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MEDICAL TOURISM MARKET AND INTER-STAKEHOLDERS' RELATIONS IN TURKEY: A COMPARATIVE INVESTIGATION FROM REVERSE INNOVATION AND DESTINATION GOVERNANCE VIEWPOINT

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MEDICAL TOURISM MARKET AND INTER-STAKEHOLDERS' RELATIONS IN TURKEY: A COMPARATIVE INVESTIGATION FROM REVERSE INNOVATION AND DESTINATION GOVERNANCE VIEWPOINT

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ABSTRACT

This study aims to analyze inter-stakeholders' interactions, destination governance, reverse innovation and the tasks of central government within Turkish medical tourism market. The investigation's objective is to shed lights on scientists and practitioners regarding to what extent medical tourism is affected by stakeholders. Likewise, the originality of this investigation is that this study is the first attempt that links up reverse innovation and stakeholder approach as a holistic strategy and competitive advantage tool in medical tourism. The statistical evidences of Turkey also support the fact that the incline of medical tourism incomes and benefits is tightly bound on key inter-stakeholders' collaborations, marketing tools, specific strategies, effective governance mechanism and cooperation with civil society organizations. This study is a thematic case that comprises particular research fields and formulates advanced arguments that are embedded in enriched relevant literature review and the highlights of the 7th International Health Tourism Congress.

Keywords: *Medical Tourism, Reverse Innovation, Stakeholders, Collaboration, Destination Governance*

JEL Code: F63, H51, I11, I15, I18, M38

Türkiye'de Medikal Turizm Piyasası ve Paydaslar Arasi Iliskiler: Tersine Inovasyon ve Destinasyon Yönetisimi Bakis Acisindan Kiyaslamali Bir Arastırma

ÖZET

Bu calismanin amaci; Türk medikal turizm piyasasinda merkezi yönetimin görevleri, tersine inovasyon, destinasyon yönetisimi ve paydaslar arasi etkilesimleri analiz etmektir. Arastırmanin hedefi; bilim insanlarina ve sektördeki profesyonellere / uygulayicilara medikal turizmin paydaslar tarafindan ne dereceye kadar etkilendigi hakkinda isik tutmaktir. Ayrica, bu arastirmanin özgünlügü medikal turizmde rekabet avantaji araci ve bütünsel strateji olarak paydas yaklasimi ile tersine inovasyon arasinda baglanti kuran ilk girisim olmasidir. Türkiye'nin istatistiksel verileri de medikal turizmdeki yükselis trendinin ve faydalarinin sivil toplum kuruluslari ile isbirligi, efektif yönetisim mekanizmasi, spesifik stratejiler, pazarlama araclari ve kilit paydaslar arasi isbirliklerine sikica bagli oldugunu desteklemektedir. Bu calisma tematik bir örnek olay olup, 7. Uluslararasi Saglik Turizmi Kongresi'nde vurgulanan hususlar ile iliskilendirilmis literatür taramasina dayali olarak formüle edilmis gelismis argümanlar ve spesifik arastirma alanlarini icermektedir.

Anahtar Kelimeler: *Medikal Turizm, Tersine Inovasyon, Paydaslar, Isbirligi, Destinasyon Yönetisimi*

JEL Kodu: F63, H51, I11, I15, I18, M38

INTRODUCTION

In recent years, international patients' mobility across national borders has become a contextualized phenomenon (Botterill, Pennings & Mainil, 2013). It is worth noting here that there are many exaggerated estimated numbers and confusing descriptions in health and medical tourism research disciplines (Cohen, 2015; Connell, 2006, 2013; Fisher & Sood, 2014; Frederick & Gan, 2015; Hall, 2013; Hudson, 2003; Lunt et al., 2011; Lunt, Horsfall & Hanefeld, 2015). Thus, the question 'how can a country be considered as successful in medical tourism if the statistical data of global medical tourism are not exact?' ought to be considered, critically. It is assumed that some scientists are exaggerating the total numbers of medical tourists, deliberately. Undoubtedly, many social scientists are conscious of the fact that these kinds of attempts are very much market-oriented and aim to speculate for attracting investments. Probably, these assumptions or allegations can be conceived as extremely serious, both academically and ethically in the professional fields. However, there are concrete strong evidence to support these assertions. For instance, Hall (2013) argued similar points by putting forward critical remarks.

As a matter of fact, the competition level in global medical tourism market is immensely increasing and thus the number of competitors is exceeding, as well. Many states have commenced reflecting their efforts for attracting a considerable number of international patients. Therefore, there is an incline trend in the competitiveness level of medical tourism all around the world.

Global competitiveness in medical tourism covers a complex structure of interactions between different trade and service institutions. In essence, the policy drivers for medical tourism are often derived not so much from health and welfare policy but from international trade, commercial partnerships and key stakeholders' collaboration level. Likewise, many governments, international agencies and stakeholders consider medical tourism as a means of economic growth, which might cross-subsidize domestic health access where that is a central governmental objective and ensure a competitive cure for the global health system and the delivery of health services worldwide (Hall, 2013: 18).

In particular, medical tourism is considered as a strategic driving force of health sector for central governments, national tourism agencies, international cartels, civil society organizations (CSOs), non-governmental organizations (NGOs), global tourism networks, health/tourism associations and so on. For this reason, the study raised some inquiries which are specified as below:

(1) Why medical tourism has become so crucial for health tourism stakeholders irrespective of being public institution, private institution and/or civil society organization?

(2) Has the central government a significant role at strengthening and networking stakeholder relations in Turkish medical tourism market?

(3) Can reverse innovation be a competitive advantage tool and holistic strategy for Turkish medical tourism market?

In recent years, a striking rapid-growth has been occurred in Turkish medical tourism market. Medical tourism has become important for many reasons in Turkey. These reasons that gave impetus to this instantaneous growth can be listed as such (Barca et al. 2012; Connell, 2011; TURSAB 2014; Zengingonul et al. 2012):

- Disappointments with medical treatments in neighbour countries and the lack of access to healthcare at reasonable cost and in reasonable time;
- Inadequate insurance and income to pay for local healthcare and the rise of high quality medical care in 'developing' countries;
- Uneven legal and ethical responses to complex health issues, greater mobility, and a growing demand for cosmetic surgery.
- Substantial role and crucial competency of the Republic of Turkey Ministry of Health (RTMH) for organizing stakeholders' collaborations in medical tourism and the representation of miscellaneous stakeholders' interests in Health Tourism Business Council (SAIK) platform;
- Shorter waiting period, various legal regulations, state's support and a high number of Joint Commission International (JCI) accredited medical organizations;
- Strategic location, high-quality and inexpensive healthcare services, good climate, qualified manpower and high technology, traditional Turkish hospitality and the direct flights to the airports of cosmopolite cities (e.g. Istanbul, Antalya and so on);
- A wide range of tourism opportunities (e.g. cultural tourism, religious tourism, marine tourism, nature tourism, health and SPA tourism and so on) that may have positive effect on the demand for medical services;
- Improvement of education in health research field, the incline of the number of foreign students in Turkey, the enrichment of communication and media channels and the transfer of know-how and information technologies in medical tourism;
- Enhancement of the image and reputation of Turkey in tourism sector; the support of the Republic of Turkey Ministry of Economic Affairs to health services exports (e.g. research endorsement, opening representative offices abroad and promotion support etc.) and the preference of Turkish migrants and/or citizens living abroad for getting medical treatment in Turkey.

In this regard, many other reasons can be counted and these raise the issue of miscellaneous stakeholders' interactions and convergence of the interests of various stakeholders in Turkish medical tourism market.

One of the most substantial impact factors at balancing stakeholders' relations and interests is the efficient role of central government for coordinating, organizing, strengthening, legitimating and networking stakeholder relations in Turkish medical tourism market. In this context, this investigation proposes reverse innovation as a competitive advantage tool and holistic strategy in Turkish medical tourism market. Reverse innovation may enable and facilitate the effective and productive collaboration among stakeholders. This stark collaboration will not only provide a competitive advantage to Turkey for competing with strongest rivals in global medical tourism competition, but also will reinforce the aggregate beneficiary, image, reputation, added value and tourism earnings in Turkish medical tourism market. In this framework, this study does not cover global medical tourism market indicators of some international institutions; such as, Deloitte, McKinsey and so on. In lieu of these

data, the study takes into account governmental (i.e. the RTMH) statistical datasets of 2013-2014 in medical tourism and tourists' health categories.

2. Methodology

The study introduces unpublished medical tourism datasets of 2013-2014 that were produced by the RTMH in a comparative manner. In this respect, some categorical distinctions (i.e. medical tourism, tourists' health, hospital types etc.) have been made for using and applying datasets, properly. One may have doubts as to the validity of the analyses of 2013-2014 datasets if only two-year statistics were checked within the confine of the research. However, the research elaborates not merely on two-year statistical data but also discussions are made by taking into account 2008-2014 datasets of the RTMH.

The acquisition of the statistical datasets from the RTMH Directorate of Health Tourism was made through contacting by a petition letter and e-mail. The permission has been granted by the RTMH for publishing the data. All datasets of 2013-2014 were received in Turkish. The translation and general remarks of the datasets were done by the authors. In this context, the authors highlighted the rapid developments in Turkish medical tourism market according to these datasets.

Likewise, the authors developed a proceeding for the 7th International Health Tourism Congress, an international congress which is organized every year by the Health Tourism Association of Turkey (Official Website: http://internationalhealthtourismcongress.org/). This study covers some updated information regarding medical tourism; such as, congress notes, exhibition observations, workshops, business to business experiences, discussion sessions and so on. Thus, both the inter-relating the statistical data with the recent debates and using a literature based content analysis ensure a base for argumentation of the nexuses among medical tourism, reverse innovation, stakeholder approach and collaboration in destination governance.

The study engaged case study method that is a research strategy which analyzes a sophisticated phenomenon in its real life context when the boundaries among the phenomenon and context are not obviously evident; and in which multiple sources of evidence are used (Aliu & Aliu, 2015: 363; Yin, 2013: 155). Case study research enabled to justify the aforementioned research questions and structure the practice-oriented aspects of medical tourism in Turkey through combining collaboration and stakeholder approach in destination governance. Case study can demonstrably exhibit coherence (i.e. consistency, synchronism, logic, and being all of a piece) dependability and confirmability (Guba, 1981). In a sense, a case study is never finished; it is merely due (Guba & Lincoln, 2001). A case study research reflects the multiple realities constructed by the respondents in the inquiry; illuminates in what directions it has taken account of the reciprocal forming of phenomenal components in that site; rejects generalizability and the drawing of nomothetic consequences; takes into consideration the value effects; impinges on the inquiry, comprising the values that dictated the preference of an issue, the values that impelled the preference of

theoretical argumentation or context (Lincoln & Guba, 1990: 54). In other words, a case study research is associated with theoretical structuring and it is based on the requirement to conceive a real-life phenomenon with investigators gaining new holistic and in-depth insights, clarifications and remarks regarding to formerly uncertain rich experiences of practitioners that might stem from creative exploration and the design of investigation (Riege, 2003: 80).

In the light of these considerations, this study is a thematic case that comprises particular research fields (i.e. medical tourism, collaboration and stakeholder approach, destination governance and reverse innovation) and formulates advanced arguments that are embedded in enriched relevant literature review and aforementioned event's outcomes. Therefore, the observations that were experienced in the event which attained an outstanding accomplishment were adjusted with the general research questions that were posed in this study.

On the one side, the authors attempted to clarify the similarities, differences and overlapping aspects of the empirical data of Turkish medical tourism market. On the other side, the authors utilized content analysis of four notions (i.e. medical tourism, reverse innovation, stakeholder approach and collaboration in destination governance). Content analysis was applied to the research by means of using some quotations from written texts and documents, oral presentations and participants' speeches in the aforementioned congress.

3. Results and Discussions

3.1. Turkish Medical Tourism Market in a Comparative Perspective

According to a Foreign Economic Relations Board (DEIK) report, the key competitive advantages of Turkey can be listed as follows:

(1) a very high accomplishment level in treatments;

(2) a high number of JCI accredited health institutions;

(3) and the opportunity of getting the health services in a short time and many other medical tourism determinants and impact factors facilitate obtaining high quality medical services in Turkey.

Thus, Turkey is affected by legal regulations in medical tourism sector, well-structured Foreign Patient Registration System (YHKS) database, political climate, economic conjuncture, medical costs, experiences of doctors, quality of treatments, international accreditations of health institutions. The strongest rivals of Turkey in medical tourism in South and East Asia are India, Thailand, Malaysia and Singapore. Likewise, Czech Republic, Hungaria, Romania and Croatia are likely to be considered as Turkey's rivals in Eastern Europe. Comparing with these countries, Turkey has convenient medical cost, medical service duration and easily accessible transportation advantages. Further, Turkey has around 60 percent successful treatment levels at 'In Vitro Fertilization' (IVF) medical interventions; whereas EU has an approximate average of 26 percent (Inanir et al., 2011).

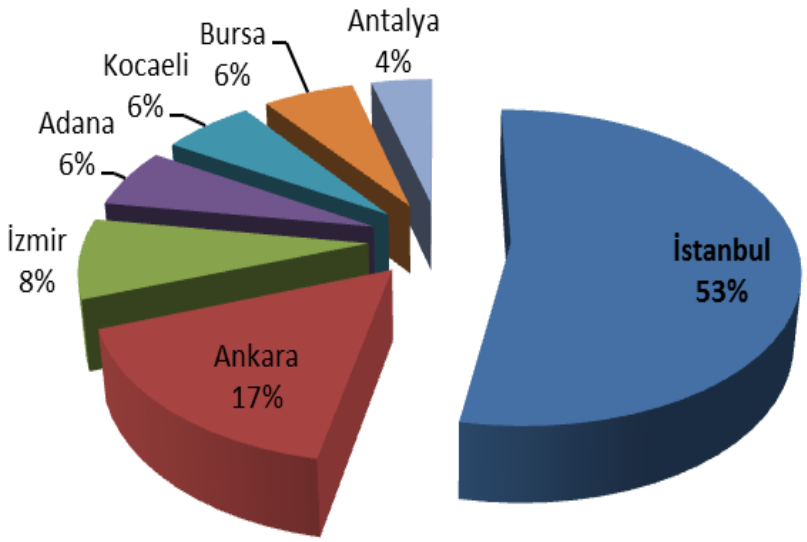

Figure 1. Percentage of the JCI Accredited Health Institutions by Cities in Turkey
Source: Joint commission international, 2016.

Turkey has a great advantage of accredited hospitals to JCI Accreditation Body. The total number of health institutions which are accredited to JCI Accreditation Body is 49 and over half (53%) of them are situated in Istanbul (26 health institutions) (see Figure 1). Other health institutions that are accredited to JCI Accreditation Body can be listed respectively as such: Ankara (8 health institutions), Izmir (4 health institutions), Kocaeli (3 health institutions), Adana (3 health institutions), Bursa (3 health institutions) and Antalya (2 health institutions). Turkey's strongest rival countries in terms of JCI accredited health institutions are listed respectively as such: United Arab Emirates (129 health institutions), Saudi Arabia (94 health institutions), China (55 health institutions) and Thailand (53 health institutions). Other countries that have JCI accredited health institutions are far below of Turkey in the JCI accredited health organizations ranking list (Joint Commission International, 2016).

At a SAIK meeting, Mr. Rifat Hisarciklioglu stated that 'Turkey intends to attract around 500.000 patients and generate $10 billion health expenditure by 2020 (Turkiye Odalar & Borsalar Birligi, 2011).' Supporting Mr. Hisarciklioglu, according to the Association of Turkish Travel Agencies (TURSAB), Turkey is approximately 60 percent cheaper than EU member states in medical tourism sector. For example, a by-pass heart surgery costs between $39.000 - $43.000 in Spain; whereas, in Turkey it costs among $8.500 - $21.000. Similarly, in Germany, a spinal fusion surgery costs about $29.000; whereas, in Turkey it costs $7.000. The target of Turkey is to attract 2 million international patients and earn $20-25 billion by 2023 in health tourism (TURSAB, 2014).

According to TURSAB, the total health tourism income in 2013 was $2.5 billion and comparing to total tourism income (i.e. $32.3 billion) in the same year in Turkey, health tourism corresponds to 7.74 percent in the total tourism market in Turkey. Thus, it was strongly emphasized that the percentage of health tourism income in total

tourism market income ought to be over 20 percent in order to better compete with the strongest rivals of Turkey (TURSAB, 2014). Further, an action plan regarding the development programme of health tourism covers the objectives; such as, putting Turkey in the top 5 medical tourism destinations in the world, attracting around 750.000 international patients to Turkey by 2018, and gaining approximately $5.6 billion medical tourism income. The action plan announced the medical tourism determinants; such as, developing institutional and legal infrastructure of medical tourism; improving physical and technical infrastructure of medical tourism; increasing service quality in medical tourism; and extending international collaboration, marketing and active promotion in medical tourism (T.C. Kalkinma Bakanligi, 2014).

3.2. The Comparison of the RTMH Statistical Datasets of 2013-2014

The statistical datasets of the RTMH have reliability and validity in terms of risks of statistical analyses. The RTMH datasets of 2013-2014 vary in terms of used methodology and statistical tools. The two recent published reports of the RTMH (Barca et al., 2012: 36; Kaya et al., 2013: 15) underlined the fact that there has been a significant classification of the types of hospitals and international patients. For instance, patients' dispersion rates were calculated according to 4 hospital categories (i.e. state hospital, private hospital, university hospital and training and practice hospital). Furthermore, the data of international patients were gathered in the context of two categories (i.e. medical tourism and tourists' health).

In essence, medical tourism is the concept of traveling to receive healthcare. It was expressed that medical tourism is traveling to a foreign land that is abroad, cross-border and out of jurisdiction travel (Lunt, Horsfall & Hanefeld 2015: 3). Medical tourism as a niche has striking rapid growth of what has become a sector where patients travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers (Connell 2006: 1094). Sometimes medical tourism involves patients who are paying their own costs for services illegal in the patient's home country (Cohen 2015). Recently, another conceptualization in health tourism is transnational healthcare. "Transnational healthcare is a combination of both the consumer of medical tourism and the citizen of healthcare systems to more easily recognize the emerging set of transnational structures and networks that seek to serve all patients. Also, transnational healthcare can be conceived as a mature global patient mobility framework that builds on a logic of transnational health regions (regional development as a vehicle for patient mobility), transnational organizations (such as hospital chains and insurance schemes) and sustainable health destination management (government steering of the development of patient mobility)" (Botterill, Pennings & Mainil 2013).

According to the RTMH, tourists' health refers to the persons who are involved in tourism activities for a purpose other than health and then benefit from healthcare services; such as, medical interventions, emergency and/or unpredicted situations (Kaya et al. 2013: 12). In Turkey, the patients coming from countries having an agreement with the Social Security Institution (SGK) are included in a distinct category

that covers only the healthcare services for the citizens of the country having the right to receive healthcare services under the agreements which were signed by the SGK. The patients coming from countries having bilateral agreements on health are considered as a separate category that comprises merely the bilateral agreements on health which were signed between the RTMH and various countries, as well. These patients are sent to public or university hospitals by an official letter from the General Directorate. According to the RTMH, tourists' health is a concept that differs from medical tourism and it refers to people who are involved in tourism activities for a purpose other than health and then benefit from healthcare services; such as, medical interventions, emergency and/or unpredicted situations (Kaya et al. 2013: 12).

Table 1. 2013-2014 Indicators of Top 10 Hospitals to Which International Patients Most Apply in Frame of Medical Tourism and Tourists' Health in Turkey

	2013	2014
The total percentage of top 10 private hospitals to which international patients most apply in frame of '*Medical Tourism*'	39.68 %	96 %
The total percentage of top 10 private hospitals to which international patients most apply in frame of '*Tourists' Health*'	45.30 %	92 %
The total number of international patients who apply to top 10 state hospitals in frame of '*Medical Tourism*'	16,476	13,641
The total number of international patients who apply to top 10 state hospitals in frame of '*Tourists' Health*'	14,488	13,799
The total number of international patients who apply to top 10 university hospitals in frame of '*Medical Tourism*'	3,526	7,656
The total number of international patients who apply to top 10 university hospitals in frame of '*Tourists' Health*'	3,122	3,710
The total number of international patients who apply to top 10 training and research hospitals in frame of '*Medical Tourism*'	12,867	16,038
The total number of international patients who apply to top 10 training and research hospitals in frame of '*Tourists' Health*'	13,624	28,708

Source: Republic of Turkey Ministry of Health, 2015.

The RTMH datasets of 2013-2014 indicate the fact that there is a quite high incline at the total percentage of top 10 private hospitals to which international patients most apply in frame of medical tourism and tourists' health. This rapid increase illustrates that private hospitals (particularly private hospital groups) have domination in Turkish medical tourism market. Broadly speaking, there is a slight decrease at the total number of international patients who apply to top 10 state hospitals in frame of medical tourism and tourists' health. University and training and research hospitals have a great potential for attracting more international patients and gaining more earnings in frame of medical tourism and tourists' health. According to the RTMH datasets of 2013-2014, the numbers of international patients coming to Turkey by months in terms of medical tourism and tourists' health illustrate that May-September period is very much preferable by international patients. In public hospitals, tourism

income in frame of medical tourism per patient is $9.000; whereas, in private hospitals an average tourism income in frame of medical tourism per patient is $12.000. In public hospitals, tourism income in frame of tourists' health per patient is $2.000; whereas, in private hospitals an average tourism income in frame of tourists' health per patient is $4.000. It is predicted that Turkey will attract 700.000 international patients by 2017 and 2 million international patients by 2023; gain $8 billion health tourism income by 2017 and $20 billion health tourism income by 2023; doubling JCI accredited health institutions and increase free healthcare zones from 4 to 10 by 2023 (TURSAB, 2014).

Table 2. 2013-2014 Indicators of Top 10 Cities in Medical Tourism and Tourists' Health in Turkey

Top 10 Cities in Medical Tourism			
2013		**2014**	
Top 10 Cities	Patients Number	Top 10 Cities	Patients Number
1.Istanbul	54,104	1.Istanbul	84,104
2.Ankara	17,861	2.Ankara	26,880
3.Kocaeli	11,666	3.Izmir	21,013
4.Izmir	11,623	4.Batman	13,349
5.Afyonkarahisar	10,421	5.Antalya	7,314
6.Kutahya	9,519	6.Samsun	6,836
7.Antalya	8,368	7.Kocaeli	6,787
8.Samsun	7,104	8.Erzurum	6,627
9.Denizli	4,674	9.Karaman	5,688
10.Batman	4,401	10.Trabzon	4,665
Top 10 Cities in Tourists' Health			
2013		**2014**	
Top 10 Cities	Patients Number	Top 10 Cities	Patients Number
1.Antalya	110,874	1.Antalya	126,104
2.Istanbul	33,562	2.Istanbul	54,888
3.Mugla	14,415	3.Mugla	23,829
4.Izmir	11,823	4.Ankara	10,707
5.Aydin	5,731	5.Izmir	10,560
6.Ankara	5,364	6.Bursa	6,925
7.Bursa	4,611	7.Aydin	5,267
8.Afyonkarahisar	4,369	8.Karaman	4,716
9.Gaziantep	3,621	9.Ordu	2,968
10.Karaman	3,443	10.Gaziantep	2,632

Source: Republic of Turkey Ministry of Health, 2015.

According to the RTMH datasets of 2013-2014, the comparisons of top 10 cities in terms of international patients' dispersion in frame of medical tourism/tourists' health demonstrate that Istanbul and Ankara have a very central role and importance in

development of medical tourism in Turkey. Additionally, the cities like Antalya and Mugla are considered more active and crucial in frame of tourists' health category.

Table 3. 2013-2014 Indicators of the Number of Patients Applying to Private Hospitals

Medical Tourism			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Libya	20,380	1.Libya	42,450
2.Iraq	19,064	2.Iraq	31,167
3.Germany	18,779	3.Azerbaijan	19,393
4.Azerbaijan	8,564	4.Germany	14,573
5.The Netherlands	4,870	5.The Netherlands	4,718
6.Romania	3,852	6.Russian Federation	3,428
7.Russian Federation	3,288	7.Romania	2,942
8.Bulgaria	3,110	8.Bulgaria	2,930
9.United Kingdom	2,384	9.Turkmenistan	2,660
10.Syria	2,334	10.Syria	2,633
Tourists' Health			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Syria	938	1.Russian Federation	41,739
2.Iraq	392	2.Germany	41,312
3.Azerbaijan	381	3.United Kingdom	11,501
4.Germany	287	4.The Netherlands	11,167
5.Russian Federation	192	5.Azerbaijan	5,140
6.Afghanistan	100	6.Iraq	4,879
7.The Netherlands	63	7.Sweden	4,475
8.Turkmenistan	57	8.Norway	4,382
9.Bulgaria	52	9.Kazakhstan	3,826
		10.Ukraine	3,599

Source: Republic of Turkey Ministry of Health, 2015.

Table 3 illustrates that patients coming from Libya, Iraq, Azerbaijan, Germany and the Netherlands constitute the majority who come to Turkey in frame of medical tourism. In tourists' health category, there are many tourists who benefit from healthcare services; such as, medical interventions, emergency and/or unpredicted situations while they are involved in tourism activities. Tourists coming from Russian Federation, Germany, the UK, the Netherlands, Azerbaijan, Syria and Iraq can be namely counted in this category.

Table 4. 2013-2014 Indicators of the Number of Patients Applying to State Hospitals

Medical Tourism			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Germany	23,492	1.Germany	15,012
2.The Netherlands	2,855	2.The Netherlands	5,359
3.France	2,113	3.Belgium	1,350
4.Austria	1,998	4.Austria	1,324
5.Belgium	1,700	5.Syria	1,265
6.Afghanistan	512	6.France	1,152
7.Turk and Caicos Islands	319	7.Afghanistan	223
8.Syria	273	8.TRNC*	173
9.Azerbaijan	202	9.Azerbaijan	117
10.Iraq	145	10.Georgia	98
Tourists' Health			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Germany	15,703	1.Germany	11,519
2.Syria	6,466	2.United Kingdom	2,883
3.United Kingdom	2,330	3.The Netherlands	2,561
4.Georgia	2,227	4.Syria	2,522
5.The Netherlands	2,196	5.Georgia	2,107
6.Azerbaijan	1,754	6.Azerbaijan	2,060
7.Afghanistan	1,573	7.Russian Federation	2,010
8.France	1,475	8.Iraq	1,259
9.Belgium	1,442	9.France	1,222
10.Russian Federation	1,338	10.Afghanistan	1,047

Source: Republic of Turkey Ministry of Health, 2015.
* Turkish Republic of Northern Cyprus.

Table 4 indicates the number of patients applying to state hospitals in terms of their citizenships and/or country of origins. In medical tourism category, Germans, Dutches and Turkish migrants who have German and Dutch citizenships (or dual citizenships) constitute the majority number of patients who mostly prefer to come to Turkey. Similarly, almost each year over 10.000 Germans are treated in frame of tourists' health category in Turkey. As a cause of Syrian War, Syrians (except migrants and refugees in Turkey) are entering to Turkey with a valid tourist visa and then benefit from medical services. However, the Syrian migrants and refugees living in Turkey are categorized as patients in frame of medical tourism. The citizens of the EU member states have some advantages because Turkey signed bilateral agreements on health with these states.

Since 2013, the patients coming from states having bilateral agreements and agreements with the Social Security Institution (SGK) are considered as separate

categories that comprises merely the bilateral agreements on health which were signed between the RTMH, various countries and the SGK (Kaya et al. 2013: 12).

Table 5. 2013-2014 Indicators of the Number of Patients Applying to University Hospitals

Medical Tourism			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Germany	1,603	1.Germany	3,113
2.Azerbaijan	487	2.Iraq	949
3.Iraq	304	3.The Netherlands	791
4.Georgia	152	4.Azerbaijan	591
5.Afghanistan	136	5.Austria	349
6.The Netherlands	122	6.Afghanistan	249
7.Bulgaria	93	7.Belgium	245
8.Greece	76	8.Georgia	220
9.Turkmenistan	66	9.Syria	189
		10.TRNC	170
Tourists' Health			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Syria	938	1.Germany	945
2.Iraq	392	2.Iraq	727
3.Azerbaijan	381	3.Azerbaijan	650
4.Germany	287	4.Syria	415
5.Russian Federation	192	5.Russian Federation	302
6.Afghanistan	100	6.Afghanistan	176
7.The Netherlands	63	7.Turkmenistan	150
8.Turkmenistan	57	8.Georgia	138
9.Bulgaria	52	9.The Netherlands	116
		10.Kazakhstan	107

Source: Republic of Turkey Ministry of Health, 2015.

According to the RTMH 2013-2014 indicators of the number of patients applying to university hospitals, patients coming from Germany, Azerbaijan, Iraq and Syria consider university hospitals in Turkey very preferable and convenient in terms of price and quality.

Table 6. 2013-2014 Indicators of the Number of Patients Applying to Training and Research Hospitals

Medical Tourism			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Germany	8,863	1.Syria	4,767
2.Azerbaijan	1,358	2.Germany	3,892
3.The Netherlands	979	3.Azerbaijan	2,101
4.Afghanistan	614	4.The Netherlands	1,679
5.Syria	581	5.Afghanistan	1,248
6.Iraq	520	6.Austria	1,144
7.Austria	519	7.Iraq	740
8.Turkmenistan	418	8.Turkmenistan	619
9.Georgia	305	9.Georgia	370
		10.Belgium	354
Tourists' Health			
2013		**2014**	
Countries	Patients Number	Countries	Patients Number
1.Germany	38,098	1.Syria	7,653
2.Russian Federation	36,562	2.Azerbaijan	3,300
3.The Netherlands	10,800	3.Iraq	2,995
4.United Kingdom	7,453	4.Turkmenistan	2,371
5.Norway	5,332	5.Afghanistan	2,031
6.Iraq	5,188	6.Georgia	1,777
7.Azerbaijan	4,462	7.Germany	1,758
8.Sweden	4,160	8.Iran	1,416
		9.Uzbekistan	1,230
		10.Russian Federation	868

Source: Republic of Turkey Ministry of Health, 2015.

Table 6 shows the 2013-2014 indicators of the number of patients applying to training and research hospitals. According to the table, patients coming from Germany, Syria, Azerbaijan and the Netherlands visit Turkey with the purpose of medical tourism. On the other side, tourists coming from Germany, Russian Federation, the Netherlands, Syria and Azerbaijan are the patients who benefit from healthcare services in frame of tourists' health category. According to Daily Sabah and Anadolu Agency, the number of Russian tourists traveling to Turkey decreased 46.86 percent at the end of 2015 due the conflict which arose between Turkey and Russia (Daily Sabah, 2016). Visa liberalization talks between Turkey and the EU can positively contribute to the negative influence of Russian tourists on Turkish tourism market by attracting more European tourists (Anadolu Agency, 2015). Particularly, the tourists coming from Germany are quite important for the sustainable development of tourism economy in

Turkey. Therefore, Turkish central government, public and private stakeholders in tourism sector are doing their best for ensuring a more secure and stable environment (Daily Sabah and Anadolu Agency, 2016). Therefore, there has been a shift from the sea, sand and sun (3S) tourism to other kinds of tourism; such as, health and medical tourism, wellness & SPA, cultural and culinary tourism, eco-tourism, sport and adventure tourism, agro-tourism, spiritual and volunteer tourism. In this context, a fragmentation of tourism sector into various segments has emerged in many developing states. For instance, central government in Turkey aims to diminish the dependence on 3S tourist profile and mass tourism by enabling the diversification of tourism market segments.

Overall, there is a huge drop in statistical data of 2014 when these data are compared with the previous year. Therefore, reverse innovation and stakeholders' interactions are conceived as two propellant forces for development of medical tourism market in Turkey.

3.3. Reverse Innovation and the Role of Stakeholders in Medical Tourism

Innovation alone starts with local issue specification; whereas, reverse innovation starts with determining common issues. In this context, reverse innovation facilitates the opening of the possibility for new types of cooperation among stakeholders in developing countries (DePasse & Lee, 2013: 4).

The reverse innovation is tightly associated with Prahalad's 'bottom of the pyramid approach.' According to Prahalad, the developing states have a very crucial role in global commercial relations by means of composing around 50 percent of global gross domestic product (GDP) and approximately 40 percent of world exports. Through Prahalad's approach, the globalization paradigm has been transformed and that is the reason why many developing states are targeting the bottom 90 percent of the pyramid (Prahalad, 2005: 49; Sinha, 2013: 71).

In the light of these considerations, reverse innovation is the case where an innovation is initially admitted in a low-income state before being admitted in wealthy states (Govindarajan & Ramamurti, 2011: 191). In other words, comparing with the classical innovation approaches; reverse innovation is applying the contrary (i.e. innovating in low-income states and marketing those products in wealthy states). Yet, 2/3 of world's expansion in GDP is likely come from low-income countries, reverse innovation is absolutely essential (Govindarajan, 2014: 33). In emerging markets, reverse innovation is perceived as more than just zero-based innovation. Reverse innovation emphasizes the potential for quite low price-point innovations originating in developing states to give rise to new market demand back in wealthier states. In medical tourism sector, the portable ultrasound machine might be a good example. The portable ultrasound machine was evolved uniquely by General Electric in the beginning of 2000s to meet the specific demands of the Chinese medical sector, and the PC-based technology developments. Thenceforth, General Electric has attained a $250 million business opportunity by seeking this kind of applications in the US and other developed states (Govindarajan & Trimble, 2012: 5). The electrocardiogram

(EKG/ECG) machine for rural India and the ultrasound device for rural China are extraordinary cases in frame of reverse innovation because these machines formerly were evolved for developing states' markets and are currently being marketed in the US (Immelt, Govindarajan & Trimble, 2009: 56). Particularly, these devices are very much preferable in medical tourism market.

A crucial contribution to medical tourism growth in frame of reverse innovation is the opportunity of 'brain drain' – i.e. the doctors or medical practitioners who have the citizenship of a developing country and provide their experiences, know-hows and investments to their countries. The brain drain is a process by which healthcare professionals leave their countries of origin to work in other countries. This is often motivated by higher salaries and better career prospects. All types of health workers migrate and the effect of this migration on the health system can be acute, as many low and middle income countries suffer significant staff shortages (Martinez-Alvarez, Smith & Chanda, 2013).

Citizens of the European countries and the USA have begun traveling to underdeveloped and/or developing countries where a broad spectrum of medical services is provided and advanced technologies are transferred to public and private hospitals in these countries. In this context, reverse innovation has occurred in medical tourism particularly in less developed and developing countries. The shift from high-income states to low and medium-income states has caused to a significant change in global medical tourism market. Indisputably, Thailand, Singapore, India, South Korea, Turkey and Malaysia have become the most crucial states for the implementation of reverse innovation approach in medical tourism market (Yilmaz, 2010).

For effective application of reverse innovation approach, collaboration among stakeholders has a priority because transnational regional networks make collaboration possible between a full range of stakeholders who would gain from better serving local and global patients (Botterill, Pennings & Mainil, 2013: 3). In this framework, medical tourism covers a sequence of key stakeholders with trade intentions comprising health care suppliers, insurance companies, website suppliers, brokers, conference and media services (Lunt et al., 2011: 18).

Furthermore, Health Transformation Programme (SDP) in Turkey – the provision of quality and sustainable health services accessible for everyone in an effective, quality and equitable manner – provided that many universities are supporting scientific collaborations and research projects with stakeholders in order to modernize and improve the health sector as a whole and medical sector in particular (Aydin, 2014: 48).

Thus, sustaining economic development and inclusion of civil-civic society and local community into medical tourism collaborations and stakeholders depend on enhancements and enrichments of civil society based projects that are engaged with public and private actors. For instance, Istanbul Commerce University has commenced two very crucial scientific research projects that are entitled 'Strengthening the Capacity of Health Tourism in Istanbul: Health is the Target and the Destination is Istanbul' and 'Development Campus through Health (Istanbul Commerce University,

2016).' These projects are conducted within the framework of 'Innovative Istanbul Financial Assistance Programme' of the Istanbul Development Agency (ISTKA). Moreover, these kinds of projects and/or scientific materials are gaining funding, budget allocation and endorsement from the Istanbul Chamber of Commerce (ITO).

Many localities promote tourism business developments. Through utilizing territorial networks, these developments have drawn a great of attention from state sector and private sector organizations that are searching for promotion of local level solidarity where collaborations can also constitute a foundation for inclusion of civil society organizations and local community (Aliu, 2013; Bramwell & Lane, 2011; Page, 2015).

The public actors are embedded with private, non-profit and civil society/community actors through a combination of 'top down' centralized and bureaucratic approach and 'bottom up' decentralized and inclusive form of multilevel governance (Ruhanen et al., 2010) in which territorial societies and businesses are fostered to support more communication, liability, cooperation for a better destination governance perspective. Transforming structures of government and a thriving realization of the role of governance has led to interest in mutual social interactions among state sector, private sector and CSOs (Aliu, 2013: 65; Aliu & Aliu, 2015: 361). The inter-organizational networks in destinations and the influences of cooperation between organizations provided stabile conjuncture and some incremental improvements at institution-based platforms. In addition, the shapes of destination governance may cover hierarchical tiers of central government and networks of actors; such as, NGOs, CSOs and businesses. Thus, the participation by miscellaneous actors in tourism decision-making is likely to strengthen the democratic actions and ownership broadly linked to sustainable development (Bramwell & Lane, 2011: 412).

Stakeholders (e.g. hotel and hospitality enterprises, attractions, travel agencies, trade service institutions, governmental authorities, tourist information centres, representatives of civil societies and so on) in multiple levels are to be engaged to cooperative planning, organizational activities, and effective joint interactions (Aliu & Aliu, 2015: 359; Baggio, Scott & Cooper, 2010: 51). This kind of collaboration and communicative social actions can reduce the complexity risks in destination governance through collaborations between key stakeholders located in various networks. This implies that the destination governance is influenced by a limited number of entities and public stakeholders in these inter-organizational destination networks which have the highest centrality and hold the greatest legitimacy and power over others. In this manner, the effectiveness of inter-organizational collaboration is likely to be enriched by means of intervening to develop stakeholders' communication, allegiance, knowledge management and innovation (Aliu & Aliu, 2015: 359; Cooper, Scott & Baggio, 2009: 34).

Of course, an effective consensus-based collaboration level can be maintained by means of structuring formal institutionalized affair among available networks of organizations, interests and public, peripheral, private stakeholders; legitimating group activities for covering stakeholders in decision-making process; and boosting the

willingness of collaboration in order to enhance coordination of policies and activities (d'Angella & Go, 2009: 431). However, complexity, conflicts, diverging interests and goals in destination governance can be overcome through considering a destination as an interdependent environment in which a diverse range of stakeholders participate and take responsibility. In this open-social system, spatial reconstructing of destinations, the pluralization of destination management and re-envisioning of local societies (Dredge & Jamal, 2013: 573). In this manner, consensus-based collaboration may prepare a base for social involvement, enhanced legitimacy, community based tourism enterprises, charitable funds via local community leaders and participation of stakeholders in frame of ethical awareness and moral obligation (Ryan, 2002: 19).

3.4. Arguing the Highlights of the 7th International Health Tourism Congress

3.4.1. The Role of Central Government is Crucial for Organizing Stakeholders' Collaborations in Medical Tourism

The RTMH has a substantial role and crucial competency for organizing stakeholders' collaborations in medical tourism. Destination governance and multilevel governance have significant influences on the enhancement of medical tourism market in Turkey. The cooperation and solidarity among state sector, private sector and civil society organizations strengthen the medical tourism governance and ensure a stable development in favor of state and non-state stakeholders' interests and profits. The scope of beneficiaries in medical tourism market can be expanded by using strategic and communicative actions in stakeholders' relationships and destination governance (Aliu et al., 2015: 10).

3.4.2. High Quality and Accreditations are Vital

Patients cross borders to obtain medical care expect to receive high quality, effective and safe care when they travel abroad for treatment. Medical tourism is one of the major drivers to pursue international accreditation. Other major external drivers for pursuing accreditation of healthcare organizations are political commitment to improve quality and safety and insurance (Ismail, 2015: 11).

3.4.3. There is a Significant Role of Transactional Leadership

Transactional leadership behavior of managers played significant role on the effect of transformational leadership on organizational commitment of employers in health institutions in Turkey. This effect is more significant on contingent reward and active management by exception behavior of the leaders (Yekeler, 2015: 17).

3.4.4. Overall Evaluations ought to be based on Information-Sharing, Long-Term Vision, Budget Planning, Policy Development and Integrated Legislation

In terms of general oversight, overall evaluations are necessary in Turkey. Information sharing is important and essential. Long-term vision ought to be based on cross-analysis. For-profit and non-profit aspects of services should be recognized. General budget planning should include overall perspectives. The future of dynamic sectors will rely on integrated legislations and policies. Careful policy development should be evidence-based. General oversight will serve Turkey's ultimate goal of regional leadership in international health services (Tunaligil, 2015: 23).

3.4.5. Increasing Healthcare Funding is Important for Creating a Stronger Healthcare System

The Chairman of DEIK – SAIK Dr. Rusen Yildirim asserted that 'healthcare funding in Turkey has grown significantly over the past decade to reach around TRY 85 billion in 2013 with approximately 22 percent coming from private funding sources. In this framework, the Turkish government is following long-term strategic objectives to improve quality, scale and trustworthiness of the healthcare system. Despite moderate healthcare spend in Turkey relative to the rest of Europe; patients' satisfaction with healthcare provisions is relatively high. Access to private providers plays a strong part in the satisfaction scores, as public provision is considered poor across a number of key dimensions, including quality. While Turkey is improving the practising physicians to population ratio, this is still well below OECD average and remains a key issue for the system. Despite the growth over the last 10 years, Turkey's spending is still relatively low with significant growth potential and ambitious future targets by the government. Hospital care consumes the largest share of healthcare expenditure demonstrating the importance of hospital settings in the Turkish system. Unlike in most Western, Central and Eastern European (EEC) countries, Turkish hospital capacity grew by around 2 percent each year in 2006-2014, driven by the expansion of the private sector. Turkey's aging population will be the key driver of growing healthcare demand at least for the medium term. Dynamically developing medical tourism is becoming a significant part of Turkish healthcare market, generating well over $2 billion revenue per year. Turkey's political and cultural setting makes it a perfect destination for medical tourists from Europe, Central Asia and Northern Africa (Yildirim, 2015).

3.4.6. The SAIK has a Strategic Role

The SAIK – established in 2010 (a milestone year for medical tourism in Turkey) – has the mission of gathering health institutions under one roof and creating a platform in which the interests of these institutions are seen in a common manner. Under the SAIK umbrella, there are totally 14 institutions in which TURSAB and the Association of Accredited Hospitals are among members. Some of the executive board representatives are the Republic of Turkey Ministry of Culture and Tourism, the RTMH and Turkish Airlines (Turkiye Odalar & Borsalar Birligi, 2011).

3.4.7. Legislative Issues are Quite Well Dealt by the SATURK

'The Development of Institutional and Legal Infrastructure of Health Tourism' that takes place in 'The Action Plan of the Health Tourism Development Program' is among the primary transformation programs of the 10th Development Plan of the Republic of Turkey. The basic objective of the Health Tourism Coordination Council (SATURK) is to present the following services for tourists and international patients coming from abroad for the purpose of maintaining from healthcare services: taking measures about the public and private health institutions, health services and safety transfer conditions for international patients; developing health and medical tourism promotion and strategy; determining service criteria and the minimum service delivery standards that will generate data for accreditations; establishing the relations between encouragements and accreditation; creating price list that will be applied for foreign patients; making proposals on subjects that are relevant to the determination of the principles and procedures of auditing process; and coordinating works and operations regarding the auditing process (T.C. Basbakanlik, Personel & Prensipler Genel Mudurlugu, 2015).

4. Conclusion

The evaluation of the RTMH data of 2013-2014 on medical tourism sector highlighted the fact that medical tourism needs the attraction of all the stakeholders' attention in Turkey. Medical tourism market offers new opportunities for both public and private stakeholders. Stakeholder approach adopts the target that is to carry out a joint work with the government agencies, NGOs, insurance companies, intermediary organizations, and many other institutions which may have a substantial role for the development of medical tourism through establishing and expanding coordination and networking key stakeholders in Turkey (Barca et al., 2012). In other words, the role of central government is not only expanding the scope of stakeholders, but also increasing the number of key stakeholders who collaborate and act more effectively.

Interdependency among international and transnational actors and networks puts destination governance to the core point of collaboration and ensure a crucial base for reverse innovation in health and medical tourism sector. In essence, the developing and developed countries are more advantaged in boosting collaboration level in destination governance because the regionalization and commercial partnerships provide a strong convergence of key stakeholders' interests in these states. Therefore, reverse innovation and collaboration in destination governance of health and medical tourism industries are likelihood to be considered as a holistic strategy and competitive advantage tool. As an important case, the development of Turkish health and medical tourism market indicates that developing countries are more advantageous in increasing their aggregate benefits and earnings in health and medical tourism market. The abovementioned data reinforce these arguments and shed lights on future investigations that may evaluate reverse innovation and strong

collaborations of key stakeholders in destination governance of health and medical tourism.

In sum, Turkey has achieved an outstanding accomplishment in medical tourism, recently. Actually, this situation is a result of the surge of private investments in private hospitals. This enforced the deliberate strategy i.e. – attracting medical patients from high-income countries and particularly from the EU member states. Currently, Turkey supplies almost all types of 'cutting-edge' medical treatments at a proper price in 49 hospitals that are accredited to the JCI. One of the most offered medical treatments is transplantation surgery with 1/3 of all liver transplants in Turkey going to the international patients (Labonté et al. 2013: 194). In this context, the central government has a substantial role at strengthening and networking stakeholder relations in Turkish medical tourism market. The government's medical tourism datasets and governmental reports point out the importance of coordinating and enhancing stakeholders' interactions for developing medical tourism market in Turkey.

In the light of all above-stated considerations, the overall evaluation and abstract knowledge of the outcomes of the 7th International Health Tourism Congress support the fact that stark collaboration between key stakeholders in health and medical tourism has a significant influence on destination governance and image. Further, commercialization, transformational reforms and modernization of health sector in Turkey ensured reverse innovation as a competitive advantage component in development of medical education, technology, service quality (i.e. standardization, accreditation and so on), and global economic competitiveness level.

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REFERENCES

Aliu, A., Hybrid structures and governance in tourism industry: regional and multi-level perspectives. In; J. Santos, F. Serra & P. Águas (Eds.) (2013). *Strategies in tourism organizations and destinations: TMS conference series* (pp. 65–79). Faro: ESGHT, UAlg.

Aliu, A., Cilginoglu, H., Ozkan, O. & Aliu, D. (2015). Medical tourism market and stakeholders' relations in turkey: a comparative investigation from destination governance viewpoint. *7th International Health Tourism Congress Program and Abstract Book*, pp. 10.

Aliu, D. & Aliu, A. (2015). Surdurulebilir turizm perspektifinde hibridite ve paydas yaklasimi: almanya, ingiltere ve turkiye kiyaslamalari. *I. EITOC 2015*, *1*: 357-371, Retrieved from: http://hdl.handle.net/11467/1270 (Access Date: 10 April 2016).

Anadolu Agency (2015). Europeans can fill absence of russian tourists in turkey. Retrieved from: http://www.dailysabah.com/nation/2015/12/01/europeans-can-fill-absence-of-russian-tourists-in-turkey (Access Date: 1 February 2016).

Aydin, D. (2014). *Turkey health tourism pocket book*. Ankara: Aren Tanitim Press.

Baggio, R., Scott, N. & Cooper, C. (2010). Improving tourism destination governance: a complexity science approach. *Tourism Review*, *65*(4), 51–60.

Barca, M., Akdeve, E., Balay, I. G., Sencan, I. & Aydin, D. (2012). *Evaluation report on medical tourism in turkey 2012*. Ankara: RTMH.

Botterill, D., Pennings, G. & Mainil, T. (Eds.) (2013). *Medical tourism and transnational health care*. Basingstoke: Palgrave Macmillan.

Bramwell, B. & Lane, B. (2011). Critical research on the governance of tourism and sustainability. *Journal of Sustainable Tourism*, *19*(4-5), 411–421.

Cohen, I. G. (2015). *Patients with passports: medical tourism, law, and ethics*. Oxford: Oxford University Press.

Connell, J. (2006). Medical tourism: sea, sun, sand and … surgery. *Tourism Management*, *27*(6), 1093–1100.

Connell, J. (2011). *Medical tourism*. Wallingford: CABI.

Connell, J. (2013). Contemporary medical tourism: conceptualization, culture and commodification. *Tourism Management*, *34*, 1–13.

Cooper, C., Scott, N. & Baggio, R. (2009). Network position and perceptions of destination stakeholder importance. *Anatolia: An International Journal of Tourism and Hospitality Research*, *20*(1), 33–45.

Daily Sabah (2016). The number of russian tourists visiting turkey down 47 pct. Retrieved from: http://www.dailysabah.com/tourism/2016/01/28/number-of-russian-tourists-visiting-turkey-down-47-pct (Access Date: 1 February 2016).

Daily Sabah & Anadolu Agency (2016). Turkey received most tourists from germany in 2015. Retrieved from: http://www.dailysabah.com/tourism/2016/02/02/turkey-received-most-tourists-from-germany-in-2015 (Access Date: 3 February 2016).

d'Angella, F. & Go, F. M. (2009). Tale of two cities' collaborative tourism marketing: toward a theory of destination stakeholder assessment. *Tourism Management*, *30*, 429–440.

DePasse, J. W. & Lee, P. (2013). A model for reverse innovation in health care. *Globalization and Health*, *9*, 40.

Dredge, D. & Jamal, T. (2013). Mobilities on the gold coast, australia: implications for destination governance and sustainable tourism. *Journal of Sustainable Tourism*, *21*(4), 557–579.

Fisher, C. & Sood, K. (2014). What is driving the growth in medical tourism? *Health Marketing Quarterly*, *31*, 246–262.

Frederick, J. R. & Gan, L. L. (2015). East–west differences among medical tourism facilitators' websites. *Journal of Destination Marketing & Management*, *4*, 98–109.

Govindarajan, V. (2014). Reverse innovation: it all start with education. *Leadership Excellence*, pp.33.

Govindarajan, V. & Ramamurti, R. (2011). Reverse innovation, emerging markets, and global strategy. *Global Strategy Journal*, *1*, 191–205.

Govindarajan, V. & Trimble, C. (2012). Reverse innovation: a global growth strategy that could pre-empt disruption at home. *Strategy and Leadership*, *40*(5), 5–11.

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *ECTJ*, *29*(2), 75–91.

Guba, E. G. & Lincoln, Y. S. (2001). Guidelines and checklist for constructivist (a.k.a. fourth generation) evaluation. Retrieved from: https://www.wmich.edu/sites/default/files/attachments/u350/2014/constructivisteval.pdf (Access Date: 1 February 2016).

Hall, C. M. (2013). *Medical tourism: the ethics, regulation, and marketing of health mobility*. Abingdon: Routledge.

Hudson, S. (2003). *Sport and adventure tourism*. Oxford: Haworth Hospitality Press.

Immelt, J. R., Govindarajan, V. & Trimble, C. (2009). How GE is disrupting itself? *Harvard Business Review*, pp.56–65.

Inanır, S., Gungen, D., Aydemir, C. S. & Sancar, M. A. (2011). *Dis ekonomik iliskilerde guncel konular*. Istanbul: Dis Ekonomik Iliskiler Kurulu (DEIK).

Ismail, A. (2015). Quality and accreditation in turkish hospitals. *7th International Health Tourism Congress Program and Abstract Book*, pp. 11.

Istanbul Commerce University (2016). Universitemizden 3 basarili proje daha! Retrieved from: http://www.ticaret.edu.tr/tr/Haberler/Detay/id/685, date accessed: 1 February 2016.

Joint Commission International (2016). JCI-accredited organizations in turkey. Retrived from: http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/?c=Turkey&F_All =y (Access Date: 1 February 2016).

Kaya, S., Yildirim, H. H., Karsavuran, S. & Ozer, O. (2013). *Evaluation report on medical tourism in turkey 2013*. Ankara: RTMH.

Labonté, R., Let's make a deal: the commerce of medical tourism (pp.190-200). In: Labonté, R., Runnels, V., Packer, C. & Deonandan, R. (Eds.) (2013). *Travelling well: essays in medical tourism*. Ottawa: University of Ottawa Press.

Lincoln, Y. S. & Guba, E. G. (1990). Judging the quality of case study reports. *Qualitative Studies in Education*, *3*(1), 53–59.

Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D. & Mannion, R. (2011). *Medical tourism: treatments, markets and health system implications – a scoping review*. Paris: OECD.

Lunt, N., Horsfall, D. & Hanefeld, J. (2015). The shaping of contemporary medical tourism and patient mobility. In: Lunt, N., Horsfall, D. & Hanefeld, J. (Eds.) (2015). *Handbook on medical tourism and patient mobility*. Cheltenham: Edward Elgar Publishing.

Martinez-Alvarez, M., Smith, R. D. & Chanda, R. (2013). The impact of medical tourism in low and middle income countries. In: Botterill, D., Pennings, G. & Mainil, T. (Eds.) (2013). *Medical tourism and transnational health care*. Basingstoke: Palgrave Macmillan.

Page, S. J. (2015). *Tourism management*. (5th ed.) Oxford: Elsevier.

Prahalad, C. K. (2005). *The fortune at the bottom of the pyramid*. New Jersey: Wharton School Publishing.

Republic of Turkey Ministry of Health (2015). *2013-2014 Medical Tourism Datasets Package of Turkey*. Ankara: RTMH.

Riege, A. M. (2003). Validity and reliability tests in case study research: a literature review with 'hands-on' applications for each research phase. *Qualitative Market Research: An International Journal*, *6*(2), 75–86.

Ruhanen, L., Scott, N. Ritchie, B. & Tkaczynski A. (2010). Governance: a review and synthesis of the literature. *Tourism Review*, *65*(4), 4–16.

Ryan, C. (2002). Equity, management, power sharing and sustainability: issues of the new tourism. *Tourism Management*, *23*, 17–26.

Sinha, R. (2013). Reverse innovation: a gift from developing economy to developed economy. *Business Perspectives and Research*, *2*(1), 69–78.

T.C. Basbakanlik, Personel ve Prensipler Genel Mudurlugu (2015). Saglik Turizmi Koordinasyon Kurulu (SATURK) Genelge 2015/3, No. 69471265-010-06/. *Resmi Gazete*, No. 29260, Retrieved from: http://www.resmigazete.gov.tr/eskiler/2015/02/20150207-14.htm (Access Date: 1 February 2016).

T.C. Kalkinma Bakanligi (2014). *10. kalkinma plani (2014-2018): saglik turizminin gelistirilmesi programi eylem plani*. Ankara: T.C. Kalkinma Bakanligi.

Turkiye Odalar & Borsalar Birligi (2011). Saglik turizminde 2020 yılı icin 10 milyar dolar gelir hedefliyoruz. Retrieved from: http://tobb.org.tr/Sayfalar/Detay.php?rid=285&lst=MansetListesi (Access Date: 1 February 2016).

Tunaligil, V. (2015). Integrated international health services: a progressive approach. *7th International Health Tourism Congress Program and Abstract Book*, pp. 23.

TURSAB (2014). Saglik turizmi raporu. Retrieved from: http://www.tursab.org.tr/dosya/12186/saglikturizmi raporu_12186_5485299.pdf (Access Date: 1 February 2016).

Yekeler, K. (2015). The mediating role of transactional leadership in health institutions. *7th International Health Tourism Congress Program and Abstract Book*, pp. 17.

Yildirim, R. (2015). Economic potential of health tourism in turkey. *7th International Health Tourism Congress*, Istanbul: Silence Istanbul Hotel & Convention Centre.

Yilmaz, C. (2010). *Medikal turizm arastirmasi: 1. bolum*. Ankara: T.C. Saglik Bakanligi.

Yin, R. K. (2013). *Case study research: design and methods*. (5th ed.) Thousand Oaks et al: Sage.

Zengingonul, O., Emec, H., Iyilikci, D. E. & Bingol, P. (2012). Saglık turizmi: istanbul'a yönelik bir değerlendirme. *Ekonomistler Platformu*, Retrieved from: http://www.ekonomistler.org.tr/wp-content/ uploads/2012/04/saglik_turizmi_rapor.pdf (Access Date: 1 February 2016).