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Decision-Making Processes of Medical Tourists in Destination Choice: The Role of Employee-Centered Service Quality and Capital Mechanisms

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Abstract

This study examines the decision making process of medical tourists in the rapidly growing global health industry, going beyond traditional price and technical quality parameters with a multidimensional perspective. It is argued that competitive advantage in medical tourism is shaped by employee-centered service quality and capital mechanisms (human, psychological and social capital) rather than physical infrastructure. Analyses based on Push and Pull Factors Theory, Risk Perception Attitude Framework (RPAF) and Social Exchange Theory (SET) show that psychological capital of health personnel (hope, self-efficacy, resilience, optimism) plays a critical mediating role in building patient trust. The study also looks at where Turkey now stands in the medical tourism market. It checks the kinds of patients who come and the limits the country faces, like language problems plus the state of the laws. It then sets out a step-by-step plan that links new technology - AI besides VR - with personal care so that the sector keeps growing.

Keywords: Medical Tourism, Destination Choice, Employee Service Quality, Psychological Capital, Risk Perception Management

JEL Codes: Z3, Z330, H51, I1, I3, M31, J24

Introduction

Health tourism is a wide and growing area covering the travels of individuals to a different place from where they live for medical treatment, utilizing thermal resources, physical/mental rehabilitation or protecting their current health status (Saldıran & Özdoğan, 2024; Dikmetaş Yardan et al., 2014; Büyük & Akkuş, 2022). Health tourism also harbours fields like medical tourism and wellness tourism inside. In the world, the average of health expenditure increase rates is cruising at a higher level than gross domestic product increase rates (Gül, 2020). Parallel to this, health tourism sector is a rapidly developing market expected to exceed 31 billion dollars by estimated year 2026 (Tabaeeian et al., 2025). Growth of the sector is gaining speed with global dynamics like high health costs, globalization and development of transportation networks (İnan Sarıca & Gönenç Güler, 2024; Çatak & Kılınç, 2025).

Medical tourism is accepted as a strategic area because it contains critical decisions of tourist in search of healing, aesthetic surgery or physical well-being beyond a simple tourism activity and it also contains medical procedures (Özkan, 2019). The main aim of Medical Tourism concepts used widely in Turkey is defined as receiving health service by traveling (Gümüş & Büyük, 2008). Competition is intensified in medical tourism industry and one of the most important factors effective in destination choice of tourists is perceived service quality (Abdul-Rahman et al., 2023). This quality perception is not limited only with technical dimensions of medical success, but also covers activities of medical experts and staff that provides medical tourist to feel comfortable and welcomed in the destination. This situation necessitates destination strategies to focus not only on technical infrastructure and pricing, but also on human and emotional capital of service presentation (Tabaeeian et al., 2025). Competitive advantage is closely related with micro level employee-medical tourist interaction and quality of this interaction besides macroeconomic attractions (Rokni & Park, 2019; Sheikhy Chaman, 2020).

1. Place of Health Tourism in Decision Making Models

In consumer behaviour and tourism literature, decision making processes are a reflection of macroeconomic policies and financial stability and are among indirect factors affecting individuals' decisions to travel abroad to receive health service (Şiriner & Şahin, 2021). However, basic theoretical frameworks like

Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TBP) are frequently used to explain behavior intention of individual (Fishbein & Ajzen, 1975; Ajzen, 1991). These are:

a) Theory of Reasoned Action (TRA)

TRA (Fishbein & Ajzen, 1975) suggests that intention of individual to perform a behavior is determined by attitude towards that behavior and subjective norms. In this theory:

- **Attitude Towards Behavior:** It includes personal belief of individual regarding results of medical service they will receive in selected destination. Cognitive evaluations like perceived quality and perceived cost shape this attitude (Kılıç, 2024).

- **Subjective Norm (Social Effect):** It is perception of individual about whether people important for him/her (family, doctors, social circle) approve this travel or not. Especially in vital treatments, advices of close circle, family members and specialist physicians play critical role in decision.

b) Theory of Planned Behavior – (TBP)

TBP (Ajzen, 1991) aims to explain probability of intention turning into behavior better by adding Perceived behavior control variable including effect of factors outside individual's will to TRA. Perceived behavior control is the perception possessed by individual regarding ease of access and sufficiency to resources (financial, information, physical) to perform the action. In medical tourism, this is associated with factors like having necessary financial resources for abroad travel or physical sufficiency to travel. TBP emphasizes that visit intention of medical tourist depends not only on request but also on controllable factors like financial opportunities, ease of access to treatment and security perception (Yiğit, 2016).

c) Social Exchange Theory – (SET) and Employee-Customer Exchange (ECE)

While traditional models (TRA/TBP) explain formation of intention before decision, critical operational process affecting outcomes like satisfaction and

loyalty after purchase is examined in frame of Social Exchange Theory (SET) (Homans, 1958; Rather & Sharma, 2019). SET bases on mutual, trust-based interactions between service providers and medical tourists, that is employee-customer exchange (ECE) (Kim & Qu, 2020). ECE functions as not only transactional but a two-way emotional interaction and shapes mental and emotional commitments of employees to service presentation (Doan et al., 2023; Tabaeeian et al., 2023).

2. Beginning of Decision Making Process: Need Recognition and Information Search

Decision making process becomes active with individual recognizing health need and starting to collect information for this need.

2.1. Need Recognition: Source of Health Need

Motivations pushing medical tourists to travel are separated into two main categories as push factors originating from source country and pull factors originating from destination (Yiğit, 2016). Among necessity sourced motivations: having high health costs in resided country, meeting with long waiting times for surgery or treatment (Lunt & Carrera, 2010) and lack of sufficient expert workforce or technology in own country etc. take place. Desire sourced motivations are request to combine treatment process with holiday (Noyan Yalman & Arık, 2025; Olgun & Bostan, 2025) or need to protect privacy-anonymity of procedures like aesthetic operations or medical procedures not legal in resided country (Arslan & Kıdak, 2025).

2.2. Information Search

Information search process starting following need definition plays a critical role in reducing high risk and uncertainty faced by medical tourist.

2.2.1. Internal Information Sources (Personal Experience, Beliefs)

Internal information search deals with previous experiences and cultural/religious beliefs of individual. Medical tourists tend to prefer destinations they feel trust

due to cultural closeness (language, religion, sociocultural similarity) (Sevim & Sevim, 2019; Büyük, 2023).

2.2.2. External Information Sources

External information search plays the most important role in shaping of decision. E-WOM (Electronic Word of Mouth) undertakes an important role in creating destination image and visit intention of potential tourists via social media (Trusov et al., 2009; Çatak & Kılınç, 2025).

2.2.3. Professional Information Sources

Physicians and health professionals present the most critical and reliable information about type and applicability of treatment. Medical travel agencies and intermediaries offer structured information flow by providing coordination between medical tourists and health facilities. As of year 2024, there are 1.198 intermediary institutions with authorization certificate in Turkey (Tontuş, 2019; Dalkıran, 2023; İnan Sarıca & Gönenç Güler, 2024).

3. Destination Selection Criteria and Evaluation of Alternatives

After information search, potential health tourist evaluates alternative destinations and health institutions in the light of information obtained. This evaluation process necessitates a combination of rational (technical quality, cost) and emotional (security, cultural closeness) criteria.

3.1. Criteria Towards Health Service: Technical Quality and Employee Centered Quality

These criteria are the primary priority of medical tourists. Success of treatment, experience and education of health personnel are among the most cared factors (Olgun & Bostan, 2025; Kılınç, 2017). International accreditations (JCI) mean reliability and quality assurance for medical tourists (Donahue & Vanostenberg, 2000). Direct interactions of medical experts with medical tourists improve tourists' experiences and emotions directly by providing them to feel comfortable and welcomed (Altınay et al., 2023; Karcıoğlu, 2025).

Employee Service Quality (ESQ) expresses the compliance of performance of personnel working in international medical tourist departments with service presentation requirements of the institution and ESQ covers intangible dimensions like assurance, responsiveness, empathy and reliability according to SERVQUAL model (Parasuraman et al., 1985; Tabaeeian et al., 2025). Also, sustainability of service quality in health tourism sector depends not only on physical and capital investments, but also on structural features and participation levels of workforce. As a matter of fact, studies drawing attention that regional and gender differences are distinct in Turkey labor market (Akarsu, 2023) reinforce importance of employee centered approaches in this context.

A research made by Tabaeeian and friends (2025) shows that employee-customer exchange affects employee service quality in a positive direction. This effect occurs via internal resources possessed by employees like Human Capital (knowledge, skill, experience) and Psychological Capital (self-efficacy, resilience, hope and optimism). While Human Capital provides technical sufficiency (competence and expertise); psychological capital contains ability of employees to manage emotional labor and cope with difficulties (Luthans et al., 2007; Liu et al., 2012). In Table 1 below, definitions and basic dimensions of Human Capital (HC) and Psychological Capital (PC) factors determining service quality (ESQ) which is main basis of competitive advantage in health tourism, and contributions of these capital types to decision criteria of health tourists are summarized.

Table 1. Effect of Capital Factors on Medical Tourist Perception

Capital Type	Definition (Source)	Basic Dimensions	Perception of Medical Tourist
Human Capital (HC)	Institutional knowledge, skill and experience, education, expertise, abilities and collection of hidden knowledge (Agbakwuru, & Gbadero, 2021)	Competence, Technical Knowledge, Expertise, Problem Solving Skill (Tabaeeian et al., 2025)	Perceived Treatment Quality, Assurance and Reliability (Tabaeeian et al., 2025).
Psychological Capital (PC)	Positive psychological state of employees during work; a valuable and internal resource (Luthans et al., 2006)	Self-efficacy, Resilience, Hope, Optimism (Avey et al., 2009)	Empathy, Responsiveness, Creating Satisfaction (Liu et al., 2012).

Source: Created by researcher as a result of literature review

3.2. Criteria Towards Destination

Among criteria towards destination, cost is the most common motivation element (Olgun & Bostan, 2025). Turkey's low treatment costs and suitable accommodation prices form a attractive factor in a strong medical tourism sector (Noyan Yalman & Arık, 2025). Geographical distance and ease of transportation carry importance for the country as another motivation element (Büyük & Akkuş, 2024). On the other hand, while cultural closeness (language, religion) facilitates travel decision, language barriers are seen as a critical problem lowering satisfaction level (Sevim & Sevim, 2019; Büyük, 2023). Importance of criteria like quality, cost and safety in destination choice of tourists is frequently emphasized in literature and these elements take place among basic factors directly shaping decision making processes of individuals in context of health tourism (Akarsu & Büyük, 2024).

3.3. Psychosocial Criteria

Medical tourists have high expectations regarding physical and medical safety of the destination (Wang et al., 2019). Strong medical tourism image of Turkey established on modern medical service and experienced physicians directly affects visit intention of medical tourist. Meeting the desire for privacy and confidentiality in the country is an important motivation especially for aesthetic operations and medical procedures that cannot be realized because they get stuck in legal legislations of countries came from (Yiğit, 2016).

4. Decision Stage: Critical Factors Affecting Destination Choice

When came to decision stage regarding travels to be made with medical tourism aim, more than one factor comes into play. These are:

4.1. Perceived Risk: Risks Regarding Treatment and Security Risk Perception

Risk perception in medical tourism exists at a higher level than traditional tourism because decision has both financial and vital results. Medical tourists carry worry about risks like lack of follow-up after treatment and surgical complications (Medical Tourism Association, 2024; Polat & Şeker, 2025). In

this context, being high of employee service quality manages medical risk perception indirectly by increasing trust felt by medical tourist to treatment process (Tabaeeian et al., 2025).

4.2 Intermediaries, Capital Factors and Decision Makers

Medical travel agencies and coordinators undertake coordination by building bridge between medical tourists and health institutions (Tontuş, 2019; Dalkıran, 2023; Noyan Yalman & Arık, 2025). Analyses made in frame of Social Exchange Theory show that positive interaction between employees and customers affects offered employee service quality (technical and emotional quality of service) not directly, but in positive direction via internal resources possessed by personnel like Psychological Capital (self-efficacy, optimism) and Human Capital (knowledge, skill, experience) (Tabaeeian et al., 2025). This relation functions as a critical intermediation mechanism raising service quality. For example, expressing of satisfaction by medical tourists strengthens Psychological Capital dimensions of personnel like optimism and self-confidence; and continuous interaction with foreign medical tourists increases their human capital by developing cultural sufficiency and problem solving skills of employees (Luthans et al., 2007; Liu et al., 2012).

4.3. Cost/Benefit Analysis: Balancing Expected Medical Result with Total Travel Expense

Search of medical tourists to be treated cheaper is the most common motivation element (Olgun & Bostan, 2025). Low treatment costs and suitable accommodation prices of Turkey play role as a strong pull factor (Noyan Yalman & Arık, 2025).

5. Post-Purchase Evaluation and Behaviors

It will be appropriate to evaluate post-purchase evaluation and behaviors of medical tourists from a few different angles. These are:

5.1. Satisfaction and Loyalty: Effect of Post-Treatment Experience on Future Decisions

Satisfaction of medical tourists has a close relation with perceived service quality. ESQ takes place as a key component of medical tourist satisfaction (Tabaeeian et al., 2025). High satisfaction leads to loyalty and intention to visit again directly (Han & Hyun, 2015).

5.2. Word-of-Mouth Communication: Recommendation and Contribution to Image of Destination

Sharing of experiences by satisfied medical tourists on social media platforms (WOM and E-WOM) provides destination image to strengthen organically (Büyük, 2024). Social media and internet became the most effective source of information in process of decision making (Trusov et al., 2009).

6. Conclusion and Comprehensive Inferences Towards Marketing Strategies

Destination choice process of health tourists is built on multi-layered motivations like cost, quality, security perception and social/cultural closeness (Noyan Yalman & Arık, 2025). Turkey has a strong competitive advantage in this market. For sustainable success, it is obligatory to focus on human capital mechanisms of service presentation.

6.1. Bridge Between Theory and Practice (Strategic Role of Employee Capital)

Institutions must invest in Human Capital (HC) and Psychological Capital (PC) of their employees to obtain Sustainable Competitive Advantage. Especially positive interaction experienced with foreign medical tourists should be used as a catalyst developing employee resources (Tabaeeian et al., 2025).

Table 2. Comparison of Theoretical Models Affecting Decision Making Process in Medical Tourism Destination Choice

Model	Basic Focus Point	Application	Capital Relation
TRA	Attitude and Subjective Norms	Determination of intention with perceived quality (attitude) and expert/family approval (norm).	Subjective Norms start ECE and support institutional choice affecting PC/HC development.
TBP	Perceived Behavior Control	Financial sufficiency, travelable physical condition and management of risk.	HC (Expertise and Resource Sufficiency) strengthens control perception of medical tourist.
SET	Reciprocity, Trust and Exchange	Socio-emotional resources of Employee-Customer Exchange (ECE) (appreciation, respect).	ECE is the critical operational mechanism activating PC and HC, forming the basis of service quality (ESQ).

Source: Tabaeeian et al., 2025

6.2. Market Orientation, Innovativeness and Healthcare Accounting

For businesses operating in medical tourism sector, instead of focusing only on treatment quality, it is necessary to adopt a wider institutional strategy. Market orientation is positioning of businesses according to expectations, needs and behaviors in the market. This understanding shows that it harbors potential to contribute to competitive advantage by increasing performances of businesses. Working of market orientation, learning orientation and innovativeness in harmony with each other means that it will directly raise qualitative performance outputs like development in service and product quality, new product development success and increase in customer satisfaction (Eren et al., 2013). Importance of healthcare accounting does not only provide cost control, but also supports financial sustainability of institutions. In this context, foreign capital movements and concentration in financial sector can make similar effects on investment environment in health sector and thus competitive power of medical tourism destinations (Şiriner & Kapucu, 2008).

Financial sustainability of health service presentation carries vital importance because it directly affects cost-benefit balance perceived by health tourists. Factors like increasing and aging population in the World, desire to benefit from health services, prevalence of health services, expensive health technology and identification of new diseases make health sector one of the biggest and most complex sectors of the world. Importance of Healthcare Accounting (SHM) system increases day by day to manage this complex structure and optimize

cost/benefit balance. SHM is the process of turning processes related to health services into financial information by examining them and its study area is extremely wide with this aspect.

Among basic aims of SHM, these take place:

- **Cost Control and Pricing:** Utilizing of financial accounting by institutions giving health service to be able to determine costs, control them and create correct pricing policy.

- **Efficiency and Resource Allocation:** Importance of SHM is providing opportunity for health managers to make analysis and planning and improve allocation of resources by producing consistent and comprehensive data about health expenditures; thus efficiency and accountability increase.

- **Measurement of Service Quality:** SHM also has a dimension aiming to measure health outputs and efficiency. Health services output (product) presents a consensus that it is treatment of a disease or condition. This output can be measured with contribution made to health when a medical treatment or another procedure including preventive interventions is performed (Gül, 2020).

Health tourism destinations must both keep their costs under control by utilizing SHM to obtain competitive advantage and support final decision process (Cost/Benefit Analysis) of medical tourist by providing measurement of quality (output) of presented medical service.

6.3. Concrete Suggestions Towards Strategic Marketing and Personnel Development

Considering complexity of decision making process, it is suggested for destinations to focus on following strategies:

- **Strengthening Technical Sufficiency and Cultural Competence:** Foreign language and intercultural communication trainings must be made compulsory for health personnel (Büyük, 2023). Also, continuous

vocational training programs must be applied to raise technical sufficiency.

- **Developing Employee-Customer Exchange and Psychological Capital:** Trainings focused on stress management and coping with cultural difficulties should be organized to reduce emotional load of employees and raise their positive psychological states (Tabaeeian et al., 2025).

- **Technological Integration and Supportive Work Environment:** Customer Relationship Management systems should be applied to reduce workload of employees and standardize service quality (Hsieh et al., 2012).

- **Cost/Efficiency Focus:** Health institutions must use Healthcare Accounting systems effectively to develop correct costing and pricing policies and focus on subjects of resource allocation and service efficiency (Gül, 2020).

- **Institutional Cooperation and Accreditation Emphasis:** Education and promotion activities carried out under coordination of Development Agencies should be supported (Inan Sarıca & Gönenç Güler, 2024). In digital marketing strategies, internationally accredited hospitals and transparent follow-up processes should be emphasized strongly to reduce perceived risk (Noyan Yalman & Arık, 2025).

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