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TURNING DISEASE INTO AN ADVERTISING MATERIAL AND CHANGING PEOPLE'S PERCEPTION OF MEDICINE THROUGH THE DIGITAL REVOLUTION

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ABSTRACT
The purpose and aim of this research are to show and evaluate the impact of medical advertising using social media and digital platforms on decision-making to receive treatment in health tourism by influencing people's perception of medicine in Turkey. In addition, to bring to light the decision-making process of the medical tourists. Data were collected from 238 respondents in Turkey, sample of former health tourists in Turkish healthcare facilities who have received their treatment during 2021, based on the study model data were examined using the Statistical Package for the Social Sciences (SPSS) software by applying frequency distribution tables also bar charts of questionnaire (part A) and further correlation, R-Square, ANOVA and Regression Analysis for questionnaire (part B). Results show that the relationship between medical advertising using social media, decision-making of the health tourists, people's perception and their effectiveness (interaction of medical advertising with people's perception of medicine and the Decision-making of the health tourists) in health tourism is positive. This study has analyzed through descriptive approach that was used to study about demographic profile of health tourism in Turkey, and MA, MA-PP, and DM items have been developed to test the hypothesis. Four-point Likert scale questionnaire and Five-point Likert scale questionnaire has been adopted for data collection, the reliability statistics of all items was 0.719 which is good, in order to measure the relationship among variables correlation a test was used, regression analysis R-Square interpretation, ANOVA was used to show the impact of DM on MA-PP of health tourism. Statistical analysis also showed results and suggestions for this model.

Keywords:
Health Tourism, Medical Advertising, Decision Making, Digital Marketing, Perception of Medicine, Turkey

1. INTRODUCTION

At the dawn of the digital revolution, a powerful form of advertising has emerged: medical advertising. In this new context, traditional media channels have been replaced by social networks and online platforms as a source of information for consumers. In recent years, especially after the launch of mobile phones with Internet access, mobile applications, and wearable devices, patients have started to move away from traditional media channels in favor of online ones, in particular social networks.

With this shift, marketers have also turned to the Internet and social networks to communicate more effectively with potential customers. Nowadays, advertisers can use digital channels, such as Facebook or Instagram, to improve their products' visibility. This change affects the daily practice of healthcare providers who are now required to adapt their marketing strategies for reaching patients. This includes the rise of digital advertising materials, which are aimed at encouraging patients to receive treatment abroad or to consider travel over treatments provided domestically.

The shift towards online media has changed not only how people inform themselves but also their perceptions of medicine. It is important to highlight that this turn of events affects decision-making when it comes to determining which countries are most suitable for specific treatments, either in the context of health tourism or international medical treatments. This, again, leads us to wonder about the impact of medical advertising using social networks and online platforms on how people perceive medicine, as well as the way behavioral patterns change based on new information.

1.1. Research Problem

Many studies have been conducted to reveal the importance of health tourism and its impact globally. Other researchers studied many aspects like ethics, regulation, and marketing of medical tourism and the health sector. However, there is

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International Journal of Engineering Technology Research & Management

limited literature related to medical advertising through digital platforms and its impact on the decision-making in medical treatment in the health tourism sector. Some of these studies found no correlation between these variables, whereas others concluded that digital marketing affects people's perception of medicine and their decision-making process about traveling overseas in order to access medical services. Therefore, there's a clear disparity in the results of previous studies. In addition to this, most of the research conducted on this topic is done in western and Southeast Asian countries. In other words, there isn't a lot of data about the relationship between medical marketing and health tourism in countries like Turkey where the health tourism sector is very advanced, and it will therefore be interesting to conduct a study about it in Turkey.

1.2. Significance of the Study

Health tourism's increasing popularity provides a unique context to understand how it is being done by providers with limited resources and environmental constraints. The industry of health tourism presents implications in marketing a sensitive service internationally that probably concerns marketing scientists and practitioners [1].
Medical tourism, although not a new concept, has emerged on the internet as an option available to people seeking treatment worldwide. It is essential for authorities involved in the marketing of medical tourism to consider the factors that have a significant impact on the marketing of tourist destinations through social media to achieve greater benefit in medical marketing [2].
Therefore, this study will shed some light on this topic to provide a thorough comprehension of the different variables related to the role of the digital revolution generally and social media and digital platforms specifically in the medical advertising for health tourism, the effect of the latter on the general perception of medicine, and the decision-making process regarding receiving medical treatment overseas.
In conclusion, this study is important in that it might help legislators and administrators involved in the marketing of medical tourism and patients make better decisions and to effectively utilize social and digital platforms.

1.3. Research objectives

The objectives of this research are:

- To discover whether there is a relationship between medical advertising and people's perception of medicine and the extent to which can that affect the decision-making to seek healthcare abroad.
- To discover which digital platforms and social networks are the most effective.
- To discover which digital platforms and social networks are the most effective.
- To discover which digital platforms and social networks are the most effective.
- To reveal the extent to which the use of social media and digital platforms for medical advertising impact the decision-making to seek healthcare abroad.
- To bring to light the decision-making process of the medical tourists.

1.4. Hypothesis of the Study

In order to meet the study aims as described in the previous paragraph and to support the main objectives the following hypothesis:

❖ Medical advertising using social media and digital platforms affects decision-making to receive treatment in health tourism by influencing people's perception of medicine.

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2. REVIEW OF THE LITERATURE

Social media platforms are enjoying a big role in data dissemination, particularly in developing countries with meager resources. Health-related information and data are essential for the event and provision of health providing services. Lack of the aforesaid data and information during this regard ends up in thousands of deaths every day. Indeed, developing countries account for the bulk of the worldwide burden of diseases, attributable to the inadequate accessibility of health-related data. According to the World Health Organization (WHO), 48% of children die within the first 28 days of birth due to caregivers' poor knowledge of basic healthcare standards [3]. Since the Internet and social media have become prevalent sources of communication and information dissemination, they can be utilized as tools to enhance awareness among the population. Furthermore, Facebook, Twitter, and LinkedIn are the most popular social networking sites among users and constitute the channels that are primarily used to increase healthcare awareness [4].

2.1. Digital Revolution & Information Dissemination

The Digital Revolution is undoubtedly the most substantial event in information dissemination since Gutenberg's printing press and it can be said marks a much bigger shift in human communication [5]. The Digital Revolution has increased and improved the ability to communicate and find important information. Moreover, the ability to store information has grown exponentially with terabyte storage now being very accessible as well. The introduction of digital technology also changed how humans communicate, through the use of computers, cell phones, and the internet. This revolution paved the way for the Information Age [6].

2.1.1. Data Dissemination in the Information Age

The Internet is the determining technology of the Information Age, and with the explosion of wireless communication in the early 21 century, we can say that humanity is now almost totally connected, albeit with considerable levels of inequality in bandwidth, efficiency, and price [7]. The Information Age changed society from an industry-based economy to an information-based economy. It has created research, work, commerce, and new aspects of entertainment and has given most of the world access to information.

As a result, the rules for the collection and dissemination of knowledge and data have radically changed [8], which can be noticed through the variation of the digital data sources such as online libraries, e-books, online newspapers, some academic journals only publish digitally, and the widespread use of social media platforms.

2.1.2. Health Information Dissemination in the Information Age

The digital revolution has also changed the world of medicine and public health in significant ways, where the era of on-demand communication has been guided by the use of digital/social media by healthcare professionals (HCPs), as well as patients [9].

We no longer have to wait for a significant scientific conference to provide a place for interaction with a key opinion leader in your field of interest. Through the use of digital channels, once study results are released, HCPs and patients can access this information almost in real-time. Social platforms are now possibly influencing HCPs and healthcare decisions. Since there are clear advantages to the usage of these online platforms, medical and scientific publishing associations are making large steps to keep abreast of the changes brought about by digital media, with maintaining loyalty to traditional methods of publishing [10]. Esenbach [11] defined "apomediation" (apo means detachment, separateness) in order to explain how new media environment enables users to avoid formal expert gatekeepers or mediators: that is, users not only avoid acting without full guidance but also rely on internet-based tools and collaborative knowledge being created and shared by their peers on social media platforms. Healthcare actors play a main role in medical information dissemination and their role can be explained as follows [12]

2.1.2.1. Patients' role in information dissemination

Social media enables users to perform peer-to-peer discussions in such a way that was not allowed by traditional websites. Patients have been active users of social media in order to obtain health-related knowledge through forums and discussion groups. Through social media, they are highly interested in smoothing the progress of communication between themselves and their healthcare providers [12].

2.1.2.2. Physicians' role in information dissemination

Doctors employ social media professionally to communicate with colleagues and trainees, to share medical information; discuss practice management challenges; search news articles; research medical developments; listen to experts; consult colleagues regarding patient issues; information dissemination of their studies; engage in health promotion or market their practice [13].

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2.1.2.3. Health organization's role in information dissemination

Social media and digital platforms are also used by health care organizations including hospitals, professional societies, patient support groups, and pharmaceutical companies to communicate with the patients and the community; market products and services; enhance organizational visibility; provide a channel for patient resources; establish a venue for acquiring news about education activities; fund-raising; promotions; and customer care and support [14].

2.1.3. Digital Platforms Used for Health Information

Hence, the majority of healthcare providers are using social and digital platforms to directly engage with patients to enhance healthcare. We can see the increasing number of patients who use social media to access and share medical information and healthcare experiences. In addition to learn about the available medical institutions, the sort of facilities and treatments provided, etc., the relationship between patient and doctor is taking a dynamic shift with the use of social media [12].

Social media sites can be classified by purpose, serving functions such as:

- *Social and Professional networking (Facebook, Instagram, Google Plus, Twitter, LinkedIn):* used by HCP and health science students as much as the public with almost 90% of practicing doctors, nursing staff, and associated health care professionals having Facebook and Instagram pages for personal or professional use. Social media has implications in medical science education due to patient and provider privacy [15].
- *Media sharing (YouTube, Flickr):* In medicine, media-sharing sites, can be important resources for education, community building, marketing, and branding.
- *Content production (blogs [Tumblr, Blogger] and microblogs [Twitter]):* "blog" is a shortened from "Weblog," is the oldest and most established kind of social media, that has been used in medicine since 2004. Some doctors use blogs to communicate with other Health care professionals or the public [16].
- *Knowledge/information collection (Wikipedia):* is considered the most widely used wiki in the medical community. It is mostly used as a reference by clinicians, despite its noted limitations, such as mistakes and the narrow span of information [16, 17].

2.2. Internationalization of Health Sector

Due to the immense and popular use of social media applications across the world, entrepreneurs are establishing their businesses via these platforms. Various industries quickly adjusted their mode of operations from ancient to web-based social networking owing to their low expense and high usage magnitude relation. This is the explanation behind medical care professionals and practitioners displaying a keen interest in using such platforms [18]. According to literature doctors and nurses have acknowledged interest in exploiting social networks for business use [19]. Similarly, patients feel that the provision of health care data on these platforms permits them to simply perceive treatment strategies and luxuriate in higher health outcomes. Therefore, they depend a lot routinely on the web for gathering all forms of data than on doctors. Due to these reasons, a number of hospitals across the world have started using social media platforms to connect themselves with patients across the country. Internet in general and social media platforms became a bridge between patients of developing countries and medical specialists residing in more progressed locations. Consequently, those healthcare providers attracted patients to travel for the sake of treatment, not only they travel locally but also internationally [3].

2.2.1. Internationalization of the Turkish Healthcare

There are several reasons why Turkey qualifies as a suitable country destination for cross borders healthcare seekers. First, this emerging market constitutes an ideal setting as it has experienced a remarkable level of activity by its leading hospital chains in cultivating markets beyond their national borders. Turkey possesses world-class hospitals, a well-trained pool of medical professionals, health tourism companies, customer networks that spill over to the region, and an entrepreneurial drive to serve foreign markets [20]. From the end of 2002, many changes and innovations were introduced in order to make the provision of health services more effective, efficient, accessible, more advanced, and qualified in Turkey. Medical procedures starting from aesthetic, dental work, orthopedical surgery, and many more other surgical and non-surgical procedures are currently provided at top quality and reasonable rates in several countries, Turkey could be a sturdy competitor in the medical tourism market and in the top ten medical tourism destinations in the world [21]. In this regard, USHAŞ the International Health Services Inc. (2021) published that in recent years, very serious steps in health tourism have started to be made in Turkey with the investments made by digitalization, public, city hospitals, and private hospitals. It is worth mentioning that each hospital chain had already

established an international marketing team and structure. Team members were typically bilingual or multilingual. Each hospital chain is active in about 10 country markets, and international patients make up at least 10 percent of all patients. Remarkably, two corporations have patients from some 100 countries. Turkish hospital chains proactively set up foreign offices established channels of communication and began disseminating information about their medical capabilities and services [20]. According to data from the Ministry of Health, the number of tourists visiting Turkey for health tourism was 662,087 thousand in 2019. Most of these people (67%) preferred private hospitals [22, 23].

2.3. Health Tourism (HT)

Health tourism was defined as the travel of individuals from their residences to other places for the purpose of receiving healthcare [24]. According to the World Tourism Organization (2006) the phrase "health tourism" was first introduced in 1973 and at first Health Tourism is the term used for people who travel to other countries to benefit from the resort facilities. Numerous studies proposed that medical tourism and wellness tourism are parts of health tourism because they are merged under the scope of health tourism [25, 26]. On some occasions we can see the health tourism term used as an alternate for wellness tourism; and in others, it is used synonymously with medical tourism; sometimes it is used to mean both; While in other times, it is used to refer to a subset of medical tourism or wellness tourism [25].

For the purposes of this research, the definition of HT that is adopted is the one stating that the diverse sub-attributes being utilized in health tourism overlap in these two prominent subsets called medical tourism and wellness tourism [27, 28] that are parts of health tourism because they are merged under the spectrum of health tourism, and these terms have been used interchangeably and synonymously in many occasions [25, 26, 29].

2.3.1. Health Tourism Industry

Being a global industry, health tourism attracted many countries to initiate serious steps for evolution and reforms in the emerging market countries [1]. HT is currently a multibillion-dollar phenomenon with a 20% anticipated annual [1, 30]. And it seems to be a fast-developing tourism product and market [31]. It was stated that the estimated value of the global health tourism market revenue was around $60 billion in 2006 and is expected to grow to US$100 billion by 2012. Market Research Future (2018) published a report about the Global Medical Tourism Market that manifested an outstanding Compound Annual Growth Rate (CAGR) of 21.4 percent for the industry between 2018 and 2023. It was foreshadowed that the GMTM would reach US$ 226,762.70 million by end of 2023 [32]. However, the HT industry must be able to adapt to the environment's constant change, where the sudden economic and social modifications can consequently alter the whole system. The actual challenge that stakeholders face is to be able to maintain their benefits under the competition through being profoundly acquainted with their market. As they need to pay attention to the trends in the market because even a small partial success can make a huge difference in the severe competition [32, 33].

2.3.2. Digital Marketing in Health Tourism

In the light of the market orientation to promote healthcare in the health tourism industry, the healthcare providers realize that the role of marketing is more critical for their survival due to many factors in the fiercely competitive environment of health tourism including price rivalry and fulfilling the unique demands of their patients [34]. HCPs need to tackle intangibility, heterogeneity, and credence to market healthcare services internationally. In addition to building trust quickly, providers need to customize and offer supplementary services [1]. Additionally, stakeholders need to benefit from positive word of mouth (WOM) through the internet and personal contacts to create trust, but they need to pay further attention to the effect of negative WOM. Further attention is required to language barriers and the methods of communicating the patients' needs. The role of healthcare facilitators needs to be comprehended and integrated into the whole schedule offered to healthcare consumers. Medical travel mediators collaborate with various hospitals to support patients in finding the suitable hospital, airline, and accommodation facility that fits their requirements [1, 32, 33].

It's well known that the Internet and social media for health-related purposes are extensively used in high-income countries [35]. Digital marketing provides a novel chance to succeed, to draw in and inform potential remote purchasers. It is necessary to talk and interact with potential customers through the distinctive opportunities provided by the latest technologies. Modern technologies, like social networks, websites and e-mail made it possible, with the use of digital marketing, to promote health tourism and to build a digital identity – the reputation of medical tourism. It is a global challenge for everyone to develop digital marketing in the medical tourism area and can make a valuable contribution to the national visibility of the world setting [36].

2.3.2.1. Social Media in Health Tourism

Nowadays, social networks are being utilized by public health organizations to the same extent as a platform for the distribution of intensified health-correlated messages and as an opportunity for interaction and collaboration with

audiences in ways not possible before. This revolution in the method of gathering health-related information and patient engagements has demonstrated the increased significance of social media platforms in the healthcare industry in a more comprehensive way [12]. Another significant motivation to use social media is emotional support provided by getting in touch with people affected by the same type of sickness and the facilitation of the sharing of updates about the latest treatments. Social media users intend to share information about their health situations and experience to help themselves and others. Moreover, other social media platforms are quickly appearing as a famous source of well-being information, especially, for teenagers and grown-ups [3]. Moreover, patients find recommendations and opinions about different treatment options and also provide feedback about the services of different hospitals on social media platforms. Patients mainly use Facebook, YouTube, Instagram, Wikipedia, and Google, to acquire information regarding access to physicians and healthcare experts.

Hospitals need to expose their brands and services to online visitors through social media. Providing immediate responses to the queries and concerns of potential clients, and the provision of lucky draws, games, and contests via social media can provide an opportunity for the stakeholders in health tourism to engage with their potential consumers [37]. It was also expressed that for organizations to make a greater impact in their field of expertise, they need to tap into the following trends: Patient education; Disease awareness and support; Advocacies and policies; Virtual conferences and events; Social Audio and Connecting Healthcare Professionals [38].

2.3.3. Ethical concerns about Medical Advertisements

Advertising that is truthful and not misguiding isn't basically unethical. The content's presentation and framing may cross the ethical boundaries once it manufactures physicians or organizational credentials which will not stand up to carelessness or shut scrutiny [39]. In this context, we need to go further to the recognized benefits of direct-to-consumer advertising (DTCA) by health care institutions due to the central issue regarding the benefits of the patients' empowerment in, and ownership of, their own medical care decision-making.

It helps to generate a level of partnership between patients and physicians because it provides valuable information that educates patients regarding their illness and treatment options [40]. An adequate understanding of health care needs demands medical knowledge and experience of the disease. Therefore, such understanding depends, mostly, upon personalized consultation with a clinician.

Advertising practices that create the perception of a health care need may induce patients to seek unnecessary services [41]. Advertisements include untestable terms like centers of excellence, latest potential breakthrough care, and leading treatment, which their experts are actual "fighters". Although they are not true, such claims can create expectations that are incompatible with clinical reality and are so misleading. Moreover, advertisements often omit, minimize, and obscure the risks related to a particular drug, device, or surgical procedure [40].

Honest and straight language does not risk making such expectations. Patient testimonials are by their very nature misguiding; they display the successes and not the failures, which encourages the idea that magnificent results are always expected. Thus, advertising could be a lure to use a specific product or, in this case, a specific establishment. Once the commitment to professional integrity is not shared by the hospital's administration, particularly the selling department, the danger of deceptive or maybe false advertising will increase [39].

Physicians and healthcare workers must take the responsibility and the leadership role to ensure their institution's marketing plans and advertising are consistent with professional integrity and thus contribute to an organizational culture of professionalism, ensure the integrity of the information provided to patients and protect the sanctity of the doctor-patient relationship [40].

2.3.4. Decision Making in Health Tourism

In medical tourism, the patient's decision is complex due to intrinsic medical, emotional, and financial risks [42]. The decision-making process can be one of many factors that determine whether a patient will have an excellent experience and can be divided into two stages:

2.3.4.1. Information Gathering

In order to reduce risk and uncertainty during the process of decision-making, medical tourists need to gather information from various sources [43]. The information search was categorized into external and internal search:

- The internal search depends on patients' knowledge regarding the health tourism destinations. In the literature, it was suggested that recommendations and experiences provided by family and friends play a great impact and a significant role in the decision-making process. That includes acquiring information primarily through the Internet and word-of-mouth. Studies exhibited that WOM and patient testimonials are influential factors in the choice of a health tourism destination. Listening to, reading, and watching positive reviews about a hospital or a medical

tourism destination helps in reducing the psychological fear and improve the level of perceived trust [44, 45, 46, 47, 37].

- The external information sources include mainly the internet and other sources like travel professionals, marketing communication, medical travel mediators (MTMs), and destination-related publications. Medical tourists seek information related to destination image including political stability, safety, facilities, the cost of medical services, insurance coverage, physicians' expertise, quality of care and facilities, accreditation, and follow-up care, that's due to the importance of this information in patients' final decision [48].

2.3.4.2. Trust-Building and Communication

It starts by establishing effective communication and making sure that both parties are honest about the symptoms or illnesses, but also understand why they need specific treatments in order to gain desired results. Eliminating communication barriers and building trust is important to reduce ambiguity and uncertainty that affect the decision-making process [1].

Medical tourists are more likely to proceed with their medical procedure when they are able to communicate easily and clearly before and after arrival in a foreign country. Various techniques of communication like emails and audio/video calls are important to comfort patients before receiving medical treatment in a foreign country [48].

Medical travel mediators (MTMs) play a critical role in the communication and trust-building process and the globally increasing number of (MTMs) is an indication of the importance and the market need for their existence.

2.4. Public Perception of Medicine

The definition of Health as provided by the World Health Organization (1984) says that "health is the extent to which an individual or a group is able to realize aspirations and satisfy needs and change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities" [28].

Lifestyle perception is among the most broadly used concepts in contemporary marketing practices due to its ability to help in understanding customers' needs and desires. The concept of lifestyle influences consumer behavior including tourists and it affects their travel incentives [32].

The Health Belief Model (HBM) is a term that was developed in the fifties to comprehend the failure of individuals to adopt the strategies of disease prevention or the tests for the early detection of disease. The subsequent use of HBM was to record patients' reactions to symptoms and adherence to the medical treatment. The Health Belief Model posits that an individual's belief in their personal threat of illness or disease together with the knowledge they have about how effective certain behaviors are at preventing it will indicate whether or not someone adopts those specific practices. Thus, health behavior is often the result of a person's perceptions about what benefits and barriers there may be in their desired course of action [49].

Among the many developments and constructs that have been added as the research about the HBM had evolved, the cue to action construct was explained as the stimulus required to trigger the decision-making process to accept a suggested health measure. These can be internal cues like having chest pain or apnea, while the external cues can be advice from others, a family member's sickness, a newspaper article, social media, etc [49]. In the medical literature, it was concluded that the understanding of medical phraseology and the subsequent cognition of the impacts on the public perceptiveness of disease severity and management should be considered through communication with the public regarding medical issues. In addition, further attention should be paid to the role of medical language in a patient's decision to seek care and in the evaluation of the medical data acquired online as well. Further how promptly the decisions to receive treatment are made, and the compliance with that treatment. Because understanding more about health can help people make more informed decisions regarding their own health and the health of their families [50].

Medical advertising practices that create the perception of a health care need may induce patients to seek health care [51].

Hospitals and medical tourism stakeholders are using social media platforms to advertise their services and to spread awareness of illnesses. For example, ads that focus on the positive aspects of a particular medication may lead people to believe that it is more effective than it actually is. On the other hand, ads that highlight the risks of medication may cause people to be more hesitant to take it. Consequently, the commercialization of healthcare can encourage consumers, even in countries with advanced and well-funded healthcare systems to seek treatment at the advertising destinations [1, 32].

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2.5. Conceptual Framework

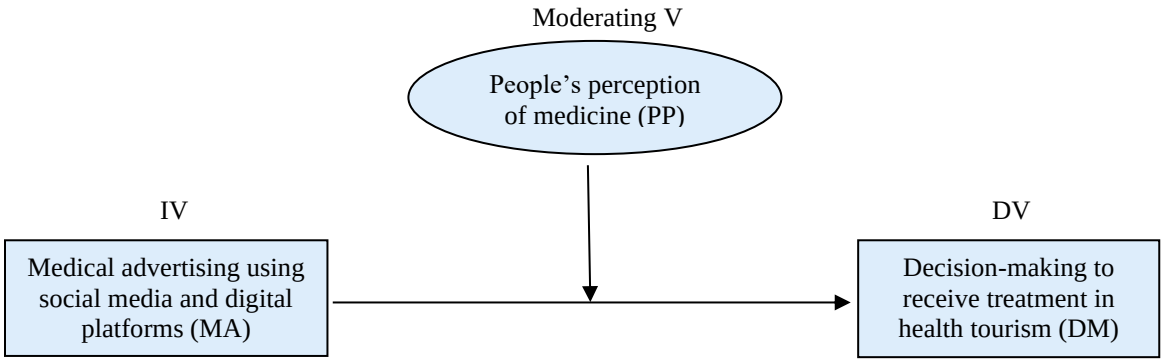

Fig. 1: Conceptual Framework

3. RESEARCH METHODOLOGY

3.1. Introduction

This chapter is dedicated exclusively to providing a concise illustration of research methods, means of data processing, sample size, and analysis, SPSS software was used. The thesis questionnaire, its modes, and core. The research strategy is described as setting up a research model, reviewing the literature on survey questions, building the best suitable survey from the alternatives, reaching and advising participants for the survey, collecting data, and assessing and evaluating data to validate the hypotheses [52].

3.2. Target Population

An essential element in analysis is the selection of a sample. Sampling decisions should focus on the target population of people; demographically, sampling decisions need to concentrate on "who is the most informed person in the community or association and can provide reliable information" [54]. Various methods of choosing a sample are available, such as random sampling, hierarchical sampling, and stratified sampling [53]. One main aim of this research was to explore whether medical advertising, using social media and digital platforms, influences people's perception of medicine and their decisions to receive treatment in health tourism in Turkey.

3.3. Sampling Size

According to USHAŞ the International Health Services Inc. in Turkey, the number of tourists visiting Turkey for health tourism was 642.444 in 2021. USHAŞ is a Turkish state-owned healthcare company headquartered in Ankara, Turkey. The company was founded in 2019 by the Turkish Ministry of Health with decree-law number 663 to promote and regulate health tourism in Turkey [23].

In this research, we took a sample of former health tourists in Turkish healthcare facilities who have received their treatment during 2021. Based on the reports provided by USHAŞ the International Health Services Inc., 642.444 health tourists have received health services in Turkish healthcare facilities in 2021.

$$n = N \times \frac{\frac{Z^2 \times p \times (1-p)}{e^2}}{\left[N - 1 + \frac{Z^2 \times p \times (1-p)}{e^2}\right]}$$

$$= 642.444 \times \frac{\frac{1.645^2 \times 0.5 \times (1-0.5)}{0.05^2}}{\left[642.444 - 1 + \frac{1.645^2 \times 0.5 \times (1-0.5)}{0.05^2}\right]}$$

$$\approx 270 \text{ responses}$$

Where N (Population Size) = 642.444, Z (Confidence level) =1.645, e (Margin of Error) =0.05, and P (Sample Proportion - uncertain) =0.5.

By using the above equation, the sample size required for this study is 270 responds.

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International Journal of Engineering Technology Research & Management

3.4. Sampling

The sample will be collected from participants who were former health tourists in Turkish healthcare facilities who have received their treatment during 2021. For the collection of data, simple and random sampling will be used. The data will be collected from 270 respondents of Turkish healthcare facilities.

3.5. Research Methodology

There are three kinds of methods to research: qualitative, quantitative, and mixed [55]. The quantitative approach is typically used where the objective of the analysis is to find the relationship between variables [56]. This research employs a quantitative strategy as the aim is to evaluate the decision-making to receive treatment in health tourism (DM) of dependent variables and independent variables of medical advertising using social media and digital platforms (MA). The obtained data were evaluated using version 22.0.0. of the Statistical Package for Social Sciences (SPSS). The moderating variable used in this study is people's perception of medicine (PP).

3.6. Data Collection

The most crucial aspect of any study is data collection. This very critical point lies in the outcome of every analysis. Most researchers do not stick to this stage very well, that's the reason why, during their study, they struggle to achieve desired outcomes. For that objective, the researcher has paid careful attention to this stage of the journey to keep the findings of the research intact and efficient for future use. The researcher used an all-embracing questionnaire that discusses every aspect of the thesis and theories to efficiently collect data.

Researchers use primary data collection, which means that the entire data is gathered by the researcher through the Performa questionnaire with a Likert-type scale. This questionnaire was distributed among the respondents to obtain information.

3.7. Ethical considerations

Researchers must always adhere to a specific code of conduct when collecting data from people. Fundamentally, these ethical principles stress that researchers need to obtain informed consent from potential research participants; minimize the risk of harm to participants; protect their anonymity and confidentiality; avoid using deceptive practices and give participants the right to withdraw from the research [57]. In compliance with these ethical principles and article 21 of the Patient Rights Protection law in Turkey, the researcher was keen to obtain the necessary legal approvals from the supervisor and Ethics Committee at Istanbul Aydin University. Moreover, closer attention is paid to informing the participants that the information provided will be kept confidential, with no name recorded, and will be used for the purpose of the study only. Also, there is no record taken during filling out the questionnaire, and no one will see the completed survey except the researcher.

4. ANALYSIS

4.1. Demographic Discussion

For this study, 270 respondents were contacted. The key feature of demographic discussion will be discussed below:

4.1.1. Received medical treatment

First, 10.1% (n=24) of all respondents, they had a Cardiac procedure. Nearly 9.7% (n=23) of all respondents underwent Neurological procedure, and around 5.8% (n=14) of all respondents were Others, those who received different types of treatment. Aesthetics applications were the largest category among the other medical procedures, with 32.8% (n=78). Nearly 5.9 % (n=14) of all respondents had Cancer treatment, and around 7.6% (n=18) of all respondents received Dental treatment. Nearly 5.9% (n=14) of all respondents were operated for Gastric sleeve. Nearly 4.6% (n=11) of all respondents had Ophthalmology treatment. Nearly 8.0% (n=19) of all respondents had treatment for Orthopedics. Nearly 2.9% (n=7) of all respondents had ENT problems. Around 1.7% (n=4) of all respondents underwent IVF. Nearly 3.4% (n=8) of all respondents had needed Chest diseases treatment. Nearly 1.7% (n=4) of all respondents had Urology problems (See Table 1).

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Table 1: Received medical treatment

Treatment	Frequency	Percent
Cardiac procedure	24	10.1 %
Neurological procedure	23	9.7 %
Cancer treatment	14	5.9 %
Aesthetics applications	78	32.8 %
Dental treatment	18	7.6 %
Gastric sleeve	14	5.9 %
Ophthalmology	11	4.6 %
Orthopaedics	19	8.0 %
Nose, ear and throat (ENT)	7	2.9 %
in-vitro fertilization (IVF)	4	1.7 %
Chest diseases	8	3.4 %
Urology	4	1.7 %
Others	14	5.8 %
Total	238	100

4.1.2. Highest level of formal education

Over 24.8% (n=59) of respondents had master's or PHD. Bachelor's degree-holders were the largest category among respondents, with 52.1% (n=124). High school or below holders accounted for 23.1% (n=55) (See Table 2).

Table 2: Highest level of formal education

	Frequency	Percent
High school or below	55	23.1 %
Bachelor's or equivalent level	124	52.1 %
Master's or PHD	59	24.8 %
Total	238	100 %

4.1.3. Nationality

Nearly 11.8% (n=28) of respondents were from Europe. The respondents from the Middle east and North Africa were the largest category among respondents, with 71.4% (n=170) while nearly 4.2% (n=10) of all respondents were from Africa, and around 6.3% (n=15) of all respondents were from North and Central America. Australian respondents were around 1.7% (n=4) of all respondents (See Table 3).

Table 3: Nationality

Nationality	Frequency	Percent
Middle east and North Africa	170	71.4 %
Africa	10	4.2 %
Europe	28	11.8 %
North and Central America	15	6.3 %
South and Southeast Asia	11	4.6 %
Australia	4	1.7 %
Total	238	100 %

4.1.4. Age

Four of the respondents were under 18. The 18-30 age group was in a clear majority with 39.9% (n=95) while the 31-40 group was divided at 27.7% (n=66), and the 41-50 group were at 15.1% (n=36). The 51-60 group was divided at 8.8% (n=21) and the Over 60 group was divided at 6.7% (n=16) respectively (See Table 4).

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Table 4: Age

Years	Frequency	Percent
Under 18	4	1.7 %
18 - 30	95	39.9 %
31 - 40	66	27.7 %
41 - 50	36	15.1 %
51 - 60	21	8.8 %
Over 60	16	6.7 %
Total	238	100 %

4.1.5. Gender

In the current study, a total of 238 respondents participated, of whom 50.8% (n=121) were male, and 49.2% (n=117) were female, the numbers of male and female in the research are close, it gives the study a positive point to be more realistic (See Table 5).

Table 5: Gender

Gender	Frequency	Percent
Female	117	49.2 %
Male	121	50.8 %
Total	238	100 %

4.2. Factor Analysis

The Kaiser-Meyer - Olkin (KMO) Test is an indicator of the suitability of the data for factor analysis. The test measures the sampling sufficiency for each parameter in the system and for the model. Statistics are a measure of the variance ratio between variables that might be typical and common [58].

Table 6: KMO Result Explanation based on [59]

Value	Status - Result
Between 0.00 to 0.49	Unacceptable
Between 0.50 to 0.59	Miserable
Between 0.60 to 0.69	Mediocre
Between 0.70 to 0.79	Middling
Between 0.80 to 0.89	Meritorious
Between 0.90 to 1.00	Marvelous

4.2.1. Factor Analysis (KMO) for independent variables (Medical advertising using social media and digital platforms) (MA)

Table 7: Factor Analysis - KMO Test result for independent variables (MA)

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.678
Bartlett's Test of Sphericity	Approx. Chi-Square	124.059
	df	6
	Sig.	0.000

Based on the above table, the KMO for the independent variables in this study is 0.678. That mean our values of sample is Mediocre and acceptable.

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4.2.2. Factor Analysis (Communalities) for independent variables (MA)

Table 8: Factor Analysis - Communalities Test result for independent variables (MA)

Communalities		
	Initial	Extraction
8. How did you find or learn about the healthcare provider (hospital/ clinic)?	1.000	0.983
12. Have you encountered any medical advertisements regarding the treatment you needed on Google or 1 (Instagram, Facebook, YouTube, etc.)?	1.000	0.662
13. Have you ever tried to get information from medical advertisements you encounter on social and digital networks?	1.000	0.649
14. How frequently does it happen you find medical or cosmetic advertisements on your 1 and online platforms?	1.000	0.582
Extraction Method: Principal Component Analysis.		

Since the extraction values are over 0.5 the questions are acceptable.

4.2.3. Factor Analysis (Total Variance Explained) for independent variables (MA)

Table 9: Factor Analysis - Total Variance Explained Test result for independent variables (MA)

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.936	48.399	48.399	1.936	48.399	48.399	1.853	46.313	46.313
2	0.939	23.485	71.884	0.939	23.485	71.884	1.023	25.571	71.884
3	0.634	15.841	87.725						
4	0.491	12.275	100.000						
Extraction Method: Principal Component Analysis.									

Based on table 9, Rotation of Sums of Squared Loadings Cumulative % is over 50%, therefore the components are effective enough.

4.2.4. Factor Analysis (Rotated Component Matrix) for independent variables (MA)

Table 10: Factor Analysis - Rotated Component Matrix Test result for independent variables (MA)

Rotated Component Matrix[a]		
	Component	
	1	2
12. Have you encountered any medical advertisements regarding the treatment you needed on Google or 1 (Instagram, Facebook, YouTube, etc.)?	0.807	
13. Have you ever tried to get information from medical advertisements you encounter on social and digital networks?	0.784	
14. How frequently does it happen you find medical or cosmetic advertisements on your 1 and online platforms?	0.761	
8. How did you find or learn about the healthcare provider (hospital/ clinic)?		0.988
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.[a] a. Rotation converged in 3 iterations.		

Based on table 10, the researcher founds the below about the independent variables:

- Medical advertising using social media and digital platforms (MA), its grouped in one group (factor). That is mean the (MA) will be as it is.

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4.2.5. Factor Analysis (KMO) for dependent variables (Decision-making to receive treatment in health tourism)(DM)

Table 11: Factor Analysis - (KMO) for dependent variables (DM)

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.616
Bartlett's Test of Sphericity	Approx. Chi-Square	194.871
	df	6
	Sig.	0.000

Based on the above table, the KMO for the independent variables in this study is 0.616. That mean our values of sample is Mediocre and acceptable.

4.2.6. Factor Analysis (Communalities) dependent variables (DM)

Table 12: Factor Analysis - (Communalities) for dependent variables (DM)

Communalities		
	Initial	Extraction
7. What was the language used during the period of your medical treatment?	1	0.939
10. Did you search the internet (Google, 1, etc.) to get information about the healthcare provider and the suggested treatment before you decided on your treatment?	1	0.728
11. Did you search the internet (Google, 1, etc.) to find reviews or ratings about the doctor before you decided on your treatment?	1	0.778
15. Did the advertisements and the information you acquired from your internet search affect your decision regarding receiving this treatment?	1	0.524
Extraction Method: Principal Component Analysis.		

Since the extraction values are over 0.5 the questions are acceptable.

4.2.7. Factor Analysis (Total Variance Explained) dependent variables (DM)

Table 13: Factor Analysis - Total Variance Explained Test result for dependent variables (DM)

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.002	50.039	50.039	2.002	50.039	50.039	1.92	47.999	47.999
2	0.967	24.181	74.22	0.967	24.181	74.22	1.049	26.221	74.22
3	0.717	17.925	92.145						
4	0.314	7.855	100						
Extraction Method: Principal Component Analysis.									

Based on table 13, Rotation of Sums of Squared Loadings Cumulative % is over 50%, therefore the components are effective enough.

4.2.8. Factor Analysis (Rotated Component Matrix) for dependent variables (DM)

Table 14: Factor Analysis - Rotated Component Matrix Test result for dependent variables (DM)

Rotated Component Matrix[a]		
	Component	
	1	2
11. Did you search the internet (Google, 1, etc.) to find reviews or ratings about the doctor before you decided on your treatment?	0.848	
10. Did you search the internet (Google, 1, etc.) to get information about the healthcare provider and the suggested treatment before you decided on your treatment?	0.839	

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15. Did the advertisements and the information you acquired from your internet search affect your decision regarding receiving this treatment?	0.702	
7. What was the language used during the period of your medical treatment?		0.967
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.[a] a. Rotation converged in 3 iterations.		

Based on table 14, the researcher founds the below about the dependent variables:

- Decision-making to receive treatment in health tourism (DM), its grouped in one group (factor). That is mean the (DM) will be as it is.

4.2.9. Factor Analysis (KMO) for moderating variables (People's perception of medicine) (PP)

Table 15: Factor Analysis - (KMO) for moderating variables (PP)

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.504
Bartlett's Test of Sphericity	Approx. Chi-Square	61.746
	df	3
	Sig.	0.000

Based on the above table, the KMO for the independent variables in this study is 0.504. That mean our value is acceptable.

4.2.10. Factor Analysis (Communalities) for moderating variables (PP)

Table 16: Factor Analysis - (Communalities) for moderating variables (PP)

Communalities		
	Initial	Extraction
16. How helpful and accurate was the information you acquired from your internet search?	1	0.939
17. Do you think that the medical advertisements and information you find on Google or 1 (Instagram, Facebook, YouTube, etc., affect your opinion regarding any kind of medical treatment?	1	0.728
9. How did you learn about your need to receive this treatment at this healthcare provider or others?	1	0.778
Extraction Method: Principal Component Analysis.		

Since the extraction values are over 0.5 the questions are acceptable.

4.2.11. Factor Analysis (Total Variance Explained) moderating variables (PP)

Table 17: Factor Analysis - Total Variance Explained Test result for moderating variables (PP)

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.477	49.231	49.231	1.477	49.231	49.231	1.477	49.229	49.229
2	1.005	33.496	82.727	1.005	33.496	82.727	1.005	33.498	82.727
3	0.518	17.273	100.000						
Extraction Method: Principal Component Analysis.									

Based on table 17, Rotation of Sums of Squared Loadings Cumulative % is over 50%, therefore the components are effective enough.

4.2.12. Factor Analysis (Rotated Component Matrix) for moderating variables (PP)

Table 18: Factor Analysis - Rotated Component Matrix Test result for the moderating variables (PP)

Rotated Component Matrix[a]		
	Component	
	1	2

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17. Do you think that the medical advertisements and information you find on Google or (Instagram, Facebook, YouTube, etc., affect your opinion regarding any kind of medical treatment?	1 0.860	
16. How helpful and accurate was the information you acquired from your internet search?	0.859	
9. How did you learn about your need to receive this treatment at this healthcare provider or others?		0.997
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.[a] a. Rotation converged in 3 iterations.		

Based on table 18, the researcher founds the below about the dependent variables:

- People's perception of medicine (PP), its grouped in one group (factor). That is mean the (PP) will be as it is.

4.3. Reliability Test

Table 19: Reliability Test

Reliability Statistics		
Items	**Cronbach's Alpha**	**N of Items**
MA	0.610	4
DM	0.560	4
PP	0.501	3
Overall Items	0.719	11

- Reliability test of items has checked through Cronbach's alpha of overall items, and it is 71.9% which is considered good it means we can say that items which we have used in this research that are valid and acceptable.
- Reliability test of items has checked through Cronbach's alpha of Medical advertising (MA) items and it is 61% which means that we can say that (MA) items which we have used in this research that are valid and acceptable.
- Reliability test of items has checked through Cronbach's alpha of Decision-making to receive treatment in health tourism items (DM), and it is 56% which means that (DM) items that we have used in this research that are valid and acceptable.
- Reliability test of items has checked through Cronbach's alpha of People's perception of medicine (PP) items, and it is 50% which means that (PP) items that we have used in this research that are valid and acceptable.

4.4. Correlation Analysis

Abbreviations for the below tables: Pearson Correlation (PC), Sig. (2-tailed) (Sig), Medical advertising (MA), Decision Making (DM), People's perception of medicine (PP)

Table 20: Correlation Analysis

Correlations					
		MA	DM	PP	Interaction MA-PP
MA	Pearson Correlation	1	.493**	.275**	.812**
	Sig. (2-tailed)		0.000	0.000	0.000
	N	221	221	221	221
DM	Pearson Correlation	.493**	1	.448**	.586**
	Sig. (2-tailed)	0.000		0.000	0.000
	N	221	238	238	221
PP	Pearson Correlation	.275**	.448**	1	.754**
	Sig. (2-tailed)	0.000	0.000		0.000
	N	221	238	238	221
Interaction MA-PP	Pearson Correlation	.812**	.586**	.754**	1
	Sig. (2-tailed)	0.000	0.000	0.000	
	N	221	221	221	221

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**. Correlation is significant at the 0.01 level (2-tailed).

This thesis contains the main hypothesis. which is ‘‘Medical advertising using social media and digital platforms affects decision-making to receive treatment in health tourism by influencing people’s perception of medicine?’’ Now, to assess its validity, the researcher underwent a test of its variables. According to [60]. Researchers perform correlation tests to investigate if these elements are related to each other and whether their mixture is true. The main variables of this thesis are MA and DM, and moderating variable is PP. The test is how these variables are linked with one another.
If we look at the above table, we found that all our values were positive toward each other. It means all our variables were positively linked to each other and formed a consensus to develop a newer hypothesis. Finding a good relationship between variables results in a newer and stronger idea that develops into a hypothesis or, in other words, becomes the center of study.

4.5. Regression Analysis

4.5.1. R-Square for Decision Making

Table 21: R-Square for Decision Making

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.493a	0.243	0.24	0.50618
a Predictors: (Constant), MA				

Table 21 shows that R- square is 0.243 which means that 24.3% variations of Decision Making of the patients can be explained by the MA.

4.5.2. ANOVA for Decision Making

Table 22: ANOVA for Decision Making

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18.047	1	18.047	70.436	.000[b]
	Residual	56.112	219	0.256		
	Total	74.159	220			
a. Dependent Variable: DM						
b. Predictors: (Constant), MA						

Table 22 shows that (ANOVA) the significance value is 0.000 and it is below 0.05 it means that regression analysis also supported the hypothesis of this research.

4.5.3. Beta Interpretations for Decision Making

Table 23: Co-efficient of Betas for Decision Making

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.959	0.109		8.775	.000
	MA	0.417	0.05	0.493	8.393	.000
a Dependent Variable: DM						

Based on the above table, the researcher finds that if HCPs adopt MA (Medical ads using social media and digital platforms), then DM (Decision Making) will be positively affected by 41.7%.

4.5.4. R-Square for Moderating Variable

Table 24: R-Square for Moderating Variable

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.586a	0.344	0.338	0.47249
a Predictors: (Constant), Interaction, PP				

Table 24 shows that R- square is 0.344 which means that 34.4% variations of Decision Making of the patients can be explained by the Interaction MA-PP.

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4.5.5. ANOVA for Moderating Variable

Table 25: ANOVA for Moderating Variable

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25.492	2	12.746	57.093	.000b
	Residual	48.667	218	0.223		
	Total	74.159	220			
a. Dependent Variable: DM						
b Predictors: (Constant), Interaction, PP						

Table 25 shows that (ANOVA) the significance value is 0.000 and it is below 0.05 it means that regression analysis also supported the hypothesis of this research.

4.5.6. Beta Interpretations for Moderating Variable

Table 26: Co-efficient of Betas for Moderating Variable

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.134	0.133		8.503	0
	PP	-0.013	0.082	-0.013	-0.158	0.875
	Interaction	0.148	0.021	0.596	7.14	0
a Dependent Variable: DM						

The model shows that the interaction of MA and PP was identified as statistically significant which is consistent with R2 change value. The Beta of Interaction equals to .148 and the T value is 7.14. And the positive B-coefficient for the interaction predictor indicates that the MA effect on DM becomes more positive with increasing PP (increased awareness or medical info of the public).

Based on the above table, the researcher finds that when PP changes (People's opinion regarding any kind of medical treatment) DM (Decision Making) will decrease by 1% because people can make more informed decisions.

4.6. Testing Hypothesis

H: Medical advertising using social media and digital platforms affects decision-making to receive treatment in health tourism by influencing people's perception of medicine.

Based on table 25, value of R is 0.493 and $\rho < 0.05$ for the relationship between the IV (MA- Medical ads) and the DV (DM- Decision Making), that means there is a moderate correlation.

Based on table 25, value of R is 0.586 and $\rho < 0.05$ for the relationship between Interaction MA-PP and the DV (DM- Decision Making), that means there is a strong correlation.

Based on table 25, value of R is 0.275 and $\rho < 0.05$ for the relationship between the IV (MA- Medical ads) and the MO (PP- People's perception of medicine/treatment), that means there is a moderate correlation.

Based on table 25, value of R is 0.812 and $\rho < 0.05$ for the relationship between the IV (MA- Medical ads) and the Interaction MA-PP, that means there is a perfect correlation.

Based on table 25, value of R is 0.448 and $\rho < 0.05$ for the relationship between MO (PP- People's perception of medicine/treatment) and the DV (DM- Decision Making), that means there is a moderate correlation.

Based on table 27, R2 = 0.243.

Based on table 30, R2 = 0.344.

Based on table 28, $\rho < 0.05$.

Based on table 29, $\rho < 0.05$.

Based on table 31, $\rho < 0.05$.

Based on table 32, $\rho < 0.05$ for Interaction MA-PP

Based on table 32, $\rho > 0.05$ for PP

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Based on the above results, it means that:

- There is a strong relationship between medical advertising (MA) and the Decision-making of the patients, that supports the hypothesis.
- There is a strong relationship between the interaction of medical advertising (MA) with People's perception of medicine (PP) and the Decision-making of the patients, that supports the hypothesis.

4.7. Social Media Content Analysis

To support the results exhibited earlier in this chapter it was important to analyze the content of the Facebook and Instagram pages of thirty of the top HCPs and health tourism companies in the Turkish health sector. The trend followed to promote services and advertise the treatment provided for a disease is presented as the following:

Table 27: Social Media Platforms Content Analysis

#	Subject	Material	Content	Method
ı	Success story / patient reviews and thanksgiving	Videos / photos	The Patient is speaking or smiling happily	Post or story highlights
2	Education	Videos / photos	Animation video/ photos / doctor speaking about a disease or a health problem	Post or story highlights
3	Direct advertising	Videos / photos	Using attractive expressions and mysterious vocabulary like: (Get rid of obesity in 60 minutes) And special offers or campaigns	Post provided with all contact info and a WhatsApp number
4	Awareness Days	Photo	Short text and specially designed photo talking about the awareness of a health problem	Post or story
5	Presentation	Videos	Real or animated videos showing the 5-stars hospital facility and the provided services	Post and story highlights
6	Tourism	Videos / photos	Special presentation of the resort attractions, sightseeing and hotels that are included in the service provided to the potential patient	Story highlights

1. *Subject (*ı*)* is of a very high importance by giving life to the page and the emotional effect it has when presenting the positive results of the provided treatment with the happiness showed by the patient who can be a celebrity or a famous influencer, that in turns gives a high sense of credibility.
2. *Subject (*ıı*)* the Education part carries the page to an academic level where the potential patients can find proper answers for all their health-related inquiries, which in result leads to make it a trustable source of information regarding the best healthcare providers.
3. *Subject (*ıı*)* the technique of using attractive expressions and mysterious vocabulary leads the potential patients to be engaged with the sales team in a long conversation after leaving a comment or a message on WhatsApp, where the role of the sales team is to keep alerted and be highly responsive to all the potential patients' inquiries. In addition to offering VIP services and alluring prices.
4. *Subject (*ıv*)* internationally specified days to increase awareness about a health problem or disease like, breast cancer, autism, prostate cancer, etc. The aim of sharing posts and stories on awareness days is to draw the attention of the page viewers to fact that 'we are aware of your health problem, and we have the treatment'.
5. *Subject (*v*)* this part shows the modern building, the best expert staff, the services provided including VIP transportation, guidance, translation, and the latest technology.
6. *Subject (*vı*)* along with the best treatment offered this part highlights extra advantages can be taken by visiting tourist resorts, sightseeing and 5-stars hotel accommodation all included in the treatment cost package.

In the light of the previous analysis, we found that the most credible pages are those with the highest number of shared

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'Success Stories'. The patient reviews guarantee a high number of likes and organic followers which are the basic criteria for evaluating the credibility of a Facebook or an Instagram page. Social media also has a structure that provides interaction with potential patients, respond to their needs in a rapid manner addresses the patient's need for information at a low cost, and contributes positively to the image of the enterprise. Most of the contents are associated with improving the lifestyle of individuals such as health tips. Awards and accreditations received, successful medical treatments, attractive health checkup plans/treatment packages, and expertise of the practitioners are often published in the social media space. The overall analysis of the social media data reveals that exposing hospital brands and their services to online users is the major objective of using social media among hospitals. Social media posts provide adequate information and awareness of the various treatments available in the country.

4.8. Health Tourism from A-to-Z Interview

The aim of this interview is to provide supplementary information and to support the results of the research survey. In this section, we aim to present the perspective of health tourism providers regarding the health tourism sector in Turkey, and the approaches they follow in attracting health tourists. And investigating the effectiveness of the digital marketing methods that were applied by Health Point World one of the actively operating health tourism companies in Turkey, through interviewing the digital marketing manager of the company.

4.8.1. Findings

The Turkish health tourism sector enjoys a good status internationally, qualifying Turkey to be among the top destinations for health tourism. Due to the advanced technologies, safe treatment options, stable price norms, having very qualified medical staff and providing adequate healthcare services. Patients seek the Turkish HTPs for the various medical procedures including Cardiovascular Surgery, Oncology, organ transplantation, Neurosurgery, Orthopedics, Plastic and Cosmetic Surgery, and Eye and Dental Treatments.

Advertising methods used by HTP are various, but we can say that digital marketing is the widely used tool for HT marketing. Due to the diverse reasons that the target audience exists in different countries and continents. Thus, digital media is the most effective way to reach individual patients. Today's world is rapidly changing so HTPS have to adapt and develop its marketing and advertising methods. By utilizing Google ads Facebook ads, Instagram, TikTok, YouTube, and even LinkedIn. The content used for the digital platforms is chosen according to different categories. These categories include thanksgiving and success stories, the medical staff, and technologies in the hospital, and raising awareness about some health problems and how to live a healthy life. Digital marketing professionals in the health tourism sector utilize data analysis tools provided by their Google and Facebook ad accounts to study the data, learn from previous campaigns, and try to stick to the most successful strategy. Other factors like the season influence the HT market for certain medical procedures like aesthetics. In addition to paying attention to the market trends, competitors, and leading hospitals.

Internet is the main source of health tourists. Some other sources include hospitals in other countries, recommendations from doctors, relatives and friends, ministries of health agreements, and some other tourism agencies all over the world. Online potential patients engage with the HT ads with all kinds of inquiries either regarding the treatments, medical advice, seeking second opinion or requesting treatment plans.

In order to turn the potential patients into real patients, it's necessary to be transparent and provide all the information they need through their decision-making process. Build trust and engage actively and effectively with their inquiries. Provide a comprehensive treatment plan in addition to offering complimentary services that may include touristic tours and accommodation. The patient support department is responsible for accompanying the patient during their journey starting from receiving them from the airport and eliminating language barriers during their communications with the doctors and nurses. In addition to that providing psychological and emotional support to help them feel supported and protected in a country that they don't speak the language of. Patient confidentiality and privacy are very important and taken into consideration during every step through their treatment journey before sharing anything regarding their treatment and nothing is being shared before prior consent by the patient and their companions.

5. CONCLUSION AND RECOMMENDATION

5.1. Conclusions

In this research, it was studied how digital marketing practices are effective in the decision-making process of the health tourists and how influential these practices are on the general perception of medical treatment and the people's health needs. Medical ads interaction with the people's perception has the highest regression (R2 = 34.4%) with the decision making. When the medical ads are designed to influence the way in which people perceive medical treatment and aim

to change their opinion about it, then it will have a greater effect on the patient's health care decisions in health tourism. Medical advertising practices that create the perception of a health care need may induce patients to seek health care and have a great influence on health tourists' decision making. In recent years, health tourism has become an increasingly popular phenomenon, with people travelling to receive medical treatment in other countries. With the rise of digital platforms and social media, medical ads are now able to reach a global audience. As a result, health tourists are exposed to a wide range of medical ads when making decisions about where to receive treatment. While some ads may provide useful information about available treatments, others may create the perception of a need for treatment that may not actually exist. This can lead health tourists to make decisions based on false or misleading information, which can ultimately have negative consequences for their health. Therefore, it is important for health tourists to be aware of the potentially deceptive nature of medical ads before making any decisions about seeking health care.

In summary, according to the results of the research, utilizing digital marketing tools to promote the Turkish health care facilities has an influence on the audience perception regarding the promoted medical services and that brings positive effect of patient's decision-making to receive treatment Turkey.

5.2. Suggestion and Recommendation for Future Research

The results of this study demonstrate the effect of medical advertising using social media and digital platforms on the decision-making to receive treatment by influencing people's perception of medicine in health tourism sector in Turkey. The generalizability of these findings to other countries in the area, such as Qatar and Jordan, is questioned. Most of the respondents of this research were English and Arabic speakers that identified the need to perform future research that covers a wider range population that covers other demographics since Turkey receives thousands of patients from Russian and Albanian speaking countries every year. The implications of the study highlighted the role of a positive word of mouth in health tourism promotion. Research regarding the role of service quality in developing the health tourism in Turkey is a very important subject matter to be investigated in future studies.

The analysis is also performed much of the time using quantitative methods. Since certain elements of digital marketing can be evaluated using qualitative methods, both methods should be used to carry out future research.

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