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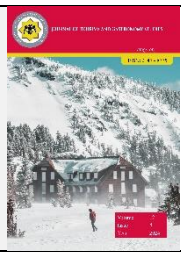

Destination Image and Revisit Intention Relationship from the Perspective of Diaspora Medical Tourists Receiving Health Services in Samsun: A Cross-Sectional Study

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Abstract

The aim of the study is to reveal destination image and its determinants from the perspective of diaspora medical tourists who have received health services in Samsun and the effect of destination image on revisit intention. The population of the cross-sectional study consists of diaspora medical tourists who received health services in Samsun. The study data were collected face-to-face between October 2023 and August 2024. As a result of the study, a total of 402 questionnaire forms were collected. It was determined that 61.94% of diaspora medical tourists were female, 65.42% were married, 38.56% resided in Germany and 55.72% received dental health services. Destination image is positively affected by city knowledge (β=0.310), accessibility (β=0.102), price (β=0.084), safety and security (β=0.013). Revisit intention is affected by destination image (β=0.092). This study is one of the rare studies on diaspora medical tourism in Türkiye. As a result of the study, it was determined that as the destination image of diaspora medical tourists increases, their intention to visit again will increase. Since diaspora medical tourists are voluntary ambassadors, it can be suggested that policy makers and health institutions and organisations should increase their marketing and promotional activities in this field.

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INTRODUCTION

Medical tourism has shown rapid development and economic growth in the last two decades. In the 1990s, people traveled from developing countries to developed countries to receive healthcare services. However, in the 2000s, people started to travel from developed countries to underdeveloped or developing countries with advanced health technology, qualified healthcare professionals, short waiting times and more affordable costs. Realising this situation and wants to have more share in this economic growth, many countries have increased their investments in this market. One of these countries is Türkiye (Ağazade, 2024; Büyük & Akkuş, 2024; Demir, 2024; Özçelik Heper & Kayuk, 2024). Türkiye has made significant breakthroughs in the field of health with the health transformation program launched in 2002. In this process, especially international health institutions have invested in hospitals in almost every region of the country. At the same time, city hospitals continue to be built rapidly by the public sector. These hospitals continue to provide health services with the latest technology (Alpaslan & Çıraklı, 2024; Boyacı, 2024; Cansever & Gökkaya, 2022; Farrukh et al., 2022). Türkiye has started to be counted among the top 10 destinations in medical tourism with these health investments (Farrukh et al., 2022).

Due to the rapid growth and development of medical tourism, sub-branches of medical tourism have started to emerge in the literature. One of these is diaspora medical tourism (Lunt et al., 2016). Diaspora is defined as "a community that maintains its loyalty to its homeland, but is forced to migrate for various reasons and still prefers the country of nationality for various service purchases" (Karagöz et al., 2022). Diaspora medical tourism is defined as "the travels of immigrants to their countries of origin to receive health services" (Mathijsen, 2019).

There are many reasons for individuals to reside in a country other than their own. Among the most important of these reasons is the desire to live in better economic conditions (Karagöz et al., 2022). As a matter of fact, since Germany accepted workers from other countries to work in the 1960s, many people from Türkiye also traveled abroad to earn better earnings. While the rate of settlement in these countries is low among the first generation who came to the European region in this way, this rate is higher among those who came in the following years or were born in these countries (Kırmızı, 2016). According to the data of the Ministry of Foreign Affairs of the Republic of Türkiye (MFA) more than 7.5 million Turks live abroad. Approximately 6.5 million of this population resides in Western European countries (MFA, 2024). According to the data of the Turkish Statistical Institute (TUIK) for the second quarter (April-June) of 2024; 16 million 97 thousand 884 people visited Türkiye for tourism purposes. Of these visitors, 14.9%, 2 million 405 thousand 675 were Turkish citizens residing abroad. These visits generated revenues of $4 billion 875 million 518 thousand, 15.9% of which was from Turkish citizens residing abroad. Again, 2.3% of these tourists came to Türkiye for health and medical purposes. The proportion of Turkish citizens residing abroad who visited Türkiye for health and medical purposes was 1.6% (TUIK, 2024).

Studies suggest that the diaspora may account for the majority of medical travel to some countries such as India, Guatemala, Iran, Jordan, Colombia, Lebanon, Malta, Mexico, Poland, the Philippines and Türkiye (Horsfall, 2020; Mathijsen & Dziedzic, 2024). Esiyok et al. (2017) argue that the diaspora constitute the majority of medical tourists to Türkiye (Esiyok et al., 2017). Troccoli et al. (2022) reported that 60% of Polish immigrants used Poland for healthcare after settling in the UK, while Horsfall (2020) reported that almost 75% of medical tourists from the UK to Poland were Polish immigrants (Horsfall, 2020; Troccoli et al., 2022).

There are studies on diaspora medical tourism in the literature. Mathijsen (2019) investigated the health services received from Poland by Polish citizens living in Belgium using the interview method. In this study, it was determined that the reasons why citizens prefer healthcare services in Poland are cultural proximity, low cost, short waiting time, and good service delivery (Mathijsen, 2019). Again, Mathijsen and Mathijsen (2020) analyzed 28 articles on diaspora medical tourism published in English between 2002-2019. 26 of these studies were conducted in Europe and North America. In these studies, the determinants of diaspora medical tourism were determined as medical culture, time availability, communication, dissatisfaction with the current system, accessibility, health service quality and affordability (Mathijsen & Mathijsen, 2020). Mathijsen and Dziedzic (2024) examined the behavioral intentions of Polish immigrants living in Belgium, the Netherlands and Luxembourg in medical tourism and found that trust and emotional attachment to physicians, encouragement and recommendation of reference persons, and familiarity with the system affected the diaspora medical tourism decision of immigrants (Mathijsen & Dziedzic, 2024). In the national literature, Karagöz et al. (2022) conducted a study with 400 Turkish individuals living in the Netherlands who received healthcare services in Türkiye and found that healthcare service quality in Türkiye affects both satisfaction and patient loyalty (Karagöz et al., 2022).

When the studies are examined, it is seen that they are generally conducted with qualitative research and interview method. At the same time, it is also seen that there are not enough studies on diaspora medical tourism in the national literature. It is also noteworthy that there are not enough academic studies on this field in Türkiye, which has more than 7.5 million people abroad and is considered among the world's leading destinations in medical tourism. As far as we know, In both international and national literature, there is no study that examines the determinants affecting destination image and revisit intention from the perspective of diaspora medical tourists at the same time.Therefore, the aim of this study is to reveal the determinants affecting destination image and revisit intention in medical tourism from the perspective of Turkish citizens residing abroad. For this purpose, the research model and hypotheses developed by the author are shown in Figure 1.

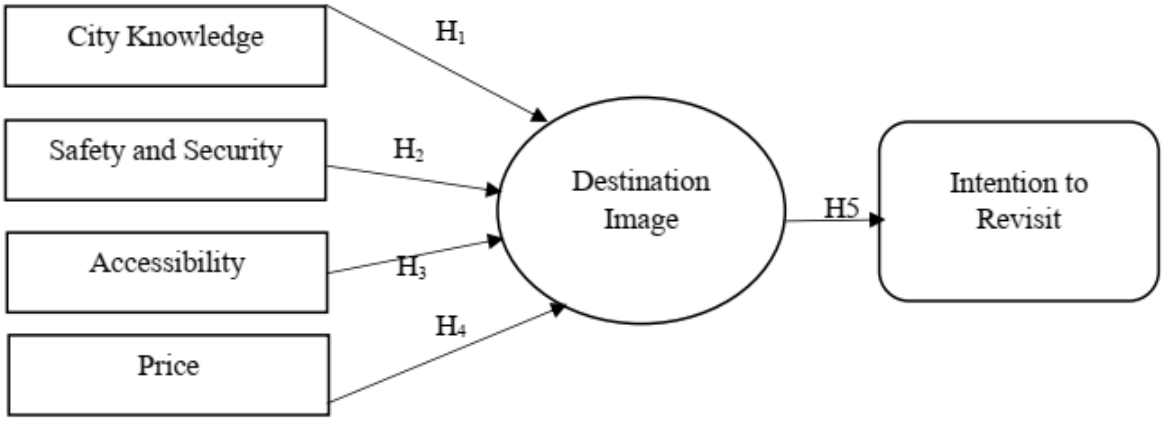

Figure 1. Research Model

H1: Destination image is affected by city knowledge.

H2: Destination image is affected by safety and security.

H3: Destination image is affected by accessibility.

H4: Destination image is affected by price.

H5: Intention to revisit is affected by destination image.

Methodology

Study Design

The study is cross-sectional. The population of the study consists of adult individuals of Turkish origin residing in countries other than Türkiye and receiving health services in Samsun. No sample selection was made in the study. According to Saunders et al. (2016), a sample size of more than 300 is considered sufficient to represent the medical tourist population (Saunders et al., 2016). Research data were collected from adult individuals who received services from private health institutions (hospital, medical center, practice, polyclinic) in Samsun between 05.10.2023 and 31.07.2024 and who agreed to participate in the study. Random sampling method was used in the study. The questionnaire forms were left at the health institutions that agreed to participate in the study and collected monthly. As a result of the study, 402 valid questionnaire forms were subjected to analysis. The questionnaire forms were administered in Turkish.

Data Collection Tools

The study data were collected with a questionnaire consisting of 2 parts. The first part of the questionnaire includes a personal introduction form consisting of 5 statements aiming to reveal the socio-demographic characteristics of the individuals, and the second part includes “city knowledge scale”, “destination image scale” and “revisit intention scale”.

City Specific Characteristics Scale: The scale was developed by Yet Mee et. al. (2018). The Turkish validity and reliability of the scale was conducted by Yalman (2023a) and Sancar (2024). The scale consists of a total of 15 statements: city information 5 statements, safety and security 4 statements, accessibility 3 statements, price 3 statements. The scale is scored on a 5-point Likert scale as “1 - strongly disagree, 5 - strongly agree”. Each sub-dimension of the scale is scored within itself (city information minimum 5, maximum 25; safety and security minimum 4, maximum 20; accessibility minimum 3, maximum 15; and price minimum 3, maximum 15). Higher scale scores indicate higher destination image, and the Cronbach's Alpha values of the scale are 0.764 and 0.889, respectively (Sancar, 2024; Yalman, 2023a; Yet Mee et al., 2018). In this study, Cronbach's alpha value was determined as 0.717.

Destination Image Scale: The scale was developed by Cham et al. (2021). The Turkish validity and reliability of the scale was conducted by Yalman (2023b). The scale consists of 12 statements and the scale is scored with a 5-point Likert type as “1- strongly disagree, 5- strongly agree”. The lowest score to be obtained from the scale is 12 and the highest score is 60. A high score on the scale indicates that the destination image is high. The Cronbach's Alpha value of the scale is 0.882 and 0.889, respectively (Cham et al., 2021; Yalman, 2023b). In this study, Cronbach's alpha value was 0.902.

Intention to Revisit: It was developed by Cham et al. (2021). The Turkish validity and reliability of the scale was conducted by Yalman (2023b). The scale consists of 3 statements and the scale is scored with a 5-point Likert type as “1- strongly disagree, 5 - strongly agree”. The lowest score to be obtained from the scale is 3 and the highest score is 15. A high scale score means that the intention to revisit is high. The Cronbach's alpha value of the scale is 0.882 and 0.694 respectively (Cham et al., 2021; Yalman, 2023b). In this study, the Cronbach's alpha value was 0.922.

Statistics

The 402 questionnaire forms obtained in the study were analyzed with SPSS 26.00 program. Percentage, frequency, correlation and multiple regression analysis were applied to the data.

Ethics

Permission to conduct the study was obtained from the Samsun University Clinical Research Ethics Committee dated 04.10.2023 and numbered 2023-18-3.

Results

Table 1. Sociodemographic characteristics of the participants

Variables	N (402)	%
Age		
18-29	43	10.70
20-29	75	18.66
30-39	85	21.14
40-49	90	22.39
50-59	67	16.67
60 and above	42	10.45
Gender		
Female	249	61.94
Male	153	38.06
Education		
Primary education	154	38.31
High School	196	48.76
University	52	12.94
Marital Status		
Married	263	65.42
Single	139	34.58
Monthly Income (€)		
0-2000 €	43	10.70
2001-4000 €	319	79.35
4000 and above €	40	9.95
Treatment Clinic		
Orthopedics and Traumatology/ Neurosurgery	15	3.73
Plastic. Aesthetic and Reconstructive Surgery / Dermatology	111	27.61
Ophthalmology	23	5.72
General Surgery/Endocrinology/ Internal Medicine	9	2.24
Dental Diseases and Treatment	224	55.72
Obstetrics and Gynecology	20	4.98

Table 1. Sociodemographic characteristics of the participants (cont.)

Which country do you live in?		
Germany	155	38.56
Austria	68	16.92
France	53	13.18
Denmark	28	6.97
Australıa	16	3.98
Canada	16	3.98
Netherlands	15	3.73
Switzerland	14	3.48
Belgium	12	2.99
Sweden	9	2.24
Qatar	7	1.74
USA	7	1.74
Kosovo	2	0.50

Of the participants, 22.39% were between 40-49 years of age and 61.94% were female. 65.42% of the participants were married and 79.35% had an average monthly income between 2001-4000 €. 55.72% of the participants, 38.56% of whom came from Germany, received dental healthcare (Table 1).

Table 2. Scale means, Correlation Analysis Results

Scales	Items	Min-Max.	Mean±	SD	1	2	3	4	5	6
1.City Knowledge	5	5-25	19.65	3.20	1	0.222*	0.505*	0.422*	0.511*	0.218*
2.Safety and Security	4	4-20	15.46	2.13		1	0.328*	0.211*	0.215*	0.367*
3.Accessibility	3	3-15	9.73	0.93			1	0.126*	0.181*	0.243*
4.Price	3	3-15	10.23	2.53				1	0.516*	0.504*
5.Destination İmage	12	12-60	42.48	8.32					1	0.513*
6. Revisit intention	3	3-15	10.82	2.53						1

*Correlation is significant at the 0.05 level

The average scores, city information $\bar{X}$=19.65, safety and security $\bar{X}$=15.46, accessibility $\bar{X}$=9.73, price $\bar{X}$=10.23, destination image $\bar{X}$=42.48 and revisit intention $\bar{X}$=10.82 (Table 2).

When the results of the correlation analysis were analyzed, a statistically significant positive and weak relationship was found between city knowledge and safety and security and revisit intention ($r<0.300$, $p<0.01$), while a statistically significant positive and moderate relationship was found between destination image and accessibility ($r>0.500$, $p<0.01$). A statistically significant positive and moderate relationship was found between destination image and revisit intention ($r>0.500$, $p<0.01$) (Table 2).

Table 3. Destination Image and its Determinants, Multiple Regression Analysis

Variables	**B**	**SH**	**β**	**t**	**p**
Constant	14.100	5.842		2.414	0.000
City Knowledge	0.806	0.125	0.310	6.457	0.000
Safety and Security	0.449	0.186	0.013	2.266	0.020
Accessibility	0.920	0.426	0.102	2.162	0.031
Price	0.276	0.156	0.084	1.770	0.002
Adjusted R^2=0.316	**F=13.076**			p<0.05	
Dependent Variable: Destination İmage					

The multiple regression model for determining destination image and its determinants was statistically significant (F (4,397) =13.076, p<0.05). According to the results of the analysis, the independent variables (city information, safety and security, accessibility and price) explain 31.6% of the change in the dependent variable (Destination image). According to these results; destination image, city information, safety and security, accessibility and price (Table 3).

According to the β value, destination image is most affected by city knowledge (β=0.310), accessibility (β=0.102), price (β=0.084) and safety and security (β=0.013) respectively (Table 3).

Table 4. Revisit intention, regression analysis results

Variables	**B**	**SH**	**β**	**t**	**p**
Constant	9.629	1.656		14.684	0.000
Destination İmage	0.286	0.015	0.092	1.856	0.011
Adjusted R^2=0.196	**F=3.445**			p<0.05	
Dependent Variable: Revisit intention					

The regression model for determining revisit intention and its determinants was statistically significant (F (1,400) =3.445, p<0.05). According to the results of the analysis, the independent variable (Destination image) explains 19.6% of the change in the dependent variable (revisit intention). According to these results; revisit intention is affected by destination image (Table 4).

Discussion

In this study, it was found that there is a positive relationship between city knowledge, accessibility, price, safety and security, destination image and revisiting. As a result of the literature review, to the best of our knowledge, this study is the first study conducted in the sample of Turkish diaspora medical tourists receiving health services in Samsun. In this respect, the study adds originality to the literature. For this reason, the findings of the study are discussed with similar national and international studies on destination image as much as possible.

As a result of the study, it was determined that the majority of the participants were 40 years old and above, married and female. It was also found that 79.35% of the participants had an income of 2001-4000 €, 55.72% received dental treatment services and 38.56% lived in Germany. In the study conducted by Demir and Yavuz (2024) in Samsun, it was determined that the majority of medical tourists were over the age of 40, female, married individuals, and the majority received dental health services and came from Germany (Demir & Yavuz, 2024). Again in Demir and Yavuz (2024), it was determined that the majority of medical tourists who came to a public hospital in Samsun between 2019 and 2023 were women and married, they usually came to the gynecology and obstetrics outpatient clinic, and 10.2% of the 2023 patients came from Germany (Demir & Yavuz, 2024). In the study conducted by Gül

(2019) on medical tourism in Samsun, it was determined that the majority of medical tourists were married, female and over 40 years old, 14.32% came from Germany, and 23.2% received aesthetic surgery services (Gül, 2019). In the study conducted by Oruç et al. (2024), in which the data of medical tourists coming to Samsun were analysed, it was determined that the highest number of medical tourists came from these countries between 2017-2021, especially due to the high number of Samsun origin Turkish population living in Germany, Austria and the Netherlands (Oruç et al., 2024) . According to the results of the present study and other studies conducted in Samsun, it can be stated that medical tourists coming to Samsun mostly come from Germany, are generally married women over the age of 40, and mostly receive dental health care.

The other result of the study shows that there is a relationship between city information, safety and security, accessibility and price and destination image, and that these independent factors positively affect destination image. Yalman (2023b) found that there is a positive relationship between city information, safety and security, accessibility and price and hospital image (Yalman, 2023b). Chaulagain et al. (2021) found that country image and perceived health tourism experience affect destination image (Chaulagain et al., 2021) . In studies on the factors affecting destination image and preference in medical tourism in the literature, it has been determined that city and country knowledge, cost, perceived value, tourism opportunities, health service quality and hospital image are the most important variables(Çapar & Aslan, 2020; Cham et al., 2021; Habibi et al., 2022; Moreno-González et al., 2020; Tapia et al., 2022; Thelen & Yoo, 2023; Zarei et al., 2020). Based on the results of the study and the results of previous studies, it can be stated that more diaspora medical tourists will visit Samsun if the positive feedback about Samsun, satisfaction with health services, and price policy are appropriate.

As another result of the study, it was determined that destination image in medical tourism is related to revisit intention among diaspora medical tourists and destination image affects revisit intention. In the study conducted by Yalman (2023b), it was determined that the destination image of medical tourists affects the intention to revisit (Yalman, 2023b). de La Hoz-Correa and Muñoz-Leiva (2019) also determined that destination image is one of the most important variables on the intention to revisit (de la Hoz-Correa & Muñoz-Leiva, 2019). In the study conducted by M.S. Rahman et. al. (2022), it was determined that the intention to revisit is related to destination image and cognitive and affective destination image is one of the most important predictors of behavioral intention (M. S. Rahman et al., 2022). Similarly, in the previous study on medical tourism, it was determined that destination image and cultural proximity are related to and affect the intention to revisit (Cham et al., 2021; Heydari Fard et al., 2021; Nguyen Viet et al., 2020; I. Rahman et al., 2022). These results coincide with the results of previous studies in the literature. Based on these results, it can be said that diaspora medical tourists will increase the image of Samsun as a medical destination and will come here again to receive health services.

Although the current study provides some meaningful implications, there are some limitations in terms of generalization and sampling. The data were collected from diaspora medical tourists of a single province (Samsun) and health institutions that generally provide dental services. In addition, the province of origin of diaspora medical tourists has not been investigated. The collected responses may not represent the characteristics and perceptions of the diaspora medical tourist population in other regions. Therefore, future studies are much needed to examine diaspora medical tourists from other regions. Furthermore, more in-depth analyses should be conducted to compare the motivational factors, perceptions, attitudes, intentions and behaviors of diaspora medical tourists from different

regions. This will greatly help in formulating country and region specific strategies to attract potential diaspora medical tourists residing in different countries. Future research should also examine the role of the external economy in the growth of diaspora medical tourism in the destination country. As medical tourism is a growing sector that contributes significantly to the national economy, more research is needed in this area.

Conclusion

Although medical tourism is seen as a promising and profitable sector, Samsun is not the only player in the Black Sea region. This is because in every region there are many citizens residing abroad and returning to their homeland for short periods of time. In this process, these citizens have to receive health services and visit relatives. Therefore, local administrators should take into account the results of this study to promote Samsun as a medical tourism destination for citizens living abroad. For example, the International Health Services Incorporated Company (USHAŞ), which was established to promote health tourism activities, and local health tourism and tourism associations and health institution managers should work in close cooperation. They should use social media, electronic word-of-mouth, advertising and internet marketing activities simultaneously to reach potential diasporic medical tourists. In addition, these organizations can overcome the uncertainties that may arise in medical tourism activities by opening representative offices in countries or regions where Turkish citizens living abroad live in large numbers and sending physicians to these countries at certain times. They should also make long-term planning by keeping treatment prices at affordable levels. It can be stated that organizations that manage this process well can use their own citizens as natural marketing ambassadors and will be more successful.

Declaration

Permission to conduct the study was obtained from the Samsun University Clinical Research Ethics Committee dated 04.10.2023 and numbered 2023-18-3.

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Appendix 1. Ethics Committee Permission

KLİNİK ARAŞTIRMALAR ETİK KURULU KARAR FORMU

ARAŞTIRMANIN AÇIK ADI		**Diaspora Medikal Turizmde Destinasyon İmajı Ve Tekrar Ziyaret Etme Niyeti: Samsun Örneği**		
VARSA ARAŞTIRMANIN PROTOKOL KODU		SÜKAEK-2023 18/3		
DEĞERLENDİRİLEN BELGELER	**Belge Adı**	**Tarihi**	**Versiyon Numarası**	**Dili**
	ARAŞTIRMA PROTOKOLÜ	28.09.2023	0.1	Türkçe ☒ İngilizce ☐ Diğer ☐
	BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU	28.09. 2023	0.1	Türkçe ☒ İngilizce ☐ Diğer ☐
	OLGU RAPOR FORMU			Türkçe ☐ İngilizce ☐ Diğer ☐
	ARAŞTIRMA BROŞÜRÜ			Türkçe ☐ İngilizce ☐ Diğer ☐
DEĞERLENDİRİLEN DİĞER BELGELER	**Belge Adı**		**Açıklama**	
	SİGORTA	☐		
	ARAŞTIRMA BÜTÇESİ	☐		
	BİYOLOJİK MATERYEL TRANSFER FORMU	☐		
	İLAN	☐		
	YILLIK BİLDİRİM	☐		
	SONUÇ RAPORU	☐		
	GÜVENLİLİK BİLDİRİMLERİ	☐		
	DİĞER:	☐		
KARAR BİLGİLERİ	**Karar No:2023/18/3**	**Tarih: 04.10.2023**		
	Yukarıda bilgileri verilen başvuru dosyası ile ilgili belgeler araştırmanın/çalışmanın gerekçe, amaç, yaklaşım ve yöntemleri dikkate alınarak incelenmiş ve uygun bulunmuş olup araştırmanın/çalışmanın başvuru dosyasında belirtilen merkezlerde gerçekleştirilmesinde etik ve bilimsel sakınca bulunmadığına toplantıya katılan etik kurul üye tam sayısının salt çoğunluğu ile karar verilmiştir. İlaç ve Biyolojik Ürünlerin Klinik Araştırmaları Hakkında Yönetmelik kapsamında yer alan araştırmalar/çalışmalar için Türkiye İlaç ve Tıbbi Cihaz Kurumu'ndan izin alınması gerekmektedir.			

KLİNİK ARAŞTIRMALAR ETİK KURULU	
ETİK KURULUN ÇALIŞMA ESASI	İlaç ve Biyolojik Ürünlerin Klinik Araştırmaları Hakkında Yönetmelik, İyi Klinik Uygulamaları Kılavuzu
BAŞKANIN UNVANI / ADI / SOYADI:	**Prof. Dr. Özgür GÜNAL**