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1. The journal encompasses interdisciplinary research within Health Tourism. It welcomes both theoretical and applied studies in these areas.
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4. Manuscripts may be submitted throughout the year. However, to ensure consideration for specific issues, authors must adhere to the following deadlines:
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Dementia-Inclusive Travel: Perspectives of Specialist Travel Service Providers

Anja Pabel¹, Maria O'Reilly², Pamela Meredith³, Lee-Fay Low⁴

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Abstract

This paper explores the experiences and perspectives of travel experts who provide services to people living with dementia and their care partners. The study aims to identify the challenges and effective strategies for creating inclusive travel opportunities in this context. The findings are based solely on the perspectives of service providers and do not include direct input from individuals living with dementia or their care partners. A qualitative research design was adopted, involving in-depth interviews with six participants who possess extensive experience in facilitating travel for individuals with dementia. Due to the small number of operators in this niche, participants were selected based on relevant experience in dementia-inclusive tourism. The interview questions explored strategies used by the travel experts to support travellers with dementia, perceived barriers and challenges, and recommendations for tourism operators developing dementia-inclusive services. Data were analysed thematically to identify recurring patterns and insights. Four major themes emerged: (1) enabling tourism services; (2) logistics of enabling services; (3) fostering bonds and purpose; and (4) travel as a key factor to living well. These findings highlight the importance of tailored support and inclusive practices in creating positive travel experiences. This research contributes to the growing body of literature on dementia-inclusive travel by deepening understanding of how travel experiences can be made more accessible, enjoyable, and supportive for people living with dementia and their care partners. The insights can inform tourism, hospitality, healthcare professionals, and host communities by deepening understanding of this growing tourist segment and guiding more inclusive support and services.

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1. Introduction

“Living well” is increasingly embraced by older adults and those with (dis)abilities, acknowledging that health is shaped by physical, cognitive, emotional, social, and environmental factors (Martyr et al., 2018). Ageing and conditions like dementia do not mean that quality of life experiences need necessarily decline. For many, living well includes recreation and travel, which support cognitive and emotional well-being. Engaging in tourism and physical activity can stimulate neurological function and offer meaningful experiences for people with dementia. When guided by dementia specialists, such tourism experiences may serve as valuable non-pharmacological interventions (Wen et al., 2022). While there is emerging literature addressing dementia-inclusive travel, particularly in the context of enhancing the inclusivity of airports and other transport hubs (O’Reilly & Shepherd, 2016; Warren et al., 2022), there remains a notable gap concerning the development of dementia-inclusive travel experiences more broadly.

Global initiatives such as the World Health Organisation’s (WHO) *Global Strategy and Action Plan on Ageing and Health* and *The United Nations Decade of Healthy Ageing: Plan for Action 2021–2030* reflect growing efforts to support health in later life (WHO, 2017; UN, 2020; Hu et al., 2023). Tourism is increasingly recognised for its positive physical, psychological, and social impacts on older adults (Vega-Vazquez et al., 2021; Patterson & Balderas-Cejudo, 2023), offering opportunities for activity, interaction, and overall well-being (Wen et al., 2022; Chang et al., 2022). Specific forms of tourism, such as spa and social tourism, align with positive ageing ideals (Koskinen, 2019; Morgan et al., 2015). These experiences can potentially enhance quality of life and healthy living and help to overcome social isolation and loneliness (Knobloch et al., 2017). With more leisure time, spending power, and interest in travel, older adults represent a growing tourist segment (Patterson et al., 2021), driving demand for age-friendly services (Li & Chan, 2021). Yet, the industry has been slow to respond (Pan et al., 2020; Wang et al., 2022; Hu et al., 2023). While dementia-inclusive services are gaining attention, Field et al. (2021) caution that poorly designed initiatives may unintentionally reinforce stigma, particularly when individuals are grouped based on the stage of their condition.

Dementia-inclusive tourism supports global sustainability agendas, particularly the United Nations Sustainable Development Goals (SDG 3: Good Health and Well-being and SDG 10: Reduced Inequalities), by addressing health-related needs and promoting equal opportunities in tourism, making dementia-inclusive travel not only a commercial consideration but also an ethical imperative that reflects the social responsibility of tourism providers. Participants in this study were experienced travel providers from the United Kingdom (UK) and the United States (US) who support dementia-inclusive travel. Their insights are particularly relevant to destinations where comparable dementia-supportive tourism services are often scarce.

The primary aim of this research was to generate insights and practical strategies that could inform the

tourism industry's efforts to implement dementia-inclusive travel offerings, including supported holiday experiences. It is hoped that these insights will contribute towards the development of a more dementia-inclusive tourism industry in emerging destinations by facilitating the development and ongoing provision of positive travel experiences for people living with dementia.

1.1. The impact of dementia

Dementia refers to a group of serious, progressive conditions that impair cognitive functions such as memory, language, and judgement, often leading to loss of independence and reduced quality of life for both individuals and their care partners (Isik et al., 2019). The disease trajectory tends to occur in three stages: mild or early-stage dementia; moderate or middle-stage dementia; and severe or late-stage dementia (Dementia Australia, 2022). While not caused by ageing, its prevalence increases with age, making it a growing global concern. Due to limited pharmacological treatments, non-pharmacological approaches to care, such as music therapy, validation, and environmental adaptations, are preferred for promoting well-being (Meyer & O'Keefe, 2020; Ross et al., 2023).

Caring for someone with dementia can be emotionally and physically demanding, and it can be stressful to travel with someone who has dementia. This can lead to lost leisure opportunities and caregiver fatigue (Hu et al., 2023). However, with the right support, it can be a very positive experience for travel companions, as well as the person with dementia (O'Reilly & Shephard, 2016). Engaging in tourism with care recipients might offer the care partner relief from their responsibilities or contribute to positive bonding experiences between the two (Maayan et al., 2014). Calls have been made for more inclusive and holistic tourism services to meet these needs (Bauer, 2019; Connell & Page, 2019), yet research on dementia-inclusive travel remains limited.

1.2. Dementia and tourism management

Most research on dementia-inclusive travel is focused on Europe and the UK, where policies support dementia-inclusive communities and leisure participation (Innes et al., 2016). Dementia poses unique challenges for the tourism industry (Hayden et al., 2022), including the need to address staff and community stereotypes. Hotels, for instance, could act as hubs for social and health support by offering dementia-trained staff, on-call specialists, and external caregivers (Blanas et al., 2016). In Taiwan, a participatory action research project involved staff of a tourism venture and dementia experts in the development of a dementia-inclusive destination experience. The project highlighted the importance of first understanding different stakeholders' perspectives and values before designing and implementing the programs that could impact the broader community (Wu & Sung, 2021).

Recent efforts have focused on making airports and air travel more dementia-inclusive (O'Reilly & Shepherd, 2016; Warren et al., 2022), while the UK has worked to adapt heritage sites, museums, and galleries as part of broader dementia-inclusive community initiatives (Klug et al., 2017). Considerations for

establishing dementia-inclusive physical environments include layout, consistent signage, good lighting, use of contrasting colours, avoidance of highly patterned surfaces, and accessible and easy-to-find toilets (Fleming et al., 2022; Mathews et al., 2021). There are also opportunities to create products like memory cafés, dementia-inclusive respite accommodation, and themed restaurants that raise dementia awareness, such as Japan's Restaurant of Mistaken Orders (Hayden et al., 2022). Architectural hybrids, exemplified by the Dementia Village® (2024), combine urban design, healthcare provision, and hospitality to create inclusive environments that support ageing and travel for people with dementia and their companions (Chrysikou et al., 2017). Despite growing recognition of dementia-inclusive practices within tourism and hospitality research, the existing literature remains fragmented and largely centred on physical accessibility, transport hubs, or isolated case studies of dementia-friendly initiatives (O'Reilly & Shepherd, 2016; Warren et al., 2022; Wu & Sung, 2021). Much of the current literature adopts a service or environmental design perspective, often overlooking how tourism participation is shaped by intersecting motivational, social, and support-related factors. Furthermore, there is limited empirical research drawing on the experiences of specialist dementia-inclusive travel providers, despite these providers possessing practical expertise regarding the barriers, support mechanisms, and service adaptations required to facilitate meaningful travel experiences. This study addresses this gap by examining dementia-inclusive tourism through the perspectives of specialist providers in the UK and US and by identifying practical strategies that can support the development of more inclusive tourism experiences in emerging destinations

1.3 Aim of the study

Making tourism destinations accessible upholds the rights of people with disabilities and enhances service quality and business opportunities (United Nations Convention on the Rights of Persons with Disabilities, 2006; World Tourism Organisation, 2024). Internet searches reveal numerous businesses that provide inclusive tourism opportunities; however, businesses primarily cater to people with physical disabilities. Dementia-specific travel services are rare and found mainly in the UK and the US, with limited research on their benefits (Mapes, 2017). To explore how the tourism industry can better support travellers with dementia, we consulted specialist service providers to ask: (a) How can the needs of travellers with dementia be best addressed? and (b) What advice can help tourism operators develop dementia-inclusive experiences?

The findings of this study were explored through the lens of the push–pull tourist motivation model, which offers a framework for understanding both traveller motivations and destination attributes (Crompton, 1979). The model was selected because dementia-inclusive travel involves not only motivations associated with leisure and well-being, but also considerations relating to safety, familiarity, accessibility, emotional comfort, and support services. As such, the framework enables examination of how both personal and environmental factors influence travel experiences for people living with dementia and their companions.

Although the push–pull model has been widely applied in tourism research, its relevance to dementia-inclusive

tourism has received limited attention. This study extends the framework by demonstrating that, within the context of cognitive decline and supported travel, motivations and constraints are not fixed or stable but continually negotiated over time. Rather than conceptualising travel decisions solely through destination attraction and motivation, the findings suggest that dementia-related travel participation is shaped by the dynamic interaction between constraining forces and enabling supports. In doing so, the study broadens the applicability of the push–pull framework to a previously underexplored tourism cohort and offers a more relational and adaptive understanding of dementia-inclusive travel.

2.Methods

1.1. Study design and research participants

To gain a deeper understanding of travel experts' perspectives and insights, this study used a constructivist epistemology and qualitative design, focusing on the subjective experiences of providers of dementia-friendly tourism services. We conducted interviews with service providers specialising in inclusive tourism for people living with dementia, identified through internet searches and professional networks, and invited them via email to participate in one-on-one videoconference interviews. Given the limited number of operators in this niche field, participants were recruited using purposive sampling to ensure inclusion of specialist providers with direct experience in dementia-inclusive travel services. A total of six individuals (five female, one male) with substantial expertise in supporting the travel needs of people with dementia and their care partners participated. Their diverse professional backgrounds and perspectives are summarised in Table 1 (participants are identified by pseudonyms). All were either from the UK or the USA.

Although based on insights from UK and US travel experts, the findings are relevant to other destinations due to ageing populations globally. While local differences may exist, the key themes are widely applicable and transferable and align with the global movement toward dementia-inclusive communities. The adoption and adaptation of international examples contribute to the shared goal of enhancing participation and quality of life for people living with dementia.

Tourism operators in developing destinations can draw on these international insights and tailor them to local conditions, including policy frameworks, geographic considerations, and cultural nuances.

Table 1: Pseudonyms of research participants and their area of expertise

Pseudonym	Broad background and area of expertise	Location
Pat	Legal background working with older adults and currently runs travel companion service.	USA
Alice	Nursing background working with older adults and people with dementia, currently is a consultant, advocate and author.	USA
Linda	Aviation background supporting customer service, and currently an advocate for people with hidden disabilities.	UK
Jill	Health and social care background in working with people with dementia, currently working for travel provider for people living with dementia.	UK
Jane	Nursing background, currently working for a travel provider for people living with dementia.	UK
Peter	Background in aviation and local government, currently an academic, author and advocate for people living with dementia.	UK

2.2. Recruitment and interview protocol

Expert interview participants were recruited through targeted invitations via existing contacts within the research team and internet searches of relevant agencies. Six interviews were conducted between October and December 2021, each lasting 30–60 minutes. The interviews explored travel professionals’ strategies for supporting people living with dementia, their perceptions of key barriers and challenges, and their recommendations for developing dementia-inclusive tourism services. Participants also reflected on their own motivations, experiences, and views on broader systemic issues. Saturation was considered achieved when no substantially new themes, concepts, or practical insights emerged in the later interviews, consistent with Guest et al.’s (2006) observation that thematic saturation in focused qualitative studies is often evident by the sixth interview.

2.3. Data analysis

The interviews were recorded and transcribed verbatim, followed by an inductive content analysis (Elo et al., 2014). The analysis proceeded through a systematic multi-stage coding process. First, transcripts were independently read several times by two members of the research team to ensure familiarity with the data. Open coding was then conducted independently by these two researchers, involving line-by-line coding to identify and label meaningful units of text. These initial codes were compared and discussed to identify

overlaps, differences, and areas of agreement, resulting in a preliminary agreed coding framework. In the second stage, axial coding was undertaken to examine relationships between codes and to group them into higher-order categories based on conceptual similarity and emerging patterns. Finally, selective coding was used to refine and integrate these categories into overarching themes and subthemes that best represented the dataset.

Trustworthiness was enhanced using Decrop's (2004) criteria of credibility and transferability. Credibility was established through independent coding by two researchers, followed by iterative comparison, discussion, and consensus, with the full research team reviewing and validating the final thematic structure. Transferability was supported through rich description and the use of illustrative participant quotations to contextualise and ground the findings.

2.4. Ethical considerations

Research involving travellers living with dementia presents distinct methodological challenges and ethical considerations. However, it is important to clarify that the present study focuses on interviews with travel experts who provide tourism experiences for people with dementia as the primary subject of analysis. Prior to commencing the study, ethical approval was obtained from the [university removed for peer review] Human Research Ethics Committee (#22613). Informed consent was obtained from all participants, ensuring they fully understood the purpose, scope, and voluntary nature of their involvement.

3. Findings

Four major themes were identified from the transcripts: (1) *enabling tourism services*; (2) *logistics of enabling services*; (3) *fostering bonds and purpose*; and (4) *travel as a key factor to living well* (see Table 2). While some of the themes are interconnecting and overlapping, they are each explored separately to understand how organisations can support people with dementia and their care partners to travel and better understand the benefits to clients as perceived by those offering services to them.

Table 2: Major themes and their subthemes outlining factors influencing and supporting dementia-inclusive travel

Enabling tourism services	Logistics of enabling services	Fostering bonds and purpose	Travel as a key factor in living well
Companion services	Well-connected travel providers	Family connection and support	Pleasure and stimulation
Supported holiday provision	Assessment of needs and changing needs	Social health	Physical activity
Dementia-inclusive training		Making a difference	Empowerment
Advocacy			Respite for care partner

3.1.Enabling travel services

Participants discussed four subthemes of support services: *companion services*, *supported holiday provision*, *dementia-inclusive training*, and *advocacy*. These services function to reduce structural and relational barriers to travel participation, thereby enabling safe, meaningful, and dignified travel experiences for people living with dementia and their care partners. While most services operate within user-pays or funded models, volunteer involvement also plays a significant role, reflecting a hybrid service ecosystem. Importantly, participants framed these supports not as optional add-ons, but as essential enablers of inclusion, autonomy, and “living well” through travel.

Companion services support travellers with dementia across the travel journey, particularly in high-complexity environments such as airports and transit hubs, though some services extend to full-trip accompaniment. As Pat explained, “*Sometimes people just want me to take them to a destination and drop them off.*” These services enable travel without reliance on family members, supporting independence and reducing caregiver burden, while still ensuring safety and continuity of support. Informal equivalents were also acknowledged through family-based assistance.

Supported holiday provision involve curated travel packages for people living with dementia and their care partners, including accommodation, activities, and care support. Jane explained, “*We run these holidays every year, for people living with dementia and their family carer. So, it’s all the planning, sorting suitable itineraries, that sort of thing.*” These experiences range from group travel to bespoke family holidays, as illustrated by a tailored coastal trip designed to accommodate a younger family unit. Jane provided an example of the latter:

I got approached by a lady, she was in her late forties with two children and a husband living with dementia. Last year they managed to get away through a caravan with another family so that the children at least had a holiday, but she never got a break and was struggling with her husband stuck in the caravan. This year, I set up a bespoke family holiday. They went for a week to the coast as a family with one of our adventure leaders and one of our experienced volunteers. They went bodyboarding as a family with the dad and our team on the beach, and it meant that she could enjoy some time with the children, knowing that he was safe.

This quote highlights the additional considerations for younger people living with dementia, whose travel plans may need to accommodate children. While group holidays may suit couples or individuals with a companion, they are often less appropriate for families. The vignette highlights that travel for people with dementia is frequently a family matter rather than an individual one.

Dementia-inclusive training was identified as critical to building sector capability and standardising service quality. Participants emphasised structured programmes for staff, volunteers, and travel companions. For some, training helps raise quality and consistency across providers. As Pat noted, *“I train people to do this job ... to put together workshops and certify people, so then there’s some standards in this new industry.”* Alice also stressed the need for ongoing training to support growth in this emerging field:

We are going to offer a certification program (for travel companions) that is a two-days plus. Our plans are that it’ll be an intensive couple of days, and then we’re going to give them homework where they have to apply and plan. Thus program is important for ensuring the next generation of people carry on this work.

Training formats ranged from intensive workshops to brief digital resources, reflecting scalability and accessibility considerations. Jill stated:

We’ve created a two-day training package. We do have volunteers from around the UK. They spend a day talking about dementia and what the holidays mean, what it really consists of to be a volunteer on holiday. And the second day is first aid.

In addition to formal training sessions, Linda acknowledged that training can also take place through other channels: *“We have three training videos. They’re just over two minutes in length each. We are very conscious that training costs time and money. It just says, ‘This customer has a non-visible disability. How can I help you today?’”* In some cases, training was also offered to family and friends to support dementia care partners, especially when travel or time away from home was involved. These sessions equipped carers with practical tools and confidence to enable enriching and manageable travel experiences. Jill provided several examples:

We have a session called 'Thinking differently about dementia'. We've sessions called 'Mood and motivation', because often that is an issue. Then we have a session called 'Nature is calling' where we help people look at their barriers to getting outside. There's lots of strategies available (...) we're helping people to live the best life.

Advocacy was positioned as a foundational activity underpinning service development and societal change. Participants highlighted the need to challenge exclusionary assumptions about travel capability following diagnosis. As Peter explained:

There are 850,000 people in the UK with dementia. Why should you stop doing something that you love, just because you've been diagnosed with something? We need to be enabling people to do it. To people in the airlines and the airports, that is 850,000 people who still might want to travel. And what we've got to do is make sure that they can do that.

Advocacy efforts included industry education, awareness raising, and symbolic tools such as the sunflower lanyard. As Linda said: *"My job is to raise awareness with businesses and organisations across the world."* Alice noted the need *"to raise awareness that older people do travel... And we have to ensure that people have the right and the ability to travel."* Pat was passionate about making travel easier for those living with dementia: *"I use it (Sunflower lanyard) as an educational tool. So when I'm going through the airport and I will stop and tell the (staff) if there's time, that there's somebody here that's got a lanyard on, and this is what it means."*

Overall, these findings demonstrate that dementia-inclusive travel extends beyond accessibility-focused service provision and instead operates through flexible and co-produced forms of support. The identified services show how autonomy and participation are often enabled through structured assistance, professional support, and collaborative care practices. Furthermore, the emphasis on training and advocacy suggests that dementia-inclusive tourism is transitioning from an informal and fragmented practice towards a more professionalised and rights-based approach, where travel participation is increasingly framed as a matter of dignity, inclusion, and social citizenship rather than solely leisure consumption.

3.2. Logistics of enabling services

This theme focuses on the logistics of running services that support the travel goals of people living with dementia and their care partners to ensure their travel needs are met. Rather than being purely functional, these logistics reflect a dynamic system of coordination, responsiveness, and adaptation. Two subthemes emerged: *well-connected travel providers* and *assessment of needs and changing needs*.

Well-connected travel providers are central to the implementation and sustainability of dementia-inclusive services, with relational networks functioning as a form of operational capital. Strong partnerships enable providers to mobilise resources that are not typically embedded within standard tourism offerings. As Jane explained: *We've built really good relationships with the accommodation providers, and they are then prepared to work with us. They'll go and buy raised toilet seats for us and store them somewhere.* Similarly, Jill mentioned: *"We make connections with the local carers' groups. We often do training with them so that... the carers' group can tell people what's available locally."* All of those interviewed were highly connected to a wide range of organisations, including dementia organisations, healthcare systems, transport providers, government bodies, and community groups. This interconnectedness suggests that dementia-inclusive tourism is not delivered by isolated actors but emerges from collaborative ecosystems that span sectors.

A second defining feature across all services was the need for a comprehensive ***assessment of needs and changing needs***. This process extends beyond initial screening to an ongoing evaluative practice that acknowledges the fluctuating nature of dementia. Pat explained: *"There's a lot of communication. I'll ask them specific questions. People are pretty honest about saying, you know, mild or moderate (dementia)."* Providers must assess clients both before and during the holiday. As Jane noted:

We do a quite comprehensive assessment, over the telephone or Zoom, to make sure that the holiday is going to be suitable. We assess them before they go. We always do it the week before to check that nothing has changed.

This highlights an anticipatory approach that seeks to minimise risk while maintaining client participation. Alice's reflection points to structural gaps within the broader tourism industry:

I've tried to see if I could do some things through the travel agent industry. Even though they book travel for older people, it's amazing the reluctance to assess further unique needs, such as slow thinkers and slow walkers. So, is there a way that you can say, 'Are you travelling with somebody who maybe processes information a little slower?'

This suggests that current industry practices are constrained by stigma and a lack of nuanced assessment frameworks, limiting their capacity to respond inclusively. In addition, the unpredictable nature of travel requires ongoing assessment flexibility. Jill shared:

Every evening, the adventure leader and the volunteers write a daily report. I check if they're having any problems and I contact them to find out if they need me to book something else. I think when you're on holiday, you've got your hands full, so the office is there to back that up.

Service adaptations based on user feedback demonstrate a shift toward personalised and dignity-preserving solutions. For example, while some may be more hesitant to wear the Sunflower lanyard, they might prefer wearing a pin or wristband. The Hidden Disabilities Sunflower is a discreet symbol used to indicate that someone may need extra support or patience in public spaces (Hidden Disabilities Sunflower, 2024).

Linda sought feedback from a carers' group shortly after the lanyard's launch to better tailor its use:

One lady said to me, 'We used to travel so much before my husband was diagnosed, but he will not wear the lanyard'. And that's how we came up with the pin badge. So, the pin badge is another option and there's a wristband and various bits and pieces now. It's about getting feedback from people.

The findings show that dementia-inclusive travel depends not only on individual service adjustments but also on coordinated networks, sustained relationships, and flexible responses to changing needs. The importance placed on partnerships and cross-sector collaboration highlights that dementia-inclusive tourism operates as a collaborative care ecosystem rather than a standalone tourism service. Ongoing assessment reflects the unpredictable nature of dementia, requiring providers to move beyond standardised tourism models towards personalised and adaptive approaches. Persistent stigma influences interactions and disclosure, highlighting the need for more inclusive communication.

3.3. Fostering bonds and purpose

Participants described how travel creates opportunities for thriving together, building bonds and fostering a sense of purpose. This theme includes three subthemes: *family connections and support*; *social health*; and *travel providers making a difference*.

The participants reflected on how travel has become an essential part of ***family connections and support*** for many. As noted in the literature, transit challenges, like navigating airports, can result in separation from loved ones, negatively impacting quality of life. Pat shared the joy of helping reunite families

I received a letter from this one woman whose mother moved in with her and she said, 'I had my mum with me for six months before she passed, and I wouldn't have been able to have that time unless you made that happen for me'. And she was just so thankful.

This illustrates how travel functions as an enabler of relational closure and memory-making, particularly at later stages of life. Similarly, for couples, travel was described as a way to preserve relational identities beyond caregiver–care recipient roles. Jane recalled one woman saying: *“I just want to go on holiday with the man I love, but I need some support to do it.”*

Travel providers also play a critical role in fostering **social health**, extending their impact beyond the temporal boundaries of travel itself.

This became clear during the COVID-19 pandemic, when providers adapted their services to maintain social connection despite mobility restrictions. Several providers pivoted to alternative forms of connection, using videoconferencing and phone calls to stay engaged with clients. Alice ran webinars on the impact of social isolation: *“...especially our older adults and people living with dementia.”*

Jane noted that video calls helped build relationships: *“We got some really good relationships going... there was mutual support.”*

One organisation even mobilised volunteers to call clients whose trips were cancelled.

As Jill shared: *“They were calling people that wanted a call, on a regular basis. And I think that was a real lifeline for quite a few people.”* These efforts reflect an altruistic and holistic approach, showing how these organisations look beyond economic outcomes to support the broader well-being of their clients.

A strong sense of purpose and values-driven motivation underpins the work of those delivering dementia-inclusive travel services. Participants framed their involvement in terms of **making a difference**, reflecting a moral rather than purely commercial orientation. Jane remarked: *“All our staff and our volunteers are doing it because they're sort of 'want to make a difference' type people.”* Jill contributed: *“I thought, actually, I could do something here that would be quite meaningful and hopefully help a lot of people.”* Interviewees from the UK shared national-level initiatives making a broad impact. Linda, for example, serves on the UK Prime Minister's Air Transport Dementia Working Group, which helped introduce the Sunflower lanyard and push for more dementia-inclusive policies in airports. Peter stated that *“the Civil Aviation Authority started to think about how they were going to do things and developed some documents on guidance around quality standards for people with hidden disabilities.”*

These findings show that dementia-inclusive travel goes beyond leisure participation, supporting relationships, identity, and social connectedness. Travel is framed as a relational experience that fosters family cohesion and shared meaning amid cognitive decline, rather than an individual activity. Providers adopt holistic, care-oriented approaches that extend beyond commercial tourism, as seen in their responses

during the COVID-19 pandemic. The emphasis on “making a difference” highlights values of empathy, advocacy, and social contribution. As a result, dementia-inclusive tourism positions providers not only as service facilitators but also as agents of social support and broader systemic change.

3.4 Travel as a key factor to living well

Participants indicated that tourism services should aim to benefit people living with dementia and their care partners, while they also reflected on observed benefits such as enhanced well-being and social connection. Across the interviews, travel emerged as a major theme in promoting well-being with four subthemes: *pleasure and stimulation; physical improvement; empowerment; and (for care partners) respite.*

A key motivation for travel is to seek new experiences or revisit familiar places, both of which are ***pleasurable and stimulating***. Alice acknowledged that sometimes these experiences have been deferred due to work and family commitments, but when faced with a diagnosis of dementia, they resurfaced:

We explore with them what's most important to them in the coming year or so. And travel always bubbled up to be one of the things that people had wanted to do, but they had stalled it because of work or whatever.

For those living with dementia who experience limited short-term memory, travel can still be pleasurable in the moment and enjoyable in retrospect, particularly through photographs, even when the memory of the event itself fades. Alice, being the voice of someone with dementia, reflected:

So, whether I have abilities to remember on my own or whether I can just look back at a picture and go, 'Isn't that nice?' Those to me are the things that stand out as I look at the quality of life for people who are ageing.

Participants also described how travel, particularly being more ***physically active*** outdoors, can generate temporary yet meaningful physical and cognitive improvements. Jane observed: “*We do see almost 100% of increased appetite, better sleep, more activity. Those things are valuable to the person living with dementia, but they're valuable to the carer as well because, you know, they're getting more rest.*” Jill recalled this example of temporary physical and cognitive improvement during a supported sailing holiday:

We have seen some amazing physical changes during the holiday, but they are often quite short-lived. One gentleman whose verbal expression was limited to words, not sentences, he'd been a sailor all his life, indicated to his son he wanted to wrap the sails and put them away. They harnessed him on. Up he went. He very proficiently put

the sails away, came down, and was speaking in full sentences. It decreased over a half-hour period.

Participants also framed supported travel as **empowering**, particularly when it encouraged people living with dementia and their care partners to maintain engagement with the outside world beyond the holiday itself. Jill explained:

I think one of the main things for me, and we talk about this in training, is the support to get back outside again. So, we're not only empowering the couple in the moment of the holiday. We're empowering them to think about the rest of the year and we also link them to other organisations that can help them.

This subtheme of empowerment reflects both a renewed sense of confidence in individual abilities and a broader call to reduce structural and societal barriers that limit people with dementia from living well and fully participating in everyday life.

While most of the subthemes discussed apply to both people living with dementia and their care partners, the final subtheme of **respite** is specific to the care partners' experience. Caring for someone with dementia can be physically, emotionally, and mentally exhausting, especially when family support is limited. In such cases, care partners are often faced with the difficult choice of forgoing a holiday altogether or placing their loved one in respite care. Jane described how supported holidays offer a meaningful alternative:

They don't have to do the thinking, because we give them the itinerary. We drive them. We feed them. We are with them all day. We laugh with them. We cry with them. There's always tears on holiday and that's not a bad thing.

By relieving care partners of the burden of planning and decision-making, supported holidays allow them to rest, relax, and reconnect with their loved ones, turning travel into a restorative and shared experience rather than an additional source of stress.

These findings position travel as more than recreation, highlighting its role in supporting people to live well with dementia. Participants described tourism experiences as facilitating emotional stimulation, physical activity, empowerment, and relational well-being, functioning as meaningful non-pharmacological support. The results challenge deficit-based views by showing how individuals continue to experience joy, agency, and connection through supported travel. Benefits also extend to caregivers, with respite enhancing the broader care relationship. Overall, dementia-inclusive tourism supports quality of life by reinforcing identity, confidence, and social participation, while sustaining continuity in meaningful life experiences

beyond momentary enjoyment.

4. Discussion

To address the first research question, interviews with travel experts provided insights into how tourism services can better support travellers with dementia and their care partners. The findings highlight the importance of *enabling services*, particularly during complex travel stages such as air travel, where anxiety, confusion, and fear of becoming lost are common concerns (Peterson et al., 2020; Peterson et al., 2024). Companion services, specialised support personnel, and dementia-aware staff were identified as central to reducing these barriers. Consistent with previous research (Page et al., 2015; Blanas et al., 2016), the study shows that dementia-inclusive tourism requires providers to move beyond standardised service delivery and instead adopt adaptive approaches that recognise changing cognitive needs.

The findings therefore contribute theoretically by positioning dementia-inclusive tourism as a dynamic and relational process rather than a fixed accessibility outcome. Participants also acted as advocates and champions within their organisations, suggesting that inclusion is shaped not only through policy, but also through individual agency and leadership within tourism systems.

The study further demonstrates, via the theme of *logistics of enabling services*, that dementia-inclusive travel support must evolve over time. Because dementia is progressive, participants emphasised the importance of continually reassessing travellers' needs, capabilities, and preferences.

This finding advances existing tourism and ageing research (Wen et al., 2022) by highlighting adaptability as a core principle of inclusive tourism practice. Rather than viewing accessibility as static, the findings suggest that inclusive tourism should be understood as an ongoing negotiation between travellers, care partners, and service providers.

Destination management organisations (DMOs) and tourism operators must understand these challenges and drivers to develop strategic solutions and innovations that meet the needs of an ageing population (Patterson & Balderas-Cejudo, 2023). The theme of *fostering bonds and purpose* recognises the central role of families as a consideration for travel plans and as a motivation for travel, both for those living with dementia and their care partners (Vega-Vazquez et al., 2021; Patterson & Balderas-Cejudo, 2023). Travel was valued not only for leisure, but also for maintaining relationships, identity, and emotional well-being. These findings reinforce prior studies identifying the emotional, cognitive, and social benefits of tourism participation for people living with dementia and their carers (Vega-Vazquez et al., 2021; Innes et al., 2021). The theme of *travel as a key factor to living well* acknowledges that travel often remains important to individuals even after a dementia diagnosis (Connell & Page, 2020; Field et al., 2021). However, the diagnosis alters the travel dynamic. Participants acknowledged that unfamiliar environments, disrupted routines, stigma, and limited staff awareness can reduce confidence and discourage travel (Connell & Page, 2019; Field et al., 2021). The findings therefore illustrate the tension between the therapeutic value of

travel and the practical barriers that may exclude people with dementia from tourism experiences. Effective strategies are therefore essential to counter and overcome these barriers and help people with dementia and their carers fulfill their travel aspirations.

To address the second research question, the findings indicate that dementia-inclusive tourism currently operates through fragmented and uneven support structures. Most services remain small-scale, locally driven, and dependent on a limited number of dedicated individuals. While initiatives such as the Sunflower Scheme have improved awareness and accessibility, broader implementation across tourism systems remains limited. The study contributes theoretically by conceptualising dementia-inclusive tourism as a spectrum of support. At one end, there are low-intervention initiatives that assist with navigation and communication during travel; at the other are fully managed holidays providing comprehensive care and supervision. Between these extremes are varying levels of formal and informal support, including companions and care partners. This spectrum framework extends existing dementia and tourism scholarship by demonstrating that inclusion is not binary, but instead varies according to travellers' evolving capabilities, support networks, and travel contexts.

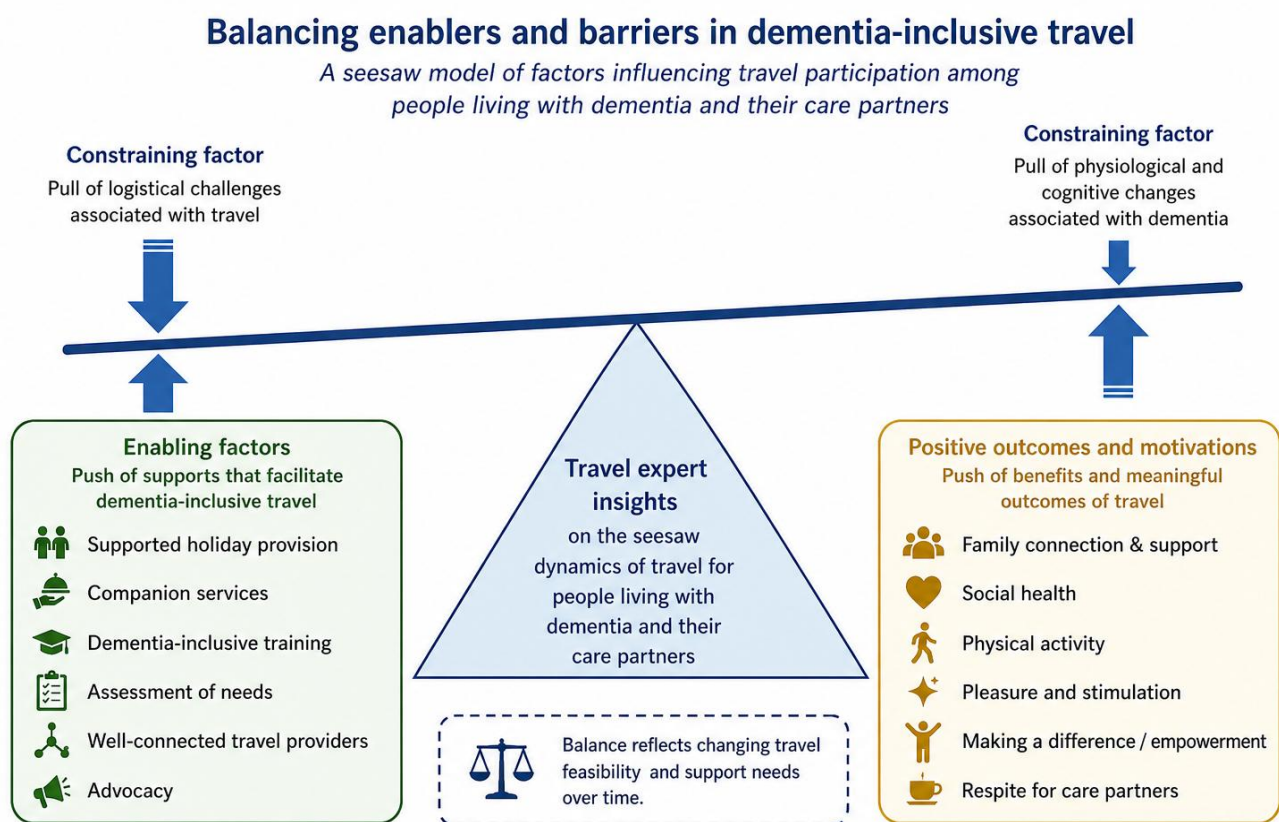
4.1. Theoretical contributions

This study advances dementia and tourism scholarship by reframing the push–pull model (Crompton, 1979) to explain the evolving nature of travel for people living with dementia and their care partners. Traditional applications of the push–pull model conceptualise pull factors as attractive destination attributes that encourage travel participation. However, this study extends the model by reframing pull factors as forces that increasingly constrain dementia-related travel participation, including cognitive decline, physical limitations and logistical complexity (Peterson et al., 2020; Peterson et al., 2024). Conversely, push factors are reconceptualised as enabling factors that sustain participation despite these constraints, including training, advocacy, social support, stimulation, and opportunities for physical activity (Vega-Vazquez et al., 2021; Wen et al., 2022; Patterson & Balderas-Cejudo, 2023). Figure 1 visualises these dynamics through the metaphor of a seesaw, illustrating how pull factors operate as constraining forces on dementia-related travel, while push factors function as counterbalancing supports and enabling mechanisms that sustain travel participation over time, as identified by travel experts.

Like all metaphors, the seesaw model is not perfect, nor is it meant to be representative of the scale of the challenges people living with dementia face. Unlike conventional tourism models that assume relatively stable motivations and destination preferences, the findings indicate that both constraints and enabling supports shift over time, requiring ongoing reassessment and adaptation of travel practices and services.

Specialist service providers emphasised that strategies effective for one individual may be unsuitable for another, highlighting the highly personalised and evolving nature of dementia-related travel. Consequently, dementia-inclusive tourism is conceptualised not as a fixed accessibility outcome, but as a relational and adaptive process shaped by changing needs and capacities. By integrating perspectives from tourism, health, and social care, the model offers an interdisciplinary framework for understanding how personalised support, advocacy, and flexible service provision can sustain quality of life and ongoing tourism participation for people living with dementia and their care partners.

Figure 1. Seesaw dynamics of travel for people living well with dementia and their care partners



Note. The seesaw illustrates the dynamic balance between constraining factors (above the bar) and enabling factors and positive outcomes (below the bar). When enabling supports are strong, the benefits of travel can outweigh the challenges, promoting participation and quality of life.

4.2. Practical implications

Although tourism operators are increasingly recognising the importance of dementia-inclusive travel, implementation remains uneven due to limited resources, insufficient staff training, and inadequate accessible infrastructure (Page & Connell, 2024). The findings highlight the need for multi-level responses across intrapersonal, interpersonal, and structural dimensions (Innes et al., 2016). Intrapersonal strategies include additional travel time, careful planning, and continual reassessment of travellers' changing needs. Interpersonal approaches emphasise staff training, partnerships, and support networks that strengthen dementia awareness and service responsiveness (Blanas et al., 2016; Connell & Page, 2019). Structural responses involve accessible infrastructure, clear signage, supportive environmental cues, and affordable services (Mathews et al., 2021; Warren et al., 2022). Participants also identified advocacy initiatives, such as the Sunflower Scheme, in reducing stigma and improving recognition of non-visible disabilities. Collectively, the findings suggest that dementia-inclusive tourism cannot rely on standardised accessibility measures alone, but requires flexible, person-centred approaches that adapt to changing needs over time.

The findings also generate practical implications for tourism businesses, DMOs and policymakers. For tourism operators, dementia-inclusive practice requires more than basic accessibility compliance; it demands dementia-awareness training, flexible service delivery, clear communication, and personalised support for travellers with dementia and their care partners. Collaboration with healthcare professionals and community organisations may further strengthen the design of dementia-inclusive experiences. For DMOs, the findings demonstrate the importance of accessible information, inclusive visitor infrastructure, and cross-sector partnerships in positioning destinations as dementia-inclusive. DMOs may also play an important role in promoting dementia-inclusive standards and increasing awareness of this growing market segment (Patterson et al., 2021). From a policy perspective, the findings suggest a need for greater recognition of dementia-inclusive tourism within health and tourism policy frameworks. Policymakers could support the development of guidelines, accreditation schemes, staff training initiatives, and funding opportunities that encourage inclusive tourism practices. Integrating dementia-inclusive tourism into broader healthy ageing and accessible tourism strategies may also help improve quality of life and social participation for people living with dementia and their care partners.

5. Conclusion

In conclusion, this study contributes to the growing literature on dementia-inclusive tourism by examining the perspectives of travel experts who support the travel aspirations of people living with dementia and their care partners. The findings reinforce the broader concept of living well with dementia by demonstrating how travel can support social connection, stimulation, physical well-being, relaxation, and

quality of life. Thematic analysis identified four interconnected themes: enabling tourism services, the logistics of enabling support, fostering bonds and purpose, and travel as a contributor to living well. Collectively, the findings highlight that dementia-inclusive tourism depends on flexible, person-centred approaches characterised by tailored communication, structured planning and ongoing support throughout the travel experience. The study also highlights the need for more inclusive tourism practices across the tourism, hospitality and community sectors to better support this growing and often overlooked traveller segment.

This study has several limitations that should be acknowledged. First, the COVID-19 pandemic affected the scope and timing of data collection, with travel restrictions and reduced tourism activity limiting participant access and potentially influencing how participants reflected on travel experiences and service provision during a period of significant industry disruption. Second, all participants were based in the UK and USA, where dementia-inclusive tourism initiatives are comparatively more established, which may limit the transferability of findings to destinations with different policy, healthcare and tourism contexts. Nevertheless, the study provides exploratory insights that may inform the development of dementia-inclusive practices in emerging destinations where such services remain limited or absent. Third, the findings are based solely on the perspectives of service providers, which may introduce professional or organisational bias, particularly as participants may emphasise the value and effectiveness of the services they deliver. While provider perspectives offer important practical insights into service delivery and operational challenges, they do not fully capture the lived experiences of people living with dementia and their care partners. Future research should therefore adopt participatory and co-design approaches that directly involve people living with dementia, care partners, and clinicians to provide a more comprehensive and balanced understanding of dementia-inclusive travel experiences across different stages of dementia and diverse tourism settings.

Declaration of Research and Publication Ethics

Anja Pabel, Maria O'Reilly, Pamela Meredith, and Lee-Fay Low declare that this study does not require ethics committee approval. The research was conducted in compliance with national and international research and publication ethics

Author Contribution Rate Statement

Conceptualization: A.P., M. O'R, P. M. L-F.L.; Methodology: A.P., M. O'R, P. M. L-F.L.; Formal Analysis: A. P. M. O'R.; Writing – Original Draft: A. P. M. O'R.; Writing – Review & Editing: A. P. M. O'R. P. M. L.L. All authors have read and agreed to the published version of the manuscript.

Declaration of Conflict of Interest

Anja Pabel, Maria O'Reilly, Pamela Meredith, Lee-Fay Low declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Data Availability Statement

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Artificial Intelligence (AI) Usage Declaration

Anja Pabel, Maria O'Reilly, Pamela Meredith, and Lee-Fay Low used ChatGPT, CoPilot and Grammarly solely for ChatGPT was used to create Figure 1 and for clarity of expressions and readability. The author(s) assume full responsibility for the factual accuracy and originality of the final content.

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From Surgery to Rehabilitation: Cochlear Implant Tourism and Türkiye's Potential for Medical Tourism

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Abstract

Medical tourism involves individuals traveling abroad to receive medical care, significantly influencing healthcare delivery, tourism revenue, and patient preferences. Türkiye has emerged as a leading destination due to its strategic location, advanced healthcare infrastructure, high-quality private hospitals, skilled specialists, and affordable services. This review examines the opportunities and challenges Türkiye presents to international patients seeking cochlear implant procedures. While Türkiye offers substantial clinical expertise and positive outcomes for patients with severe and profound sensorineural hearing loss, focusing solely on economic benefits is insufficient. Cochlear implant treatment extends beyond surgery to include patient selection, thorough audiological evaluation, device selection, postoperative programming, ongoing follow-up, rehabilitation, ethical counseling, and patient safety. Sustainable growth in Türkiye's cochlear implant medical tourism sector requires strengthening comprehensive care models, improving follow-up, expanding multilingual support, and institutionalizing quality assurance.

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1. Introduction

Medical tourism combines healthcare needs with tourism. It is not only traveling abroad for treatment but also a decision influenced by cost, access, waiting time, service quality, destination image, patient safety, cultural compatibility, and post-treatment care. The current literature shows that health and wellness travel is gaining attention, both for patient experiences and for countries' health service exports (Kemppainen et al., 2021). In this process, Türkiye stands out for private healthcare investments, affordable prices, geographic proximity, and developments in international patient services (Collins et al., 2022; Sag et al., 2025).

Türkiye's position in medical tourism is mostly discussed in terms of areas such as aesthetic surgery, hair transplantation, dental treatments, eye surgery, and bariatric surgery, but high-tech ear, nose, and throat, and audiology-based procedures can also be considered potential subcategories of this market. Cochlear implantation holds a special place in this regard. Because cochlear implantation is not just a surgical procedure, it is a comprehensive healthcare service that includes candidate selection, imaging, audiological evaluation, device selection, surgery, device activation, mapping, rehabilitation, and long-term follow-up stages (Alkaya, 2022; Musleh, 2024).

Evaluating cochlear implants for medical tourism demands more than comparing costs. Success depends not just on surgery but also on high-quality follow-up and rehabilitation. Türkiye's strength should be measured not only by price but by holistic care, audiology resources, patient management, and ethical standards.

Therefore, the aim of this review is to examine Türkiye's potential in cochlear implant medical tourism by evaluating its clinical strengths, patient care pathway, rehabilitation requirements, ethical challenges, and strategic opportunities for sustainable international patient services.

2. Türkiye's General Position in Medical Tourism

Türkiye has a competitive advantage in medical tourism. This comes from good healthcare, international patient units in hospitals, some focus on accreditation, experienced doctors, and closeness to regions like Europe and the Middle East. Interviews with sector members show that service quality, patient experiences, promotion, coordination, and teamwork drive the sector (Collins et al., 2022).

Recent studies have shown that, in the decision-making processes of medical tourists visiting Türkiye, not only price but also hospital perception, destination image, trust, service quality, and intention to reconsider are influential. Demir et al. (2025) have revealed that the destination image plays a mediating role in the relationship between the perceived value of the hospital and the intention to revisit in medical tourism (Demir et al., 2025). This finding indicates that in Türkiye, for high-tech procedures such as cochlear implants that require long-term follow-up, not only the success of the surgery but also the country's and the hospital's image are important.

Nonetheless, medical tourism should not be judged solely by its economic impact. International studies show that patient safety, managing post-treatment complications, sharing medical records across borders, providing ethical information, and setting realistic expectations are key risks in medical tourism (England et al., 2026; Jalali et al., 2025). For cochlear implants, these risks are even higher, as patients need ongoing support for device adjustment, processor monitoring, rehabilitation, and technical issues after returning home.

3. The Clinical and Social Significance of the Cochlear Implant

Cochlear implants are a viable treatment for children and adults experiencing severe to profound sensorineural hearing loss who do not receive adequate benefit from hearing aids. Recent systematic reviews demonstrate that cochlear implantation provides significant benefits in speech perception, communication skills, and auditory performance in both children and adults (Musleh, 2024). It has also been reported that cochlear implants can yield positive outcomes in speech perception, tinnitus control, sound localization, and quality of life across broader indications, such as unilateral deafness (Oh et al., 2023).

A cochlear implant does more than enhance hearing. Early diagnosis and prompt intervention in children are crucial for language development, school success, social involvement, and family life. Long-term follow-up shows that children who receive implants maintain auditory and communication gains into adulthood (Moura et al., 2023).

Validity studies of hearing-related quality-of-life tools for children and adolescents in Türkiye are also needed to assess patient-centered outcomes (Budak et al., 2023).

For adults, cochlear implants can significantly reduce social isolation, boost communication confidence, improve mental health, and facilitate employment. Olgun et al. (2024) investigated the effects of cochlear implants on the professional lives of individuals in Türkiye, showing that implantation leads to substantial improvements in workplace adaptation, productivity, and professional achievement. Similarly, cochlear implants can enhance quality of life in older adults, and advanced age should not be viewed as an exclusionary criterion (Cuda et al., 2024).

Planning should include the mental health needs of implant users. Yeni Elbay et al. (2023) studied links between depression, anxiety, and quality of life in recipients, showing the mental toll of hearing loss and implant use. Karabulut et al. (2024) showed that disruptions in follow-up and rehab, as during the pandemic, can raise isolation and lower satisfaction.

3.The Medical Tourism Potential of Cochlear Implant Services in Türkiye

Türkiye's cochlear implant practices benefit from clinical expertise in otolaryngology, audiology, and rehabilitation. The Health Practice Regulation sets clear rules for diagnostic tests, candidate selection, and reimbursement (Alkaya, 2022). This regulatory clarity reassures international patients. However, as medical tourists often pay through insurance, private means, or package pricing, Türkiye must define cost transparency and post-procedure support packages in its services.

Deniz et al. (2022) demonstrated that healthcare costs for hearing aid and cochlear implant users can impose a significant financial burden on family budgets by examining direct healthcare expenditures related to hearing loss and cochlear implants in Türkiye. This finding can be interpreted in two ways from a medical tourism perspective. On the one hand, Türkiye has the potential to offer services at lower prices than in some countries, where costs are high. On the other hand, it must not be forgotten that a cochlear implant is not merely the cost of the surgery; it must be evaluated in conjunction with costs such as batteries, accessories, processor replacements, follow-up care, programming, rehabilitation, and travel expenses. Therefore, the most suitable model for Türkiye in cochlear implant medical tourism should not be the “one-time surgical procedure sale” but rather an “integrated hearing rehabilitation package.” This package should include a pre-operative remote assessment, multilingual review of medical records, surgical procedure, device activation, initial mapping, short-term rehabilitation, coordination with the patient’s audiologist in their home country, tele-audiology support, and a long-term follow-up protocol.

Recent studies on remote programming and telehealth applications indicate that remote care models in cochlear implant follow-up services can enhance accessibility (Ayas et al., 2026). The growing discussion of artificial intelligence and machine learning in cochlear implant care also indicates that Türkiye needs to develop digital, data-driven patient follow-up systems in this field (Nair et al., 2025).

5. Patient Experience, Rehabilitation, and Ethical Issues

Cochlear implant tourism differs from traditional medical tourism services in several respects. While follow-up is important in cosmetic surgery or dental treatments, long-term audiological follow-up is an integral part of cochlear implant treatment. Proper programming of the device, the patient's adaptation to auditory perception, speech therapy, and family education are central to treatment success, particularly in pediatric patients. Therefore, international patients' inability to access follow-up services after returning home may limit treatment success.

Quality-of-life assessments for cochlear implant users are crucial for patient-centered service planning. Brill et al. (2023) discuss clinically meaningful changes in hearing-related quality-of-life measurements following cochlear implantation, demonstrating that patient perception is as important as objective audiological criteria. Völter et al. (2023) highlight third-party effects, showing that relatives of cochlear implant users are also affected by this process. These findings indicate that within the scope of medical tourism, not only the patient but also the family must be included in the information and rehabilitation process.

From an ethical perspective, the most critical issue for Türkiye is presenting realistic expectations to international patients. A cochlear implant should not be marketed as a simple device that "restores hearing to normal." Patients must be clearly informed about surgical risks, the device's limitations, the necessity of rehabilitation, potential technical malfunctions, processor replacement costs, and the need for long-term follow-up. The medical tourism literature indicates that expectations management, trust, communication, and post-treatment care are decisive factors in patient satisfaction among international patients (Jalali et al., 2025; Kemppainen et al., 2021)

6. Strategic Recommendations for Türkiye

For Türkiye to grow cochlear implant medical tourism, it must market this service as a specialty package for international patients, not just under otolaryngology. Cochlear implants require a multi-stage process: candidate selection, audiological and radiological evaluation, device selection, surgery, early activation, mapping, speech-language therapy, auditory rehabilitation, and long-term follow-up. Outcomes depend on surgical results and the quality of follow-up and rehabilitation. Türkiye's packages must offer more than surgery, accommodation, and transport. They must provide a clear, comprehensive model that defines evaluation and rehabilitation. This structure strengthens clinical continuity and increases predictability and reliability for international patients (Laird et al., 2024; Maruthurkkara, 2025; Armitage, 2025).

Second, establish multilingual and culturally sensitive counseling as a core element of cochlear implant medical tourism. Many cochlear implant candidates are pediatric patients, so decisions and treatment

adherence involve parents and caregivers. Recent studies show that access to clear, structured information helps parents make better decisions, and family-based models strengthen rehabilitation. Studies also report that language development in children depends on age at surgery and length of rehabilitation. Therefore, family education and rehabilitation continuity are decisive. Turkish centers should develop standardized modules in Arabic, English, French, and other target languages. These should explain the procedure, expectations, limits, device use, and rehabilitation duties. Information must manage expectations realistically, not just promote surgery (Cankuvvet & Doğan, 2025; Delgama et al., 2025; Farag et al., 2024; Elhakeem et al., 2023).

Third, cochlear implant centers in Türkiye should establish systematic collaborations with international audiology and rehabilitation networks. Follow-up after a patient returns home is a weak point in medical tourism. With cochlear implants, it is even more critical. Device activation, adjustments, and therapy need repeat interventions over time. Collaborative models should connect patients with their local audiologist, speech-language pathologist, or otolaryngologist. Teleaudiology and remote follow-up research show that remote support tools improve patient access, reduce travel, and maintain clinical continuity. For Türkiye, these steps are vital for ethical, sustainable, and standard-compliant service. In pediatric cases, coordinated care—not divided across borders—can directly affect success (Laird et al., 2024; Maruthurkkara, 2025; Armitage, 2025).

Fourth, Türkiye's competitive edge in cochlear implant tourism should not rely only on price. It must be backed by clear quality indicators. Research highlights the need to track surgical revisions, device failures, and other complications for patient safety. There is also a need to standardize which outcomes are measured, both remotely and in person. Türkiye should regularly report these indicators for international patients: surgical complication rate, device activation time, speech perception, discrimination outcomes, family and patient satisfaction, readmission rate, need for revision, and rehabilitation continuity. Türkiye must share its data clearly to gain clinical reliability, along with economic benefit. Studies on revision surgeries show that careful monitoring of complications is vital for patient selection, surgical planning, and long-term quality (Andresen et al., 2023; ElKaraksy et al., 2025; Laird et al., 2024). Finally, to build a lasting brand in cochlear implant tourism, Türkiye must move past the 'affordable surgery' label. It should focus on comprehensive care, family-centered methods, quality, and trust. Studies show that patient experience, hospital value, destination image, and trust shape choices and repeat visits. Thus, Türkiye's success requires more than lower costs. It needs a consistent, transparent, and reliable care path for international patients, from pre-surgery to post-rehabilitation. Adopting these steps in cochlear implants—which need expertise and long-term follow-up—positions Türkiye as a responsible, sustainable center for auditory rehabilitation (Baydeniz et al., 2024; Demir et al., 2025; Sag et al., 2025; Dash, 2025).

7. Conclusion

Türkiye's emergence as a premier destination for medical tourism can be attributed to its geographical advantages, robust transportation network, advanced healthcare infrastructure, the technical capabilities of private hospitals, the expertise of experienced specialist physicians, and a more competitive cost structure compared to many other countries. Türkiye's strategic location in proximity to several regions, including Europe, the Middle East, Central Asia, and North Africa, positions it as a viable healthcare hub for international patients seeking medical treatment. Furthermore, advancements in technological equipment utilized in healthcare facilities, the proliferation of international patient units, and investments by the private sector in this field have further enhanced Türkiye's visibility in medical tourism. However, a nation's robust standing in the medical tourism sector cannot be solely attributed to cost-related benefits. The quality of care, patient safety, post-treatment follow-up options, communication quality, and the comprehensive structure of healthcare services are as important as economic factors.

In this context, cochlear implant procedures represent a subset of advanced healthcare services that necessitate particular consideration within the paradigm of medical tourism. This is due to the fact that a cochlear implant is not merely a surgical procedure; rather, it is a multi-stage treatment approach encompassing comprehensive diagnosis, appropriate patient selection, post-operative device programming, long-term follow-up, and rehabilitation processes. For individuals with severe and profound sensorineural hearing loss, cochlear implants represent a significant treatment option. These devices have been shown to support hearing functions, enhance communication skills, and improve quality of life. Türkiye's proficiency in surgical interventions, its specialized medical facilities, and its advanced technical capabilities in this domain constitute a substantial allure for international patients seeking medical care.

However, when assessing the efficacy of cochlear implant treatment, it is imperative to consider factors beyond the mere completion of surgical procedures. The initial step in the process of a cochlear implant is the identification of a candidate who is deemed a suitable recipient. This process entails conducting meticulous audiological evaluations, evaluating anatomical compatibility through imaging methodologies, meticulously reviewing the patient's clinical characteristics, and selecting the optimal device. Subsequent to the surgical procedure, the following sequence of events occurs: device activation, individualized programming processes, monitoring of auditory performance, and long-term rehabilitation planning. In pediatric patients, the efficacy of treatment is contingent upon factors such as family engagement, systematic follow-up, and the uninterrupted continuity of rehabilitation. Consequently, methodologies employed in the context of medical tourism that evaluate cochlear implants must encompass not only the surgical intervention but the comprehensive care continuum.

Furthermore, ethical consultation and patient safety are of paramount importance in this domain. International patients frequently hail from disparate healthcare systems, possess a variety of cultural backgrounds, and are comprised of a diverse array of linguistic backgrounds. Consequently, information regarding treatment must be presented in a clear, comprehensible, and culturally sensitive manner. It is imperative that patients and their families are provided with a balanced perspective regarding the capabilities and limitations of cochlear implantation. Adequate communication regarding expectation management, device usage, the necessity of regular follow-ups, and rehabilitation obligations during the post-operative period is particularly important. A lack of such communication can have a negative impact on patient satisfaction and treatment success. Therefore, multilingual support mechanisms, international patient counseling, and clearly structured post-operative follow-up plans are among the fundamental elements of service quality in this field.

In conclusion, Türkiye possesses strong potential in the field of medical tourism regarding cochlear implant procedures. However, the sustainable development of this potential is contingent not only on the provision of cost-effective services but also on the collective enhancement of elements such as comprehensive patient assessment, appropriate device selection, effective postoperative programming, regular follow-up, continuity of rehabilitation, ethical counseling, multilingual communication support, and quality assurance. Therefore, it can be concluded that achieving success in the domain of cochlear implant medical tourism is contingent not solely on the performance of the procedure itself, but rather on the provision of comprehensive, secure, and sustainable patient care. Therefore, Türkiye's future in this field is contingent not on price-driven competition, but rather on patience.

Declaration of Research and Publication Ethics

Yaşar Demir, Ömer Küçüköner, Doğukan Özdemir declare that this study does not require ethics committee approval. The research was conducted in compliance with national and international research and publication ethics

Author Contribution Rate Statement

Conceptualization. D.; Methodology. Y.D. Ö. K. D. Ö.; Formal Analysis: Y.D. Ö. K. D. Ö; Writing – Original Draft: Y.D. Ö. K. D. Ö; Writing – Review & Editing: D. Ö. K. D. Ö. All authors have read and agreed to the published version of the manuscript.

Declaration of Conflict of Interest

Yaşar Demir, Ömer Küçüköner, Doğukan Özdemir declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Data Availability Statement

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Artificial Intelligence (AI) Usage Declaration

Yaşar Demir, Ömer Küçüköner, Doğukan Özdemir declare that no artificial intelligence (AI) tools or large language

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A Bibliometric Analysis of Studies on Silver Tourism Literature

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JEL Codes: L83, Z32, D83
Research Article

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Abstract

Global demographic changes and increasing life expectancy are gradually increasing the importance of the silver tourism market in the tourism sector. The purpose of this study is to reveal the conceptual evolution and current research trends of the silver tourism literature through bibliometric analysis. A total of 216 academic publications retrieved from the Web of Science Core Collection database were analysed using VOSviewer software. A thesaurus was employed during the analysis process to improve data reliability and terminological consistency. The study employs co-occurrence and co-citation analyses to map the intellectual and thematic structure of the field. The findings indicate that silver tourism research gained significant momentum especially since 2016, concentrated in the 2021-2025 period, and countries such as China, the USA, Spain, Australia and Portugal are among the leading contributors to the literature. The keyword network shows that the literature is shaped around themes such as senior tourism, well-being, active ageing, motivation, travel constraints, and social tourism. This study provides a strategic roadmap for academia and tourism industry stakeholders regarding the future research directions of the silver tourism market.

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1. Introduction

In recent decades, the global demographic structure has undergone a significant transformation, with a steady increase in the proportion of the ageing population, thereby enhancing the importance of older adults within the tourism economy (Büyük et al., 2022). According to the latest World Population Prospects 2024 report published by the United Nations (UN), older age cohorts represent the fastest-growing demographic group worldwide due to rising life expectancy. Projections suggest that by the 2030s, the number of individuals aged 80 and over is expected to surpass the population of infants under one year of age, while by the 2080s, the population aged 65 and above is projected to exceed that of individuals under 18 (UN, 2024).

This demographic shift has led to the emergence of the “silver economy” within broader economic systems, while simultaneously positioning older adults as a strategic and sustainable market segment within the tourism industry. In this context, ageing is no longer viewed solely as a burden on social security systems; rather, it is increasingly recognized as a driver of sustainable development and a source of new market opportunities (Bal et al., 2025).

Silver tourism extends beyond an individual consumption preference and constitutes a global phenomenon supported by national policies and international initiatives. For instance, programs such as Spain’s IMSERSO initiative, which promotes off-season travel among older adults (Sedgley et al., 2018), and China’s Starlight Program, aimed at improving the well-being of older individuals (Chen, 2009), illustrate the institutionalization of this market. At the global level, the World Health Organization’s declaration of 2021-2030 as the “Decade of Healthy Ageing,” along with initiatives such as the Age-Friendly Cities and Communities Network, further highlights the strategic importance of this segment (Coşkun, 2019; Özmete, 2022; WHO, 2026).

Despite its growing demographic, economic, and social relevance, bibliometric studies that systematically examine the evolution of academic interest in silver tourism, identify its dominant thematic orientations, and map its intellectual structure remain relatively limited. In particular, a comprehensive understanding of how the field has developed over time, which actors and institutions have shaped its trajectory, and how research themes have evolved is still emerging.

In this regard, identifying the disciplinary intersections within the literature and the key works shaping its theoretical foundations is essential for assessing the maturity and development of the field. Accordingly, the primary aim of this study is to examine the silver tourism literature through a bibliometric approach in order to reveal its scientific development dynamics. Specifically, the study aims to (i) identify publication trends, (ii) analyse prominent authors, institutions, and countries, (iii) uncover the thematic structure through keyword co-occurrence and citation network analyses, and (iv) map structural gaps in silver tourism research to provide a strategic perspective for both academia and the tourism industry.

2. LITERATURE REVIEW

2.1. Conceptual Framework of Silver Tourism

Ageing is defined as the totality of irreversible structural and functional changes that occur in the organism over time, whereas old age represents a multidimensional process characterized by a decline in biological capacities (Bulut et al., 2012; Yerli, 2017). The concept and boundaries of old age may vary across disciplines and international organizations. While the United Nations (UN) considers individuals aged 60 and over as older adults, the World Health Organization (WHO) defines the onset of old age as 65 years. With increasing life expectancy, older populations are often categorized into subgroups, including the young-old (65-74), the old (75-84), and the oldest-old (85 and above) (Oğuz et al., 2019). In the literature, silver tourism is conceptualized as a multidimensional construct that refers to the participation of older age groups in tourism activities. It generally encompasses individuals aged 55 and over who engage in travel driven by motivations such as maintaining health, enhancing quality of life, and utilizing leisure time within the framework of active ageing (Türkoğlu, 2026). In addition, this form of tourism includes activities undertaken by individuals who require care due to advanced age or disability, particularly to access health and well-being services such as rehabilitation, medical treatment, and occupational therapy (Republic of Türkiye Ministry of Health, 2011; Ataman et al., 2017). In the national literature, this field is described using various terms, including senior tourism, third-age tourism, and geriatric tourism (Bektaş et al., 2016), as well as elderly tourism and elderly care tourism. In the international literature, this terminological diversity expands further, reflecting the interdisciplinary nature of the field through concepts such as Third-Age Tourism, Mature Tourism, Silver Tourism, Age-Friendly Tourism, Active Ageing Tourism, Elderly Tourism, Grey Tourism, and Senior Tourism (Aydemir et al., 2018). Particularly within the European Union context, the concepts of “silver tourism” and the “silver economy” have gained increasing prominence. This diversity indicates that the field extends beyond a simple age-based segmentation and instead represents a broader consumption domain shaped by individuals’ life stages, health conditions, care needs, and socio-economic characteristics. The concept of silver tourism is closely associated with the active ageing perspective, which constitutes an important theoretical framework for understanding this phenomenon. The active ageing model, introduced by the WHO (2002), emphasizes sustaining older adults’ participation in society while maintaining autonomy and independence in later life (Paul et al., 2012). Within this framework, participation in tourism activities, not only for leisure but also for rehabilitation, well-being, and therapeutic purposes, can be considered an important contributor to the active ageing process (Kara, 2020)

2.2. Behavioural Dynamics of Senior Tourists

The travel behaviour of older tourists differs from that of other age groups. This segment, which constitutes a significant consumer group in contemporary tourism, is internally heterogeneous, varying in terms of age ranges, behavioural patterns, and expectations. Accordingly, the tourism literature employs a range of classifications to describe this cohort, including “new senior citizens,” “young-old,” “woopies” (well-off older individuals), “baby boomers,” the “in-between generation,” and the “grey market” (Çataloğlu, 2020). This terminological diversity suggests that senior tourism is multidimensional and that older tourists cannot be treated as a homogeneous group with uniform expectations. This emerging tourist profile tends to spend accumulated retirement income and increased leisure time more freely, thereby playing an important role in global leisure mobility (Cankül, 2015). In the literature, the ability of older tourists to travel during off-season periods and their tendency toward experience-oriented consumption are frequently highlighted as key advantages. Conversely, age-related mobility limitations, safety concerns, comfort expectations, and chronic health conditions are identified as major travel constraints (Baş, 2016). Furthermore, motivation-based studies indicate that the travel behaviour of older tourists is largely associated with needs such as health maintenance, relaxation, social interaction, and self-actualization.

2.3. General Evaluation of the Literature

An overall evaluation of the literature reveals that the field of silver tourism has evolved across conceptual, behavioural, health-related, and economic dimensions. This thematic diversity highlights the multidimensional nature of the field and illustrates that it has been shaped by contributions from various disciplines. Nevertheless, considering the dynamic structure of the silver tourism market and the recent growth of the literature in parallel with global demographic shifts, it is necessary to reassess the current state, thematic evolution, and level of intellectual development of the field through a more comprehensive dataset. Furthermore, an examination of the geographical distribution of the literature indicates that research is largely concentrated along the Asia-Pacific axis and in developed Western countries, revealing a notable imbalance in global representation.

2.5. Aim and Scope of the Research

The primary aim of this study is to identify, from a holistic perspective and through bibliometric methods, the developmental trends in the silver tourism literature and the level of intellectual maturity the field has reached. Compared with previous research, this study aims to delineate the boundaries of the field by employing an expanded terminology pool consisting of 20 different keywords and to generate transparent and robust thematic network maps by refining the dataset with a thesaurus. In this respect, by mapping the

current state of the silver tourism literature, its author and institutional collaboration patterns, and its conceptual trajectory, which have developed under various concepts, using the most up-to-date data, this research provides readers with a comprehensive state-of-the-field overview.

3. METHODOLOGY

3.1. Research Method

In this study, the bibliometric analysis method was employed to examine the structural and thematic characteristics of the silver tourism literature. Bibliometric analysis is an analytical approach that enables global research trends to be understood by quantitatively analysing large volumes of scientific data through mathematical and statistical techniques (Alsharif et al., 2020; Kazak et al., 2023). In recent years, the increasing availability of comprehensive databases such as Web of Science (WoS), together with the widespread use of software tools such as VOSviewer, has rapidly increased the popularity of this method in the social sciences (Donthu et al., 2021). Mapping the growing body of scientific literature through this method provides a strategic foundation for the present research by enabling the identification of collaborations among researchers and institutions, the analysis of thematic relationships, and the reliable mapping of the current state of established research domains (Ellegaard, 2018).

3.2. Data Collection Process and Search Strategy

The Web of Science (WoS) Core Collection database was used as the data source for this study. The WoS database is widely preferred in academic research due to its coverage of high-impact journals, the reliability of its citation data, and the suitability of its data structure for bibliometric analyses (Mongeon et al., 2016). To capture the literature encompassing silver tourism as broadly as possible, a comprehensive search was conducted in the “Topic” field of the WoS database using the following keywords:

"silver tourism" OR "senior tourism" OR "elderly tourism" OR "grey tourism" OR "gray tourism" OR "gerontotourism" OR "geronto-tourism" OR "third age tourism" OR "golden age tourism" OR "geriatric tourism" OR "active aging tourism" OR "active ageing tourism" OR "age friendly tourism" OR "retirement tourism" OR "pensioner tourism" OR "baby boomer tourism" OR "boomer tourism" OR "late-life tourism" OR "older adult tourism" OR "senior friendly tourism"

To ensure the scientific quality and reliability of the retrieved data, the analysis was limited to English-language academic publications indexed in the Web of Science database. The final dataset included articles, review articles, early access publications, book chapters, and proceeding papers.

The data were retrieved on April 22, 2026. In order to avoid potential deviations arising from dynamic

database updates, the data extraction process was conducted within a single time period to ensure data consistency. As a result of the search and filtering process, a total of 216 academic publications that fully met the research protocol were identified and included in the final analysis. To enhance the transparency and reproducibility of the bibliometric search and screening process, a PRISMA-style flow diagram is presented in Figure 3.1. The diagram summarizes the main stages of data identification, screening, duplicate record control, thesaurus-based data standardization, and final inclusion, culminating in the final dataset of 216 publications.

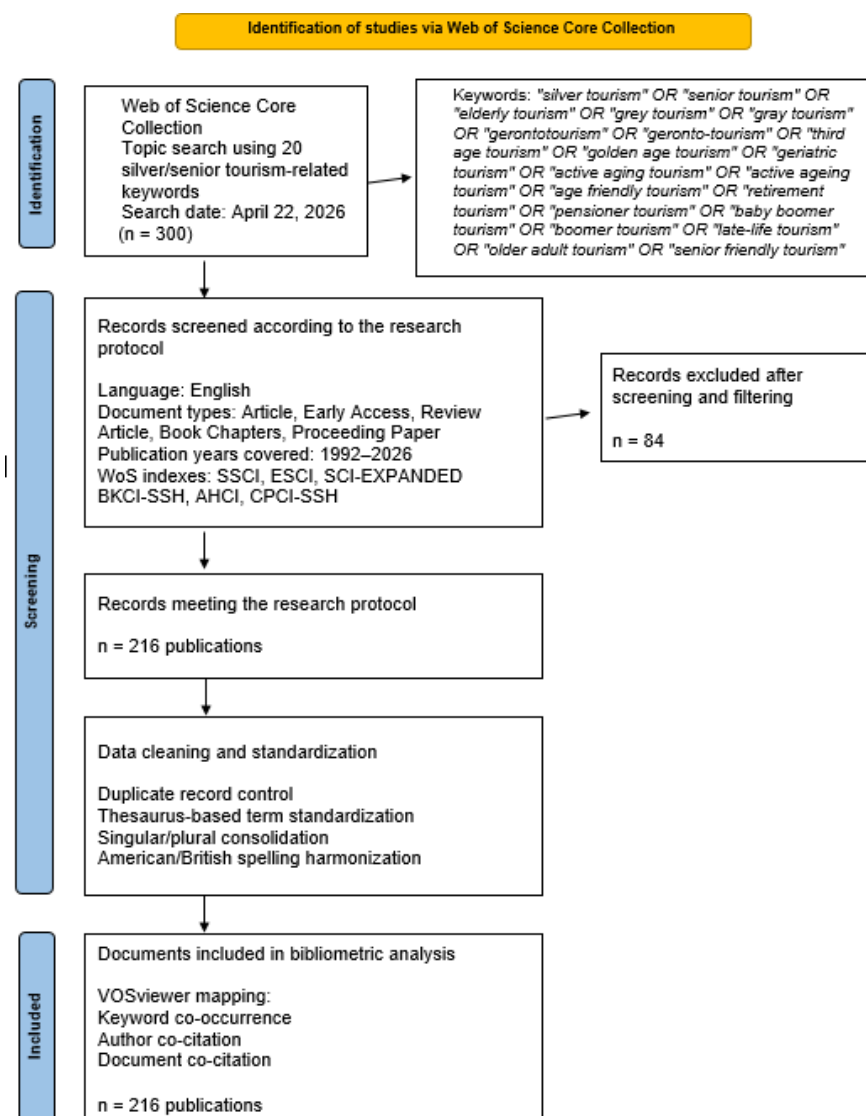


Figure 3.1. PRISMA-Style Flow Diagram of the Bibliometric Search and Screening Process

3.3. Data Analysis and Visualization (Bibliometric Mapping)

The complete bibliographic records of the 216 retrieved publications, including author information, titles, abstracts, cited references, and keywords, were exported from the WoS database in plain text format. VOSviewer software, which is widely used in bibliometric research, was employed for the analysis and clustering of the data, as well as for the generation of bibliometric network maps. This software is recognized as a standard tool in bibliometric studies because of its ability to process complex citation, collaboration, and co-occurrence networks in scientific literature through text-mining techniques and transform them into distance-based visual maps (Eck et al., 2010).

Prior to the analysis, the retrieved dataset underwent specific data-cleaning procedures to enhance reliability. First, duplicate records resulting from different indexing processes were removed from the dataset. Subsequently, to improve the structural accuracy of the bibliometric maps and prevent terminology clutter, a custom thesaurus file was integrated into VOSviewer. This procedure enabled the consolidation of singular–plural variations, such as “senior tourist” and “senior tourists”, as well as spelling differences between American and British English, such as “aging” and “ageing”, under unified terms, thereby reducing potential algorithmic deviations. This process contributes to obtaining more meaningful and consistent results, particularly in keyword analyses (Donthu et al., 2021). The minimum threshold for keyword occurrences in the analyses was set to 5.

Within the scope of the study, the data were analysed in terms of publication year, document type, WoS index, WoS category, research area, country/region, institution, and publication sources. To identify the thematic trends and current focal points of the field, keyword co-occurrence analysis was conducted. In addition, author co-citation and document co-citation analyses were performed to reveal the intellectual structure of the literature and its foundational schools of thought. In the resulting network maps, the size of the nodes represents the frequency or citation strength of the respective item (word, author, or document) while the thickness of the links between the nodes indicates the strength of the connection and the degree of co-occurrence or co-citation between the items. The colours distinguishing the clusters from one another were automatically assigned by the software’s clustering algorithm based on their degree of statistical proximity

3.4. Scope and Limitations of the Research

This study is limited to publications indexed in the Web of Science (WoS) Core Collection database. WoS was preferred because it provides structured citation data, includes journals with recognized academic standards, and is widely used in bibliometric research. However, relying on a single database also has some limitations. Studies indexed only in other databases such as Scopus, PubMed, Google Scholar, or national databases may not have been included in the analysis. This may especially affect the visibility of regional

journals, non-English publications, book-based studies, and research from countries where tourism-related publications are not extensively covered by WoS. Therefore, the geographical and institutional patterns identified in this study should be interpreted as reflecting the silver tourism literature represented in the WoS Core Collection, rather than the entire global literature on the subject.

Another limitation concerns the keyword-based search strategy. Although a broad set of keywords was used to capture the field as comprehensively as possible, some studies using different terminology may have remained outside the dataset. In addition, bibliometric analysis is useful for identifying publication trends, thematic patterns, and intellectual structures, but it does not provide a detailed qualitative evaluation of the content of each individual study. Future research may address these limitations by comparing data from different databases, including Scopus and national databases, and by combining bibliometric mapping with systematic review or qualitative content analysis.

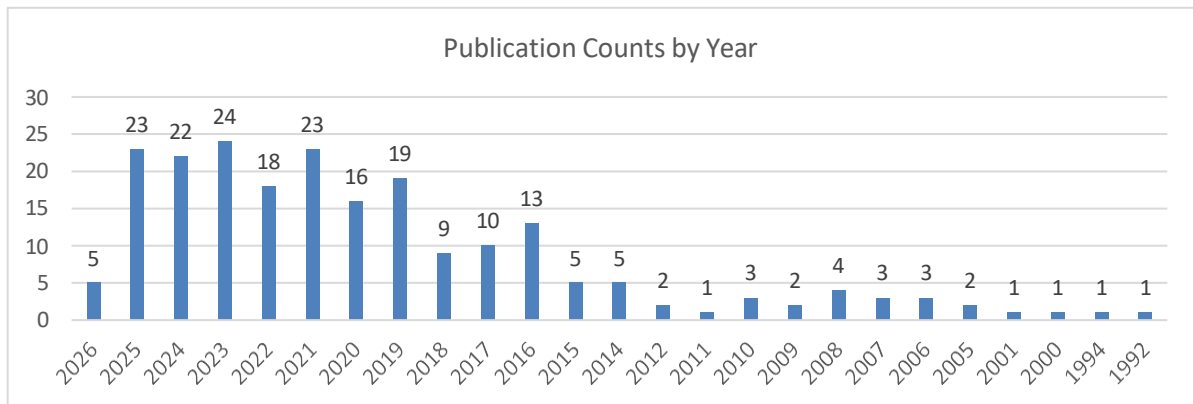
4. FINDINGS

This section analyses the bibliometric data of the 216 academic publications retrieved in accordance with the research protocol. The analysis is structured according to publication year, document type, index, research area, most productive countries and institutions, and publication sources.

4.1. Distribution of Publications by Year and Document Type

An examination of the temporal development of the silver tourism literature shows that the first studies appeared in the early 1990s (1992, 1994), while interest in the field has increased over time. Following the early period, when the number of studies was relatively limited, a clear upward trend in publication volume can be observed, particularly after 2010; however, the main scientific momentum appears to have begun in 2016 (see Chart 4.1). This increase can be considered closely related to the growing visibility of global ageing and the increasing interest in new market segments within tourism research.

Chart 4.1. Distribution of Publication Counts by Year



An examination of Chart 4.1 reveals that the number of publications in the literature entered a pronounced upward trend, particularly from 2019 onwards, reaching its peak in 2023 with 24 publications. Specifically, 23 publications were recorded in both 2021 and 2025, while 22 publications were published in 2024. Furthermore, the inclusion of five publications from 2026 in the dataset underscores the contemporary relevance of the field and the continuing strong interest of researchers in the topic (see Chart 4.1). This steady increase in publication volume in recent years can be interpreted as an indication that the silver tourism research domain is beginning to show a tendency toward intellectual maturity. Nevertheless, periodic fluctuations between years should also be considered in relation to global developments and macro-level shifts in research agendas.

Table 4.1. Document Types

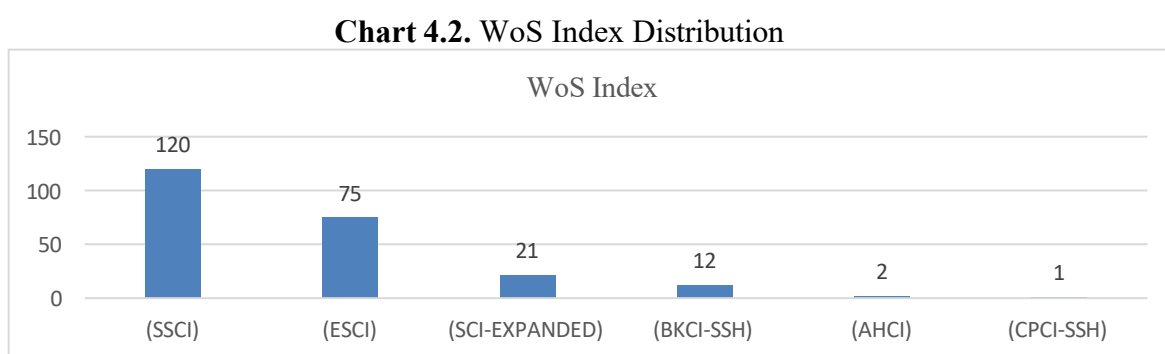
Nr.	Document Types	Nr. of Publ.
1	Article	203
2	Early Access	15
3	Review Article	13
4	Book Chapters	12
5	Proceeding Paper	1

Note: Since some studies in the Web of Science database are indexed under more than one document type (e.g., Article and Early Access), the total value in the table exceeds the net number of publications analysed (216).

An examination of the document types within the dataset of 216 studies shows that the vast majority consisted of research articles (203 publications), followed by early access publications (15 publications) and review articles (13 publications).

4.2. Indices, Categories and Research Areas

An analysis of the index distribution of the publications reveals that the literature has developed in outlets with high scientific impact. More than half of the examined studies, corresponding to 120 publications, are indexed in the Social Sciences Citation Index (SSCI), which is considered one of the most prestigious indexes. This is followed by the Emerging Sources Citation Index (ESCI) with 75 publications and the Science Citation Index Expanded (SCI-EXPANDED) with 21 publications (see Chart 4.2).



An examination of the WoS categories shows that “Hospitality, Leisure, Sport, and Tourism” ranks first with 143 publications. This category is followed by “Management” with 28 publications, “Business” with 24 publications, and “Environmental Studies” with 18 publications. In terms of broader research areas, “Social Sciences – Other Topics” with 149 publications and “Business & Economics” with 56 publications stand out as the most prominent fields (see Table 4.2).

Table 4.2. WoS Categories

Nr.	Web of Science Categories	Nr. of Public.
1	Hospitality Leisure Sport Tourism	143
2	Management	28
3	Business	24
4	Environmental Studies	18
5	Environmental Sciences	13
6	Green Sustainable Science Technology	12
7	Sociology	10
8	Economics	8
9	Geography	6
10	Social Sciences Interdisciplinary	6
11	Gerontology	5
12	Public Environmental Occupational Health	4
13	Transportation	3
14	Computer Science Artificial Intelligence	2
15	Humanities Multidisciplinary	2

4.3. Most Prolific Authors and the Most Influential Studies in the Literature

To assess individual-level productivity and scientific impact within the silver tourism literature, the most prolific authors in the dataset were analysed. An examination of Table 4.3 reveals that Ian Patterson, with 8 publications, made the greatest quantitative contribution to the development of the field. Patterson is followed by Adela Balderas with 7 publications, and by Elisa Alen, Osvaldo Silva, and Jinsoo Hwang with 5 publications each. Further down the list, Maria Helena de Aguiar Pereira e Pestana, Dominik Huber, Ping Hou, Teresa Medeiros, and Nieves Losada, each with 4 publications, stand out as prominent contributors to the literature.

Table 4.3. Most Prolific Authors

Nr.	Most Prolific Authors	Nr. of Public.
1	Patterson, Ian	8
2	Balderas, Adela	7
3	Alen, Elisa	5
4	Silva, Osvaldo	5
5	Hwang, Jinsoo	5
6	de Aguiar Pereira e Pestana, Maria Helena	4
7	Huber, Dominik	4
8	Hou, Ping	4
9	Medeiros, Teresa	4
10	Losada, Nieves	4

To identify the core reference sources shaping the intellectual structure of the silver tourism literature and the studies with the highest scientific impact, a document citation analysis was conducted (see Table 4.4). According to the quantitative findings obtained from the Web of Science database, the publication with the highest citation frequency in the literature is Kim, Woo, and Uysal's (2015) study titled "Tourism experience and quality of life among elderly tourists", with 328 citations. This pioneering study is followed by the motivation-oriented conceptual model developed by Jang et al. (2009), with 249 citations, and the market segmentation study conducted by Hsu et al. (2007), with 227 citations.

Table 4.4. Most Cited Authors and Publications with the Highest Citation Frequencies

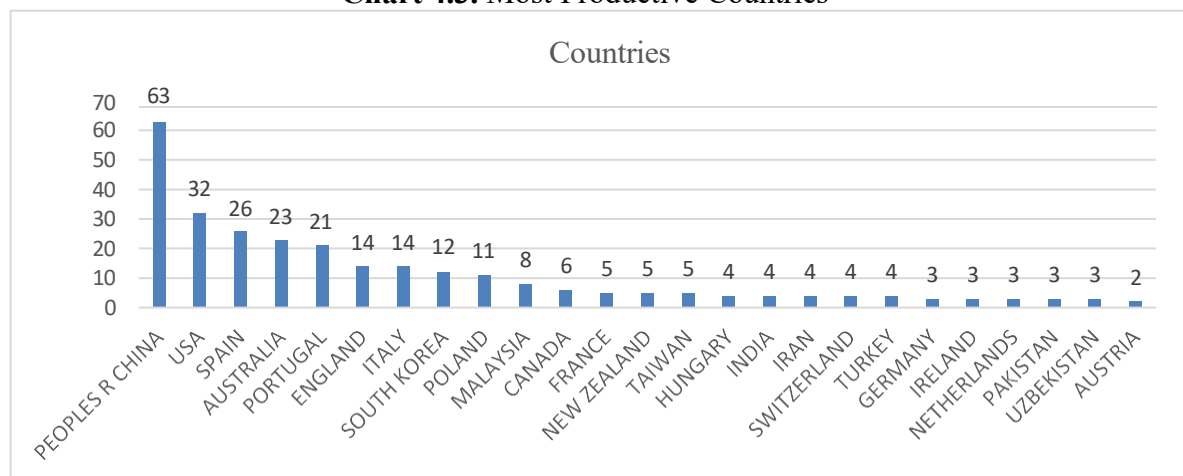
Nr.	Most Cited Authors	Publications with the Highest Citation Frequencies	Nr. Of Publ.
1	Kim, H.; Woo, E.; Uysal, M.	Tourism experience and quality of life among elderly tourists	328
2	Jang, S.; Bai, B.; Hu, C.; Wu, C.	Affect, travel motivation, and travel intention: A senior market	249
3	Hsu, C.; Cai, L.; Wong, K.	A model of senior tourism motivations - Anecdotes from Beijing and Shanghai	227
4	Hwang, J.; Lee, J.	A strategy for enhancing senior tourists' well-being perception	187
5	Pestana, M.; Parreira, A.; Moutinho, L.	Motivations, emotions and satisfaction: The keys to a tourism destination choice	172

**4.4.
Most**

Productive Countries and Institutions

An examination of the author-, institution-, and country-level distributions shows that the senior tourism literature is concentrated around specific academic centres at the global level. Country-level analyses indicate that the studies are largely clustered in developed countries and regions with well-established tourism industries.

Chart 4.3. Most Productive Countries



In this context, an analysis of the countries contributing the highest number of publications to the field shows that China (PEOPLES R CHINA) stands out prominently with 63 publications. China is followed by the USA with 32 publications, Spain with 26 publications, Australia with 23 publications, and Portugal with 21 publications (see Chart 4.3). The prominence of European countries such as Spain and Portugal, as well as Asia-Pacific countries such as China and Australia, can be directly associated with both their ageing demographic structures and their advanced tourism infrastructures.

Table 4.5. Most Productive Institutions

Nr.	Most Productive Institutions	Nr. of Publc.
1	HONG KONG POLYTECHNIC UNIVERSITY	11
2	UNIVERSITY OF QUEENSLAND	10
3	SEJONG UNIVERSITY	7
4	MACAO UNIVERSITY OF TOURISM	6
5	UNIVERSIDADE DE VIGO	6
6	UNIVERSIDADE DOS ACORES	6
7	VIRGINIA POLYTECHNIC INSTITUTE STATE UNIVERSITY	6
8	AUCKLAND UNIVERSITY OF TECHNOLOGY	5
9	HANGZHOU CITY UNIVERSITY	5
10	INSTITUTO UNIVERSITARIO DE LISBOA	5

At the institutional level, universities and research centres stand out as the main actors shaping the literature (see Table 4.5). An analysis of institutional productivity shows that Hong Kong Polytechnic University in China was the leading contributing institution, with 11 publications. It was followed by the University of Queensland in Australia with 10 publications, Sejong University in South Korea with 7 publications, Macao University of Tourism in China with 6 publications, and Universidade de Vigo in Portugal with 6 publications. This distribution indicates that the most productive researchers represent key research groups guiding the development of the field and that international scientific collaborations are largely shaped around these leading institutions.

4.5. Leading Publication Sources

An examination of the journals with the highest number of publications in the silver tourism literature shows that Current Issues in Tourism ranks first with 16 publications. It is followed by Sustainability and Tourism Review, each with 9 publications. Anatolia with 8 publications, Tourism Management with 7 publications, Asia Pacific Journal of Tourism Research with 6 publications, Journal of Vacation Marketing with 6 publications, and Tourism Management Perspectives with 6 publications were identified as other key journals contributing to the development of the field (see Table 4.6).

Table 4.6. Leading Publication Sources

Nr.	Leading Publication Sources	Nr. of Publ.
1	CURRENT ISSUES IN TOURISM	16
2	SUSTAINABILITY	9
3	TOURISM REVIEW	9
4	ANATOLIA INTERNATIONAL JOURNAL OF TOURISM AND HOSPITALITY RESEARCH	8
5	TOURISM MANAGEMENT	7
6	ASIA PACIFIC JOURNAL OF TOURISM RESEARCH	6
7	JOURNAL OF VACATION MARKETING	6
8	TOURISM MANAGEMENT PERSPECTIVES	6
9	TOURISM RECREATION RESEARCH	6
10	ANNALS OF TOURISM RESEARCH	5

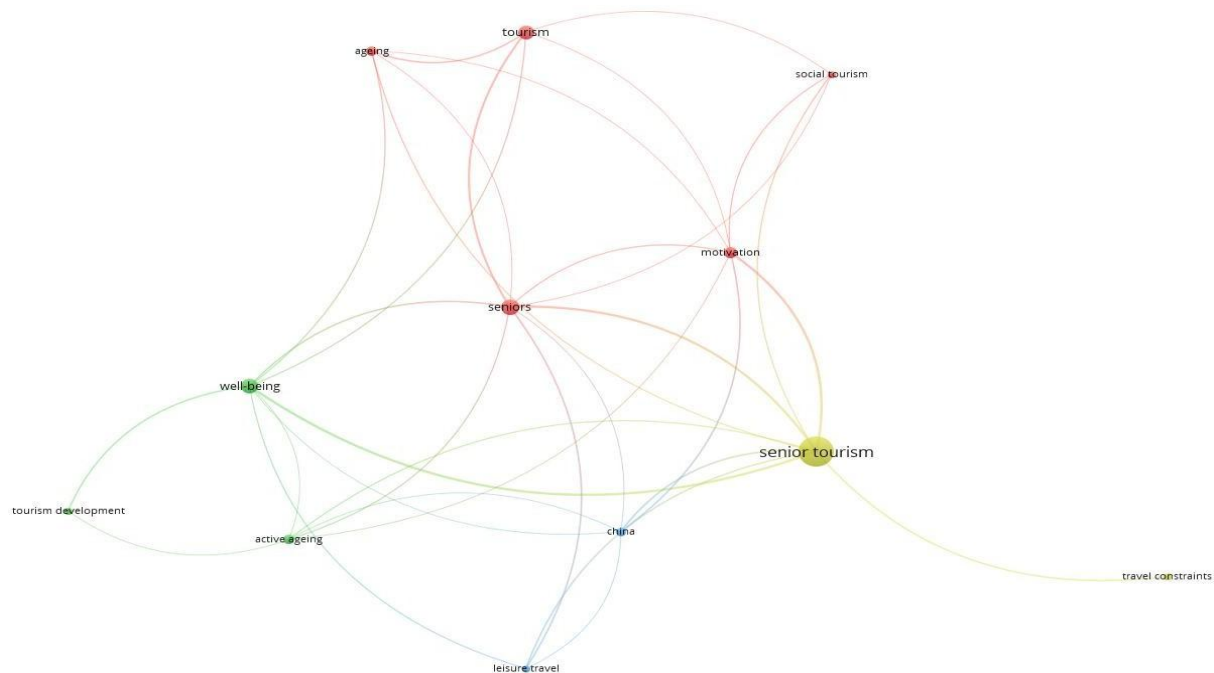
4.6. Bibliometric Network Analyses

This section presents the findings of the keyword co-occurrence, author co-citation, and document co-citation analyses conducted to reveal the thematic structure and intellectual development dynamics of the silver tourism literature. The analyses were performed using VOSviewer software, and the resulting network maps were interpreted on the basis of nodes, links, and clusters.

4.6.1. Keyword Co-occurrence Analysis

Keyword co-occurrence analysis aims to identify the thematic structure of the field by revealing the relationships among concepts that are used together in the literature. In this context, the literature was found to be structured around four main thematic clusters (see Figure 4.1).

Figure 4.1. Keyword Co-occurrence Network

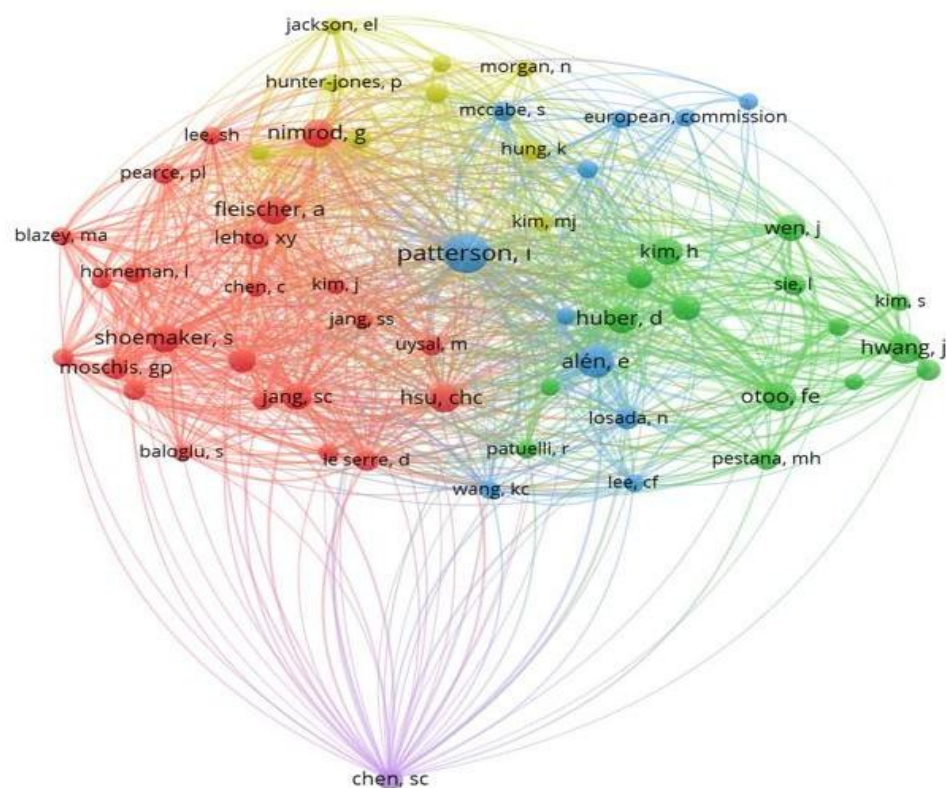


An examination of Figure 4.1 shows that the concept of “senior tourism”, which has the largest node, occupies a central position in the literature. This core concept, when considered together with “travel constraints”, points to the structural boundaries of the market. The nodes “seniors”, “motivation”, “tourism”, “ageing”, and “social tourism” in the red cluster indicate that the studies mainly focus on the travel motivations of older individuals and the social dimension of tourism. The green cluster links the concepts of “well-being” and “active ageing” with “tourism development”, reflecting the positive outcomes of silver tourism in relation to health and quality of life. The blue cluster, represented by the nodes “China” and “leisure travel”, indicates that China-oriented leisure travel studies constitute a distinct sub-theme within the literature. When the network is evaluated as a whole, the strong links among “senior tourism”, “well-being”, and “motivation” suggest that these concepts form one of the main theoretical axes of senior tourism research.

4.6.2. Author Co-citation Analysis

Author co-citation analysis aims to reveal the intellectual structure and theoretical background of the field by identifying researchers who are frequently cited together in the literature. In the map, authors who are often co-cited are grouped into clusters of the same colour (see Figure 4.2).

Figure 4.2. Author Co-citation Network



An examination of Figure 4.2 shows that the Patterson node is located at the centre of the network and has the highest citation frequency. This indicates that the author intersects with all other clusters in the field of silver tourism and has become one of the main reference points of the field. The map further shows that the field has developed around four main clusters that are highly interactive with one another:

- Red cluster: This cluster represents one of the highly cited schools of thought in the literature and includes authors such as Fleischer, Shoemaker, Jang, Hsu, and Moschis. The studies of these researchers form a dense intellectual collaboration network through frequent mutual citations.
- Yellow cluster: Located in the upper part of the network, this cluster includes prominent authors such as Nimrod, Morgan, McCabe, and Jackson.
- Green cluster: This dense cluster, consisting of authors such as Kim, Huber, Hwang, Wen, and Otoo, represents one of the largest and most internally interactive structures in the field. The high link density and node clustering suggest that these authors are concentrated around specific research themes.
- Blue cluster: The blue cluster serves as a bridge between the green and yellow clusters. By including institutional actors such as the European Commission and specific researchers, it connects different theoretical approaches within the literature.

At this point, it is important to emphasize the methodological distinction between absolute citation counts (see Table 4.4) and node sizes in the co-citation network (see Figure 4.2). While researchers such as Kim, Uysal, and Jang rank at the top of the list of most-cited individual studies, Patterson's emergence as the

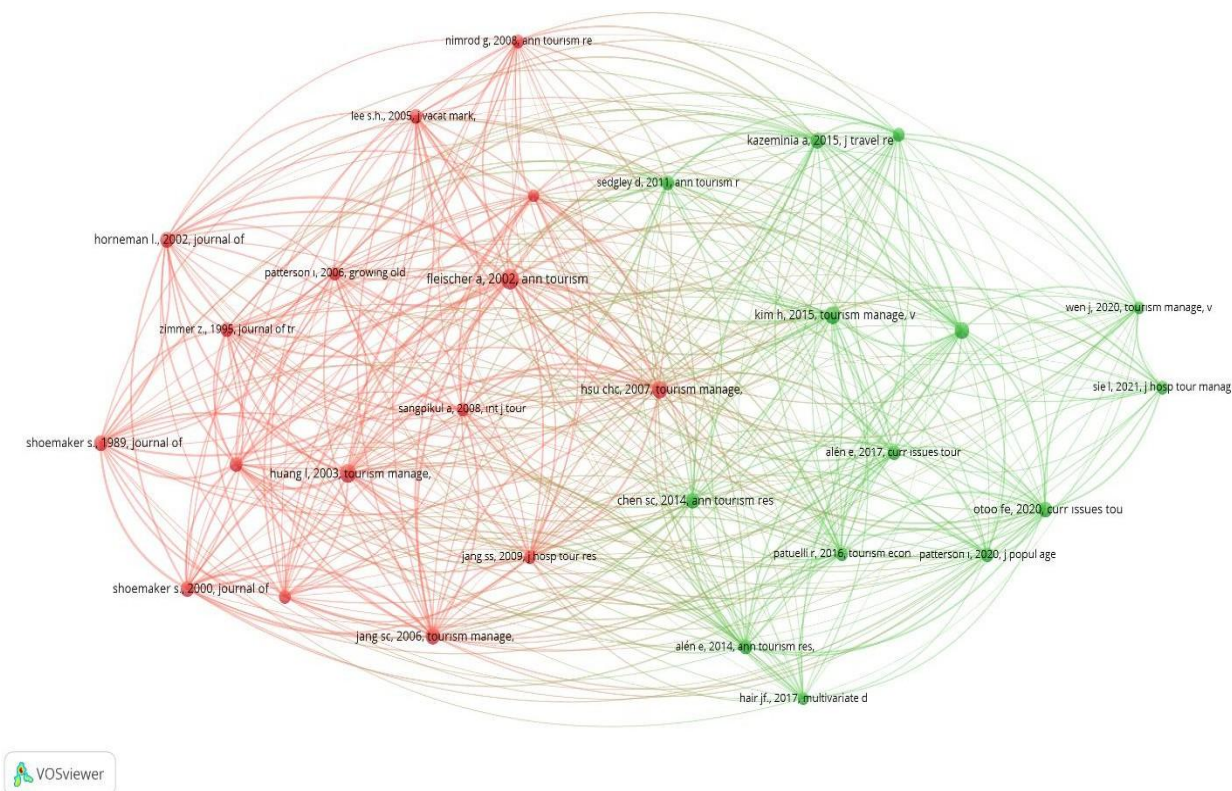
largest node at the centre of the co-citation network is a structural result of the algorithm. Co-citation analysis does not measure the total number of citations received by individual articles; rather, it measures the frequency with which authors are cited together in reference lists. Owing to his quantitative productivity in the field (8 publications), Patterson appears as a common reference point in the bibliographies of almost all sub-clusters in the literature, including health, motivation, and policy, thereby occupying a central author position that connects different schools of thought within the field.

Overall, the author co-citation network indicates that the silver tourism literature has developed not as a single homogeneous structure, but around four distinct, polycentric, and mutually reinforcing theoretical clusters with strong internal citation links.

4.6.3. Document Co-citation Analysis

In addition to authors, document co-citation analysis was conducted to identify the studies that form the theoretical foundation of silver tourism (see Figure 4.3).

Figure 4.3. Document Co-citation Network



An examination of Figure 4.3 shows that the literature is divided into two main periods, represented by the red and green clusters, which appear to be mutually reinforcing in chronological and thematic terms. When the years indicated in the node labels are examined, the works in this cluster are seen to have been published predominantly between 1989 and 2009. At the centre of this cluster, the studies by Fleischer (2002; $f=51$) and Huang (2003; $f=40$) stand out as the works receiving the highest number of co-citations. The green cluster on the right side of the map, on the other hand, reflects more recent studies that constitute the modern theoretical background of silver tourism. An evaluation of the node sizes in the map shows that this cluster is concentrated around the works of authors such as Alen et al. (2017) and Huber (2018).

5. CONCLUSION AND RECOMMENDATIONS

In this study, the silver tourism literature, which has become one of the most strategic markets in the tourism industry in line with demographic transformations, was examined through bibliometric analysis. Within the scope of the research, the conceptual background, author productivity, and citation networks of current international studies indexed in the Web of Science (WoS) database were evaluated. The findings indicate that the literature is geographically and institutionally clustered around specific centres. China stands out

as the most productive country in the literature, followed by the USA, Spain, and Australia. At the institutional level, Hong Kong Polytechnic University emerges as the leading institution.

When author productivity and scientific impact analyses are considered, Ian Patterson appears as the most prolific author and occupies a central position in the author co-citation network. However, article-based citation analyses indicate that studies by Kim, Woo, and Uysal (2015), Jang et al. (2009), and Hsu et al. (2007) have the highest impact values in the literature. In addition, the presence of authors from different disciplines who are positioned outside the main clusters of the citation network suggests that silver tourism is not limited solely to tourism management, but has developed an interdisciplinary structure through strong interactions with sociology, gerontology, and health sciences. Existing international research is clustered in specific geographical areas. To achieve a more holistic understanding of the potential of silver tourism, increasing research in developing countries with rapidly ageing demographic structures and strong health tourism infrastructures would be beneficial.

The theoretical contribution of this study is that it makes the conceptual organization of silver tourism research more visible. By using an expanded keyword strategy and thesaurus-based standardization, the study brings together different terms used in the literature, including gerontotourism, active ageing tourism, third-age tourism, and senior tourism, within a common analytical frame. This helps to show that the field has developed through multiple but related conceptual labels rather than through a single dominant terminology. In addition, the bibliometric maps provide a structured overview of the main thematic orientations and intellectual connections shaping the field. In this respect, the study contributes to future research by indicating how silver tourism can be examined not only as a market segment, but also in relation to ageing, well-being, accessibility, inclusion, and destination planning.

The main limitation of this study is that the analyses were limited to the Web of Science (WoS) database in order to provide a global overview. To identify the developmental trajectory of national literature, future studies could make a significant contribution to the field by incorporating national databases or alternative databases and search platforms, such as Scopus.

A thematic examination of the most cited studies indicates that the literature is concentrated in certain areas. The current studies mainly focus on psychosocial variables such as the travel motivations of older tourists, quality of life, well-being, and experience satisfaction. In contrast, the results of the topic-based analysis, namely Citation Topics Micro, show that 79.2% of the literature focuses on general tourism impacts, while some critical areas are represented at rates below 1% (see Table 5.1).

Table 5.1. Micro Citation Topics

Nr.	Micro Citation Topics	Nr. of Publc.
1	Tourism Impacts	172
2	Consumer Behavior	7
3	Subjective Well-being	6
4	Ageism	2
5	Geriatric Nutrition	2
6	Grey Forecasting	2
7	Fuzzy Decision-making	2
8	Organizational Behavior	2
9	Dementia Caregivers	1
10	Ocular And Ballistic Trauma	1
11	Air Transport Systems	1
12	Urban Mobility	1
13	Retirement Economics	1
14	International Education	1
15	Poverty Gender Disparities	1
16	Lgbtq+ Intersectionality	1
17	Workplace Design	1
18	Religion's Impact	1
19	Foresight	1
20	Entrepreneurship	1
21	Industrial Conveyor Systems	1
22	Migration Dynamics	1
23	Urban Housing Dynamics	1
24	Regression Techniques	1

In light of these quantitative data, the following strategic recommendations are proposed for future research: Social inclusion and special needs: It is recommended that topics represented at very low rates in the literature, such as 0.4%, including ageism, poverty, and the travel experiences of individuals with dementia, be examined within the context of social justice. Rather than treating older adults as a homogeneous group, future studies focusing on these specific subgroups may contribute to deepening the literature.

Geriatric health and technical infrastructure: Greater attention should be given to topics that are relatively underrepresented in the analyses, such as geriatric nutrition, urban mobility, and age-friendly transportation systems.

In particular, increasing interdisciplinary studies that address the physical accessibility of older tourists in destinations and their health-related needs from a technical perspective would make an important contribution to the literature.

Technological adaptation and foresight models: Digital transformation, including the use of VR/AR, and future-oriented strategic foresight models appear to be insufficiently represented in the context of silver tourism. Future research should therefore focus on emerging themes such as the technological adaptation of older tourists and artificial intelligence-supported predictive models.

Policy guidance and private-sector investment: The gradual ageing of the global population is turning silver

tourism into a growing field of service provision and investment, with implications for both social policy and the tourism industry. Central and local governments should therefore incorporate age-friendly and accessible tourism into national and regional tourism strategies and establish guiding principles for universal design, accessible transport, health and emergency services, off-season social tourism programmes, and service standards tailored to older visitors. Age-friendly hotels, rehabilitation and care centres, accessible accommodation facilities, and thermal and wellness investments should be treated as priority areas within relevant incentive schemes. The private sector should also be encouraged to develop services that respond to the diverse needs of older travellers in areas such as accommodation, transport, rehabilitation, wellness, insurance, digital assistance, and personalised travel planning. Public-private partnerships may further support the development of accessible infrastructure, staff training in communication and care for older tourists, and cooperation with international insurance providers. From this perspective, silver tourism should be viewed not simply as a commercial opportunity, but as a responsible area of investment that can strengthen the independence, social participation, travel experiences, and quality of life of older adults.

This study reveals the multilayered character of the silver tourism literature by analysing it holistically through thematic and intellectual network structures, rather than limiting the analysis to descriptive indicators alone. The findings show that the literature is concentrated around specific thematic axes, whereas some interdisciplinary research areas are relatively underrepresented. In this context, future studies moving beyond the general impacts of tourism and focusing on more specific and interdisciplinary topics - such as the decision-making processes of older individuals, their health-related needs, risks of social exclusion, and urban accessibility- may contribute to enhancing both the theoretical depth and the practical application capacity of the field.

Declaration of Research and Publication Ethics

Hülya Yavuz Akçay declare that this study does not require ethics committee approval. The research was conducted in compliance with national and international research and publication ethics

Author Contribution Rate Statement

Hülya Yavuz Akçay declares that they are the sole contributor to this manuscript and assume full responsibility for its content

Declaration of Conflict of Interest

Hülya Yavuz Akçay declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article

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The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Artificial Intelligence (AI) Usage Declaration

Hülya Yavuz Akçay used translation solely for tools to draft, translate or significantly edit portions of the text. Hülya Yavuz Akçay assume full responsibility for the factual accuracy and originality of the final content.

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Medical Tourism in Turkey and Worldwide A Developing Field of Health Tourism

İhsan GÜR⁹

Abstract

Health tourism is a type of tourism that involves individuals traveling across countries to receive healthcare services and has experienced rapid growth in recent years. This study examines the concept of health tourism, its types, its development both globally and in Turkey, as well as medical tourism, marketing strategies, and patient profiles based on a review of the literature. The findings indicate that medical tourism is the fastest-growing segment within health tourism and that Turkey has significant potential in this field. In addition, Turkey has become an attractive destination for international patients due to its strategic geographical location, cost-effective healthcare services, and well-developed medical infrastructure. However, improving service quality, expanding international accreditation, and developing effective marketing strategies are of critical importance for the sustainable growth of health tourism.

Keywords: Health tourism, medical tourism, patient profile, Turkey

JEL Codes: I11, L83, Z32
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1. Introduction

The tourism sector continues to grow and diversify with globalization, technological developments, and the increase in transportation opportunities. Health tourism, which is among the alternative types of tourism, has attracted attention as a rapidly developing field in recent years, encompassing the travels undertaken by individuals in order to benefit from healthcare services (Lunt & Carrera, 2011; Carrera & Bridges, 2006).

The global health tourism market has experienced rapid growth in recent years, with its market size exceeding USD 100 billion. The sector is estimated to grow at an annual rate of 15–20%, and this upward trend is expected to continue in the coming years. Turkey has emerged as one of the leading destinations in health tourism, serving more than one million international patients annually and generating billions of dollars in revenue from the sector (IMTJ, 2024; UŞHAŞ, 2024).

The most prominent and fastest-growing subfield within health tourism is medical tourism (Heung et al., 2010). In particular, differences in healthcare costs, long waiting times in developed countries, and advancements in medical technologies lead individuals to seek healthcare services in different countries. This situation contributes to the increase in international patient mobility and the transformation of health tourism into a significant sector on a global scale. In addition, the increasing prevalence of chronic diseases, especially serious illnesses such as cancer, the aging of the world population, and the rise in individuals' aesthetic concerns significantly increase the demand for health tourism (Hanefeld et al., 2015; Crooks et al., 2010). Furthermore, individuals' desire to access higher-quality, faster, and more cost-effective healthcare services leads to the expansion of cross-border travel for health purposes.

Considering all these factors, health tourism, and particularly medical tourism, has strategic importance for both individuals and countries in terms of economic, social, and healthcare dimensions.

2. Health Tourism: Conceptual Framework, Scope, and Categorization

Health tourism refers to individuals traveling to another country outside their place of residence for the purpose of treatment, rehabilitation, or maintaining their health (Connell, 2013). Health tourism includes not only treatment but also services aimed at improving individuals' quality of life. In this respect, it has a multidimensional structure. Recent studies on the development, scope, and sectoral dynamics of health tourism indicate that this field has a multidimensional structure and has entered a rapid transformation process with the effect of digitalization (Övey & Dağ, 2025). Inequalities in access to healthcare services on a global scale, together with cost and quality differences across countries, increase the demand for health tourism. This situation leads individuals to engage in international travel in order to access more cost-effective and higher-quality healthcare services (Lunt & Carrera, 2011). In addition, increasing competition in healthcare services contributes to improving service quality and encouraging healthcare institutions to focus more on patient satisfaction (Heung et al., 2010).

Health tourism is divided into different types depending on individuals' needs and expectations. In general, health tourism is examined under main categories such as medical tourism, thermal tourism, SPA and wellness tourism, disability tourism, and geriatric tourism. While medical tourism encompasses travel for diagnosis and treatment purposes, thermal tourism provides healthcare services through thermal water resources and spa applications. SPA and wellness tourism includes services aimed at improving individuals' physical and mental well-being, whereas disability tourism is organized to meet the health and travel needs of individuals with special requirements. Geriatric tourism, on the other hand, develops in response to the care, rehabilitation, and long-term healthcare needs of elderly individuals.

Although thermal tourism has significant potential both globally and in Turkey, it demonstrates a more limited development compared to medical tourism in terms of international patient mobility. These types vary according to individuals' health needs, economic conditions, and expectations, and reveal that health tourism has a broad and dynamic structure (Connell, 2013; Heung et al., 2010; Övey & Dağ, 2025).

Turkey is recognized as one of the world's leading destinations for thermal health tourism. According to data published by the Republic of Turkey Ministry of Culture and Tourism (2024), Turkey possesses more than 1,500 thermal springs and is among the countries with the richest geothermal resources in Europe.

3. METHODS

This study is a review article based on the examination of national and international literature published in the fields of health tourism and medical tourism. A systematic literature review approach was adopted in the research. Within the scope of the literature review, publications were examined using the keywords "health tourism," "medical tourism," "international patient mobility," and "health tourism marketing" in the PubMed, Scopus, Web of Science, Google Scholar, and TR Index databases.

Peer-reviewed articles, national and international reports, and official institutional data published between 2006 and 2025 were included in the study. Duplicate studies, inaccessible publications, and sources not directly related to the research topic were excluded from the review. The PRISMA approach was utilized during the research process, and source selection was conducted according to predefined inclusion and exclusion criteria.

The collected data were classified using thematic analysis and evaluated under the themes of the development of health tourism, the scope of medical tourism, patient profiles, marketing methods, and Turkey's position in health tourism.

Only scientific studies published in Turkish and English were included in the analysis, while conference abstracts and publications whose full texts were unavailable were excluded from the study.

4. HEALTH TOURISM IN THE WORLD

Health tourism has a long-standing history and dates back to ancient times. While in the past individuals traveled to different regions to benefit from therapeutic water resources, today this mobility is shaped

around advanced medical technologies, specialized healthcare personnel, and modern healthcare institutions (Connell, 2013).

Today, health tourism has become an important sector that is rapidly growing on a global scale and has reached a multi-billion-dollar economic volume. According to international reports, the global health tourism market exceeds 100 billion dollars and continues to grow each year (IMTJ, 2022; OECD, 2020). In addition, it is stated that millions of individuals travel to different countries every year to receive healthcare services (World Health Organization [WHO], 2019). In particular, the high cost of healthcare services and long waiting times in developed countries direct individuals toward countries offering more affordable and faster services. For example, the cost of certain surgical procedures performed in the United States (USA) can be several times higher compared to Asian countries. This situation increases international patient mobility and contributes to the global expansion of health tourism (Lunt & Carrera, 2011; Hanefeld et al., 2015). Among the countries that stand out in health tourism are India, Thailand, Singapore, Malaysia, South Korea, and the USA. These countries stand out in the health tourism market with different competitive advantages. In particular, Asian countries such as India, Thailand, and Malaysia have become attractive destinations for international patients by offering low-cost and high-quality healthcare services together. In contrast, the USA stands out in terms of advanced technology, specialized treatments, and innovative applications (Heung et al., 2010; Pocock & Phua, 2011).

Medical tourism is one of the most important components of health tourism, and surgical operations, aesthetic procedures, and advanced treatment methods are particularly evaluated within this scope. It is stated that the annual growth rate of medical tourism at the global level is around 15–20%, and this field is one of the most dynamic segments within health tourism (IMTJ, 2022; Lunt & Carrera, 2011).

This rapid growth has increased competition among countries and significantly contributed to the internationalization of healthcare services, further strengthening the global health tourism industry (IMTJ, 2024; Medical Tourism Association, 2024).

Table 1. Development of Health Tourism in the World and Turkey (2015–2024)

2015	45	360.000
2018	65	551.748
2020	54	388.150
2022	90	1.258.382
2023	100+	1.400.000+
2024	110+	1.500.000+

Source: IMTJ (2024), USHAŞ (2024), and TÜİK (2024).

5. HEALTH TOURISM IN TURKEY

Turkey has become one of the prominent destinations in the field of health tourism in recent years by increasing its global competitiveness through the structural transformation and strategic investments it has made. The country's geopolitical location, developed healthcare infrastructure, qualified healthcare workforce, and cost advantage position Turkey as an attractive center in terms of international patient mobility (Aydın & Şeker, 2011; Altın et al., 2012). Since the 1990s, developments in the private healthcare sector and health transformation policies have led to an increase in the number of modern hospitals in Turkey, the widespread establishment of healthcare institutions equipped with advanced technology, and a significant improvement in service quality. Today, the increase in the number of internationally accredited healthcare institutions enhances Turkey's reliability in the field of health tourism and strengthens its global preference (Barca et al., 2013).

One of the most important advantages of Turkey in the field of health tourism is its strategic position as a transit point between Europe, Asia, and the Middle East and its ability to provide access to a wide geography in a short time. Turkey can reach more than 50 countries within approximately four hours of flight distance and, in this context, appeals to a potential market consisting of billions of people. This situation facilitates international patient mobility and significantly contributes to Turkey becoming a globally preferred center for health tourism. In addition, health tourism activities in Turkey are not limited to major centers such as Istanbul and Antalya. The presence of developed healthcare infrastructure and specialized healthcare institutions in many cities such as Ankara, İzmir, Bursa, Kayseri, Gaziantep, and Konya indicates that health tourism is spread throughout the country. Particularly in recent years, the widespread establishment of city

hospitals and the increase in private healthcare investments have strengthened the regional distribution of health tourism. This situation demonstrates that Turkey has adopted a sustainable and balanced growth model in the field of health tourism (Sağlık Bakanlığı, 2023). From an economic perspective, the cost of healthcare services provided in Turkey is significantly lower compared to developed countries. However, despite this cost advantage, the compliance of service quality with international standards is among the main factors that increase Turkey's competitiveness in the field of health tourism. In this context, Turkey is positioned among the countries that can achieve a "high quality–low cost" balance (Kılıç & Özer, 2016).

Among the most demanded services within the scope of health tourism in Turkey are aesthetic surgery, dental treatments, hair transplantation, ophthalmologic surgeries, and orthopedic interventions. It is observed that Turkey has established an international brand value particularly in the fields of aesthetic surgery and hair transplantation and shows a tendency toward specialization in these areas on a global scale. This situation indicates that Turkey has gained a competitive advantage in niche areas within the health tourism market. As of 2023, it is reported that approximately 1.4 million patients visited Turkey within the scope of health tourism and that the revenue generated from this field reached approximately 2.3 billion dollars (TÜİK, 2023; T.C. Ministry of Trade, 2024). In broader evaluations, it is stated that the total number of international patients coming to the country within the scope of health tourism has exceeded 2 million and that the sector's revenues continue to show an upward trend (USHAŞ, 2023). In recent years, the growth trend of the sector has continued, and it is indicated that health tourism revenues reached approximately 3 billion dollars as of 2024 and are expected to increase further in the coming years (T.C. Ministry of Trade, 2024). In addition, it is observed that the share of health tourism revenues within total tourism revenues is gradually increasing and that health tourism has risen to a strategic position within Turkey's service exports (TÜİK, 2023; THTC, 2022). These data clearly demonstrate that health tourism has become a sector with high added value and strategic importance for the Turkish economy. However, in order for Turkey to maintain its sustainable competitiveness in the field of health tourism, it is of great importance to continuously improve service quality, expand international accreditation processes, effectively use digital marketing strategies, and develop practices aimed at increasing patient satisfaction. In addition, addressing health tourism policies within the framework of long-term strategic planning will further strengthen Turkey's global position in this field.

Furthermore, the development and implementation of health tourism policies through long-term strategic planning will further enhance Turkey's global competitiveness and strengthen its position in the international health tourism market (USHAŞ, 2024; Deloitte, 2025).

6. Medical Tourism: Dynamics, Patient Profiles, and Global Preferences

Medical tourism refers to individuals traveling outside their country of residence for the purpose of diagnosis and treatment and is considered one of the most important subfields of health tourism (Carrera & Bridges, 2006; Lunt & Carrera, 2011). Today, medical tourism has evolved beyond being a movement based solely on treatment needs and has become a global sector shaped by individuals' desire to access the most cost-effective, highest-quality, and fastest healthcare services. The reasons why individuals prefer different countries within the scope of medical tourism vary depending on the type of treatment. In particular, countries with strong technological infrastructure, such as the United States (USA), stand out in treatments that require advanced technology and high levels of expertise. For example, minimally invasive cardiac surgeries, genetic treatments, and advanced applications for rare diseases are concentrated in countries with highly developed healthcare systems. This situation indicates that patients choose countries based on the type of treatment they require (Hanefeld et al., 2015). Similarly, in the treatment of high-cost and technologically advanced diseases such as Spinal Muscular Atrophy (SMA) Type 1, countries with developed biotechnological infrastructure are preferred. This clearly demonstrates the decisive role of technological level in country preferences within medical tourism (Hanefeld et al., 2015). In contrast, procedures such as aesthetic surgery, dental treatments, and hair transplantation are concentrated in countries that offer more affordable and high-quality services. Turkey holds a significant share in international patient mobility in these fields due to its competitive pricing and high service quality (Kılıç & Özer, 2016).

Differences in healthcare costs, long waiting times in developed countries, technological advancements, and the increase in transportation opportunities play a decisive role in directing individuals to different countries. In this context, while evaluating treatment options, patients take into account not only medical necessities but also cost, quality, accessibility, and service duration (Hanefeld et al., 2015; Smith & Forgione, 2007). The services offered within the scope of medical tourism cover a wide range. Among these services, aesthetic surgery procedures, dental treatments, cardiovascular surgery, oncological treatments, and hair transplantation stand out. In particular, areas such as aesthetic surgery and hair transplantation are among the fastest-growing segments of medical tourism due to their advantages in low cost and high quality (Heung et al., 2010). Patients receiving services within the scope of medical tourism are divided into different groups according to their needs and expectations. Patients traveling for cancer treatment generally seek access to healthcare institutions with advanced technology and specialized physicians. For this patient group, treatment quality, technological equipment, and level of expertise are the most determining factors. Patients who prefer medical tourism for surgical operations prioritize reliability, operation success rates, and physician experience. The opportunity to receive high-quality services at more affordable costs, especially in fields such as orthopedics, cardiovascular surgery, and general surgery, directly affects the preferences of these patients. For patients traveling due to aesthetic concerns, cost and

service quality are among the main determining factors. This patient group prefers countries where they can undergo aesthetic procedures under more economical conditions while receiving services at high standards. This situation has made aesthetic tourism one of the most dynamic areas of medical tourism. In terms of patients participating in medical tourism for hair transplantation, Turkey is an important center internationally. Turkey's specialized healthcare institutions in this field, experienced healthcare personnel, and competitive pricing policy have made the country a preferred destination worldwide.

In conclusion, medical tourism is not only a treatment-oriented activity but also exhibits a multidimensional structure that responds to the various expectations of different patient profiles. This situation necessitates that healthcare providers develop differentiated and patient-oriented strategies for their target audiences (Crooks et al., 2010; Hanefeld et al., 2015).

6.1 Digital Marketing, CRM, and Online Reputation Management in Medical Tourism

The increasing global competition in the medical tourism sector has directed healthcare providers toward developing more effective and strategic marketing methods. In order to attract international patients, healthcare institutions place importance not only on service quality but also on marketing strategies that can reach the appropriate target audience. In this context, marketing activities in medical tourism are evaluated under two main categories: traditional and digital methods.

Among traditional marketing methods, participation in international health tourism fairs, collaboration with intermediary institutions, and brand management stand out. Through international fairs, healthcare institutions can establish direct communication with potential patients and business partners from different countries and gain the opportunity to promote their services. In addition, intermediary institutions, which play an important role in medical tourism, act as a bridge between patients and healthcare providers and are effective in patient referral processes. Furthermore, creating a strong brand image is considered a critical factor in ensuring patients' trust (Heung et al., 2010; Pocock & Phua, 2011). One of the most important components of marketing strategies in medical tourism is patient experience and references. The level of satisfaction of patients who have previously received services and the experiences they share play a decisive role in the decision-making process of potential patients. Therefore, healthcare institutions continuously improve service quality to increase patient satisfaction and use positive patient experiences as a marketing tool (Crooks et al., 2010).

Digital health applications and online consultation services facilitate patients' access to information before treatment and enable direct communication with healthcare institutions. Such applications positively influence the preference process by increasing patients' sense of trust. The role of digital marketing activities in medical tourism has increased significantly in recent years. It is known that a large proportion of international patients conduct research on the internet, compare healthcare institutions, and examine patient reviews before the treatment process. This situation shows that digital platforms have become a

determining factor in the patient decision-making process. In particular, search engines, social media platforms, and the websites of healthcare institutions are among the most effective tools in attracting international patients (Smith & Forgione, 2007). The ability of digital marketing activities to reach wider audiences compared to traditional methods is considered one of the main factors that provide a competitive advantage in the health tourism sector (Heung et al., 2010). In recent years, online reputation management has become a critical competitive factor in health tourism. Before making treatment decisions, international patients carefully examine healthcare providers' websites, social media accounts, patient reviews, and independent evaluation platforms. Therefore, patient experiences in digital environments directly influence the international visibility and attractiveness of healthcare institutions.

Post-operative complications, inadequate patient follow-up procedures, language-related communication barriers, deficiencies in accommodation services provided by healthcare institutions, and shortages of personnel specialized in health tourism may negatively affect international patient satisfaction. Such issues are often reflected as negative reviews on digital platforms and may damage the online reputation of healthcare providers.

In this context, Customer Relationship Management (CRM) systems, digital patient monitoring applications, multilingual communication services, and professional social media management have become strategically important for health tourism organizations. Today, health tourism is among the sectors most dependent on digital marketing, and digital communication tools play a decisive role throughout every stage of the patient decision-making process (Deloitte, 2025; Medical Tourism Association, 2024).

In conclusion, marketing activities in medical tourism exhibit a multidimensional structure, and both traditional and digital methods need to be used together. In order for healthcare institutions to compete in the international market, it is of great importance to implement strong brand management, a patient-oriented service approach, and effective digital marketing strategies in an integrated manner.

7. CONCLUSION AND RECOMMENDATIONS

Recent international reports suggest that the health tourism industry is experiencing a substantial transformation through digitalization, artificial intelligence-assisted patient management, and the increasing integration of international healthcare services, thereby reshaping the structure and delivery of global health tourism activities (Deloitte, 2025; Medical Tourism Association, 2024).

In this study, the development, scope, marketing methods, and patient profiles of medical tourism within the context of health tourism have been examined based on the literature. The findings and statistical data indicate that health tourism is a strategic sector that is rapidly growing on a global scale and offers significant economic opportunities for countries. In particular, medical tourism stands out as one of the most dynamic fields within health tourism due to its high value-added nature, inclusion of services requiring advanced technology, and its role in increasing international patient mobility.

Globally, differences in healthcare costs, long waiting times in developed countries, and advancements in transportation and communication technologies play a determining role in the development of health tourism. These factors lead individuals to seek healthcare services in different countries in order to access higher-quality and more cost-effective services. In this context, countries such as India, Thailand, and South Korea have gained a significant competitive advantage in the field of health tourism.

When evaluated in the context of Turkey, it is understood that the country has significant potential in medical tourism due to its geographical location, developed healthcare infrastructure, experienced healthcare personnel, and cost-effective service provision. Turkey's competitiveness is particularly high in fields such as aesthetic surgery, dental treatments, and hair transplantation at the international level. However, in order for Turkey to increase its health tourism revenues, it is not sufficient to maintain its current advantages; it is also necessary to establish a stronger brand image in the international market.

When patient profiles are examined, it is observed that there are different patient groups with varying needs within medical tourism and that the factors affecting their preferences differ. While patients traveling for cancer treatment primarily seek advanced technology and expertise, cost and service quality become more decisive in areas such as aesthetic procedures and hair transplantation. This situation reveals that healthcare institutions operating in the field of health tourism need to develop differentiated strategies tailored to their target audiences. In addition, the impact of digitalization on medical tourism is steadily increasing. Patients conduct research on the internet, examine patient reviews, and compare healthcare institutions before making treatment decisions. Therefore, digital marketing has become one of the most important factors providing a competitive advantage in the medical tourism sector.

In conclusion, in order for medical tourism to develop in a sustainable manner, it is of great importance to adopt a patient-centered service approach, continuously improve service quality, and adapt to digital transformation. Furthermore, the increasing trend in the number of patients and revenue generated within the scope of health tourism indicates that the sector has not only theoretical but also economically sustainable growth potential.

Based on the research findings, the following recommendations have been developed in the fields of health tourism and medical tourism:

- I. International promotion and branding strategies should be strengthened. Turkey's global awareness in the field of health tourism should be increased, and digital platforms and social media should be used effectively.
- II. Patient-centered service models should be developed. The expectations and needs of international patients should be analyzed, and personalized service delivery should be ensured.
- III. International accreditation and quality standards should be expanded. In order for healthcare institutions to compete at the international level, importance should be given to quality certification processes.
- IV. Transparency and trust-enhancing practices should be developed. Clear and understandable information

should be provided to patients regarding treatment processes, costs, and outcomes.

V. Digital marketing strategies should be used effectively. International visibility should be increased through SEO, social media, online advertisements, and patient reviews.

VI. Post-treatment services should be strengthened. Patient follow-up, communication, and consultancy services should be improved to increase patient satisfaction and repeat preference rates.

VII. Qualified human resources and cultural competence should be enhanced. The foreign language skills and cultural awareness of personnel working in the field of health tourism should be improved.

VIII. Strategic specialization and public–private partnerships should be supported. Specialization in areas where Turkey is strong, such as aesthetic surgery, hair transplantation, and dental treatments, should be increased; at the same time, international collaborations should be developed for treatments requiring advanced technology.

Declaration of Research and Publication Ethics

İhsan Gür declare that this study does not require ethics committee approval. The research was conducted in compliance with national and international research and publication ethics

Author Contribution Rate Statement

İhsan Gür declares that they are the sole contributor to this manuscript and assume full responsibility for its content

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The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Artificial Intelligence (AI) Usage Declaration

İhsan Gür used ChatGPT solely for draft, translate, or significantly edit portions of the text.

İhsan Gür assume full responsibility for the factual accuracy and originality of the final content.

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Management of International Patient Treatment Processes by Assistant Firms and Intermediary Organizations

Berna ERSOY¹⁰

Abstract

With the increasing mobility of international patients, the cross-border organization of healthcare services has evolved into a more complex structure. In this context, assistance companies and intermediary organizations have emerged as key actors that plan and manage patients' treatment journeys. These entities act as a bridge between patients and healthcare providers, addressing communication, coordination, and logistical processes through a holistic approach. The international patient treatment process generally consists of pre-assessment, identification of an appropriate healthcare institution, treatment planning, travel and accommodation arrangements, and post-treatment follow-up. Assistance companies contribute to determining the most appropriate treatment options by ensuring that patients' medical data are accurately analyzed and shared with relevant specialists. At the same time, they enhance the patient experience by overcoming communication barriers arising from linguistic and cultural differences. Intermediary organizations, on the other hand, play a strategic role in the marketing of healthcare services, the development of international patient portfolios, and the enhancement of the global competitiveness of healthcare providers. These organizations support the sustainability of the health tourism ecosystem by operating within the framework of patient safety, ethical principles, and service quality. In conclusion, the international patient treatment process managed by assistance companies and intermediary organizations is grounded in effective coordination, accurate guidance, and high-quality service delivery. This structure not only ensures that patients receive safe and satisfaction-oriented care but also strengthens the international standing of healthcare providers.

Keywords: Health tourism, Assistance companies, Intermediary organizations, Healthcare service coordination, Patient management, Treatment planning.

JEL Codes: I11, I18, L84, M31
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1.Introduction

Within the framework of the health tourism legislation, secondary regulations, and related regulatory instruments currently in force in Türkiye, this study addresses—as a comprehensive management model—the processes through which travel agencies and intermediary organizations authorized to operate in the field of health tourism acquire patients from foreign markets for healthcare providers authorized to deliver health tourism services in Türkiye.

The international patient treatment process is a multidimensional service-export activity that is not limited to bringing the patient into the country alone, but also encompasses the stages of marketing, patient referral, medical coordination, legal compliance, operational management, and post-treatment follow-up (Crooks et al., 2010). In this context, assistance companies and intermediary organizations assume a central role in ensuring that the process is conducted in a secure, transparent, and sustainable manner for both the patient and the healthcare providers (Safari & Fattahi, 2017).

The processes examined in this study are evaluated within a holistic framework that extends-for firms authorized to carry out health tourism intermediation activities in Türkiye-from target-market analysis to the structuring of appropriate healthcare services, the establishment of collaborations with domestic and international stakeholders, and the management of operational workflows.

1. Competency Criteria of the Agency

The competency criteria pertaining to firms carrying out intermediation activities in the field of health tourism in Türkiye were brought into a systematic framework for the first time by the Regulation on International Health Tourism and the Health of Tourists, published on 13 July 2017 (Ministry of Health, 2017). Under this regulation, organizations intending to bring patients from abroad and act as intermediaries for healthcare providers in Türkiye were required to hold the competency of a Class A travel agency, in accordance with the legislation of the Association of Turkish Travel Agencies pursuant to the Law on Travel Agencies and the Association of Travel Agencies No. 1618 of 1972 (Official Gazette, 1972). Accordingly, the employment of personnel speaking at least four foreign languages was defined as a fundamental requirement for firms operating in the field of health tourism, and these conditions were among the preconditions for obtaining the International Health Tourism Authorization Certificate from the Ministry of Health.

In the period from 2017 to 26 April 2025, approximately 1,800 travel agencies and intermediary organizations were authorized by meeting these criteria. With the regulation published on 26 April

2025-again updated under the title Regulation on International Health Tourism and the Health of Tourists (Ministry of Health, 2025) -the requirement to hold a Class A travel agency certificate was abolished, the minimum number of personnel was reduced to two, and digital compliance, membership in the Türkiye Health Platform, and performance criteria were incorporated into the process. As a result of these changes, the authorization certificates of approximately five hundred organizations that were unable to comply were revoked, and at present the number of firms authorized to carry out health tourism intermediation activities in Türkiye stands at 834 as of 2026.

2. Product Determination

Türkiye is one of the few countries worldwide in terms of the diversity of services that can be offered within the scope of health tourism (Freyer & Kim, 2014). Health tourism products are generally addressed in three main groups. The first group comprises services based on individual preferences, such as hair transplantation, dental treatments, medical aesthetics, aesthetic surgery, and bariatric surgery driven by aesthetic concerns. This product group is characterized by a high number of patients and high turnover, yet a comparatively lower financial volume. The second group includes long-term and high-cost treatments to which patients have limited access in their own countries, such as organ transplantation, cancer treatments, and radical surgeries. The third group encompasses the concepts of elderly and disabled tourism, wellness, spa–rehabilitation, and thermal tourism. Since these three product groups possess dynamics that are independent of one another, it is essential that intermediary organizations first clearly determine which product or product groups they will operate through. Product selection also constitutes the fundamental reference point in identifying the target market and the service providers.

3. Establishing a Domestic Network

The process of establishing a domestic network refers to forming collaborations with healthcare providers suited to the determined product groups. For demand-driven services such as hair transplantation, dental treatments, aesthetic procedures, and bariatric surgery, agreements should be concluded with clinics in cities where these fields are concentrated—agreements covering commission rates, patient transfer, accommodation, travel organization, and promotion–marketing processes. For organ transplantation, oncological cases, and radical surgeries, institutional collaborations should be established with large hospital chains. In addition, the service network should be expanded by concluding agreements—in compliance with the legislation—with thermal hotels, wellness centers, and facilities operating in the field of geriatric and disabled tourism (Safari

& Fattahi, 2017). By declaring these agreements, an authorized intermediary organization obtains the authority to market the contracted healthcare services within its own product portfolio and, through this structure, develops its strategies oriented toward foreign markets.

4. Establishing a Market Abroad

The process of establishing a market abroad is the stage of strategic decision-making concerning in which countries and for which patient profiles the determined health tourism products can be offered (Roy et al., 2016). It is not possible for every healthcare service offered in Türkiye to find the same response in every market. For example, while radical surgeries and oncological cases see limited demand in the European market, there is significant potential for such advanced treatments in the Turkic Republics, the Middle East, North Africa, and countries with a lower level of development. By contrast, in the United Kingdom and Western European markets, it is more feasible to market services such as hair transplantation, dental treatments, aesthetic procedures, and bariatric surgery (Hanefeld et al., 2013). At this stage, the most critical element is the accurate identification of the target market and the clarification of marketing criteria appropriate to that market.

5. Market Access and Digital Presence

For intermediary organizations that have fulfilled the competency criteria, determined their product, established domestic collaborations, and conducted target-market analysis, the next step is to achieve full visibility in the digital world in a manner appropriate to the market. Within this scope, a strong and trust-inspiring website should be created, with language arrangements suited to the target market; a digital corporate structure should be established that demonstrates the patient is supported before, during, and after the treatment process. Marketing activities should be addressed at two levels—global and local channels; in addition to global social media and digital advertising channels, visibility should also be ensured in local channels specific to the target market (Safari & Fattahi, 2017). Furthermore, market access should be strengthened by developing collaborations with other intermediary organizations, physicians, beauty centers, hairdressers, and similar secondary stakeholders capable of generating patient flow in the target markets.

6. Workflow and Operational Processes

In intermediary organizations that have completed all their preparations in the field of health tourism, the operational process begins with the rapid evaluation of patient applications received as a result of promotional and marketing activities. Patient requests are conveyed to the relevant

healthcare providers and partner organizations, and the medical opinions obtained, together with the financial offer, are presented to the patient by the intermediary organization (Weis et al., 2017). During this process, the patient may request additional services such as travel insurance, medical insurance, and health tourism insurance covering the treatment. For aesthetic and demand-driven services, the process is mostly combined with a holiday concept, and packages including airline tickets, transfers, accommodation, and other tourism services are created. Once an agreement is reached with the patient, the operation begins; the entire organization-from transfer and transport to the hospital through to the treatment process-is carried out by the assistance companies and intermediary organizations. Following the completion of treatment, the stages of discharge, return to the home country, and follow-up during the recovery process are likewise managed within the framework of processes defined among the patient, the healthcare provider, and the intermediary organization (Crooks et al., 2010; Weis et al., 2017).

6.1. ILLUSTRATION THROUGH A CASE STUDY: THE GERMAN EXAMPLE

Within global health mobility, Türkiye holds a strategic position, particularly owing to its historical and legal ties with Germany. This study examines the legal bases, financing models, and operational processes of the flow of health tourists from Germany to Türkiye, focusing on the "Regulation on International Health Tourism and the Health of Tourists" dated 13/07/2017 and on bilateral social security agreements. The study analytically addresses the functioning of public and private insurance systems together with the regimes of data security and legal liability.

Health tourism is a multidisciplinary field encompassing the travel of individuals outside their country of residence for the purpose of receiving medical services (Freyer & Kim, 2014; Turner, 2010). With its provision of qualified healthcare services and its cost advantage, Türkiye has become a center of attraction for patients of German origin. This process is not merely a medical intervention; it presents a complex structure in which the rules of international law, insurance law, and public administration are intertwined (Béland & Zarzeczny, 2018).

6.2. Legal Basis and Institutional Accreditation

The primary legal basis of the healthcare relationship between Türkiye and Germany is the 1964 Türkiye–Germany Social Security Agreement (Official Gazette, 1965).

This agreement constitutes the cornerstone of social security coordination between the two countries.

Modern health tourism practices, on the other hand, are currently conducted within the framework of the provisions of the "Regulation on International Health Tourism and the Health of Tourists" ((Ministry of Health, 2017). Pursuant to Article 5 of the relevant regulation, both healthcare facilities and intermediary organizations (agencies) are required to hold an "International Health Tourism Authorization Certificate" in order to provide services. This certificate constitutes a minimum requirement for the auditing of service quality and the preservation of international standards, and unauthorized activities are subject to legal sanction.

6.3. Financing Models and Insurance Approval Processes

The treatment financing of a health tourist arriving from Germany is shaped through two main mechanisms, depending on the patient's insurance status and the nature of the treatment :

6.3.1. The Bilateral Social Security Agreement and the Form (Formular) System

For patients arriving within the scope of social security, the process is conducted through forms (Formulare) obtained from the relevant statutory health insurance fund (Krankenkasse) in Germany.

Form T/A 11: Used for "emergency" medical needs arising during temporary stays for touristic purposes.

Form T/A 20: Represents the prior authorization obtained for planned treatments (within the scope of health tourism).

Regulatory Application: The documents in question are registered by the units of the Social Security Institution (SGK) in Türkiye and processed through the Overseas Health Activation System (YASAD). The billing of the services provided within this scope is carried out on the basis of the Healthcare Implementation Communiqué (SUT) prices.

6.3.2. Private Health Tourism and Assistance Services

Requests outside the scope of social security—such as aesthetic surgery, dental health, or advanced oncological treatments—are subject to private insurance and free-market rules. At this point, the "Provision (Pre-authorization) Process" comes into play.

The intermediary institution or hospital obtains approval by submitting a comprehensive treatment plan to the patient's private insurer. Pricing may be determined freely, independently of SUT limitations, on the basis of the "Health Tourism Price List" established by the Ministry of Health.

6.4. Operational Process Management and Data Security

The health tourism process requires a high degree of technical rigor at the operational level.

Telemedicine and Pre-assessment: The cross-border transfer of the patient's medical data (discharge summaries, radiological images, etc.) must be fully compliant with Law No. 6698 on the Protection of Personal Data (KVKK) and the European Union's General Data Protection Regulation (GDPR). Data minimization and end-to-end encryption ensure the legal security of this process.

Informed Consent: Pursuant to the regulation, it is a legal obligation that the consent forms to be presented to the patient be prepared in the patient's native language (German) and that they transparently set out the risks of the intervention and the cost items.

Logistics and Support Services: The management by intermediary organizations of services such as transfer and accommodation is assessed within the scope of the "service defect" liability defined in the regulation.

6.5. Legal Liability Following Medical Intervention and the Resolution of Disputes

In the event of possible complications that may occur during treatment, or of malpractice (medical negligence) claims, the Turkish legal system offers protective mechanisms.

Compulsory Professional Liability Insurance: Pursuant to Law No. 1219, this insurance held by physicians serves as a guarantee for the potential compensation rights of foreign patients.

Jurisdiction: Disputes are, as a rule, resolved before Turkish courts within the framework of the provisions of the Turkish Code of Obligations and Private International Law. However, the SABİM (Ministry of Health Communication Center) within the Ministry of Health, and the international support lines, serve as a mediating, solution-oriented bridge before legal proceedings are initiated.

7.CONCLUSION

In conclusion, this study positions the role of the intermediary organizations and travel agencies operating in the field of health tourism in Türkiye within a multilayered service-export model, carrying it beyond a merely operational “patient-acquisition” function. When the examined legislation is evaluated in the light of, in particular, the 2017 regulation and the 2025 update, it becomes apparent that mechanisms of institutionalization, digitalization, and performance-oriented supervision are becoming increasingly decisive in the sector. This transformation both ensures the standardization of service quality and enhances international competitiveness; however, it also brings with it consolidation in the sector through the pushing out of actors unable to comply.

The management model developed in this study clearly demonstrates that health tourism processes must be addressed through a holistic rather than a fragmented approach. The interdependent structure of components such as product determination, target-market analysis, the establishment of domestic and international networks, digital visibility, and operational process management shows that sustainable success in this field is possible only through strategic planning and an integrated management approach. In this context, intermediary organizations are not merely a point of connection between healthcare providers and the international patient; they are also critical actors that generate trust, transparency, and legal compliance.

The analysis conducted through the German example, for its part, concretely reveals the extent to which health tourism is intertwined with international law, social security systems, and insurance mechanisms. Bilateral social security agreements, form systems, and private insurance processes stand out as the fundamental elements determining the financial sustainability of patient mobility. At the same time, the obligation to comply with both national and international norms in areas such as data security, informed consent, and malpractice liability renders health tourism a highly regulated field of activity.

Within this framework, it is assessed that, in order to increase its health tourism potential in a sustainable manner, Türkiye must advance along three fundamental axes. The legislation must be dynamically updated in alignment with international standards; the institutional capacity and digital competencies of intermediary organizations must be strengthened; and data-based, ethical marketing strategies specific to target markets must be developed.

Otherwise, even if short-term increases in patient flow are achieved, the weaknesses that may emerge in the long term along the axes of trust, quality, and legal compliance could damage the sector's reputation.

In conclusion, health tourism is not merely an economic activity; it is also a strategic sector directly related to public health, international relations, and legal systems. Türkiye's ability to make its competitive advantage in this field permanent depends on all stakeholders-above all the intermediary organizations-acting within a framework of full compliance with the legislation, adherence to ethical principles, and a patient-centered service approach. By offering a conceptual and practice-oriented framework as to how the transformation in question may be structured, this study contributes to the literature.

8.RECOMMENDATIONS

The holistic analysis of the text shows that, although the health tourism ecosystem in Türkiye has become substantially institutionalized and has settled into a legislation-based framework, there also exist structural areas in need of development in terms of sustainability, international competitiveness, and service quality. In this context, recommendations for advancing the subject may be evaluated within the framework of the following academic axes:

First, the legislation needs to be strengthened through a dynamic and multilayered governance model. Although the 2017 and 2025 regulations have provided standardization in the sector, it is important—particularly with regard to the supervision of intermediary organizations, performance measurement, and sanction mechanisms—that these be tied to more transparent and measurable criteria. Within this scope, it is recommended that accreditation systems based on quality indicators be developed and that stronger integration be achieved with international standards (for example, with accreditation structures similar to JCI). Furthermore, the legislation needs to evolve into a structure that continuously monitors not only entry conditions but also the quality of the operational process.

Second, increasing the institutional capacity and level of professionalization of intermediary organizations is a critical necessity. In the current structure, it is observed that, while many organizations carry out operational activities, they possess limited capacity in matters of strategic management, data analytics, and international marketing. For this reason, the quality of human resources needs to be enhanced, multilingual and interdisciplinary expertise needs to be encouraged, and certification programs need to be made more widespread. In particular, the training of professional staff specialized in fields such as medical coordination, international patient experience management, and crisis management will directly enhance sectoral quality.

Third, strengthening the infrastructure of digitalization and data-based management is a priority area of development.

The effective use of the Türkiye Health Platform and similar digital integration systems must be increased; integrated information systems enabling real-time data sharing among intermediary organizations, healthcare providers, and public authorities must be developed. Within this framework, the creation of big-data analytics, artificial-intelligence-assisted patient-referral systems, and digital patient-journey maps will enhance both operational efficiency and patient satisfaction. However, in this process, full compliance with national and international regulations is mandatory in order to protect data security and privacy.

Fourth, the strategies for target markets need to be differentiated and deepened. As emphasized in the text, the fact that not every health tourism product finds a response in every market makes it imperative to develop country-based and even region-based micro-strategies. Within this scope, it is recommended that market research be systematized, that strategies for cultural adaptation be developed, and that long-term collaborations be established with local stakeholders (insurance companies, clinics, distributor-intermediary structures, etc.). In particular, as seen in the German example, the development of models integrated with social security systems and insurance mechanisms will make patient flow more sustainable.

Fifth, the institutionalization of a patient-centered service-design and experience-management approach is of importance. Health tourism is a service evaluated not only by clinical success but by the patient's entire experience process. For this reason, the standardization of pre-treatment information, treatment-process coordination, and post-treatment follow-up mechanisms is needed; structures should be created that measure patient satisfaction and systematically integrate feedback into management. In particular, multilingual communication, cultural sensitivity, and ethical marketing principles should be the fundamental components of this process.

Sixth, legal security and international compliance mechanisms need to be strengthened. The social security agreements, data-protection obligations, and malpractice liabilities set out in the German example demonstrate that health tourism requires a high degree of legal sensitivity. In this context, it is recommended that the institutional awareness of intermediary organizations and healthcare providers regarding international law, insurance law, and data-protection legislation be increased, and that alternative mechanisms for the resolution of cross-border disputes (for example, international arbitration or mediation models) be developed.

Finally, deepening public–private cooperation in sectoral governance stands out as a strategic necessity. Since health tourism is a multi-actor structure, platforms that will enhance coordination among public authorities, the private sector, professional associations, and international organizations need to be created. Such collaborations will both render policy-making processes more inclusive and strengthen Türkiye's position in the global health tourism market.

When evaluated overall, Türkiye's ability to make its competitive advantage in health tourism sustainable depends on its carrying out simultaneous and integrated improvements in the areas of legislation, institutional capacity, digitalization, market strategies, and legal compliance. These recommendations will contribute to moving beyond quantitative growth in the sector toward

qualitative deepening, and to positioning Türkiye as a trustworthy health tourism center on a global scale.

Declaration of Research and Publication Ethics

Berna Ersoy declares that this study does not require ethics committee approval. The research was conducted in compliance with national and international research and publication ethics

Author Contribution Rate Statement

Berna Ersoy declares that they are the sole contributor to this manuscript and assume full responsibility for its content

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The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Artificial Intelligence (AI) Usage Declaration

Berna Ersoy declares that no artificial intelligence (AI) tools or large language models (LLMs) were used in the generation of text, data analysis, or image creation for this manuscript

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