is to measure whether hospitals can develop innovative services, cooperation and processes for medical tourism. Innovativeness performances and cooperation situations for innovativeness were asked to high-level managers of hospitals through structured questionnaire form within the scope of the study. The study is a descriptive research. Population of the research is composed of 32 hospitals declared in official website of Republic of Turkey, Ministry of Health to operate in medical tourism sector in Antalya by 2014. In the study, it was tried to reach all the population; however 26 of these hospitals gave response. Data was analyzed with SPSS 21 statistical program and UCINET 6.

It was benefitted from social network analysis with basic statistics such as frequency and percentage. Social network analysis is a frequently used method in many

fields such as business, sociology, anthropology, economics and mathematics. Social network analysis enables interdisciplinary studies, tries to describe network structure by examining structure of communities and models the present connections by visualizing the relationships which are not easily observable among communities. In the approach based on social network analysis, it is focused on the connections and relationships within the community (Al et al., 2012:7-10). Social network analysis was preferred due to the fact that it enabled visualization of cooperation and innovativeness network that were explained above. Since social network analysis has been used relatively scarce in tourism literature, this study is unique. In the light of analyses, Ansoff's Growth Matrix (1980) was applied to the sector in regional basis in order to measure competitiveness of international medical tourism sector.

Conclusion

Hospitals operating in Antalya which is an important tourism destination provide service for foreign patients intensively. However, this is a spontaneous situation for Antalya Tourism Set. Tourists' benefitting from also health services among 12 million tourists who visited Antalya in 2013 is reflected to health tourism data. It is not possible to see tourists benefitting from medical services during holiday and tourists having holiday in spite of coming for treatment as different variables. This constitutes a serious obstacle for medical tourism and health tourism researches. Hospitals do not make this kind of difference while getting patient records, either. Whatever their reason of visit, it is seen a remarkable increase in the number of tourists benefitting from medical services. Hospitals are employing personnel who can speak foreign language and take step in the direction of establishing foreign patient units. As it is seen in the findings, one or two of the hospitals possessing the capacity to make innovation for medical tourism services are ready to get into the medical tourism market. Hospitals need to develop and diversify their services for an integrated medical tourism services marketing. They also should present medical tourists a mixture composed of tourism products. In this context, the connections of hospitals with the organizations such as international insurance companies, patient leaders, agencies, advertisement firms which enable hospitals to be able to acquire a competitive power are quite low. Therefore, actors that cannot become medical tourism set are included into a spontaneous clutter, they fail to adapt to environmental changes and cannot possess the power to affect environment.

Consequently, although medical tourism sector in Antalya continues to show growth, innovativeness performances of hospitals are in moderate level while their cooperation performances are in rather low level. At the same time, it was found that hospitals desiring to compete within medical tourism sector adopted innovative approaches both in the services they presented and in their processes; however the number of innovative cooperation was not sufficient.

Evaluation

There is not sufficient empirical study regarding the contribution of medical tourism in tourism, health tourism and medical tourism literature to regional development. Present studies have not examined the contribution of medical tourism to development specifically and they have taken as reference the studies examining general contribution of tourism to medical tourism. However, it is very important for Turkey, which is a developing country, to deal with medical tourism separately due to

the reasons mentioned in literature summary. With this aspect, this study contributes both to Turkey and world literature.

Leading and present studies conducted in the fields of health tourism and medical tourism were published in the magazines based on health studies such as Medical Anthropology, Journal of General Internal Medicine, International Journal of Infectious Diseases. On the other hand, the topic of medical tourism has been mentioned in limited number for the last one/two years in prestigious magazines such as Tourism Management, Annals of Tourism Research. As for that, these studies were structured over concepts such as tourist typologies, demand and destination features (Ackerman, 2010; Alleman et al., 2010; Arunanondchai and Fink, 2006; Balaban and Marano, 2010; Masoud et al., 2013; Percy and Lester, 2012; Peršić and Janković, 2012; Hall and James, 2011; Lee, 2010; Moghimehfar and Nasr-Esfahani, 2011; Smith et al., 2011).

This study discussed medical tourism in local level in Antalya. There is a gap of research in literature throughout Turkey on the topics of features of health care services, limitations and practices for foreign health service providers, limitations for direct foreign investments to health and related sectors, insurance, education and telecommunication practices, local sub-structural capacity limitations, sub-structure finance human resources limitations, competition in the market, regulations, advertisement strategies, care quality, specialist documents, technologies, taxes, labor, sub-structure, super-structure, easy accessing procedures, plans and policies of the government. Results of this study and studies to be performed on medical tourism can be beneficial for developing policies towards health establishments and make it possible to observe the effect of relationships/proximities among health establishments on health tourism and tourism.