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EDUCATION

CENTRAL MICHIGAN UNIVERSITY, Mount Pleasant, MI
Doctor of Health Administration, 2013
Dissertation – A Qualitative Analysis of Internet Narratives by Health Travelers to Turkey

The UNIVERSITY OF CHICAGO, Chicago, IL
Master of Business Administration, 2003

GOVERNORS STATE UNIVERSITY, University Park, IL
Master of Health Administration, 1990

GOVERNORS STATE UNIVERSITY, University Park, IL
Bachelor of Heath Administration, 1987

SOUTH SUBURBAN COLLEGE, South Holland, IL
Associates Degree in Nursing , 1981

CAREER SUMMARY

Rasmussen College, Oak Brook, IL 2010 - 2012
Vice President of Operations, School of Nursing
Responsible for leading operations for 13 nursing campuses with over 1400 students and 100 faculty.

The Gallup Organization, Washington, D.C. 2007 - 2010
Global Practice Leader, Healthcare
Led strategic development, marketing and research for Gallup's healthcare practice worldwide.

Studer Group, Pensacola, FL 2004 - 2005
Coach
Provided organizational and executive coaching with nationwide clients. Engagements included major academic medical centers, healthcare systems and physician practices.

Silver Cross Hospital, Joliet, IL1997 - 2004
Vice President, Patient Care Services and Chief Nursing Officer
Led patient care services in a 293-bed community hospital with supervision of over 700 employees. Key member of senior team responsible for achieving recognition as a **Solucient 100 Top Hospital**.

Aramark (formerly ServiceMaster), Downers Grove, IL 1993 - 1997
National Director, Patient Care Services
Facilitated all aspects of patient care re-engineering with clients nationwide and provided consultative services for international customers. Managed over 85 client engagements in the United States and multiple international customers.

Ingalls Health System, Harvey, IL, 1981 - 1993
Product Line Manager (1991 – 1993)
Manager - Neurology Services (1989 – 1991)
Team Supervisor (1986 – 1988)
Staff Nurse - Medical and Surgical Units (1981 – 1985)

OzanPartners, LLC, Orland Park, IL 2005 - present
Managing Director
Provides management consulting and speaking engagements with an emphasis on quality, leadership development and customer satisfaction.

PRESENTATIONS and LECTURES

Select Presentations

5th International Nursing Management Conference, Belek, Turkey 2011
 The New Realities of Heath Tourism (scheduled presenter)
International Medical Tourism Research Conference, San Antonio, Texas 2010
 Critical Factors of Public Opinion and Customer Sentiment for Global Health
Medical Tourism in Turkey 2nd Annual Meeting, Chicago, Illinois 2010
 Engaging the Global Patient
American Blood Centers Annual Meeting, Las Vegas Nevada 2010
 Emerging Trends in Employee Engagement
EmCare Annual Leadership Conference, Baltimore Maryland 2010
 Engaging Patients in Today's Healthcare Environment
Ohio Hospital Association, Columbus Ohio 2010
 Engaging your Workforce in an Emotional Economy
Medical Tourism Association, Los Angeles, California 2009
 Strengthening International Care through Emotional Engagement
Redesigning the Healthcare Workforce, Sydney Australia 2009
 Strengthening Care through Engagement
ANCC National Magnet Conference, Louisville, Kentucky 2009
 Leading for Innovation in Challenging Economic Times
University Healthcare Systems Consortium, Denver Colorado 2009
 Leveraging Strengths to Build Partnerships
Nebraska Organization of Nurse Executives, Omaha Nebraska 2009
 Leveraging Strengths to Influence Healthcare Reform

World Healthcare Conference, Orlando Florida 2009
 Redesigning the Patient Experience
American Nephrology Nurses Association, Chicago, Illinois 2008
 Managers Tool Kit- Strategies and Tactics to Engage your Team
4th International Nursing Management Conference, Antalya, Turkey 2008
 Evidenced Based Practice from a Patients Perspective
Midwest Physician Recruiters Association, Chicago, Illinois 2008
 Engaging Physicians in Today's Environment
Nursing Economics Summit, Phoenix Arizona 2008
 Leveraging Strengths to Build Academic Service Partnerships
Illinois Staff Physician Recruiters, Chicago Illinois 2008
 Soar with your Strengths for Success

Select Lectures

Loyola School of Nursing	2009
Governors State University	2008
St. Alexius Medical Center	2006
Vista Health System	2006
Sodexo U.S.A.	2006
Governors State University	2006
Methodist Hospitals	2005
University of Chicago	2005
Aramark Healthcare	2005
Society for Healthcare Consumer Advocacy	2005
National Food and Environmental Services Conference	2004

ARTICLES and INTERVIEWS
Articles

Ozan-Rafferty, M. (2012) Go or No Go - An Executive's Information System Dilemma. In Johnson, J. A. & Musch, S. D. (Eds.), *Multi-sector Casebook for Health Administration, Leadership, and Management. Stamford*, Connecticut: Cengage Learning.
Ozan-Rafferty, M. (2012) Medical Care Taking Flight. In Johnson, J. A. & Musch, S. D. (Eds.), *Multi-sector Casebook for Health Administration, Leadership, and Management.* Stamford, Connecticut: Cengage Learning.
Ozan-Rafferty, M. (2011, November 30). 5 Practical Leadership Tips. *Nurse Together*
Khoury, C. & **Ozan-Rafferty, M.** (2011). Hospitals employee engagement and the link to HCAHPS performance. *Gallup White Paper*
Ozan-Rafferty, M. (2011). Engaging patients in a global market. In G. Brewer & B. Sanford (Eds.), *Decade of Change* (pp. 215-219). New York, NY: Gallup Press.

Glave Fraze, S., **Ozan-Rafferty, M**., & Fleming, J. (2010, March 18). Special report on patient centered care. *Retail Clinician*.

Ozan-Rafferty, M. (2009, December 17). Engaging patients in a global market. *Gallup Management Journal*.

Ozan-Rafferty, M. (2009, May 7). Hospitals: Never have a never event. *Gallup Management Journal*.

Interviews

Human Resource Executive Online, April, 2009. Survival of the Fittest
Trustee Magazine, February, 2009. The Total Picture: Developing a Patient Experience
Gallup Management Journal, November 2008. The other 700 Billion Dollar Question: Can Behavioral Economics Bail out the Problems with Healthcare Spending?
Hospitals and Health Networks, September, 2007. Ice Breakers and Four Simple Steps to Bridge the Divide
The Business of Caring - multiple interviews
Advance for Nurses, August 2003, Reach 100

HONORS and AWARDS

Publication of the Year, Newsletter Division, Business of Caring	2007
Governors State University Outstanding Mentor	2006
Governors State University Outstanding Clinical Mentor	2004
Athena Award Nominee	2003

COMMUNITY SERVICE

Turkish American Women's Scholarship Fund – Member and Student Sponsor
2010-present

Governors State University Alumni Board
2007-2011

Rasmussen College School of Nursing Advisory Board
2007-2012

University of St Francis School of Nursing Advisory Board
1998-2004

Joliet Junior College of Nursing Advisory Board
1997-2004

PROFESSIONAL AFFILIATIONS

American College of Health Care Executives
Healthcare Financial Management Association
Society of Human Resource Management
American Organization of Nurse Executives
Illinois Organization of Nurse Executives

A QUALITATIVE ANALYSIS OF INTERNET NARRATIVES BY HEALTH
TRAVELERS TO TURKEY

OBTAINING YOUR HEALTH TRAVELER'S FEEDBACK
BEFORE IT IS ON THE INTERNET

Margaret E. Ozan-Rafferty

Journal articles submitted in partial fulfillment
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Accepted by the Faculty of the College of Graduate Studies,

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the requirements for the doctoral degree

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March 22, 2013	Approved by the College of Graduate Studies

This study is dedicated to my husband Mike
who encouraged me to start this journey
and supported me through every step.

ABSTRACT

A QUALITATIVE ANALYSIS OF INTERNET NARRATIVES BY HEALTH
TRAVELERS TO TURKEY

OBTAINING YOUR HEALTH TRAVELER'S FEEDBACK
BEFORE IT IS ON THE INTERNET

by Margaret E. Ozan-Rafferty

In the past, most patients received care in the country of their residence, but more recently, medical related travel to other countries has grown from a cottage industry into a worldwide scheme. Travel for medical care today has many forms and is largely driven by cost, lack of access to emerging procedures and wait times. While cosmetic procedures are still popular, today's medical travelers may also journey across the world for cardiac and orthopedic procedures.

The industry has labeled this phenomenon Medical Tourism and many countries across the globe are positioning themselves to attract international patients. Turkey has positioned itself as a convenient, high-quality and low cost provider of care to health travelers, with a goal to become an international health travel hub. The Internet is a major driver of information on health travel and is also a vehicle for patients to share their experiences. There are few studies that evaluated the experiences of health travelers.

To date there are few studies in the medical tourism literature that evaluate health travelers' experiences with care in another country. This qualitative research, an analysis of online narratives, identified themes of health travelers' experiences to Turkey. The intent was to describe the experiences written online by health travelers to Turkey. It is expected that that this research will assist in decision-making for patients considering health travel in the future.

The research may strengthen health administration education by providing insights in to the phenomena of health travel. In addition, this study may assist Turkey and other countries with their marketing and positioning to health travelers and serve as a resource for hospitals wanting to recruit and retain staff to serve a global patient base. Finally this study may provide a springboard for further research on health travelers' experiences. The overarching question to be answered with this research is: What can we learn about health travelers to Turkey through analysis of their online narratives? In addition, the goal was to identify the important individual characteristics, outline the push and pull factors to seek healthcare in another country, identify satisfaction with the outcomes and the results of these individuals' treatments, and note some positive and negative factors influencing health travelers' perceptions and overall experiences about their health travel to Turkey.

Narratives for analysis were obtained by using the Google search engine and using multiple search terms to obtain as many publicly posted English narratives of health travelers to Turkey via purposeful sampling. The narrative posts of 36 individuals who traveled to Turkey from at least 13 countries for medical care were obtained. Posters' written words were analyzed in an iterative analytic process using narrative analysis theory principles. Three stages of coding were conducted to identify characteristics and themes using NVivo version 10.

Results indicated that driven by lower costs, physician's expertise and the desire for care unavailable in their home country, health travelers to Turkey are generally satisfied with the outcomes of their procedures and care provided by their physicians. Communication challenges, food, transportation and gaps in customer service are key areas of opportunity for improvement.

This analysis provides an understanding of the insights of health travelers though the words of actual health travelers. This methodology may be applied to study other patient experiences. The findings of this research expands the body of knowledge in medical tourism as well as serve as a platform for further qualitative and quantitative research on health travelers' experiences.

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DEFINITION OF TERMS

Blog: Blogs are narratives, logs or diaries, often frequently updated and in chronological order which are published on the Internet. Blogs may be public with access to everyone or private requiring a passcode to read. Authors may write under their own name or a pseudonym.

Medical Tourist: An individual who travels away from their home country for health care. This travel is typically from more developed countries to less develop countries and for care that is more affordable or not available in the persons' home country.

Narratives: A narrative tells a story, typically in chronological order giving the reader the sense that they lived the experience.

Online Forum: An online forum is a discussion site on the internet where people may post conversations. They are often archived and are typically managed by a moderator.

Poster: Individual who posts a message on the internet. For the purpose of this paper a poster is one of the 36 individuals whose narratives were researched.

Turkey: Founded in 1923, Turkey is a country with a population of over 70 million which straddles Europe and Asia. Turkey has set a goal to become a destination country for international health services

MANUSCRIPT I. A QUALITATIVE ANALYSIS OF INTERNET NARRATIVES BY
HEALTH TRAVELERS TO TURKEY

INTRODUCTION

Background

In the past, for the most part patients received care in the country of their

residence, but more recently, medical related travel to other countries has morphed from

a cottage industry into a worldwide scheme (Ramirez de Arellano, 2011). Although travel

to receive medical care in another country is bi-directional, many developing countries

are promoting their healthcare services to attract foreign patients (Carrera & Bridges,

2006; Hopkins, Labonte, Runnels, & Packer, 2010; Ramirez de Arellano, 2011).

Triggered by increasing globalization coupled with improved bi-lateral trade (Smith,

Alvarez, & Chanda, 2011; Turner, 2010), patients' unmet health care needs, increasing

cost of services within the US, and the nature of services sought (Runnels & Carrera,

2012; Crooks et al., 2012).Now the dynamics have changed. Patients, no longer

predictable consumers, much better informed than ever before, are seeking options

outside of their home countries for surgical and interventional care (Keckley, 2009).

Travel for medical care today has many forms. While cosmetic procedures are

still popular, today's medical travelers may also journey across the world for open heart

surgery and new hips or knees (Allerman et al., 2011; Bookman & Bookman, 2007;

Horowitz & Rosensweig, 2007). Patients near the U.S. border are known to travel to

Mexico for dental care (Olian, 2005). In the last decade, "Health tourists" in the United

Kingdom (U.K.) traveled to Wales to save money on prescriptions ("Health Tourists cost

the NHS," 2005).

The industry has labeled this phenomenon Medical Tourism (Economist

Intelligence Unit [EIU], 2011; Bookman & Bookman, 2007; Keckley, 2009; Medical

Tourism Association, 2012) or health tourism (Carrera & Bridges, 2006). Many estimates

indicate medical tourism has significant economic potential worldwide (Bookman &

Bookman, 2007, p. 47; Keckley, 2009) and many countries are positioning themselves to

be providers of care and service for international patients (Bozkurt, 2011; EIU, 2011;

Gupta & Das, 2012; Horowitz & Rosensweig, 2007; Medical Tourism Association, 2012;

Sengupta, 2010).

Countries that focus on providing care for medical tourists or health travelers use

a number of tactics to position themselves as attractive alternatives to local care. Many

providers are advertising their internationally trained physicians, promoting their

international accreditation status, highlighting their quality outcomes, listing their lower

prices per procedure, and showcasing their spa-like rooms and amenities (Forgione &

Smith, 2007). A number of mass media articles, publications, and associations highlight

these and other potential benefits of obtaining healthcare overseas (Gupta & Das, 2012;

McQueen, 2008; Olian, 2005; Medical Tourism Association, 2012).

Consistent with the push-pull theory of migration (Lee, 1966), from one country

to another is typically influenced by factors which push individuals away from their

country of origin, driving people to leave home, and factors which pull or attract people

to a new country (The Levin Institute [Levin], 2012). In their scoping review of the

health tourists' experiences Crooks et. al (2010) noted that both push and pull factors

contributed to patient decision-making when considering traveling for care. Push factors

included costs, due to lack of insurance or underinsurance and wait times for procedures

(Crooks, Kingsbury, Snyder, & Johnson, 2010). Numerous pull factors noted included quality of service, the physical facility, physician credentials, speaking the health travelers' language, and the political climate of the country (Crooks et al. 2010; Runnels & Carrera, 2012).

Purpose of and Justification for the Study

To date there are few studies in the medical tourism literature that evaluate health travelers' experiences with care in another country (Crooks et al. 2010). The majority of the published studies have focused on scoping reviews of the existing literature and trade journals and magazine articles regularly site similar sources (Hopkins et al., 2010; Horowitz & Rosensweig, 2007; Johnston, Crooks, Snyder, & Kingsbury, 2010; Smith, Alvarez, & Chanda, 2011). Lack of detailed information on the common experiences of health travelers may result in inaccurate assumptions and misleading conclusions regarding their experiences and outcomes.

Turkey has a goal to be a global health travel hub and mirror Dubai's approach by creating special health zones and healing centers ("Turkey Health Tourism Hub," 2012). Providers in Turkey and other countries looking to grow their number of health travelers would benefit from learning about international patients' experiences.

This qualitative research, comprising an analysis of online patient narratives, is aimed to identify themes of health travelers' experiences to Turkey. It is hoped that findings from this research will assist in decision-making for patients considering health travel in the future and may strengthen health administration education by providing insights in to the phenomenon of health travel. In addition it may assist Turkey and other

countries with their marketing and positioning to health travelers, and serve as a resource for hospitals wanting to recruit and retain staff to serve a global patient base. The study may also help differentiate the experiences of health travelers to Turkey and may provide a springboard for further research on health travelers' experiences.

This qualitative narrative study explores the online narratives from health travelers to Turkey and describes the themes of their experiences. Qualitative research studies can capture an in-depth understanding of an issue (Creswell, 2007). Narrative research "begins with the experiences as expressed in lived and told stories of individuals" (Creswell, 2007, p. 54). Although the Internet and online documentation are relatively new phenomena, narrative analysis of online content has been conducted in several disciplines including healthcare and travel (Bosangit, McCabe, & Hibbert, 2009; Kelleher & Helkkula, 2010; O'Brien & Clark, 2012; Rachul, 2011; Tussyadiah & Fesenmaier, 2008).

Research Questions

The overarching question to be answered with this research is: What can we learn about health travelers to Turkey through analysis of their online narratives? Additional sub-questions included: (a) What are the important characteristics of health travelers who write online narratives about their experiences in Turkey? (b) What are the leading factors associated with the health travelers' country of origin that "pushed" them to seek healthcare in another country? (c) What are the leading factors associated with the destination country, Turkey, which "pulled" these health travelers to seek healthcare? (d) What can be derived from the narratives regarding travelers' satisfaction with the

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outcome and the result of their treatment they received in Turkey? and (f) What are some

positive and negative factors influencing health travelers' perceptions and overall

experiences about their health travel to Turkey?

METHODS

Search Strategy

After receiving approval from the Central Michigan University Institutional

Review Board, narratives for analysis were obtained by using the Google search engine

and using multiple search terms to obtain as many publicly posted narratives of health

travelers to Turkey via purposeful sampling (Neuman, 2006) during the period of

October 2012. The search utilized a range of terms including, "health travel", "medical

tourism", "and surgery", and "wellness travel" and incorporated "Turkey", "Istanbul" and

other cities as well as specific procedures such as "breast enlargement" and "hair

transplant" in the search process. Clinical procedures used in the search were determined

based on reviewing sites which promote health travel as well as findings from the

literature review and terms noted in selected posts such as "I had surgery in Turkey."

The search was further refined using Google's advanced search process where the

search terms were limited to discussions and blogs. Each result from the first 10 pages of

these searches was reviewed to determine its' eligibility to meet the criteria of: (a) a first

person narrative written by an individual who underwent treatment and/or their

significant other/partner on the trip, (b) a narrative written in English; (c) included a

description of the type of procedure; (d) a narrative which included a personal actual

experience of health travel to Turkey; and (f) a narrative which was publicly available

and did not require a password or discussion board membership to read. In addition, all

narratives were in written form and photos and videos posted by the authors were

excluded for this study. Promotional narratives found on health travel facilitator,

promoter or health care provider sites were not used and all narratives noted the

procedure performed and mention that this procedure was performed in Turkey. Narratives of all lengths greater than one sentence were considered.

Search Findings

The initial Internet searches provided thousands of pages for each search term. The majority of the findings on the first 10 pages of the search were narratives posted on health travel provider sites, specialty physicians or hospitals. Reviews on these sites were excluded per the original criteria. Narratives for this study adopted a flexible approach to defining a narrative and include both stories which outlined in a linear chronological order as well as narratives which may be shorter in length and outline a specific part of the experience (O'Brien & Clark, 2012).

Narratives consisted of some discussion board posts of few paragraphs on one day to blogs which consisted of posts spanning several months with multiple entries. Only posts and blogs related to the topic of the author's health travel were included in the research. However, other portions of the posts or posts by the posters on other subjects were reviewed to obtain demographic or characteristic information such as the author's age, gender or country of origin where possible. At times, joining a forum or discussion group was required to obtain this additional information on the posters and this was avoided to ensure all information procured was in the public domain. A log of each potential post was created and the web address of each post was recorded. There were many challenging days of searching, as while almost every search term resulted in locating online narratives, most of these narratives did not meet the search criteria and many were linked to medical tourism facilitator's websites.

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After one month of extensive searching, initially 40 narratives were found that met the criteria. After an additional in-depth review of each entry, four posts were discarded as one poster did not document traveling specifically to Turkey, one poster's narrative was found to be associated with health travel promotional literature and two other blogs appeared to be advertisements for medical tourism facilitators. After a review by members of the team, 36 narratives were deemed usable for the research and consisted of 23 message board or forum postings and 13 blogs. Figure 1 denotes the steps in the narrative procurement process.

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│ discussions         │
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│ or significant      │          ╰──────────╯
│ other?              │
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│ procedure?          │          ╰──────────╯
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│ documented?         │          ╰──────────╯
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│ Publicly available? │─────────▶│ Discard  │
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│   36 Narratives     │
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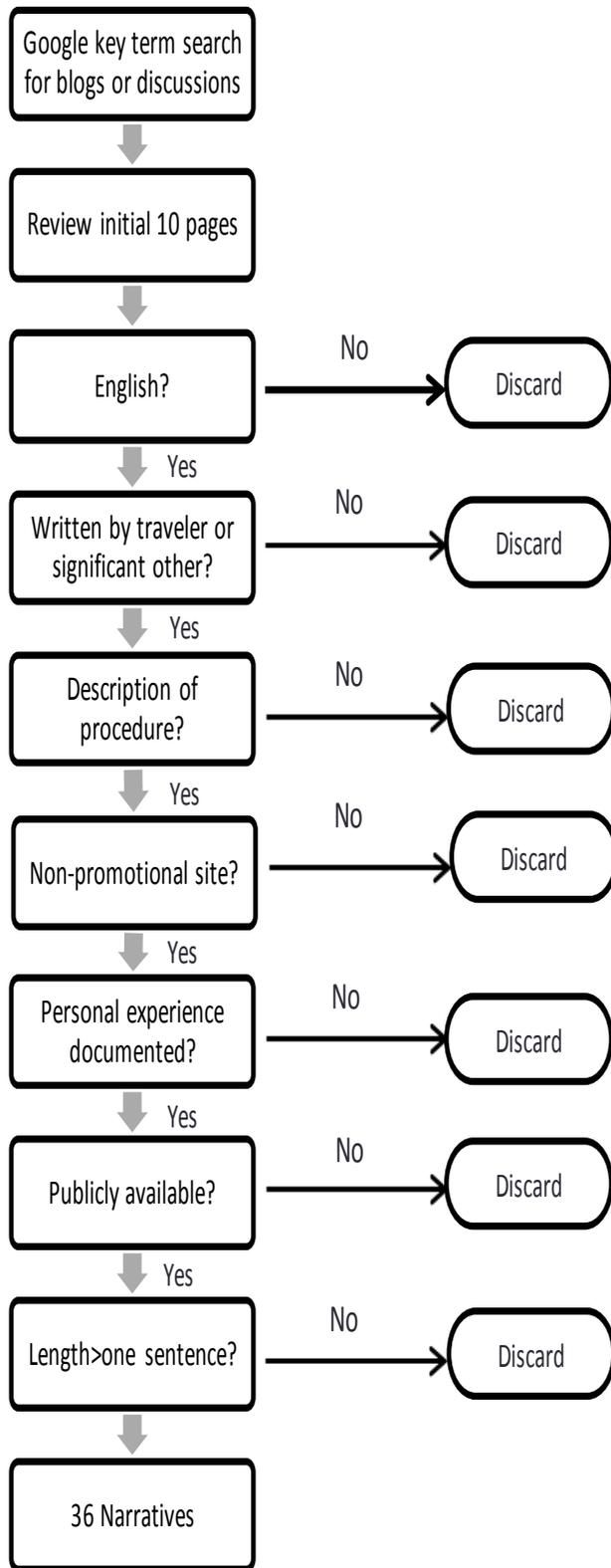
Figure 1. Steps in the Narrative Procurement Process

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Coding Process

Narratives were copied from the Internet and posted in individual word documents labeled by author or other identifier. Narratives which included more than one entry were collected chronologically with the oldest post to newest post. All narratives found were reread online on Oct 31, 2012, and any additional postings were added to the word documents. Some individual narratives consisted of a single paragraph on a discussion board; others provided extensive detail and provided daily postings. In all, over 250 pages of narratives were downloaded and any non-relevant content was removed.

Posters' written words were analyzed in an iterative analytic process using narrative analysis theory principles to create primary (parent) and secondary (child) themes. The unit of reference was a sentence (Pftell & Zaphiris, 2010; O'Leary, 2011). Initial open coding (Neuman, 2006) was conducted of all of the pages of 36 final posters to identify common themes and create initial codes for the data. Each narrative was carefully reviewed to identify themes, with a focus on the initial research question and sub-questions. In addition, the content of each sentence was directly examined to identify positive and negative opinions (O'Leary, 2011). Over 40 initial themes were identified and memos were written to keep track of ideas and observations. Two authors individually reviewed 5 cases and agreed on the major themes for inter-coder reliability.

Axial coding, or second review of the data, was then completed and the 36 individual narratives were entered into NVivo version 10 (QSR International, 2012) where the initial codes and key concepts identified in the open coding were distilled and

clustering of the initial themes occurred (Neuman, 2006). Relationships with the various

initial themes were created and characteristics of each case, where available, were noted.

A final round of selective coding (Newman, 2006) was completed by scanning all

the data and codes, reviewing all themes and creating major themes (parent) and sub

themes (child) and reorganizing the themes. During this review, linkages between some

themes and the elimination of other initial themes by consolidation of themes were

completed. Narratives from the posters representing each major theme were selected and

personal details were removed from the quotes.

RESULTS

Health Travelers' Characteristics

The posters whose narratives were analyzed for this study noted their country of

origin in most cases. As noted in Table 1, 10 of the posters (28%) mentioned they came

from North America (the US and Canada), and 16 (44%) from Europe. The sample

included one traveler each from Africa and Asia, and two travelers from the Middle East

(Israel and Dubai). The origin of 6 posters was undeterminable.

Table 1. Health Travelers' Country of Origin

Country	Number of Travelers
North America(10)	
United States (US)	8
Canada	2
Europe (16)	
United Kingdom (UK)	9
Netherlands	2
Finland	1
Germany	1
Ireland	1
Macedonia	1
Romania	1
Middle East (2)	
Dubai	1
Israel	1
Kenya	1
Korea	1
Undetermined	6
Total	36

As noted in Table 2, while hair transplant posters made up the largest segment of

the sample, posters travel to Turkey for a myriad of procedures and 10 individuals noted

that they had more than one procedure during their stay.

Table 2. Health Travelers' Primary and Additional Procedures

Procedure	Primary Procedure	Additional Procedures	Total	Procedure as Percent of Total Procedures
Hair transplant	12		12	26%
Dental	2	3	5	11%
Abdominoplasty	3	1	4	9%
Breast enlargement	3	1	4	9%
Lasik	4		4	9%
In Vitro Fertilization	2		2	4%
Liposuction		2	2	4%
Nerve Surgery	2		2	4%
Rhinoplasty	2		2	4%
Back Surgery	1		1	2%
Bariatric	1		1	2%
Botox and Fillers		1	1	2%
Cancer Treatment	1		1	2%
Cyst Removal		1	1	2%
Face Lift		1	1	2%
Heart Surgery	1		1	2%
Labiaplasty		1	1	2%
Physical Exam	1		1	2%
Stem Cell transplant	1		1	2%
Grand Total = 47				
Total	36	11		

Note: Primary procedure is the procedure posters noted first in their narrative
Several posters noted that they had more than one procedure completed while they were in Turkey. One hair transplant patient also had an abdominalplasty and a labiaplasty surgery.

As indicated in Table 3, half of the posters (18) were female, 15 were male and no gender was noted for three posters. The age of over half of the posters was unidentifiable. Of those whom ages were noted, 12 were in their 30's and 40's. Nine of the posters indicated they traveled with a family member or other individual. Three of these accompanying individuals also posted on the blogs of their partner or spouse.

Half of the posters documented the name of the facility where they received care. Of those who noted the place of their treatment one hospital, Anadolu Medical Center

was mentioned most often (four times) and all but one of the posters who traveled to Turkey for hair transplants noted the name of the facility where they received their treatment. The majority of the posters mentioned their physician in their post either by the physician's full name or by "Dr." and either a first or last name.

The majority of the posters (17) noted that they had their procedure completed in Istanbul. Seven went to Izmir, two traveled to Ankara and one mentioned having treatment in Altinkum a resort town about an hour from Izmir. Nine posters did not identify a city of treatment and only included "Turkey" in their narratives. Nine of the posters mentioned a medical tourism facilitator organization by name with three of the posters noting that they used the same facilitator.

Most of the posters noted the date or year of their travel to Turkey and the timeframe of travel to Turkey was from 2007 to October of 2012. One third of the posters had treatment in 2012 and six posters noted that their travel occurred in 2011. Based on a review of the dates of the narratives, most of the posters wrote their narrative within a few months of their travel and several wrote while they were actually in Turkey for their procedures.

Table 3. Health Travelers' Date of Initial Narrative, Demographics, Location of Treatment, Date of Treatment, Facilitator Facility, and Accompanying Person

Author	First Post	Gender	Age	City	Date of treatment	Facilitator	Facility	Accompanying Person
#1	7/22/10	M	30s	Izmir	5/1/10	N/A	N/A	N/A
#2	2/1/09	N/A	N/A	Istanbul	N/A	Blue Med travel	N/A	N/A
#3	4/1/12	M	N/A	Istanbul	N/A	N/A	Este of Turkey	N/A
#4	6/3/12	F	N/A	Izmir	6/1/12	N/A	Kent	N/A
#5	8/12/12	F	60s	Istanbul	10/12/12	Comfort Zone	N/A	N/A
#6	2/16/09	F	N/A	N/A	N/A	N/A	N/A	Spouse
#7	2/26/11	F	30s	Istanbul	3/12/11	World Med assist	Anadolu Hospital	Partner
#8	2/14/07	F	N/A	Izmir	N/A	Revitalize in Turkey	N/A	N/A
#9	9/13/12	F	N/A	N/A	N/A	N/A	Dunya Eye	Other referenced
#10	3/14/10	M	N/A	Ankara	2/22/10	N/A	Dr. Keser Clinic	N/A
#11	4/1/12	N/A	N/A	N/A	N/A	N/A	Este of Turkey	N/A
#12	6/7/11	M	50s	Istanbul	5/25/11	N/A	Transmed	N/A
#13	4/9/09	M	50s	Istanbul	5/1/09	World Med assist	Anadolu Hospital	N/A
#14	2/26/12	F	30s	Istanbul	5/1/12	IVF vacation center	Anadolu Hospital	Spouse
#15	5/22/11	F	N/A	Altinkum	N/A	N/A	N/A	Spouse
#16	N/A	M	30s	N/A	N/A	N/A	Hairana	N/A
#17	1/12/12	F	N/A	Izmir	12/12/11	Revitalize in Turkey	N/A	N/A
#18	1/14/09	F	N/A	N/A	1/2/09	N/A	N/A	N/A
#19	6/14/12	M	20s	Istanbul	9/1/11	N/A	Transmed	N/A
#20	10/17/12	M	30s	Istanbul	1/1/12	N/A	New Age Clinic	N/A
#21	5/7/08	M	20s	N/A	5/8/08	N/A	N/A	N/A
#22	10/9/07	M	N/A	Istanbul	8/9/07	N/A	Transmed	N/A
#23	8/30/12	M	20s	Ankara	8/1/12	N/A	Dr. Keser Clinic	N/A
#24	12/22/09	F	N/A	Istanbul	N/A	N/A	N/A	N/A
#25	7/4/12	F	40s	N/A	10/3/12	N/A	N/A	N/A

Table 3. Health Travelers' Date of Initial Narrative, Demographics, Location of Treatment, Date of Treatment, Facilitator Facility, and Accompanying Person (continued)

Author	First Post	Gender	Age	City	Date of treatment	Facilitator	Facility	Accompanying Person
#26	4/8/11	M	40s	Izmir	5/19/11	N/A	N/A	Other Family Member
#27	9/24/12	F	N/A	N/A	5/1/12	N/A	N/A	N/A
#28	5/25/12	M	30s	Istanbul	5/12/12	N/A	Acibadem Hospital	N/A
#29	2/27/09	M	40s	Istanbul	4/1/09	World Med assist	Anadolu Hospital	Spouse
#30	5/12/12	M	30s	Istanbul	N/A	N/A	Hedz Inter- national	N/A
#31	1/29/12	F	60s	Istanbul	1/25/12	N/A	N/A	N/A
#32	5/3/12	F	N/A	N/A	9/1/11	N/A	N/A	N/A
#33	9/10/12	F	30s	Istanbul	10/12/12	N/A	Memorial Hospital	Spouse
#34	4/12/11	N/A	N/A	Izmir	6/19/12	N/A	N/A	N/A
#35	4/28/12	F	40s	Izmir	4/10/12	N/A	N/A	N/A
#36	2/2/12	F	N/A	Istanbul	N/A	Blue Med	N/A	N/A

Push Factors

Posters noted a variety of reasons for leaving their country of origin to seek care in another country. For the posters who mentioned factors which pushed them to another country, factors included lack of available treatment in their home country and financial reasons based on price or lack of insurance.

Lack of Treatment Option In Country of Origin

Several posters sought out treatment which was not available in their home country. These procedures included cyber knife treatment, stem cell transplants and pudendal nerve surgery. Many of these posters wrote about their disappointment with

their inability to procure care in their own country. A quote saying "I wasn't comfortable with the open surgery [methodology] that was offered" was noted from a poster seeking out a surgical procedure not done in the US. One poster wrote about the lack of additional therapy offered for his cancer "[Hometown] Hospital has just been in contact to say that after reviewing the newest CT scan there is nothing more they can offer me." Several posters noted that they did their own research, independent from their physicians to seek out treatment options "I have asked 2 clinical gynecologists about and was very surprised that they knew nothing about it. Then again they treat cancer using drugs only !"

Cost

Posters note the price of procedures in their home country as rationale for seeking care in another country. While only a few noted actual cost comparisons which included figures, many shared that they investigated costs abroad and noted that not only was the price of the procedure less than at home, many organizations offered packages which were all inclusive and provided transportation, meals and accommodations. "I started by visiting many of the most prominent hair transplantation centers in [Home city]. I collected a fairly large number of quotes from those clinics, but all that information pointed to one conclusion: Given the number of grafts I needed (4,000), the transplant I really wanted was out of my financial reach. I just didn't have that much money available for it." One poster noted their decision making process evolved from financial to a desire to have some time to relax and reduce stress: "Our reason started out strictly financial in the beginning and slowly has turned into a personal decision that we feel will make the whole process more relaxing and less stressful."

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Lack of or Insufficient Insurance Coverage

The three US posters who came to Turkey for non-cosmetic procedures, all noted that their surgeries were not covered by their insurance and in one of these posters case, he did not have insurance. Two of these individuals had procedures which they noted were "experimental" in the U.S., the other had heart surgery but would have had to pay out of pocket as he lacked medical insurance coverage. "Insurance was another big factor, my insurance would not cover this surgery. They consider this type of surgery for the pudendal nerve experimental and investigational, there is still not enough science supporting the benefits for this type of surgery for the patient. My cost without insurance $50k-$60k. That's an awful lot of money for something that's not guaranteed, and a very long road for recovery. This was the best the US could offer."

Lack of Insurance was not just a Push Factor for US posters

One of the posters who traveled from the Netherlands for eye surgery noted that her insurance would only cover part of the cost of the procedure. "I first found a clinic here to test my eyes for free to verify that I qualified for Lasik. I did. They quoted me about 3500 Euros in price for both eyes getting Femto Lasik with wavefront (I recommend you google Femto Lasik and the various Lasik operations. There is no point in me rewriting all the info out there.) The health insurance would cover 500 Euros of the price, but only at one of their clinics that they contract with."

And one poster from Africa shared his insurance challenges in a discussion board forum. "I am from [Home country] and no insurance company will touch my case so went to Turkey for my surgery and it costed me US$ 20K."

Pull Factors

A number of factors influence the posters decisions to seek healthcare in Turkey. Many of the posters noted researching their options, primarily on the internet and then either initiated contact with a provider/physician in Turkey directly or utilized a health travel facilitator for assistance. Price and a familiarity with Turkey were also factors which attracted posters to Turkey.

Research

Posters shared their approach to learning more about Turkey and their procedures and generally noted that the internet was a major source of resources and assisted with their decision making. Some posters mentioned obtaining feedback from others in their discussion forums or internet support groups. The research performed by the posters was often detailed and time consuming. "As with all hair transplant patients, hours, days, even weeks of research is undertaken before choosing who/where and when to undergo the procedure. After reading many discussions about poor results from old practices performed in the UK, deciding against travelling to India or the States due to time/distance and being impressed by both the technological advances and results achieved by skilled surgeons in Turkey, I decided to select Istanbul."

Many posters shared the options they investigated during their research process. "I have done a lot of research using internet and many other information resources in order to find the right surgeons and clinics with affordable prices in [Home country], Turkey as well as many other places in Europe for years."

The ability to connect with others who traveled to Turkey for information and support was also a component of some posters research. "I was able to talk with the person who came to Turkey first, she had only good things to say and the best news, she is 95% recovered. I needed her story and I needed the support of this PN group."

Physician Expertise and Responsiveness

Many posters mentioned the qualifications of the physicians as a factor which attracted them to care in Turkey. Some noted the background of the physician. "I chose Dr. [Name] due to her wealth of experience in both hair transplantation and other surgical procedures. Her CV is both impressive and extensive, with nothing but positive reviews throughout Turkey and worldwide for her work. Having worked on many public figures and featured on many tv shows for her fantastic results, i didn't take much convincing. I could detail her skills and experience on here but i would be typing for hours!"

One poster noted that it was the physician qualifications above costs which attracted them to Turkey. "I did not choose [Company] because of money. The amount I paid was almost the same as it would be with the North American coalition surgeons. I did choose [Facility] because back then Dr [Name] was recommended here (and I though I will have surgery with her) "

Others noted the communication or responsiveness of the physicians directly which attracted them to health travel to Turkey. "After a long search I finally got the right Doctor to have a look at me. Only drawback..... he was in Turkey! So initially sent him my history, photos as well as some scans/x-rays. He says I need surgery but he has to see

me first, remember, I have already had a heart attack so he was being careful. So back and forth, until my cardiologist says fine I can go ahead with any surgeries."

Familiarity or Interest in Turkey

Some of the posters noted that they had lived in Turkey, worked in Turkey or been on vacation or honeymooned in Turkey and others noted an interest in exploring Turkey. Two of the posters noted they were of Turkish decent.

"For example i had been in Turkey for three times. Turkey is a leading tourism destination for travelers from all over the world."

"I decided I just liked the idea of Istanbul better – all that history – Greeks, Romans, Byzantines, Crusaders, Mongols, Ottomans, on the very edge of Asia and Europe, straddling the straits between the Black Sea and the Mediterranean, how could a history/geography junkie like me not go there?"

"I am originally from Turkey but I live in [Home Country]."

Use of a Health Travel Facilitator

Some of the posters reached out to health travel facilitators as part of their process. Posters who mentioned using a health travel facilitator, someone typically on the ground in Turkey who serves in a sales consultative role, noted that the facilitators were responsive to their initial and online requests for information and assisted in the process of arranging treatments, transferring medical records, travel and accommodations. "I filled out the online form, and within a few hours I got a call from the nice nurse, Janet,

who is now my handler (case manager).   She e-mailed me a PDF form just like the admissions form on a clipboard they give you at a real doctor's office, and instructions for getting my records forwarded to them.

Many of the facilitators were mentioned by name by the posters and several mentioned how quickly the facilitators responded to requests for information. "[Name] at the [Company] in Turkey office was very reassuring" "The staff at [Facility] are excellent at communicating with patients. My patient coordinator, [Name], handled every detail expertly"

Price

Many of the posters noted that they were attracted to Turkey for health travel due to the perceived reasonable cost of travel, visa entry and price of treatment. "In Turkey I paid 1660 Euros for the same surgery, and got 3 nights at a cute hotel and a tour of the city."

"Turkey, on the other hand, has but a $20 visa-on-arrival standing in the way."

The all-inclusive packages mentioned by the posters often included transportation, mobile phone support, meals and accommodations in addition to the cost of the medical treatment. "The cost of surgeries includes everything except the cost of the flight and includes accommodation in a modern apartment block close to the [Facility] (complete with swimming pool, tennis courts and lovely walks), all meals, medications and pre-surgical tests, transport to and from the airport and to the clinic to see the surgeon and ancillary staff, mobile phone for instant support from {host] and his team."

Other Pull Factors

A few posters noted their research on the technology to be used for their procedures such as the laser machines for eye surgery or the cyber knife for cancer treatment. In addition, three posters mentioned the accreditation of the facilities in their narratives. Two posters mentioned their proximity to Turkey. "I did not want to leave Europe."

Satisfaction with Outcomes and Results of Treatment

The majority of the posters noted that they were satisfied with the outcome of their medical care in Turkey. Two hair transplant posters wrote negative reviews on a discussion board. One poster noted she was awaiting improvement in her nerve after surgery and the blogger who had end-stage cancer treatment expired several months after having treatment in Turkey. Satisfaction with the results was shared in many of the narratives. "I am extremely satisfied with the results I got from [facility], and I'm glad I didn't waste my money on a more expensive clinic. "The results are beyond my wildest dreams."

Some posters mentioned the impact that the procedure had on their lives. One of the posters who had been unable to stand up straight before his surgery wrote about the experience of being able to look up after his 12 hour surgery in Izmir. "On Sunday 22 May another doctor who introduced me as the assistant to my doctor asked if I was up to waking up from my bed and take a walk. What? Was he serious? I agreed and with the help of the nurses I woke up from my bed with all the tubes hanging out. Boy did it feel weird taking my first steps. Felt like my back was in a vice. Walked to the windows and

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after so many years I was able to look up. You can't believe the feeling that I started to cry, yes, at my age but hell yes I cried with joy and victory."

Very specific clinical outcome data including medical reports were noted as methods posters used to share the outcomes of their procedures. While not analyzed as part of this research, many posters also included before and after photos of their outcomes. Several posters offered to avail themselves via their personal email to anyone who needed additional information on their treatment and outcomes. "It has been ten months since my last surgery and I have already had satisfying results that I would like to share with my fellow men who have been suffering from the same problem and hopefully I can be helpful as much as I can."

Several posters who were satisfied with their outcomes also mentioned an intent to return for additional procedures. "The experience was so amazing that I am now considering further cosmetic surgery (which I would never have considered prior to surgery) and I would not go anywhere else."

"We will be going back there later this year as my husband still needs some work carried out to finish off his implants."

Those posters who were less than satisfied with the outcome of their treatment noted this in their posts as well. One couple who blogged about their failed in vitro fertilization attempts remained positive about their experiences in Turkey despite the negative outcome. Others were very direct in sharing their dissatisfaction and one even labeled their post "My disastrous journey with [facility]." "This surgery with [facility] has made my life a living hell. I am not depressed but emotionally devastated."

One poster who wrote about being satisfied with her results did mention an infection after her procedure but she noted that she blamed herself for not strictly following her post-operative instructions. The wife of one poster made the final entry on his blog announcing his death several months after end stage cancer treatment.

Perceptions and Overall Experiences

Positive factors. Many of the posters noted their multiple positive comments about their experience as a health traveler to Turkey. The narratives included feedback on physicians, the facilitators, and the staff who cared for them or their loved one. Posters also wrote about the value they perceived, their perceptions of Turkey and the facilities where they received their care and some gave details about their follow-up care.

Impression of Turkey

Most of the posters wrote in favorable terms about their overall impressions of Turkey. "Istanbul is truly a wonderful city. It is full of life and the people are very kind and willing to talk to you when you approach them." A couple of posters compared Istanbul to other cities or their own country. "Istanbul is to my limited experience, very much a first-world European type city, like Lisbon or Paris, rather than third-worldly, like say Mexico City." "Got home and took train home but so depressing to travel through filthy decrepit UK after the gloss and vibrancy of Istanbul."

Posters also noted their positive interactions with the people they met while in Turkey. "Turkish people are really friendly and where always willing to help out."

About half of the posters mentioned taking or making the time to see the sights. For some of the posters it was prior to their procedure. "On Monday 16 May 2011 woke

up early and went for a tour of the old city, Top Kopi Museum, blue mosque and basically walked about". For others, their sightseeing occurred after their procedures. "After the medical dressing and cleaning i wore my hat and went for Istanbul city tour. Istanbul was amazing. I was really impressed. I took lots of photos in Istanbul."

Perceptions of Physicians

Overwhelmingly the authors mentioned their physicians in their postings and the majority of this feedback was positive. Most of the posting included the physicians by name and many mentioned the expertise of the physician. "Dr. [name] was very friendly while informing me about the operation." "I deeply felt his self-confidence during the consultation" "He seems to do a lot of conferences, which is a good thing, I think, and has contributed to at least two of the papers being presented at this conference. He's keeping totally up to date on the progress in stem cell research, actively participates in cutting-edge research, and quite obviously uses his knowledge to treat his patients. Combine that with a very compassionate spirit and sense of humor and we have a real gem of a doctor in [physician's name]."

Many posters were also appreciative of the care and professionalism provided to them by their physicians. "I would like to express my sincere gratitude to Dr. [name] and her team of considerate medical staff."

"Thanks for being such a wonderful doctor, and making our experience in Turkey worthwhile."

"Dr. [name] was fantastic, very professional and has done an amazing job with our teeth."

Follow-up

Several posters mentioned the follow-up from their providers in Turkey. The posters noted that they received follow via email and one poster mentioned their physician's availability via Skype.

"I can reach the doctor with my questions by phone. I have also emailed them and got reply within the same day."

"The Dr. was so professional and explained the whole surgery to me in detail. I have had a few follow ups since and would recommend him to everyone!!!"

"We have stayed in contact with Dr. [name] at [facility] in [town] Turkey -- email and Skype are wonderful ways to maintain communications, and it has been a real treat to actually see him and his office assistant and [name] [name], our international rep from the medical center. We really do miss them."

"I can reach the doctor with my questions by phone. I have also emailed them and got reply within the same day."

Impression of facilities. Many posters noted the cleanliness of the facilities and some commented on the surroundings and up-to-date equipment. "The hospital is bright and modern and clean."

" the hospital had top notch equipment."

"The private hospital where I got the operation was very pleasing with its full nursing facilities and advanced medical care units."

Value

Many of the posters noted that they felt that they "got their money worth" and were pleased with the value of the investment they made in their procedure(s). One couple seeking fertility treatment returned for a second round after the first in vitro fertilization in Turkey was unsuccessful.

"Anyone needing hair transplants should think of Istanbul as the place, people and service are fine and at 1 Euro a hair its incredible value."

"I have just returned from Turkey where had 24 porcelain veneers fitted at a third of the price would have had it done in the Uk- the results are amaxing."

"I think from my experience thus far and from what I've heard from others I'd have to agree that the quality and value of the work being done in Turkey is pretty remarkable."

Facilitators

Health travel facilitators were often mentioned by name and lauded for their assistance and responsiveness during the posters time in Turkey. These individuals not only greeted the posters at the airport but provided support during the stay and also encouraged site seeing etc. "Charming [name] picked me up from the airport with a little sign."

"When I arrived at the airport in Turkey Dr. [name]'s English translator and the German translator were waiting for me."

Some posters noted that the facilitators provided a direct contact number and a few posters noted that they also received a phone SIM card or telephone to aid in communication. "They took care of the check-in and also gave me a pre-paid sim card in case I had to contact them for any reason."

Negative Factors

Two posters were not satisfied with their hair growth after transplants. Several posters noted some areas of dissatisfaction with their experience in Turkey and identified opportunities for improvements. Overwhelmingly, these negative posts focused on issues with communication and the lack of ability to speak to their caregivers in English. Food, transportation and responsiveness were also mentioned as opportunities for improvement and several gaps in service were noted by posters who documented these details of their experiences.

Communication

While many posters described lengthy communications with their physician in English or the physician's ability to speak to them in English, many posters noted the challenges of communicating with the staff and support team members.

"I met the transplant team - all women and although only the surgeon herself spoke English."

"Language was a problem as we are from an English speaking country, but did get along with a lot of hand language."

"Whilst Dr. [name] speaks English , most of the nursing staff did not, so I got by with sign language and a few words."

Several posters noted an inability to communicate with the staff such as nurses, and struggled to make their needs known when dealing with clinical needs.

"Today's challenge: How does one communicate "I'm constipated" with folks who don't understand English?

We had to use the iPad to help us translate with the pharmacists, because the word "generic" doesn't translate well.

Challenges with others such as taxi drivers were also noted. "As we climbed in the taxi to take us home, I told the driver the name of our hotel. He said "okay", and we were off. About half way there he took a wrong turn (I don't know many streets, in Istanbul, but I knew this one). A minute later he pulled up to the wrong hotel. We said "uhhh, this isn't it." He took us to one with a similar name. After that he gave us a pretty big lecture in Turkish about always getting a hotel card when we leave. (At least I think that is what his lecture was about.)"

Food

Many of the posters who wrote about food mentioned their challenges with having the types of food they were used to having at home. "Fruit has been not available since I got here, so bought a large bunch of grapes on my way back to the apartment."

Those who wrote about the food served to them during their hospitalizations shared their feedback on items they were served during their stay. "Afterwards, I did manage to sleep until around 6:30am when they brought me my breakfast - a light salad with some goat's cheese and olives (yuck) and a cup of black tea."

One poster who raved about her care and outcome noted the only issues she has with her stay. "Only complaint is the food SUCKED. I was only given soup for 2 days and consistency was like baby food. I had the lady helping me get some instant soup at the supermarket, much better!!"

Posters also got creative and developed their own work-arounds to address their needs. "We're learning to put the water in the fridge so she has something cold -- pitchers of ice water or other fluids are not a standard thing here -- and I've finally figured out where the cafe is to pick up some diet Coke and real food."

Transportation

Many of the posters who wrote about their experiences noted their perception of the local traffic. "The drive to the hospital was a little intense, in Turkey they are not good with following the traffic laws, so everyone seems to do what they want, a little scary," Traffic was a barrier to one poster who was considering seeing more of the sights in Istanbul. "Traffic in Turkey is like nothing we have ever experienced, instead of trying to find a taxi and having a stressful drive to the sights, and not being sure what is and isn't open on Sunday, staying in seemed to be the logical choice."

Two of the posters from the US noted the multiple flights they took to get to Turkey and the challenges of traveling this distance.

Impressions of the People

While the majority of comments about the staff and general population were positive, some employee behaviors observed by the posters were less than positive. "Monday morning, I was looking out the window as folks were coming in to work. Lots

of cigarette smokers here and it's not uncommon to see them outside the entrances to the hospital. It didn't take me long, though, to figure out this guy was smoking more than a cigarette. One toke over the line, sweet Jesus….."

Other negative touch points with individuals involved in the treatment were also noted. "My dealings were mostly with another rep,[name], who is obviously very busy juggling many patient/doctor schedules at any one time. However, maybe it was just me, but I felt my interactions with her were sometimes a little 'edgy' and I was not always happy when what I considered were legitimate doubts or concerns were met with what appeared to be impatience and tetchiness. Maybe it's a cultural thing but it wasn't what I am used to by way of customer care, and I didn't find it very reassuring at all. "

And one poster who was generally positive about her overall experiences noted her disappointment in one of the facilitators. "[Name] was going to pick us all up at 10:30 am to go to the hospital, but ended up coming at 11:45 and then told me that the surgeon couldn't fit me in until this afternoon - so my intended last day shopping spree has disappeared up in smoke."

Responsiveness

For the most part, posters who mentioned communicating with the facilities or providers were satisfied with their responses. However, one person who was dissatisfied with the outcome of his hair transplant noted that he repeatedly tried to get a response from the provider but needed several attempts before he got a satisfactory response. Another poster noted that he attempted to reach an organization to arrange a health

physical but did not receive a reply. "I contacted [facility] first but they neglected to return my call."

Unexpected Service Gaps. Several posters noted omissions in service or occurrences of incidents they did not expect. One patient arrived at the clinic expected to be treated by a specific physician, only to be assigned an alternative physician. "When I arrived to the clink on the day of my surgery I learned that Dr. [Name] cannot perform FUE surgeries and even more she was out of the country... and instead it will be done by a different surgeon Dr. [name]."

One of the posters shared that she incurred unanticipated costs associated with her treatment. "We dealt with some frustrations regarding procuring medications once she was released as an in-patient. Unlike US hospitals, which often have pharmacies where patients can buy their drugs, in Turkey, it's illegal for hospital pharmacies to "sell" drugs to those who are not in-patients. So we ended up going to the "outside" pharmacy for her meds for this week and found ourselves unexpectedly paying a lot of money for a very expensive drug that we thought was going to be covered in the pre-transplant costs that have already been paid for"

One posters and her partner's summary of their final hours in Turkey revealed her challenges as she tried to get to her flight. "We waited at the entrance to the airport for about a half hour while our driver went to get a wheelchair for [name]. He came back empty handed, which meant we needed to load all the luggage on one cart, and push it through security before we could get to a check in counter."

Three of the posters mentioned that they were frustrated with having only one English speaking television channel and one mentioned being unable to play her US DVD's in the DVD player. A poster who stayed for an extended hospitalization noted an inability to do her laundry on site and having to send items out for cleaning.

Other negative factors. One of the posters went to into great detail about her frustrations with getting mail sent to her in Turkey. She notes the post office demanding payment to secure a package. "The Turkish mail system doesn't have a great reputation so our own postal system loses control once it leaves the US." In addition, one poster noted that when out and about in the outskirts of Istanbul, the poster noted their thoughts on air pollution and suggested to readers to avoid going outside. "Not great air quality here because of the factories so close by so going out walking too much isn't a great idea." The partner of the patient who stayed over two months in Turkey noted that after a few days her blog was censored and she had to email her posts to a friend to post from the US. "This blog has been censored by the Turkish government so, being situated in Turkey, I can't access it. So I'm going to try an end run by writing and then forwarding to someone in the US who can upload postings."

DISCUSSION

This analysis of online narratives provides significant insights into experiences of health travelers to Turkey. This study provides information from 36 individuals who posted their characteristics; the factors that drove them to leave their home counties for care, and what attracted them seek care in Turkey. Details from the posters on the outcomes of their procedures and the satisfaction with their experiences in Turkey provide an understanding of both positive and negative factors influencing their perception of health travel to Turkey.

Overall, the majority of the posters in this sample generally shared positive comments regarding their experiences in Turkey and the negative comments and observations provide opportunities for improvement for healthcare providers seeking to attract health travelers to Turkey. These insights also provide individuals exploring options for healthcare abroad with information about others' experiences as health travelers and may aide in the decision process of those seeking care in another country.

This purposeful sample of 36 individual posters of the narratives mirrors the size of samples those analyses by other researchers (Rachul, 2011; Pitts, 2004). After careful reading and re-reading of the narratives we felt confident that the sample contained posts by actual health travelers who went abroad to Turkey for care and those entries by medical tourism promotional sites or healthcare providers were eliminated. Many of these narratives provided rich insights into the rationale for traveling to Turkey for care as well as detailed feedback regarding their thoughts and perceptions before, during and after

treatment. As noted by (Seale, Charteris-Black, MacFarlane, & McPherson, 2010), the narratives in the study provided a great amount of detail about the experience including technical and intimate details and observations.

Posters of all ages traveled from many countries across the globe seeking care in Turkey for procedures that were unavailable or unaffordable in their home country, or not covered by insurance. This finding aligned with other studies on the drivers of patients looking for health care abroad (Crooks et al., 2010; Stekof, 2010; Veerasoontorn & Beise-Zee, 2010). Although wait time for procedures is noted as a push factor for some individuals seeking care abroad, (Bookman & Bookman, 2007; EIU, 2011; Hopkins et al., 2010; KPMG International [KPMG], 2011) none of the posters wrote that they were waiting for care in their home country.

Posters who traveled for care unavailable in their home countries had common frustrations with their current healthcare options, or lack thereof, and highlighted their desperation and the challenges faced by individuals seeking a solution for their illness or pain. Posters were often involved in lengthy research processes used to explore options for care with the Internet serving as the primary source of information and knowledge sharing. The individuals who went overseas for procedures they could not get in their home country often dedicated parts of their narratives to lauding the physicians who took care of them in Turkey and gave them "another chance at life." Clinical expertise and accessibility were frequently noted as strengths of the physicians.

Most of the authors of the narratives in this study were pulled to travel to Turkey for care that was less expensive than the treatment in their home country. Posters who traveled to Turkey for more affordable healthcare options also noted performing research

prior to making the decision to travel outside their home country for care. Posters wrote about doing research on the Internet via reading other's narratives and communicating with providers or health travel facilitators. As noted by Crooks et al, positive stories of success via online postings or word-of mouth may serve as a motivator for individuals considering health travel (Crooks et al., 2010). These posters research included information about the facility and investigating the physician's qualifications and previous outcomes. Many of these posters mentioned the value of the treatment they received and several encouraged their readers to consider Turkey as a reasonably priced option for care.

About 25 percent the posters mentioned traveling with a spouse or family member and in some cases the spouse or family member also contributed to the narrative. These accompanying persons typically posted when the primary poster was undergoing a procedure and in one bloggers case, after he expired. Having these individuals included in the postings gave insights into the perspectives of the person who was the patient but also their support person's view on the experience.

These 36 narratives were written primarily from the perspective of individuals who traveled for health rather than authored by those interested in combining a vacation with medical care. While travel and the ability to see the sights in Turkey was noted by some of the posters, many did not mention taking a vacation or traveling to touristic location and focused their posts on the clinical and medical procedures rather than any overseas holidays. However, posters noted they enjoyed their time in Turkey and those

who wrote about seeing the sights documented positive observations. Other than notations about the traffic in Istanbul, no negative comments about Turkey herself were noted in any of the narratives analyzed as authors who mentioned seeing parts of the country were favorable in their reviews of the time spent visiting the sights.

Accreditation organizations such as Joint Commission International were only mentioned by three of the posters in parts of their narratives related to their decision-making process to choose Turkey for care. As the number of accredited organizations focused on health travel increase, international accreditation may not be a long term source of competitive advantage for providers seeking to care for health travelers. As accreditation becomes an expectation, creation of high levels of brand trust via marketing and loyalty via positive word-of-mouth are likely to become the key drivers of health travel provider's success (Lertwannwit & Gulid, 2011). In addition, although several posters mentioned their long flights to Turkey, proximity was only mentioned by one poster as a pull factor.

Most of the posters were satisfied with their outcomes and those posters whose results were less than desirable also mentioned positive aspect about their experiences in their narratives. Posters provided details on their procedures, the care they received, the facilities, and their impression of Turkey and these aspects were often imbedded into their narratives. The physicians and medical tourism facilitators were most often mentioned by the health travelers and frequently by name. Posters noted that they found their physicians to be accessible after they returned home often by email or phone. Posters who used a health travel facilitator generally had positive feedback about the responsiveness and accessibility of the facilitator both before and during their visits to

Turkey. These positive finding may provide information and reassurance for future health travelers.

Few negative narratives were found during the extensive search for blogs and discussion board posting. Two posters noted their dissatisfaction with the outcome of their hair transplants and used their narratives a vehicle to communicate their disappointment and frustrations. However, most posters who mentioned negative observations identified opportunities for improvement during their travel, stay, or follow-up care.

In contrast to the physicians, the nursing staff was rarely mentioned by name and many posters shared their frustrations with being unable to communicate with the individuals directly responsible for their day to day care. Lack of the ability to make basic needs known to the staff such as requests for water and help with elimination has both patient safety and satisfaction implications that need to be addressed.

Opportunities also exist to improve various other touch points in the care of international patients in Turkey. These include improving the perception of the food served, transportation providers, especially taxis, and addressing unanticipated service gaps such as an inability to find English speaking television programs and lack of laundry services. Food was a dissatisfying element for several posters who mentioned their meals in their narratives. There is a need to address the cultural food preferences of health travelers and provide a more customized approach to menus and meals especially in the hospital setting.

Challenges with communication with service personnel in Turkey such as taxi drivers or merchants was also noted, and in one case, the poster articulated that she deferred sightseeing during her stay due to concerns about using a taxi in Istanbul. Posters also mentioned several incidents where staff or other service providers demonstrated unprofessional behaviors. In addition, one poster noted the blocking of her blog during her stay in Turkey which resulted in her creating a work around to be able to continue to communicate her experiences during hospitalization. The negative perceptions of government entities such as the postal service or Internet censorship or air quality in the city of care, while possibly isolated incidents, are additional opportunities for improvement.

Much like the growing body of patients who are sharing their experiences via Facebook and other sites, (The Change Foundation, 2011) these health travelers to Turkey have embraced the use of blogs, forum posting and discussion boards to highlight, often in great detail, their experiences. This research has demonstrated that analysis of online narratives provides a comprehensive review and insights into the experiences of health travelers to Turkey.

LIMITATIONS

This study was conducted using online narratives written only in English which may have excluded health travelers to Turkey from the Middle East, the Balkans and other areas. The methodology may have also excluded Turkish speaking residents of other countries who may make up a potentially significant portion of the current health travelers to Turkey. The methodology also excluded the narratives by health travelers available on health travel facilitator and hospital or clinic websites.

While a number of processes were put in place to ensure the authenticity of the narratives, there was no way to guarantee that all the narratives in this study were trustworthy. Some of the online narratives had extraneous content and many may have been posted with biases based on the authors' needs for endorsement. The narratives may have included fictitious data and there was no way for the researchers to validate most of the self-reported information (Jones & Alony, 2008). In addition, the posters did not always note their gender, country of origin or other demographic information. However, anonymity may have also encouraged people to share more online and discuss sensitive topics and issues (Pftell & Zaphiris, 2010) making the 36 narratives a robust source of information.

Although the number of people with access to the Internet and the ability to post has increased worldwide (International Telecommunication Union [ITU], 2012), the sample did not include individuals who lack access to a computer or smartphone and thus may not be representative of the general population (Seale et al., 2010). In addition, using the Internet as a source excludes the ability to obtain the benefits of the spoken word such as inflection and other nuances as well as visual cues from personal interviews (Seale et

al., 2010). The narratives lacked examples of any orthopedic cases such as individuals

seeking knee or hip replacements or any individuals who wrote that they were waiting for

care in their home country.

CONCLUSION

This research is believed to be the first of its kind in its approach to analyzing the online narratives of health travelers to Turkey. This analysis provides an understanding of the insights of health travelers though the words of actual health travelers. The findings of this research expands the body of knowledge in medical tourism as well as serves as a platform for further qualitative and quantitative research on health travelers' experiences.

The nonintrusive approach of the methodology used has provided candid insights into the experiences of health travelers to Turkey. This methodology could be applied to study other patient experiences. Although only English-written narratives were included, from these results, Turkey may be an attractive destination for individuals seeking care in another country. Positive attributes include the expertise and responsiveness of physicians, clinical facilities and overall satisfaction with the outcome of the procedure. In addition most posters were positive about their overall impressions of Turkey. Negative attributes include challenges with communication with the non-physician staff including nurses and assistants, food, traffic and several service gaps.

Providers of international patient care may use patient experience research in positioning their services and in the development of patient care protocols for their health travelers. Additionally, hospitals may integrate patient experience research discoveries into their employee recruitment and training programs. In the future, health administration programs may reference expanded outcomes of this research as they evaluate their curricula and may decide to include additional classes on health travelers and their experiences. In the long term this research may serve as a platform for the development of an international forum of health traveler experiences.

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MANUSCRIPT II. OBTAINING YOUR HEALTH TRAVELER'S FEEDBACK
BEFORE IT IS ON THE INTERNET

BACKGROUND

An international patient Melissa M., just spent several days in your organization
receiving care and also toured a few of the nearby sights and did some local shopping
before she flew home. During that time, she interacted with multiple individuals from
physicians to taxi drivers and nurses to waitresses. You have had an international liaison
assigned to her from the minute she contacted your organization about traveling for care.
This liaison was there to greet the patient when she arrived, has assisted with travel and
accommodation arrangements, and scheduling the surgery.

Your liaison speaks with Melissa on her last day and asks her to "rate her visit and
care" and Melissa states everything was good and she loved her physician. Melissa adds
that she is pleased with the initial outcome of her procedure and she enjoyed the
opportunity to see some parts of the city. After hearing this feedback, your liaison notes
this health traveler as another "satisfied customer" and moves on to her next international
patient.

Unbeknownst to the liaison, Melissa is an Internet blogger and active participant
on several discussion boards. Three months after she leaves your organization, you are
alerted to her blog where you see she blogged about her experience in your organization
as well as shared intimate details about her illness and her perceptions of your country.
Melissa dedicates an entire section of her blog to the factors that pushed her away from

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her home country for care. She goes on to share the research that she did to investigate options for care in other countries and how she came to choose your country and organization for her procedure.

Melissa's blog provides detailed insights into her actual medical procedure where she chronicles clinical details from her perspective as well as her interactions with your staff. While she raves about the care she received from her physician, she writes about her disappointment with her inability to consistently communicate with the nursing and support staff. One of her entries says "It was comforting to be in the care of such a skilled physician. Dr. Alp explained everything he was going to do in detail and even provided me with a CD of all my records and his Skype address for any follow-up questions. However, I was not always able to connect with the nursing staff. Some spoke a bit of English and others did not. I used a lot of hand signals for things. I can't believe I had such a hard time communicating the fact that I was nauseated to the nursing staff. I ended up getting out my I-pad and using the Google translate app to look up the local word for throw-up."

On another day of blogging, Melissa went on to note that she was grateful for the support of her international patient liaison. She mentioned the liaison by name several times and wrote that the liaison did a nice job of coordinating her stay. On that same day Melissa blogged about her disappointment with the local food she was served for breakfast post operatively. "One of the many things I wish I would have known about prior to coming to this country was what folks eat for breakfast. After a day of fasting and then surgery, I was pretty hungry when I woke up Wednesday morning and was looking

forward to my first meal. When it arrived, I could not believe that they expected me to eat feta cheese, black olives, tomatoes, cucumber and black tea for breakfast. It might be local fare, but all I could think was YUCK!"

On her last blog entry about her visit to your country, Melissa wrote about her time out and about seeing the sights and enjoying the town. "This city is beautiful, I love all its ancient history and charm, I would have loved to see more of the city, but the thought of getting into a taxi among the worst drivers I have ever seen in my life, made me stick close to the hotel. I was so disappointed that I went home without the hand-woven rug I had hoped to purchase."

After combing through Melissa's blog, you note she also has links to discussion boards on her medical condition. She has posted her insights on her care and experience with your organization on these boards as well. While you note that the majority of her posts are positive, you read with embarrassment that she reiterates her disappointment with her inability to communicate with the nursing staff and also highlights additional observations including problems getting assistance with her luggage at the airport. You also read that she offers her personal email to anyone interested is contacting her directly about her stay in your facility and encourages readers of the forum to reach out to her with any questions.

INFORMATION AGE AND THE IMPORTANCE OF OBTAINING PATIENT
FEEDBACK AND ENSURING SATISFACTION

The above scenario, while fictitious, is a reality to today's healthcare providers and in particular to those organizations who are caring for international patients. Patient satisfaction is ever more consequential for the healthcare providers and health tourism because of availability of social media and web 2.0 technologies to both patients and providers (Sugawara et al., 2012; Domanski & Cavale, 2012; Jent et al., 2011). Once the conversation for private circles, patients are now sharing their insights with broader audiences and in many cases the world via blogs and other social media sites. Much has been written about the internet as a source of information for patients seeking care outside their home country (Lunt, Hardey, & Mannion, 2010; Economist Intelligence Unit [EIU], 2011) and blogs and other online narratives provide a rich source of information for health care providers looking to improve the experiences of their patients.

While many healthcare organizations have been slow to adopt social media as a way to connect with their customers, patients and caregivers have embraced social media and are blogging, tweeting and sharing their experiences via Facebook and other sites (The Change Foundation, 2011). Sharing on the Internet allows the opportunity to provide hope and support, may create an opportunity to explore new sources of information, expand the individuals' role in treatment and prevention, and identify barriers to the physician-patient relationship while creating a sense of community and creating visibility for experiences that were previously private (Pitts, 2004).

Although international health care providers cannot control what information their health travelers share on their private blogs, they can proactively obtain additional details about the patients' perspectives about their experiences prior, during and after their visits to identify themes and common strengths and opportunities for improvement. This process can complement any formal patient satisfaction surveys which are typically sent out over a week after a patient has been discharged. Two ways to actively procure information about your patients' experiences include rounding and discharge calls (Blakley, Kroth, & Gregson, 2011; Guss, Leland, & Castillo, 2012; Melton, Foreman, Scott McGinnis, & Cousins 2012).

Rounding

One of the most effective processes for obtaining ongoing feedback from health travelers about their care is to implement regular, frequent queries of their opinions prior to discharge. In many organizations this is called rounding and is typically completed by nurses or other members of the health care team. Rounding provides health travelers with regular touch points with the patient care team and the opportunity for the patients to provide insights into what is working well during their time in a facility and to voice their concerns about problems. One goal of rounding is to obtain information from patients about their stay while they are in your facility to solicit feedback (Blakley, Kroth, & Gregson, 2011).

Rounding requires a commitment from the organization as providers need to get

out and spend quality concentrated time with health travelers to gauge their experiences

first hand. These rounds may also include visits by members of the healthcare leadership

teams to individual patients. During these visits with patients, managers, staff and

leadership should be using the time to obtain regular feedback. In addition, rounding

provides an opportunity to identify gaps in consistency and ensure standards of care are

being met (Dean, 2012). In rounding, nurses and other care givers are trained to probe for

patient feedback.

Rounding goes beyond asking "how is everything going" which may typically

receive an answer of "everything is fine." Rounding can encourage care providers to

probe deeper into their health travelers' experiences and may lead to rich insights. The

care team should use this time to find out what worked well during their

visit/hospitalization and then effectively probe to find out what could be improved. For

the leadership team, supervisory staff can use the time speaking with patients to find out

about staff that really made a difference for the patient and use this information to

recognize staff. This feedback can be used to recognize staff for the positive comments

received by patients and less than positive feedback can be used as opportunities for

improvement.

If a heath traveler shares a negative experience while in your organization, service

recovery can be initiated immediately and process improvement initiatives can be put in

place to avoid the same issue for future patients. Some organizations have developed

checklists for the areas staff should assess during rounds (Dean, 2012). Others have noted

that patient rounds contribute to improve communication among members of the patient

care team and have impacted the patient's perception of care and employee satisfaction

(Blakley et al., 2011).

In the care of the health traveler, it is imperative that the individuals who round on

the patients are fluent in the patient's language. Having regular touch points with a native

speaker provides comfort to the patient as well as helps to assure that any

miscommunications may be addressed. The ability to proactively address issues and

concerns while the patient is under the providers' care should aide in reducing any

negative perceptions of the international experience.

Discharge Calls

In the United States, most hospitals have had processes in place to telephone their

same-day surgery patients for many years. More recently, these calls have also been

placed to in-patient and emergency room patients. Telephoning a patient a few days after

their contact with your organization allows them the opportunity to give feedback while it

is fresh on their minds. And again, it provides the organization the chance to obtain

feedback on what they are doing well and address any gaps with immediate service

recovery where possible.

Ideally, discharge calls should be made to all patients and a detailed protocol

should be in place for those responsible for the calls. This protocol might include

informing health travelers prior to discharge to expect a call from your organization a few

days after discharge and probing to ensure you find out about their experiences both

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positive and negative during their visit. Ideally these calls are be made by a nurse or other

healthcare provider in the event that the patient has clinical questions, but if that is not

possible the trained caller can transfer clinical questions to the appropriate individuals.

Implementing a process for calling patients, particularly patients in alternate time

zones requires resources and dedication, however organizations which have hardwired

discharge calls into their organization benefit from immediate feedback from their

patients, the opportunity to recognize staff for positive comments and the ability to impact the

patients perception of their care (Whitehurst, 2012). With international patients, discharge

calls are also an opportunity for providers to query their health travelers about their

experiences outside of their facilities and identify strengths and opportunities for

improvements with the patient's perceptions of their overall visit to their country.

CONCLUSION

It is important for international healthcare providers to be proactive and obtain patient feedback while the health traveler is in their organization or shortly thereafter. While there will always be patients who do not feel comfortable giving feedback during their stay as they may have a fear of retribution and think "if I say something about the food, my next meal may be worse." However, setting the expectations with the health traveler that you are interested in ongoing improvement as well as using the positive comments to share with the team, lets patients know you really want their instant feedback.

When you do identify an opportunity or problem, engage your team and set a goal for improvement. For example, if your feedback from rounding or discharge calls identifies that there are areas in your organization where language is an issue, you can set a goal to increase the number of staff who are proficient in the language, as well as explore other options such a language lines and outside translators. International healthcare care providers can also "round" on their patients prior to their visits by identifying their patient's preferences and expectations before they arrive in your organization. This can help reduce unanticipated gaps in service. For example, if you speak with a patient prior to their visits and have a patient who is a Diet Pepsi drinker and your organization only serves Coke, you have the option of procuring some Diet Pepsi or letting them know that only Coke will be available.

In our fictitious example, rounding on Melissa prior to or during her stay and or making a discharge call to her a few days after her visit, may have provided the healthcare team with instant feedback on her perceptions of communication challenges with the nursing staff. If a staff member had identified Melissa's concerns with traffic in the city they may have been able to provide her with a driver or suggested local areas for her to tour in order to see some of the sights and buy a rug. Any issues with her food may have been remediated immediately and perhaps she would have dedicated more of the space on her blog to the responsiveness of the patient care team.

Health travelers may be totally satisfied with the outcome of their procedure but if the overall experience is marred by issues of miscommunication, terrifying taxi drivers or an inability to find food they like after surgery, todays' health travelers are likely to share this information via their social media for the world to read. Providers who work to identify opportunities for improvement during or shortly after a patients visit have the advantage of being able to address patient issues or provide service recovery. This should aid in ensuring that the patient has positive things to say about their experience in your organization.

While there is no way to totally manage what patients will say about their experience in your organization, proactive approaches to addressing service gaps can go a long way to ensuring positive feedback in the blogosphere or any social media platform your patient choses to use the share their experiences.

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APPENDICES

APPENDIX A

THE PROBLEM

Statement of the Problem

Migration from one country to another is typically influenced by factors which push individuals away from their country of origin, driving people to leave home, and factors which pull or attract people to a new country (Levin 2012). In their scoping review of the health tourists' experiences, Crooks et. al (2010) noted that both push and pull factors contributed to patient decision-making when considering traveling for care. Push factors included costs, due to lack of insurance or underinsurance and wait times for procedures (Crooks, Kingsbury, Snyder, & Johnson, 2010). Numerous pull factors noted included quality of service, the physical facility, physician credentials, speaking the health travelers' language, and the political climate of the country (Crooks et al. 2010).

To date there are few studies in the medical tourism literature that evaluate health travelers' experiences with care in another country (Crooks et al. 2010). This qualitative research proposal, an analysis of online narratives, aims to identify themes of health travelers' experiences to Turkey with a goal that this research will assist in decision-making for patients considering health travel in the future. The research may strengthen health administration education by providing insights in to the phenomena of health travel. In addition this study may assist Turkey and other countries with their marketing and positioning to health travelers, and serve as a resource for hospitals wanting to recruit and retain staff to serve a global patient base. Finally this study may provide a springboard for further research on health travelers' experiences.

Hospitals in Turkey have positioned themselves as convenient, high-quality, and low-cost providers of care (Bayraktar, 2011; "Turkey Health Tourism Hub," 2012). However, an extensive literature search in English notes that there is limited information on the experiences of the health travelers to Turkey or in many of the countries seeking to attract a larger number of international patients. Research at the Mayo Clinic indicated that international patients share many of the same key drivers of patient experiences as domestic patients (Hathaway & Seltman, 2001).

Failure to obtain detailed information on the common experiences of health travelers may result in inaccurate assumptions and misleading conclusions regarding their experiences and outcomes. Turkey has a goal to be a health travel hub and mirror Dubai's approach by creating special health zones and healing centers ("Turkey Health Tourism Hub," 2012). Providers in Turkey and other countries looking to grow their number of health travelers have much to learn about international patients' experiences.

Research Questions

The overarching question to be answered with this research is: What can we learn about health travelers to Turkey through analysis of their online narratives?

Additional sub-questions will include:

1. What are the important characteristics of health travelers who write online narratives about their experiences in Turkey?

2. What are the leading factors associated with the health travelers' country of origin that "pushed" them to seek healthcare in another country?

3. What are the leading factors associated with the destination country, Turkey, which "pulled" these health travelers to seek healthcare?

4. What can be derived from the narratives regarding travelers' satisfaction with the outcome and the result of the treatment they received in Turkey?

5. What are some positive and negative factors influencing health travelers' perceptions and overall experiences about their health travel to Turkey?

Assumptions

Globalization has impacted healthcare in many areas including expanding locations for patients to receive care. Over the past decade, the number of people traveling outside of their local area for healthcare has increased and is expected to grow in the years ahead. This paper assumes that understanding experiences of these health travelers will benefit the providers of the services as well as future travelers who seek options for health care outside of their home countries.

Delimitations

Using the Internet as a source excluded the ability to obtain the benefits of the spoken word such as inflection and other nuances as well as visual cues from personal interviews (Seale et al., 2010). Health travelers seek care in many countries and this research focused on individuals who sought care in one country .

This research was bounded by conducting reviews of online narratives written in English which excluded health travelers to Turkey from the Middle East, the Balkans and other areas. This methodology may have excluded Turkish speaking residents of other countries who may make up a potentially significant portion of the current health

travelers. This research also excluded narratives from those individuals who may have posted their feedback on sites which required a password or on the sites of Medical Tourism providers. The Google search engine was used exclusively to perform the queries for narratives. Other search engines may have produced alternative results.

Operational Definition

Variable: Health Traveler

Meaning: An individual who travels outside of their country of residence specifically for health or wellness care in another country.

Operational Definition: In this study a health traveler is an individual who has posted an online narrative on a blog or discussion group which describes traveling to Turkey specifically for health care. In order to be considered a health traveler in this study, the individual's narrative must include the name of the procedure or treatment obtained and include a notation of traveling for care. Expatriates or individuals vacationing in Turkey who obtained healthcare are excluded from the definition.

Limitations

The online narratives did contain some extraneous content and may have been biased based on the authors' needs for endorsement. The blogs and discussion group posting may have included fictitious data and the researcher had limited methods to validate self-reported information (Jones & Alony, 2008). Anonymity releases authors from any consequences of their posts or behavior (Pftell & Zaphiris, 2010). However, anonymity may also encourage people to share more online and discuss sensitive topics and issues (Pftell & Zaphiris, 2010).

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Although the number of people with access to the Internet and the ability to post has increased worldwide (International Telecommunication Union [ITU], 2012), the sample did not include individuals who lack access to a computer or smartphone and thus may not be representative of the general population (Seale, Charteris-Black, MacFarlane, & McPherson, 2010). These narratives did not always indicate the country of the authors' origin and may also have been computer generated or spam (Thelwall, 2007). Additionally, the narratives lacked examples of any orthopedic cases such as individuals seeking knee or hip replacements or any individuals who wrote that they were waiting for care in their home country.

As the analysis was conducted using posted information, unlike face to face interviews, the researchers was unable to clarify and comments or feedback provided by the health travelers. Although three rounds of coding was completed and a second researcher validated the narrative analysis and themes, there was an extensive amount of data to review and this was the researchers' first large scale study using the NVivo software.

Significance of the Study

Significant findings of this research will expand the body of knowledge in medical tourism as well as serve as a platform for further qualitative and quantitative research on health travelers' experiences. Providers of international patient care may use patient experience research in their brand positioning and in the development of patient care protocols for their health travelers. Additionally, hospitals may integrate patient experience research discoveries into their employee recruitment and training programs. In

the future, health administration programs may reference expanded outcomes of this research as they evaluate their curricula and may decide to include additional classes on health travelers and their experiences. In the long term, this research may serve as a platform for the development of an international forum of health traveler experiences.

A non-significant finding may indicate a lack of common themes. The health travelers' diversity and individual life experiences may make it difficult to identify the number of patient experience themes identified by previous researchers in this area (Henderson, Caplan, & Daniel, 2004; Rachul, 2011). The need to utilize an alternative research method to obtain information from health travelers about their experiences may also be identified.

APPENDIX B

LITERATURE REVIEW

Globalization in Healthcare

Globalization is defined by Mirriam-Webster (2012) as "the development of an increasing integrated global economy, marked especially by free trade, free flow of capital, and the tapping of cheaper foreign labor markets". Globalization has increased in recent years and is characterized by greater interconnectedness and interdependence of individuals and countries (World Health Organization, 2012).

Key drivers of globalization include advances in technology and the ease and lower cost of inter-country transactions (Frenk & Gomez-Dantes, 2002). Globalization has the ability to boost productivity and standards of living while increasing the spread of ideas and information, however, increased competition from lower-wage nations may impact employment in higher-wage countries and influence all countries' economic policies (World Health Organization, 2012).

In the past, most health care was provided to patients in their local environments (Nakra, 2011). However, today, much like in other industries, healthcare is affected by the impact of globalization which presents challenges as well as opportunities for the managers of healthcare organizations (Fried & Harris, 2007). Globalization has brought on economic, social, political and technological changes that have impacted health policy and care while encouraging health care innovations, creating multinational health providers, impacting the mobility of people and prospective patients (Carrera & Lunt,

2010). In addition, globalization has helped to improve access to medical care and training (The Levin Institute [Levin], 2012).

Healthcare is no longer a local or national phenomena as a development in one country can influence another and increased connectivity can make it easier for countries and organizations to collaborate to address health care issues (Bradbury-Jones, 2009) and encourage best practice sharing (Frenk & Gomez-Dantes, 2002). Globalization has also influenced the spread of communicable diseases or "microbial traffic" via air travel (Frenk & Gomez-Dantes, 2002, p. 161) as well as impacted the increase in non-communicable diseases such as heart disease and chronic obstructive pulmonary disease (COPD) to poorer regions of the globe (Bradbury-Jones, 2009).

There are many drivers of globalization in healthcare. Most prominently the advent of the Internet has impacted individual's ability to access intellectual capital. The Internet has also provided healthcare consumers with access to global information about healthcare treatment options (Schroth & Khawaja, 2007). Growth in the population, aging and longevity in many western countries, and increased demands from patients are some of the key drivers of healthcare demand across the globe (Republic of Turkey Prime Ministry Investment Support and Promotion Agency [ISPA of Turkey], 2010). Additionally, the availability of cheaper flights and increase in global travel has contributed to the number of people crossing international boarders (Frenk & Gomez-Dantes, 2002; Levin, 2012).

Global healthcare initiatives may include: (a) the provision of healthcare across a border from the consumer of healthcare such as telemedicine provided by providers in India for the outsourcing of medical record transcription and radiological testing interpretations (Schroth & Khawaja, 2007). More recently, insurance companies have outsourced some clinical decision making case management services to India and the Philippines (Lee, 2012); (b) the presence of a supplier in another country such as a hospitals' investment in an international healthcare facility or clinical consulting arrangements for example the initiatives in place by Johns Hopkins Medical International (Johns Hopkins Medical International, 2012); (c) the movement of healthcare professionals such as nurses who leave their home countries to practice in countries such as the U.S. or Saudi Arabia; (d) the movement of a consumer of healthcare to the country of the supplier of healthcare which may be referred to as "medical tourism" (Fried & Harris, 2007, p. 5).

<div style="text-align:center">Medical Tourism – Health Travel</div>

Medical tourism, or health travel, is defined as wellness or medical care which occurs when an individual travels overseas with the primary intent of receiving healthcare (Lunt, Hardey & Mannion, 2010). The term medical tourism implies a touristic or recreational inspiration for travel for medical care (Veerasoontorn & Beise-Zee, 2010). Medical tourism typically involves international travel to a country by individuals seeking non-emergency medical care where some or all of the recovery period may be spent in a facility that caters to international patients (Crooks et al., 2010).

Medical tourism is currently a consumer-driven initiative which has spurred interest and investment in resources in many countries around the world (Nakra, 2011). However, with more complex care, the recreational aspect of travel may be limited or eliminated, therefore terms such as health or medical traveler have been proposed as being more appropriate (Veerasoontorn & Beise-Zee, 2010). A typical patient's healthcare service area is usually defined by not more than 45 miles or 90 minutes from their home (Veerasoontorn & Beise-Zee, 2010). A health traveler is someone who out-shops healthcare services in an area beyond their service area for care (Veerasoontorn & Beise-Zee, 2010).

In the past, wealthy individuals in poorer countries traveled to the US or Europe for healthcare. More recently, developing countries have invested in health infrastructures right at the time when many developed countries are facing cost pressures and increases in wait times for tests and procedures (EIU, 2011). Health travel is typically provided by private, for profit healthcare organizations (Crooks et al., 2010). Health travel initiatives in some countries have more recently evolved into specialty focus areas such as reproductive tourism, transplant tourism and abortion tourism (Behrmann & Smith, 2010) while others counties have also placed emphasis on wellness travel ("Hurriyet Daily News," 2012).

Rising medical costs and wait times in some countries have driven the increase in health travel while cross border medical training and the increased availability, and convenience of air travel have also contributed as drivers of access and quality (NaRanong & NaRanong, 2011; Carrera & Lunt, 2010).

Europeans and individuals from other countries with a governmental health system may seek out care in another country for cost savings for cosmetic or other elective surgeries and to avoid wait times (Horowitz & Rosensweig, 2007). Many Europeans may choose to seek care abroad to take advantage of their rights as citizens of the European Union (Carrera & Lunt, 2010). While most of the literature continues to refer to traveling for health care as medical tourism, the leisure aspect of the travel decreases as the intensity of the medical treatment increases (Horowitz & Rosensweig, 2007). Thus for the purposes of this paper, the term health traveler will be used.

There are numerous estimates of the number of individuals who are traveling abroad for care. The literature indicates the number of health travelers ranges from 2 to 4 million annually with projections for significant future growth in the market (Bookman & Bookman, 2007; Keckley, 2009; KPMG International [KPMG], 2011). The number of Americans who travel abroad for care also has a wide range with estimates from 150,000 to up to 1 million people seeking care outside the country (Youngman, 2009) and a large number of those U.S. residents are individuals traveling to Mexico for treatment (Medina, 2012). Medical and wellness providers in over 40 countries have recognized health travel as a "real phenomena" impacting practitioners and patients as well as government initiatives, financing structures and policies (Nakra, 2011, p. 24).

Drivers of Health Travel

Economics

Many emerging markets have seen a reduction in foreign ownership restrictions moving foreign direct investments into the healthcare sectors to help build and manage hospitals (EIU, 2011). In addition, partnerships with reputable healthcare providers may improve quality and service by the implementation of new clinical procedures, technology and leadership techniques (Fried & Harris, 2007). Capital investments by foreign organizations may assist in the modernization of the country's healthcare infrastructure by upgrading technologies and equipment while freeing up local government resources or adding to the tax base for other healthcare initiatives (Fried & Harris, 2007; Behrmann & Smith, 2010).

It is estimated that health travel generates a value added equal to approximately 0.4 percent of the GDP to the Thai economy (NaRanong & NaRanong, 2011, p. 342). Medical tourism may also help reverse the outmigration of physicians and nurses from developing countries as working conditions and compensation improves with new facilities (EIU, 2011).

According to the Centers for Medicare and Medicaid, healthcare spending in the U.S. is projected to exceed $4.7 trillion by 2021 (Centers for Medicare and Medicaid [CMS], 2011). Increases in costs coupled with the need to provide care for an estimated 46 million uninsured or underinsured patients have forced patients and insurers to evaluate alternative, more cost effective options for care.

Hardship and the desire to save money are key drivers of ill patients looking for alternative health care abroad (Veerasoontorn & Beise-Zee, 2010). Hardships include financial issues such as lack of health insurance, or inadequate funds to meet deductibles and other out-of -pocket expenses in patients' home countries (Crooks et al., 2010). Health travel provides previously unaffordable options for health care for patients and growing confidence in the quality of care in many countries has positioned the option of seeking care solutions in another country attractive to individuals who are underinsured (Stekof, 2010).

As costs not covered by insurance continue to increase, individuals are exploring options for care outsourced to other countries which can be less than deductibles or disallowed expenses from U.S. insurance coverage (Carruth & Carruth, 2010). According to a hearing by the U.S. Senate Special committee on Aging, "rising healthcare costs are a contributing factor to the demand for medical tourism" (U.S. Special Commission on Aging, 2006). Many middle income Americans seeking to avoid possible bankruptcy from medical expenses for necessary treatments are looking overseas for alternatives may not be deemed "medical tourists" but "Medical Refugees" (Milstein & Smith, 2006, p. 1637).

With the recession of the last decade, which spanned from December 2007 through June of 2009, Americans postponed hospital care, physician visits and purchases of prescription drugs as health care spending grew more slowly in 2009 and 2010 than in

any other time in the past 50 years (Pear, 2012). A survey completed by members of the American Academy of Family Physicians (AAFP) in 2009 noted that approximated 90 percent of member physicians who responded stated that their patients have shared concerns over their ability to afford their health care expenses and more than half reported seeing a reduced volume of patients since the recession started (American Academy of Family Physicians [AAFP], 2009).

Health spending in the U.S. during the end of the last decade was impacted by increased unemployment contributing to the loss of income and health insurance for many individuals (Pear, 2012). The AAFP reported that many of their members surveyed reported an increase in the number of uninsured patients, a decrease in the number of insured patients, an increase in patients with stress related symptoms and patients cancelling preventative tests and screenings while also neglecting to return for follow-up visits and refill prescriptions. This points to consumers deferring care for acute and chronic conditions during the recession (AAFP, 2009).

The price for health travel is attractive to many. Open heart surgeries costing upwards of $100,000 in the US can be done in India for $8,500 (McQueen, 2008). A hip replacement typically costing over $40,000 for a patient without insurance coverage in the US may cost less than $9,000 in Taiwan (KPMG, 2011, p. 3). A 2008 frequently cited study by Deloitte Consulting outlined multiple areas of cost differentiation including the analysis that hospital charges for a hernia repair cost was approximated at $1,800 overseas compared to $5,400 in the US. (Keckley, 2008, p. 13). Knee replacements are also cheaper costing about $11,000 in some accredited overseas organizations and over $30,000 in the U.S. (KPMG, 2011, p 3). These cost differentiations are primarily driven

by the lower labor and pharmaceutical costs in developing countries coupled with the lack of malpractice costs (Forgione & Smith, 2007). The attraction of cost savings is expected to continue to increase demand for medical and health care that is provided in developing countries (Forgione & Smith, 2007).

Access

While cost is a key driver of the reasons Americans seek care abroad, patients from the UK, Australia and Canada may be driven to health travel options frustrated with long wait times (Bookman & Bookman, 2007; EIU, 2011; KPMG, 2011). Other drivers may include unavailability of specialists and frustration with lack of approval of a procedure such as hip resurfacing (Veerasoontorn & Beise-Zee, 2010).

Patients may seek out care in another country for procedures that are illegal, experimental or not yet approved in the home country (Crooks et al., 2010). Patients may also seek care in countries where certain social perceptions or stigmas are less of a concern such as single individuals or lesbian couples seeking fertility treatments (Behrmann & Smith, 2010).

The governments of many countries are implementing tactics to facilitate health traveler's access. Indian leaders created a distinct visa status for individuals who wish to travel to India for medical care (Brotman, 2010). The M visa, allows the holder to stay in India for a year, may be extended for an additional year and permits additional visits for follow-up treatment (Brotman, 2010). In April of 2012, the Mexican government opened a dedicated lane at the border to the city of Mexicali to facilitate health travelers, reducing the wait time to cross which can typically take up to three hours (Medina,

2012). Government leaders in Mexicali are also hoping to create a "medical zone" in the area that currently has over 100 medical offices by adding improvments to the area such as better streets and sidewalks as well as other amenities for tourists (Medina, 2012).

Quality

Researched-based knowledge about the quality of care of organizations focused on health travelers remains limited as data on patient volumes, types of procedures and outcomes are typically self-reported and often speculative by providers (Johnston, Crooks, Snyder & Kingsbury, 2010).

High levels of quality promoted by providers known for their care, trained staff, facilities and service and multi-lingual staff may pull patients to seek care in another country (Crooks et al., 2010). As the numbers of international medical graduates have increased in the US, patients have become more familiar with receiving care from foreign physicians (EIU, 2011). Some of these healthcare workers have also returned home leveraging opportunities to take care of international patients (EIU, 2011).

The health travel industry is currently self-regulated and any initiatives focused on regulation of the industry will be challenging as people are free to travel to most countries and governments typically have limited capabilities to regulate beyond their national borders (Behrmann & Smith, 2010). In the past, even multistate licensure was limited, however, now many physicians are becoming licensed in more than one country and seeking admitting privileges at multiple hospitals in these countries (Forgione & Smith, 2007).

Patients who are considering seeking care in another country typically bear the responsibility of differentiating the desirable high quality providers from those who are unsafe (Horowitz & Rosensweig, 2007). Many overseas hospitals are accredited by international accreditors such as the Joint Commission and the International Organization of Standardization (Horowitz & Rosensweig, 2007). The international arm of the Joint Commission, Joint Commission International (JCI) has accredidted or certified approximately 450 organizations worldwide since their inception in 1999 (Joint Commission International website, 2012). International accreditation by some hospitals in a country could help drive improvments in overall quality as other providers seek to raise their standards (EIU, 2011). 81 percent of patient's surveys by the Medical Tourism Association (MTA) noted that accreditation did play a role in their choice to travel internationally for care ("Medical Tourism Association", 2009).

Innovation

Countries promoting health travel are seeking out new and innovative initiatives to stimulate growth in the sector. The use of transparent and packaged pricing is leveraged to promote demand with many hospital groups in India who advertise all inclusive prices on their websites (Brotman, 2010). This may expand transparency initiatives in the U.S. and other countries. Advances and innovations in biomedical treatments may emerge from countries in the developing world as is evident with procedures such as genetic transfers and vein expansion treatment for Multiple Sclerosis (Behrmann & Smith, 2010).

An increase in health travel could create a new type of free trade of health services disrupting traditional barriers as has happened in manufacturing and the service arenas (Surowiecki, 2012). Competition between domestic providers and foreign hospitals could create more efficiency much like the way American automobile companies have had to compete with Toyota and Hyundai (Surowiecki, 2012; Weinstock, 2012).

While many insurance companies have avoided offering health travel options, Passport2Health offers the integration of UK diagnostics with access to hospitals in Belgium France, Portugal, and several other countries ("Health Plan," 2012). This plan boasts of lower monthly costs, however, it does exclude cancer treatment ("Health Plan", 2012).

Marketing

Positive stories of success via online postings or word-of mouth may serve as a motivator for individuals considering health travel (Crooks et al., 2010). In a study of medical travelers to Bumrungrad Hospital in Thailand, it was noted that word-of-mouth via a recommendation by a family or friend was the strongest influencer of a patients' decisions to seek care abroad. The patients in the Bumrungrad study also used the Internet and the provider websites to learn more about attributes that were familiar to them such as physician qualifications, hospital accreditation and patient experiences via reviews of testimonials (Veerasoontorn & Beise-Zee, 2010).

Narratives of returning patients in the Bumrungrad survey focused on innovation, including use of information technology and service quality attributes such as efficient hospital operations and personalized care from the physicians and nurses (Veerasoontorn & Beise-Zee, 2010). In a study ranking health travel destinations, the ability to communicate in the patient's language received the highest importance (Levary, 2011). Hospitals looking to attract medical travelers need to motivate patients to return by creating exceptional experiences for patients under their care (Veerasoontorn & Beise-Zee, 2010). Package pricing deals, ease of obtaining a visa and the availability of facilitators to help with arrangements may also motivate patients to consider a particular country for care (Crooks et al., 2010).

<center>Health Travel Limitations and Risks</center>

There are many challenges for countries and organizations that focus on attracting health travelers as well as for the individuals seeking care in another country. While out-of-pocket costs for individuals seeking care in another country may be cheaper and meet the business goals of the provider, the public health ramifications such as costs incurred by medical facilities in the patient's home country for follow-up care need to be included when evaluating the total costs of care (Hall & James, 2011).

Investments in a foreign country may have negative impacts on the local economy. While providing an initial stimulus, foreign investments may create a long-term dependency on these sources of investments (Johnston et al., 2010). Drawbacks also include the expansion of tertiary care at the expense of primary care and the migration of healthcare workers and resources to these facilities (Fried & Harris, 2007; Behrmann &

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Smith, 2010). In order to drive health tourism expansion in developing countries, public funds may be channelled to increasing tertiary care at the expense of more affordable primary care resources (Johnston et al., 2010).

The savings for health tourists is also correlated to the exchange rate between the patient's home country and the currency in the care destination (Munro, 2012). More recently the strengths of the Thai baht and the Malaysian ringgit have increased while countries like South Africa, Mexico and Turkey have weakened, making those countries more attractive to those paying in U.S. dollars (Munro, 2012). Some countries such as Thailand are now beginning to quote their prices in U.S. dollars (Munro, 2012).

Foreign patients may demand more time by their physicians and also demand a higher level of service such as surgery, putting greater demand on specialists (NaRanong & NaRanong, 2011). Language barriers between the patient and provider can extend treatment time (due to translations) and exacerbate the potential for miscommunication (Kumar, Breuing, & Chahal, 2012). The training of medical, nursing and technical staff may not meet the rigors of those in the patient's home country and many providers do not wish to provide follow-up care or address issues that occur from another provider's treatment (Kumar et al., 2012).

Patients' responsibility for care is heightened when they travel for medical care. They often need to transport their records, evaluate providers, and often coordinate their follow-up care (Crooks et al., 2010). Infection, travel during a recovery period, and an inadequate blood supply are some of the risks of obtaining medical care abroad (Crooks et al., 2010). Patients may not be able to seek follow-up care in their own countries upon return or this aftercare may be fragmented due to problems transferring medical

information or health records (Crooks et al., 2010). As quality of care varies from country to country fears of substandard care or negative medical outcomes are valid (Carruth & Carruth, 2010). The lack of regulation has created the ability for anyone to become a health traveler facilitator, setting the stage for potentially detrimental business practices (Johnston et al., 2010).

Legal recourse is typically limited for patients seeking care overseas. Many patients may gamble on the fact that addressing the inability to sue providers for malpractice in another country is worth the risk given the lower costs of many procedures (Stekof, 2010). However, the lack of legal rights could be an impediment to the growth of medical travel, particularly for patients from the United States (Stekof, 2010). In addition, the potential financial burden of international patients who end up with payment issues may also become a legal issue (De Neve, Dave, Gurel, & Subramanian, 2012).

Many of the countries promoting health travel also have epidemics of infectious diseases. While a physician might have the best training and expertise, other care givers or support services workers may be exposed to endemic diseases and infections at home or in other environments outside of the hospital (Forgione & Smith, 2007). Patients traveling to foreign medical environments will also be exposed to microbiological pathogens which may be different than those in their home countries or patient care environments (Hall & James, 2011). The security and purity of blood in developing countries may post a safety risk for those considering surgery (Forgione & Smith, 2007).

Health travel has the potential to impact surgical revenue in the U.S. in the upcoming years. Some estimates put this threat in the billions annually as patients seek lower cost care abroad and low cost providers secure a larger share of the surgical

procedure market (Nakra, 2011, Kumar et al., 2012). This may only be exacerbated if domestic insurance providers expand their coverage to include more overseas providers (Kumar et al., 2012).

Turkey

Modern day Turkey was founded on the secular principles of its first president, Mustafa Kemal Ataturk in 1923 (Turkish Embassy Washington, 2012). Turkey lies between the junction of Europe, Asia and the Middle East and is home to over 70 million people (World Health Organization [WHO], 2011). With a land mass slight larger than the state of Texas, the country has 7 geographical regions which are divided into 81 provinces (Ucku & Elci, 2010). Istanbul, which straddles Europe and Asia, is the largest city and Ankara is the capital of Turkey.

Turkey has been a member of the North Atlantic Treaty Organization (NATO) since 1952 and is a candidate country for the European Union (EU) (Turkish Embassy Washington, 2012). With a Gross Domestic Product (GDP) of $778 Billion, approximately 48 percent of its workforce is employed in the services sector (Central Intelligence Agency The World Fact Book, 2012). The average age of the population is 28 and approximately 70 percent of the residents live in urban areas of the country. (Central Intelligence Agency The World Fact Book, 2012).

Healthcare in Turkey

Healthcare in Turkey is provided by government, semi-private, private and self-funded organizations (WHO, 2011). Currently the majority of hospitals are state owned, however; processes are being implemented to increase the number of private hospitals

across the country (ISPA of Turkey, 2010). Total expenditures on health in Turkey

during 2009 were 6.2 percent of GDP (ISPA of Turkey, 2010). The Ministry of Health (MoH)

is responsible for health services planning and implementation (Ucku & Elci, 2010).

With the implementation of the Health Transformation Program (HTP) in 2002,

health services disbursement agencies were merged (WHO, 2011) with a goal to

implement a national health insurance program (Ucku & Elci, 2010). Integrating the three

social security and insurance providers, the Social Security Institute of Turkey was

created in 2006 (WHO, 2011). The goal of the HTP is to improve access, quality and

efficiency in the Turkish healthcare system (ISPA of Turkey, 2010). In this new scheme,

family practitioners serve as the gate keepers for the healthcare system with an overall

goal to improve primary care and avoid unneeded hospital visits (ISPA of Turkey, 2010).

Health Travel in Turkey

In 2003, over 100,000 foreign patients came to Turkey spending $91 million for

care and by 2008 the number of patients increased to over 160,000 and a $282 million

expenditure (The Health Foundation of Turkey, 2010). The Hurriyet Daily News, a

Turkish newspaper written in English, recently noted that in 2010, approximately

400,000 people came to Turkey for medical, rehabilitation, and wellness treatments

leading to over $1 Billion in health tourism revenues ("Daily News", 2012). These

patients are coming primarily from the Middle East and Europe (Bozkurt, 2011). Dr.

Dursun Aydin, President of the Health Tourism Board notes that Turkey's goal is to

become "Europe's new address for elder care" with a focus on providing services for the

elderly such as thermal recreation ("Daily News", 2012, para.4). While the emphasis is on treatment for foreigners in the private sector hospitals, capacity is also being developed at some public government hospitals (Bozkurt, 2011).

The Turkish Ministry of Health has established 7 provinces for foreign patient coordination in Istanbul, Ankara, Izmir, Antalya, Muğla, Aydin and Gaziantep with growth expected to 15 provinces ("Health travel development Turkey," 2011). Hospitals are permitted to charge foreign patients different prices than locals and a dedicated health tourism coordination department has been created at the Ministry of Health ("Health travel development Turkey," 2011). In addition, dedicated patient care units with foreign speaking personnel will be established ("Health travel development Turkey," 2011). Translators who speak English, German, Arabic, and Russian will be employed to address the needs of non-Turkish speaking patients and allow them to communicate with their providers via a 24/7 hotline ("Health travel development Turkey," 2011; "Medical Hotline," 2012).

Some private hospitals in Turkey are equipped to address the growing health travel population. Anadolu Hospital in Istanbul has a dedicated multi-lingual team and has seen their health traveler volumes increase from under five percent to close to 25 percent of total patient volumes in the last 10 years (Vela, 2011). Costs for care in Turkey are much less than the U.S. with prices for heart bypass surgery quoted at $15,000 (Vela, 2011).

One of the key opportunities for Turkey is to decide how it will focus on its various health travel markets. Established markets in the west are attractive, while Turkey's roots in the Arab and Middle East markets also offer opportunities. With the potential of patients from both these markets attracting medical travelers from the US and

Asia may not be a near term strategy ("Turkey bucking trend," 2011). One recent study of

international patients at a single Turkish private hospital noted that the bulk of their

international patients came from the European Union Member countries (77%) with 54%

of the international patients seeking oncological services (De Neve et al., 2012).

Turkey is using innovative strategies to encourage health travelers. An agreement

between a group of Norwegian pensioners and a Turkish organization facilitated the

travel of these Norwegian elderly to Turkey for care. The project's goal is to provide

health accommodations for up to 25 thousand retirees (Western Mediterranean

Development Agency [BAKA], 2011). Turkey's Health Ministry is championing the plan

to launch health free zones which promise fewer restrictions and tax exemptions (Gunes,

2012) and is providing subsidized travel for those flying to Turkey for care ("Government

to Subsidize," 2012).

<center>Challenges to Health Travel in Turkey</center>

A report by the Turkish Health Foundation noted that Turkey has the potential for

a stronger presence in the health travel arena but requires enhanced coordination between

the private and public sectors as well as a stronger international marketing and

promotional strategies (The Health Foundation of Turkey, 2010). The Ministry of Health

has set a goal regarding health tourism of becoming "the center of Europe, Middle East,

Africa, Central Asia and Russia" (Turkish Ministry of Heath [TMoH], 2011 p. 373).

There are many hurdles to overcome to realize this significant objective.

In the past, non-Turkish physicians were not permitted to work in healthcare

organizations in Turkey. There are currently approximately 3,000 foreign medical

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students enrolled in schools in Turkey (Bozkurt, 2011). A decree, passed in 2011 will allow foreign physicians the ability to take and pass a language test to obtain permission to work in a private healthcare organization. In addition to the language test these physicians will also need to secure residency, a work permit, liability insurance, and proof of expertise via certificates of equivalency to ensure they meet Turkish university standards ("Foreign Doctors," 2012).

The nursing shortage is a reality in Turkey. Turkey lags behind the Organization for Economic Co-operation Development (OECD) average of 8.4 nurses per 1,000 population with only 1.5 practicing nurses per 1,000 people in 2009 (Organization for Economic Co-operation and Development [OECD], 2011). The national nursing shortage is estimated at approximately 200,000 and effective in 2011, some foreign nurses with the right qualifications and ability to speak Turkish were also be able to work in Turkey (Avci, 2012).

Opportunities exist to improve English foreign language skills in Turkey as the country was recently ranked 42 out of 43 nations in English proficiency (English First, 2011). One study of a private hospital in Turkey included a patient's comment which noted the variance between translators and English speaking staff during business hours and the limited resources for communication during weekends when patients may have to resort to using impersonal assistance such as Goggle's Translate tool (De Neve et al., 2012). Turkey also needs to augment the number of physicians and nurses trained in the area of health tourism (The Health Foundation of Turkey, 2010).

Attendees at 2011's International Health Tourism Congress, organized by the Health Tourism Association of Turkey, noted that there are opportunities for health travel providers to improve communication and increase the focus on the total experiences for their international patients ("Turkey bucking trend", 2011).

Social Media

By the end of 2011, 2.3 billion people across the globe were online and the percentage of people using the Internet in the developed world reached 70% (International Telecommunication Union [ITU], 2012, p. 2). Mobile phone penetration globally reached 86% by the end of 2011 with almost 6 billion cellular phone subscriptions and 1 billion mobile broadband subscriptions worldwide (ITU, 2012, p. 1).

Approximately 75 percent of US adults and 95 percent of teenagers have Internet access (Fox, 2011a). It is not just the young who are on the Internet. According to Pew Research, as of April 2012, over half of Americans over 65 use the Internet or email and over one third of seniors use social networking sites (Zickuhr & Madden, 2012). In 2011, the Pew Foundation found that more than 50 percent of Americans who use social networking sites such as Facebook, LinkedIn and Twitter, were over 35 years old with 56 percent being female (Rainie, Purcell, Sessions Goulet, & Hampton, 2011).

Social media refers to "collaborative and interactive online communication and community building tools" (The Change Foundation, 2011, p. 1). The use of social media networks has impacted the types of vehicles individuals use to communicate and have also created opportunities for marketers because of this media's ability to impact

purchasing decisions (Banyai & Grover, 2012). These new media are "digital communication and information channels in which active consumers engage in behaviors that can be consumed by others both in real time and long afterwards regardless of their spatial location" (Hennig-Thurau et al., 2010, p. 312).

New social media is digital which allows individuals to by-pass traditional gatekeepers such as publishers to share their thoughts and ideas (Hennig-Thurau et al., 2010). These creations can be viewed by others and tracked by companies and other consumers (Hennig-Thurau et al., 2010). New media allows for real time access to experiences as well as an archive of indefinite feedback at any time of the day (Hennig-Thurau et al., 2010).

Hennig-Thurau et al., (2011) draw the analogy of managing the customer relationship in the era of new media to playing pinball where "companies serve up a marketing ball, which is then diverted and often accelerated by new media." They add, "with the marketing ball in play, marketing managers continue to guide it with agile use of "flippers" but the ball does not always go where intended to and the slightest miscue can be amplified into a catastrophic crisis" (p. 313).

<div align="center">Social Media and Healthcare</div>

Sharing songs via peer-to-peer file sharing transformed the music industry and patients and family members sharing their knowledge to help themselves and other people has the potential to transform the healthcare industry (Fox, 2011b). A patient's first interaction with a healthcare organization initiates before they physically interact

with a provider and continues after they are discharged. Often this experience begins and continues via social media (Thielst, 2011).

While healthcare organizations have been slow to adopt social media as a way to connect with their customers, patients and caregivers have embraced social media and are blogging, tweeting and sharing their experiences via Facebook and other sites (The Change Foundation, 2011). This may be a plus or an opportunity for providers as patients who highlight their experiences on Facebook or Twitter followers who re-tweet an organization's postings augment an organizations' reputation via digital word-of-mouth (Sharp, 2011).

Although most adults say professionals are their first choice for help with health issues, six in ten US adults get health care information online and often seek emotional support online from other patients, family, and friends (Fox, 2011b). The Internet allows consumers to communicate their opinions on healthcare related issues with the Health Research Institute (HRI) finding that one-third of consumers use social media for health-related issues (Health Research Institute [HRI], 2012). 18 percent of individuals who use the Internet or 12 percent of adults have used online provider information such as rankings or reviews and 18 percent of adults have gone online to read about drugs or medical treatments (Fox, 2011a). While only 64 percent of adults with chronic illnesses go online, their caregivers may provide secondary Internet access for these individuals (Fox, 2011b).

In 2011, Pew Research found that 25 percent of adults have read a website, blog or news group posting of someone else's healthcare experiences or perspectives (Fox, 2011a). HRI found that 25 percent of consumers have posted about their healthcare

experiences and 20 percent belong to an online forum or community (HRI, 2012, p. 5).

In addition, HRI found that people are more likely to share positive health experiences

through social media (HRI, 2012, p. 10).

Health care consumers also use the Internet to search for support and to share

advice via patient and care giver content (Miller & Pole, 2010). In addition, although the

quality of information online varies, the Internet serves as a web based resource to assist

consumers to make decisions about their purchases or care and treatment (Lunt et al.,

2010). In their survey analysis of Internet usage, Miller & West (2007) found that that the

percentage of respondents visiting private sector websites for healthcare information was

more than twice the percentage visiting public sector websites (Miller & West, 2007, p.

247).

By learning more about available medical information, consumers are changing

the dynamics between themselves and physicians by leveling the traditional knowledge

gaps with providers (Pitts, 2004). In her analysis of breast cancer web pages, Pitts (2004)

notes that women view their individual experiences as resources that should be shared

with others. Sharing on the Internet allows the opportunity to provide hope and support,

may create an opportunity to explore new sources of information, expand the individuals'

role in treatment and prevention, and identify barriers to the physician-patient

relationship while creating a sense of community and creating visibility for experiences

that were previously private (Pitts, 2004).

According to HRI research, Facebook and YouTube are the most widely used

social media vehicles for viewing health-related resources (HRI, 2012, p. 8). Patients may

go online to investigate their symptoms and disease, learn more about potential providers,

and to share their feedback (Thielst, 2011). Social media is a low cost or free vehicle for providers to hear what patients have to say about their care and interactions (Thielst, 2011).

Healthcare consumers can create and view comments about healthcare providers and it is important that healthcare organizations are interactive with these communications to stay abreast and address perceived organizational strengths and opportunities for improvement (Hackworth & Kunz, 2011). In addition, healthcare providers may use communication via social media mediums to enhance their personal and professional relationship with their customers (Hackworth & Kunz, 2011).

Insights posted on social media sites provide immediate feedback on experiences and services and may also foster new innovations while creating open-dialogue with individuals (HRI, 2012) and provide a digital word-of-mouth that may draw new patients (Sharp, 2011, p. 32).

The Internet and Health Travel

In the past, healthcare marketers promoted their services via traditional mediums such as television, radio and print; however, relationships can also easily be created with social media networks and other online communities (Hackworth & Kunz, 2011). The Internet serves as one of the major drivers of the healthcare information and advertising for the health travel industry (Lunt et al., 2010). The Internet provides patients and prospective patients with the ability to access information on diagnosis, international treatment

options and care (Lunt et al., 2011). By searching the web, potential health travelers can research their care options beyond their typical service areas and can learn more about the quality of international medical providers (EIU, 2011).

A survey from the MTA found that many patients traveling internationally for medical care learn about health travel from the Internet and the majority of patients seeking care abroad use the Internet to research information about their destination and providers ("Medical Tourism Association", 2009).

The Internet has allowed health travel providers to provide potential patients with controlled information about their facilities and services to a very wide audience and has helped quell some of the initial fears of seeking care abroad (Johnston, Crooks, Snyder, & Kingsbury, 2010). An analysis of health travel agency's websites noted that high quality and affordable pricing were the top mentioned themes on the sites reviewed (Sobo, Herlihy, & Bicker, 2011).

Health travel providers also promote the benefits of their destination organizations including Western hospital affiliations, international accreditation, physician specialty and board certifications, pre-visit conference or video calls with physicians, English fluency of the patient care staff, and private comfortable rooms for recovery (Sobo et al., 2011). In addition, these medical travel promoters market the message of consumer empowerment, stressing the patient's ability to make good choices and take the initiative to manage their own care choices while emphasizing the idea that travel for care is no longer just for the wealthy and is more socially acceptable and affordable today (Sobo et al., 2011).

Health Travelers Experiences

As the number of accredited organizations focused on health travel increase, international accreditation may not be a long term source of competitive advantage for providers seeking to care for health travelers. As accreditation becomes an expectation, creation of high levels of brand trust via marketing and loyalty via positive word-of-mouth are likely to become the key drivers of health travel provider's success (Lertwannwit & Gulid, 2011).

Overwhelmingly, the surveys of health travelers, by the MTA in 2009, note that participants would recommend international travel for healthcare to a friend or relative and would travel abroad again for medical care ("Medical Tourism Association", 2009). Health travelers may serve as ambassadors for their host countries once they return home which can work for or against the providers based on these patients' experiences (Crooks et al., 2010). It is important that all the points of contact that a patient has with non-health care providers such as airlines, ground transportation and hotels help create a great experience for patients as well (Crooks et al., 2010).

U.S. Consumers may make decisions regarding their healthcare including insurance coverage and the selection and location of providers (Abraham, Sick, Anderson, Berg, Dehmer, & Tufano, 2011). In a review of the literature, Abraham et al., (2011) noted that attributes of the provider, attributes of the care experience, and the reputation of the provider were three broad categories which influence an individual's choice of provider (p. 101). In their own research, Abraham et al. (2011) found that the reputation of the physician and the organization appeared to be highly influential factors which affect patient's decisions in provider selection (p. 106).

The results from a survey of U.S. patients who identified themselves as having

traveled abroad for care revealed a gap between expectations and perceptions of service

quality (Guiry & Vequist, 2011). Anticipating and proactively preparing for the service

quality expectations of U.S. health travelers in the area of reliability and assurance should

be key focus areas for health travel providers. Improvement in service quality may be

also be achieved by implementing tactics such as enhancing management skills and

customer service from front-line employees (Guiry & Vequist, 2011).

Successful management and positioning of health travel providers' service quality

is necessary for creating and sustaining customer satisfaction and loyalty as well as

encouraging positive word-of mouth communication (Guiry & Vequist, 2011). A positive

message about benefits, beyond cost of health travel, creating a confident attitude towards

these providers, is vital as often attitude of people considering health travel determine the

choice of their alternatives for care (Martin, Ramamonjiarivelo, & Martin, 2011).

Blogs

Jorn Barger is credited for coining the term "weblog", in the late 1990's in

reference to an Internet home page which may contain links to other sites (Eisenlauer &

Hoffman, 2010). The term weblog was later shortened to blog. Blogs are narratives, logs

or diaries, often frequently updated and in chronological order which are published on the

Internet (Jones & Alony, 2008). Diaries provide insights to the accounts and expressions

of patient's experiences with illness (Elliot, 1997). Blogs provide users the ability to

share perspectives, viewpoints and insights thus providing insights into the opinions and

sentiments of the blog writer (O'Leary, 2011).

There are millions of blogs on the Internet. Driven by increased accessibility, ease of blogging software use, and a greater acceptance of blogs for communication and information, the number of blogs expanded exponentially since the inception of the Internet (Jones & Alony, 2008). Blogs across the globe have grown from 36 million in 2006 to over 181 million by the end of 2011 (NM Incite, 2012). As there are virtually no filters in place almost everyone can blog either as an individual or as a group (O'Leary, 2011).

Beyond the written text entries, blogs may incorporate multiple modes of media including audio clips, videos and photos (Eisenlauer & Hoffman, 2010). Bloggers' focus can run the gamut of focusing on broad agendas or on narrow issues of interest. With their ease and speed of communication blogs have a wide scope of influence (Jones & Alony, 2008). In their analysis of blogs, Jones and Alony (2008) note that blogging has the following motivators: (a) need for self-expression, (b) need for recognition, (c) need for social contact, (d) need for introspection, (e) academic needs for knowledge and interests, (f) need for documentation, and (g) need for artistic activity (p. 436).

Written blogs are immediately available in print format and are a convenient, low cost source of real time data for analysis (Hookway, 2008). Companies can track their consumer's sentiment and opinion and can address issues or promote opportunities identified by the blog authors (O'Leary, 2011). Jones & Alony (2008) note that blogs provide rich in-depth data that is unbiased by the research process and can be used for content analysis. Jones and Alony (2008) add that "Blogs provide an insider view of what bloggers feel and think about various issues" in a low cost format (p. 437).

Blogs facilitate two-way focused communication between an organization and its customers (Singh & Singh, 2008). Blogs can serve as direct instant feedback on an organizations image as people may use blogs to provide feedback on their experiences in lieu of calling a company with their feedback (O'Leary, 2011). Blogs can also provide organizations with information about their competitors as well as offer potential windows into marketing opportunities (O'Leary, 2011).

Blogs are inexpensive, free marketing vehicles which can extend a product or service's reach to a broad audience for minimal investment (Singh & Singh, 2008). Blogs are typically archived allowing the ability to review postings for trended analysis (Hookway, 2008).

Reviews of blogs provide a high level assessment of issues and categories and facilitate opportunities for further investigation into these issues (Magnini, Crotts & Zeher). Blogs are available in print format and are in-depth personal accounts which are not subject to the influence or biases of the researcher (Jones & Alony, 2008). Although the data created by blogs may currently be biased given that bloggers do not currently represent the total population, that may change as the population becomes more technologically savvy and soon everyone may be able to blog from their mobile phone (Jones & Alony, 2008).

Jones and Alony note that "Opinions expressed in blogs offer a level of reliability which is not greatly different from other methods of data collection" (p. 441). It is difficult if not impossible to determine that bloggers self-reported details are valid, however most of the motivators for blogging are also motivators for authentic and honest expressions (Jones & Alony, 2008). A study of travel blogs found that guest delight was

noted by customers even when they had concerns about the property after reading

negative postings (Magnini et al., 2011). Bloggers may have a positive or negative focus

when they are expressing an opinion (O'Leary, 2011). Bloggers may also tend to

exaggerate their experiences in order to expand their readership and enhance their

recognition (Jones & Alony, 2008).

<center>Online Narratives and Healthcare</center>

For individuals seeking information on health and medical issues, blogs are

emerging as sources of first person narratives from patients and their caregivers (Shah &

Robinson, 2011). Personal blogs can provide insights into patients' illness experiences

(Eastham, 2011). Blogs provide real-time personal diaries of illnesses and care with

families and caregivers sharing their stories for a global audience (Heilferty, 2011).

Healthcare focused blogs have the ability to provide two-way support systems and

networks by creating environments for collaboration and current discussions about health

care events (Miller & Pole, 2010).

Companies have scrutinized the Internet for competitive intelligence and feedback

about their own products or services for many years. Mining for health related narratives

can provide feedback about the people's, knowledge, attitudes and sentiments (Beck,

2012).

In his analysis of cancer blog posts, Kim (2009) found that blogs contained

information that included personal narratives and medical information (Kim, 2009).

These personal narratives may also contain videos, photographs, personal illness

timelines and memorials in addition to connections made by visitors to the sites (Pitts,

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2004). Analyzing the life of a patient though the voice of their diary, may allow the feedback to be communicated to a broader audience and help create knowledge that can be used to develop and improve health care services (Elg et al., 2011).

Analyzing the blogged, first person reviews of individuals who have sought treatment in another country provides insight into who is traveling, why they are traveling and their experiences and perspectives (Rachul, 2011, p. 8).

Qualitative Research

Qualitative research is focused on the meanings individuals associate to their experiences of the social environment and how they understand their everyday lives and the world they live in (Pope & Mays, 2006). Qualitative research explores questions about phenomena, studies individuals in their natural environments, and may involve several different methods (Pope & Mays, 2006, p. 4). Pope and Mays, (2006) describe qualitative research as "the application of logical, planned and thorough methods of collecting data, and careful, thoughtful and above all, rigorous analysis" (p. 8).

Creswell (2007) states: "Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning of individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report or presentation includes the voices of the participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends

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the literature or signals a call for action" (p. 37). Maxwell (2005) notes that a qualitative study "does not begin from a predetermines starting point or proceed through a fixed sequence of steps, but involves interconnectedness and interaction among the different design components" (p. 3).

Qualitative research is conducted in order to explore and understand a problem or issue facing a group or population (Creswell, 2007, p. 39-40). Qualitative data has traditionally been obtained from several sources including interviews, direct observation and textual resources such as diaries and logs (Robinson, 2001; Creswell (2007), segments qualitative research into five approaches; narrative research, phenomenology, grounded theory, ethnography and case studies. The narrative research approach will be used for this study.

Narrative Research

Narrative research "begins with the experiences as expressed in lived and told stories of individuals" (Creswell, 2007, p. 54). Creswell summarizes the process for conducting a narrative approach as follows: (a) determining the fit of narrative research with the research problem, (b) seeking out individuals who have stories or life experiences to share, (c) collecting information of personal experiences, culture and historical contexts, (d) analyzing the individuals stories and restoring these stories into a general framework which may include a chronological sequence creating a beginning, middle and end. This analysis may also result in a description of themes from the stories and (e) collaborating with the participants and engaging them in the research process (Creswell, 2007, p. 55-57).

Narrative analysis does require that the researcher obtain detailed information about the participant and their experiences (Creswell, 2007). Obtaining and analyzing this information is time consuming, and may be expensive, thus not necessarily a quick approach for researchers or marketers (Banyai & Grover, 2012).

The Internet and Research

The Internet provides researchers with data sources from a large number of participants from various geographic locations (Robinson, 2001). The Internet has been used as methodology for electronic response for research queries and unsolicited first-person narratives may also serve as a source of rich information (Robinson, 2001). Sources of online narratives on the Internet may include web pages, newsgroups, bulletin boards, and guest books on webpages or chat rooms (Robinson, 2001). Social media sites such as Facebook and LinkedIn or blogs also provide sources of online narratives. Although these medium are relatively new, the volume of digital archived materials provides researchers with greater access and immediate search abilities. It is expected to grow in the future (Morgan-Fleming, Riegle, & Fryer, 2007).

Narrative Analysis and Online Narratives

Blogs allow searches on key concepts, ideas and issues via selection of specific text (O'Leary, 2011). Blog mining involves searching, reviewing, and analyzing blogs for insights and information which might not be obtained from individual blog sources. These blogs provide readers and researchers with low costs sources of opinions and thought-based content on the sentiments of the authors (O'Leary, 2011).

Advantages of blogs as a data source include the ability to include people who might be in a geographically dispersed area and those who would be isolated for social reasons (Seale et al., 2010). Analysis of blogs via search engines can provide expedited non-invasive perspectives into any blogged subject as they offer a public opinion and often provide a historical review of an event or encounter (Thelwall, 2007).

Although blogs are relative new phenomena, narrative analysis of their content has been conducted in several disciplines. A review of the blogs of Nokia Navigator mobile phone users identified that customers who blog were "vociferous in expressing and sharing stories related to their lived and imaginary customer experiences" (Kelleher & Helkkula, 2010, p. 9).

In their review of methods of travel blogs research, Banyai & Grover, (2012) note that narrative analysis provides insight on how travelers create "meanings and identities based on their travel experiences" (p. 271). Narrative analysis also allowed researchers of travel blogs to identify patterns and common themes (Banyai & Grover, 2012). A study of the narrative first person stories from the blog section of the Pennsylvania Tourist Office Website concluded "that a well-written travel story can increase audiences' knowledge about a destination" (Tussyadiah & Fesenmaier, 2008, p. 309).

In a review of travel blogs, Bosangit et al., (2009) found that "travel blogs can provide information on tourists' identity and sense-making through an examination of its narrative elements: social aspect, narrative structure and meaning" and "contribute to the

process of identity management of the 21st century consumers" (p. 69-70). In a study of over 700 travel blogs, key determinants of customer delights were identified and customer service was noted as the leading source of unexpected surprise or delight (Magnini, Crotts, & Zeher, 2011).

Research on the online and print narratives of patients with amyotrophic lateral sclerosis/motor neuron disease provide an enhanced understanding of what it means to live with this disease (O'Brien & Clark, 2012, p. 282). An analysis of the blogs of patients who traveled abroad for stem cell therapy revealed insights into those seeking care, their rationale for traveling and their experiences (Rachul, 2011). In her study of online illness narratives, Heilferty, (2011), notes that blog analysis is similar to autobiographical or journal writing where the focus of the research is on the relationship between the author and the world (p. 947). Pitts (2004), in her study of breast cancer patients, notes that documenting their narratives online may provide women with the opportunity to collaborate and share more details that would be tolerated in traditional media.

Methods for blog analysis include: (a) using a selected sample of narratives where the researcher can focus on the opinions of a designated group or subsample of a larger group; (b) facilitating a random sample which provide a wide base of opinions; (c) using all available narratives with a designated criteria or (d) a time limited selection focused on narratives for a pre-determined time window (O'Leary, 2011, p. 832).

Ethical Considerations of Using Online Narratives for Research

There are many perspectives regarding the ethics of the using the Internet for social research. One school of thought is that consent should be obtained from narrative research participants while others see narrative postings as information on a public domain via the Internet (Jones & Alony, 2008). In her analysis of online illness narratives and the ethical implications of Internet research, Heilferty identified three distinct models. The most common model was that online narratives should be researched as representatives of "person". The second models viewed narratives as textual objects. Heilferty's analysis identified a third model which advocates adapting the ethics approach based on the particular situation or population (Heilferty, 2011, p. 948).

In their analysis of blogs of depressed men and women, Clarke and van Amerom (2008) take the position that Internet statements are public. In addition, the authors noted that a number of bloggers in their analysis noted the potential positive educational and advocacy impact of their statements (Clarke & van Amerom, 2008). In her analysis of breast cancer patients' personal web pages Pitts (2004) treated these narratives as a source and used full citation of each page by using the authors' web-names (Pitts, 2004). Hookway (2008) notes that "blogging is a public act of writing for an implicit audience" and adds, "that while blogs are personal they are not private" (p. 105).

Institutional Review Board (IRB) Recommendations

Robinson's (2001) and O'Brien & Clark's (2012) exemption decision models for unsolicited narratives were used to recommend that this narrative analysis should glean exempt status from the IRB. In proposing exemption, questions should include whether

the data sources are protected such as with a password or joining a user group or is it available in the public domain (Robinson, 2001). Also direct quotes may be avoided to protect anonymity (Pftell & Zaphiris, 2010). In their analysis of online illness narratives, O'Brien & Clark (2012) note that as they utilized publicly available material they "had no active involvement with the narrators and therefore required no informed consent to use the material" (p. 279).

ADDITIONAL RESULTS

Table 4. Narrative Search Process and Findings

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
October 12, 2012					
	Dental implant	Turkey	Blog	161,000	0
	Dental implant	Istanbul	Blog	94,000	0
	Dental	Turkey	Blog	903,000	0
	Dental	Istanbul	Blog	233,000	1
	Hair Implant	Turkey	Blog	424,000	1
	Hair Implant	Istanbul	Blog	26,000	0
	Liposuction	Turkey	Blog	153,000	0
	Liposuction	Istanbul	Blog	85,100	0
	Rhinoplasty	Turkey	Blog	94,100	0
	Rhinoplasty	Istanbul	Blog	40,600	0
	Gender Reassignment	Turkey	Blog	39,300	0
	Gender Reassignment	Istanbul	Blog	30,600	0
	Cancer Treatment	Turkey	Blog	458,000	0
	Cancer Treatment	Istanbul	Blog	266,000	0
October 13, 2012					
	stem cell treatment	Turkey	Blog	373,000	0
	stem cell transplant	Turkey	Blog	43,600	0
	Stem Cell transplant	Istanbul	Blog	13,400	0
	Nose job	Turkey	Blog	295,000	0
	Nose job	Istanbul	Blog	52,800	0
	Breast enlargement	Turkey	Blog	64,000	0
	Breast enlargement	Istanbul	Blog	60,000	0
	Orthopedic surgery	Turkey	Blog	39,400	0
	Orthopedic surgery	Istanbul	Blog	9,800	0
	Joint replacement	Turkey	Blog	163,000	0
	Joint replacement	Istanbul	Blog	19,800	0

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Knee replacement	Turkey	Blog	105,000	0
	Knee replacement	Istanbul	Blog	26,000	0
	Hip replacement	Turkey	Blog	99,300	0
	Hip replacement	Istanbul	Blog	10,100	0
October 14, 2012					
	Liver Transplant	Turkey	Blog	86,300	0
	Liver Transplant	Istanbul	Blog	16,000	1
	Transplant	Turkey	Blog	439,000	3
	Transplant	Istanbul	Blog	86,000	0
	Breast Implant	Turkey	Blog	288,000	0
	Breast Implant	Istanbul	Blog	57,900	0
	Breast Augmentation	Turkey	Blog	279,000	0
	Breast Augmentation	Istanbul	Blog	36,200	0
	Lasik	Turkey	Blog	136,000	0
	Lasik	Istanbul	Blog	32,000	0
	Cancer Surgery	Turkey	Blog	1,890,000	0
	Cancer Surgery	Istanbul	Blog	792,000	0
October 15, 2012					
	Tummy tuck	Turkey	Blog	61,600	0
	Tummy tuck	Istanbul	Blog	14,100	0
	Dentist	Turkey	Blog	864,000	0
	Dentist	Istanbul	Blog	216,000	0
	Pediatric surgery	Turkey	Blog	17,500	0
	Pediatric surgery	Istanbul	Blog	1,730	0
	Pediatric	Turkey	Blog	274,000	0
	Corneal transplant	Turkey	Blog	6,700	0
	Corneal transplant	Istanbul	Blog	276	0
	Tummy tuck	Turkey	Blog	61,600	0
	Tummy tuck	Istanbul	Blog	14,100	0
	Dentist	Turkey	Blog	864,000	0
	Dentist	Istanbul	Blog	216,000	0
	Pediatric surgery	Turkey	Blog	17,500	0
	Pediatric surgery	Istanbul	Blog	1,730	0
	Pediatric	Turkey	Blog	274,000	0

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Corneal transplant	Turkey	Blog	6,700	0
	Corneal transplant	Istanbul	Blog	276	0
October 16, 2012					
	Brain surgery	Turkey		295,000	0
	Brain surgery	Istanbul		26,700	2
	Bone marrow	Turkey		41,200	0
	Bone marrow	Istanbul		3.56	0
	Breast reduction	Turkey		887,000	0
	Breast reduction	Istanbul		176,000	0
	Abdominoplasty	Turkey		58,000	0
	Abdominoplasty	Istanbul		14,200	0
	Prostrate surgery	Turkey		385,000	0
	Prostate surgery	Istanbul		80,500	0
	Plastic surgery	Turkey		844,000	0
	Plastic surgery	Istanbul		106,000	0
	Laser eye surgery	Turkey		65,100	0
	Laser eye surgery	Istanbul		27,800	1
October 17, 2012					
	Medical tourist	Turkey		1,040,000	0
	Medical tourist	Istanbul		226,000	1
	Medical tourism	Izmir		19,400	
	Health tourism	Turkey		615,000	0
	Health tourism	Istanbul		62,100	0
	Dental veneers	Turkey		21,600	0
	Dental veneers	Istanbul		4,410	0
	Brain tumor	Turkey		290,000	0
	Brain tumor	Istanbul		41,700	0
	Medical journey	Turkey		1,110,000	0
	Medical journey	Istanbul		353,000	0
	Gastric bypass	Turkey		121,000	0
	Gastric bypass	Istanbul		29,800	0
	DaVinci robotic surgery	Turkey		313,000	0
	DaVinci robotic surgery	Istanbul		75,900	0
	Transplant	Turkey		445,000	3
	Transplant	Turkey		445,000	3

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
October 17, 2012					
	Transplant	Istanbul	Blog	89,800	0
	Transplant	Izmir	Blog	23,000	0
	Dental treatment	Izmir	Blog	5,930	0
	Dental implant	Izmir	Blog	12,300	0
October 18, 2012					
	Transplant	Turkey	Discussion	61,000	1
	Transplant	Istanbul	Discussion	8810	1
	Tummy tuck	Turkey	Discussion	15,900	1
	Tummy tuck	Istanbul	Discussion	440	0
	In vitro	Turkey	Discussion	4540	1
	In vitro	Istanbul	Discussion	309	0
	Fertility	Turkey	Discussion	102,000	1
	Fertility	Istanbul	Discussion	13,900	0
	Stem cell	Turkey	Discussion	29,000	0
	Stem cell	Istanbul	Discussion	0	0
	Dental	Turkey	Discussion	193,000	2
	Dental	Istanbul	Discussion	13,000	0
	Breast enlargement	Turkey	Discussion	13,300	4
	Breast enlargement	Istanbul	Discussion	643	0
	Lasik	Turkey	Discussion	5330	0
	Lasik	Istanbul	Discussion	13,300	0
	Liposuction	Turkey	Discussion	8,110	0
	Liposuction	Istanbul	Discussion	2330	0
October 19, 2012					
	I had surgery	Turkey	Web	2,080,000	2
	I had surgery	Istanbul	Web	14,500,000	4
	I had surgery	Izmir	Web	403,000	0
	Prostate surgery	Turkey	Web	3,130,000	0
	Prostate surgery	Turkey	Blog	452,000	0
	Prostate surgery	Turkey	Discussion	187,000	0
October 20, 2012					
	Radiation	Turkey	Blog	115,000	0
	Radiation	Istanbul	Blog	5,870	0
	Cyber knife	Turkey	Blog	8,920	1
	Cyber knife	Istanbul	Blog	1,370	0

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Chemotherapy	Turkey	Blog	404,000	0
	Chemotherapy	Istanbul	Blog	80,900	0
	Facelift	Turkey	Blog	705,000	0
	Facelift	Istanbul	Blog	96,400	0
	Psoriasis	Turkey	Blog	224,000	0
	Psoriasis	Istanbul	Blog	82,400	0
	Kangal Fish treatment	Turkey	Blog	327,000	0
	Kangal Fish treatment	Istanbul	Blog	17,000	0
	Spa Treatment	Turkey	Blog	1,880,000	0
	Spa Treatment	Istanbul	Blog	780,000	0
	Kidney Transplant	Turkey	Blog	76,000	0
	Kidney Transplant	Istanbul	Blog	32,200	0
	In Vitro Fertilization	Turkey	Blog	575,000	0
	In Vitro Fertilization	Istanbul	Blog	10,600	0
October 21, 2012					
	Prostate surgery	Turkey	Web	438,000	0
	Prostate surgery	Istanbul	Blog	114,000	
	Prostate surgery	Istanbul	Discussion	1210	0
	Bad surgery experience	Turkey	Web	61,000,000	1
	Bad surgery experience	Istanbul	Web	7,610,000	0
October 22, 2012					
	Transplant	Izmir	Discussion	1,460	0
	Surgery	Turkey		505,000	0
	Dentist	Turkey	Discussion	88,900	0
	Dentist	Istanbul	Discussion	108,000	0
	Dentist	Izmir	Discussion	2,600	0
	Don't go to turkey for surgery		Web	18,500,000	0
	Don't go to turkey for surgery		Blog	2,030,000	0
	Don't go to turkey for surgery		Discussion	1,700,000	0

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Don't go to Istanbul for surgery		Web	106,000,000	0
	Don't go to Istanbul for surgery		Blog	346,000	0
October 23, 2012					
	Don't go to Istanbul for surgery		Discussion	438,000	0
	Medical tourism	Turkey	Discussion	10,600	0
	Medical tourism	Istanbul	Discussion	1,810	0
	Medical tourism	Izmir	Discussion	7180	0
	Bariatric surgery	Turkey	Web	667,000	0
	Bariatric surgery	Turkey	Blog	113,000	0
	Bariatric Surgery	Turkey	Discussion	20,200	0
October 24, 2012					
	Experience with surgery	Turkey	Web	3,720,000	0
	Experience with surgery	Turkey	Blog	224,000	1
	Experience with surgery	Istanbul	Discussion	42,100	0
	Experience with surgery	Istanbul	Web	85,000	0
	Experience with surgery	Istanbul	Blog	29,000	1
	Experience with surgery	Istanbul	Discussion	4,700	0
	Veneers	Turkey	Web	885,000	0
	Veneers	Turkey	Blog	46,300	0
	Veneers	Turkey	Discussion	4,130	0
October 26, 2012					
	Veneers	Istanbul	Web	113,000	0
	Veneers	Istanbul	Blog	13,100	0
	Veneers	Istanbul	Discussion	773	0
	Arm lift	Turkey	Web	655,000	0
	Arm lift	Turkey	Blog	36,000	0
	Arm lift	Turkey	Discussion	11,200	1

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Arm lift	Istanbul	Web	449,000	0
	Arm lift	Istanbul	Blog	57,500	0
	Arm lift	Istanbul	Discussions	52,600	0
	Thigh lift surgery	Turkey	Web	786,000	0
	Thigh lift surgery	Istanbul	Blog	45,300	0
	Thigh lift surgery	Turkey	Discussion	9960	0
October 28, 2012					
	Breast uplift	Turkey	Web	1,230,000	0
	Breast uplift	Turkey	Blog	21,900	0
	Breast uplift	Turkey	Discussion	1,180	0
	Breast uplift	Istanbul	Web	1,050,000	0
	Breast uplift	Istanbul	Blog	8,170	0
	Breast uplift	Istanbul	Discussion	383,000	0
	Facelift	Turkey	Web	1,720,000	0
	Facelift	Turkey	Blog	270,000	0
	Facelift	Turkey	Discussion	27,300	0
	Facelift	Istanbul	Web	681,000	0
	Facelift	Istanbul	Blog	130,000	0
	Facelift	Istanbul	Discussion	169,000	0
	Vaginal tightening surgery	Turkey	Web	5,280,000	0
	Vaginal tightening surgery	Turkey	Blog	534,000	0
October 29, 2012					
	Vaginal tightening surgery	Turkey	Discussion	409,000	0
	Vaginal tightening surgery	Istanbul	Web	16,900,000	0
	Vaginal tightening surgery	Istanbul	Blog	104,000	0
	Virginal tightening surgery	Istanbul	Discussion	403,000	0
October 30, 2012					
	Surgery	Ankara	Web	3,570,000	0
	Surgery	Ankara	Blog	219,000	0
	Surgery	Ankara	Discussion	16,000	2
	Surgery	Bodrum	Web	184,000	0
October 30, 2012					
	Surgery	Bodrum	Blog	35,700	0

Table 4. Narrative Search Process and Findings (continued)

| Date of Search | Search Terms | | | Number of Pages | Narratives Meeting Criteria in Initial 10 pages |
	Treatment	Location	Type		
	Surgery	Bodrum	Discussion	1,140	0
	Dentist	Bodrum	Web	1,180,000	0
	Dentist	Bodrum	Blog	105,000	0
	Dentist	Bodrum	Discussion	649	0
	Surgery	Antalya	Web	559,000	0
	Surgery	Antalya	Blog	473,000	0
	Surgery	Antalya	Discussions	2860	0
	Dentist	Antalya	Web	155,000	0
	Dentist	Antalya	Blog	298,000	0
	Dentist	Antalya	Discussion	1,470	0
	Surgery	Marmaris	Web	2,500,000	1
October 31,2012					
	Surgery	Marmaris	Blog	7430	0
	Surgery	Marmaris	Discussions	755	0
	Dentist	Marmaris	Web	36,300	0
	Dentist	Marmaris	Blog	2,880	0
	Dentist	Marmaris	Discussion	519	0
	Surgery	Kusadasi	Web	75,400	0
	Surgery	Kusadasi	Blog	12,900	0
	Surgery	Kusadasi	Discussion	1,050	0
	Dental	Kusadasi	Web	103,000	0
	Dental	Kusadasi	Blog	3,560	0
	Dental	Kusadasi	Discussion	383	0
	Terrible surgery experience	Turkey	Blog	689,000	1
	Terrible surgery experience	Turkey	Discussion	1,010,000	0
	Terrible surgery experience	Istanbul	Blog	135,000	0
	Terrible surgery experience	Istanbul	Discussion	11,400	1
Total Number of Narratives Meeting Search Criteria on October 31					40

Table 5. Identification of Research Biases Related to Potential Findings

Bias	Discussion
Nursing Background	The researcher has been a registered nurse for over 30 years. During her nursing career she has served in a number of nursing operational roles and has a broad understanding of the nursing process, care delivery and standards of patient care.
Health Administration Education	The researcher has Bachelors and Masters degrees in Health Administration and is completing this research as part of the requirements of a Doctor of Health Administration. The researcher is well educated in the various focus areas of health administration including policy, finance, human resources, ethics, law, economics, and operations.
Consulting Experience	The researcher has served in a variety of consulting roles both in the US and overseas. Her particular areas of expertise include hospital operations, employee satisfaction and patient engagement.
Turkish Heritage	The researcher is of Turkish decent and lived in Turkey as a teenager for several years.

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APPENDIX D

RECOMMENDATIONS FOR FURTHER RESEARCH

The research conducted in this study has identified several useful results and conclusions in the study of medical tourism. With the potential growth of patients seeking care in a country outside of their permanent residence it is important that future research be conducted in medical tourism. The current research is limited in scope and generally focused on reviews of the existing literature, and facts and figures from dated studies. In completing this research several additional areas for further research were identified.

The findings of this research may serve as a springboard for the development of a survey tool which may be used to further explore the characteristics, push and pull factors effecting health travelers and further identify additional feedback regarding travelers' satisfaction with their experiences in other countries. Many of the health travelers in this study could be accessible by their email address or websites. Should these individuals agree to participate, further research may be conducted with these health travelers to procure additional information regarding their continued satisfaction and outcomes.

This research focused on English language Internet narratives of health travelers who sought care in one country. This methodology should be expanded to study health travelers to other counties in other languages either on an individual country basis, specific geography or the aggregate body of individuals traveling for care. In addition, individual healthcare organizations or countries may assess their current patient satisfaction data or patient feedback to identify if the themes outlined in this research are

strengths or opportunities for improvement in their own organizations. A longitudinal study of health travelers would be beneficial to identify longer term patient satisfaction and the incidence of repeat travel for care. Future research should be undertaken with larger bodies of health travelers to identify generalizable outcomes and themes in addition to best practices and opportunities for improvement in the industry.

Further research into the outcomes and satisfaction with traveling for health care could be conducted on a broader scale to include information on results and perceptions on a per country basis. Much like in the US, where patients have the ability to seek information about hospitals patient satisfaction results, health travelers and international providers may benefit from the development of reportable outcome measures. The relevancy of comparable international outcome measures may increase as patients seek to obtain more information about their options for care and the landscape of health insurance changes in the US.

Research in the areas of the economic, ethical and legal aspects of medical tourism may identify further strengths and limitations of this multifaceted industry. Examples of research in these areas include the impact of the US Affordable Care Act on Americans to decisions to travel for care, the use of remote medical consultations in the provision of care to medical travelers and liability of medical tourism providers once the patient returns home. In addition, research in the areas of regulation, policy issues and the potential for new emerging business models are also opportunities for further research in this global phenomena.

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