

Preferences of Those Who Utilize Thermal Springs About Spa Tourism

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Abstract

Objective: Health tourism has been in the agenda recently, and our country is considerably rich in respect to thermal tourism. Therefore, the society especially tends to prefer thermal tourism. It is aimed in the study to determine the reasons why people prefer thermal tourism and which diseases they intend to cure of. **Methods:** The study was carried out in 2012, in two provinces famous for Turkey's thermal tourism. The sample of the study was formed the tourists who resorted these two provinces for thermal tourism in May-July. The volunteers to take part in the study were requested to fill the questionnaires prepared by the researchers by themselves. In the questionnaires there were questions such as the socio-demographic characteristics, reasons for preferring thermal tourism, diseases for which they would benefit from spa treatment, and who they have been informed about the spa before coming to the spa. In the analysis of the data descriptive statistics and chi-square test were used and p values <0.05 were statistical considered significant. **Results:** The average age of 153 participants was 42.5±13.9, and 44.4 % of them declared that they had chronic diseases. 65.4% of them got information about the spa treatment before they utilized the thermal hotels. 38.6% of those who came to thermal hotels reported that they had utilized the thermal treatment before, and 18.3% of them reported that they had consulted to a medical physician before arriving there. 83.7% of individuals participating in the study stated that they had thought to get benefit from the thermal tourism with regard to musculoskeletal diseases. While 69.9% of the spa treatment was used as a sitting bath, 51.6% was using steam bath. 23.5% of the participants think that such treatment has side effects. Before arriving for thermal tourism, there was a statistically significant difference between application status to medical doctor with age, chronic illness. **Conclusion:** The individuals thought that they principally make use of thermal tourism concerning musculoskeletal system and dermatologic diseases. The level of seeking medical advice before deciding a thermal tourism was low. The way the individuals make choice of spa treatments most was sitting bath and steam bath. It is believed that increasing the level of awareness about the necessity of applying to the doctor before coming to the spa and doing extra field studies and could contribute to the support of the society's health consciousness.

Keywords: Health tourism, spa tourism, thermal tourism preference

1. Introduction

Health tourism has been on the agenda recently. Especially in our country, which is rich in terms of thermal tourism, thermal health tourism potential and application, are given importance (1). Health tourism comprises the journeys to a place besides the permanent residence in order to maintain or develop health, presenting destinations and activities for this aim and advertising efforts (Hall, 2003). It is also defined as the events and relations comprising the journeys people make and the accommodations in the places they go in order to keep themselves healthy and have a healthy physique (Tengilimoglu and Sevin, 2004).

Health tourism is known as one of the oldest tourist activities, which is closely tied to specific locations, and spas as place of healing were among the earliest examples (Weisz, 2011). In the rich potential of thermal waters of Anatolia, Turkish baths offered therapeutic effect for centuries (Kandela, 2001). As the drug treatment was not as common as today in the early 18th century, the use of thermal water constituted as alternative then. The thermal springs being utilized in so many regions in Europe today were discovered in that period. In spite of amazing development in drug treatment in today, thermal springs have become the important way of therapy the people use to rejuvenise and keep themselves healthy (Lund, 1996; Saengsiroj, 2011). Knowing the reason why individuals prefer health tourism and the level of consciousness in this subject may be valuable in terms of estimating the future of health tourism related orientations.

The people in bad health and meticulous to keep themselves healthy are the target population in health tourism. The first thing remembered when health tourism is in question is thermal or spa tourism (Aydın, 2012). Thermal tourism is the kind of tourism that is occurred in the characteristic climatic conditions for the areas where the healing water, mud, and steam at certain natural heat including useful minerals come out of the earth (Öztürk, 2002). It is known that Turkey is among the few countries in terms of thermal springs and health spa that constitute the base of health tourism, and it takes place in 7th order in the world (Kostak, 2007; Türkiye Sağlık Vakfı, 2010). Turkey can be said to have a good development potential in health tourism and medical tourism when it is looked

around the world (İçöz, 2009). When compared to other countries in the world, it can be said that Turkey is experiencing development in medical and health tourism by increasing number of modern lodging facilities, the qualified thermal and health service and the good results from thermal treatments (Oğuz, Külekçi and Akpınar, 2010; Pınar and İçöz, 2010). Some top priority regions about health and thermal tourism are determined with regard to health and thermal tourism in the frame of tourism strategy of Turkey 2023 master plan prepared by Culture and Tourism Ministry in our country (T.C. Kültür ve Turizm Bakanlığı, 2007: 101). The fact that the targets were set for the future of health tourism indicates the priority of the matter, so the issue should be worked out in order to achieve the goals.

In parallel with the developments in health tourism, various studies have been carried out recently to determine the views about thermal tourism and the image of thermal tourism (Emir and Durmaz, 2009), the thermal tourism and its problems (İlban and Kaşlı 2009; Akbulut, 2010), determining the approach the public's to the effects of thermal tourism (Özdemir ve Kervankıran 2011) and some studies that to include introduction purpose in determining the importance of thermal tourism and evaluate (Göyün ve Akpınar 2002; Öcal 2011, Çetin ve Özşahin, 2011) have also been carried out. The situation is not different in other parts of the world.

In recent years there have been studies investigating the development of health tourism, the current situation, the studies examining the impact on public health (Hopkins et al., 2010, Johnston 2011), as well as the experiences of the patients in health tourism (Crooks et al. 2010), the quality of the service in the health tourism (Alleman et al. 2010) and its effects in the countries the health tourism services (Crooks et al., 2010), and the effects on the countries (Shetty, 2010; NaRanong and NaRanong, 2011). However, there are only a few studies that investigate the views of people about why people prefer any region.

The provinces of Afyonkarahisar and Denizli have rich potentials in terms of both thermal springs and thermal touristic establishments. As a result of the studies carried out related with this subject in those two provinces, no study on the reasons why people prefer them has been determined. It is aimed in this study carried out in those two provinces to determine the reasons why people prefer thermal hotels, which diseases they go there to cure of and form of utilization.

2. Method

The population of the study consisted of the tourists who visited the provinces of Afyonkarahisar and Denizli within the scope of health tourism. Afyonkarahisar neighbors Konya from the east and Denizli from the south-west. Denizli and Afyonkarahisar are two provinces well-known with thermal tourism. The sample of this descriptive study consists of the tourists that visited those two provinces for thermal tourism in the months of May-July, 2012. The data were collected from five thermal hotels that were selected randomly chosen and allowed. A literature review was done, and a questionnaire formed in the direction of the views of specialist academicians was used. A preliminary test was done on 10 individuals who were not included in the sample. The volunteers to take part in the study are requested to fill the questionnaires by themselves. The permission of the local ethics committee and official permission of thermal hotels before the study were obtained, and the oral consents of the participants were taken before the application of questionnaire. Only one of the beneficiaries of the thermal tourism with his wife was allowed to participate in the survey in the study.

The questionnaire consisted of 18 questions about the reasons why they preferred thermal tourism, the kinds of the diseases they expect to cure of, by whom they were informed in this subject as well as some information such as their age, gender, educational background, and marital status. The data were described with estimating frequency-percentage distribution, arithmetic mean and standard deviation values. In the analysis of the data, chi-square test was used together with descriptive statistics. $p < 0,05$ was considered as the level of significance in the study.

3. Results

153 participant (45.8 % of whom were males and 54.2 % were females) took part in this study carried out to determine why people preferred thermal hotels and which diseases they expect to cure of in resorting to them. The mean age of the participants was 42.5 ± 13.9 and 77.1% of them were married and 34.6% were high-school graduates. The average number of the children was 2.9 ± 1.4 and 68.6 % of those who preferred thermal tourism lived in the city. 29.4 % of them stated that they smoked. 44.4 % of participant stated that they had chronic diseases (Table 1) and 45.6 % of the diseased group had rheumatismal diseases. The ratio of those who stated that they still used drug was 44.4 %. 42.1% of the participants who still use medication stated that they use painkillers.

Table 1. Socio-demographic Characteristics of those Who Prefer Spa Tourism

Variables	Number (%)	
Gender	Male	70 (45.8)
	Female	83 (54.2)
Age Group (year)	29 and below	26 (17.0)
	30-44	63 (41.2)
	45 and upper	64 (41.8)
Marital status	Married	118 (77.1)
	Unmarried	35 (22.9)
Educational background	Primary school	24 (15.7)
	Secondary school	34 (22.2)
	High school	53 (34.6)
	Higher education	42 (27.5)
Residence	City	105 (68.6)
	Town	32 (20.9)
	Village	16 (10.5)
Smoking	Smoking	45 (29.4)
	Non smoking	108 (70.6)
Chronic disease	Having	68 (44.4)
	Not having	85 (55.6)

The rate of those who obtained information about spa treatment before going to thermal hotels was 65.4 %, and 37.0% of them stated that they received information from the internet 33.7% of them stated that they got the information from their family members, relatives, and friends. The rest responded as if based on the hotel or previous experience. Other participants gave their answers such as phone calls to hotel or based on their previous experience.

The information about the thermal hotel they visited, while 43.8% of the participants were from family-relatives and friends, 29.4% from the internet, others given answers like workplace, television, came before. The rate of those who went to a thermal hotel 38.6 % of all the participants had tried spa treatment before. 71.9 % of those who had tried spa treatment before stated that they came in this two province and 28.1 % of those who went health spa before stated that they went in different places except Afyonkarahisar and Denizli. In the participants who came from rural areas ($\chi^2=7.18$, $p=0.007$) and those who used medicines due to illness ($\chi^2=4.36$, $p=0.03$), were highly to having experienced the spa before. Rate of those who stated that they took part in thermal tourism for the first time was 61.4 %. Of those who went to the spa before, 29.3% went once, 48.7% indicated that they preferred spa tourism more than once, while 22.0% rarely went gave the answer. The rate of those who sought medical advice from doctor before they came to thermal hotel was 18.3 %. The rate of those who sought medical advice from doctor before they came to thermal hotel was higher than the younger ones as the age increased ($\chi^2=6.80$, $p=0.03$), with chronic disease than in those without chronic disease ($\chi^2=19.72$, $p<0.001$). However, those who indicated that they did not consult a doctor before coming to the spa were high in people who came from city ($\chi^2=5.52$, $p=0.01$).

Table 2. The Diseases that the Participants expect to be cured by Spa Treatment and Distribution of Utilizing Styles

Variables	Number (%)*
The diseases which are expected to be cured by spa treatment	
Musculoskeletal diseases	128 (83.7)
Dermatologic diseases	63 (41.2)
Kidney and urinary tract diseases	30 (19.6)
Gynecologic diseases	30 (19.6)
Gastrointestinal diseases	29 (19.0)
Respiratory diseases	12 (7.8)
Other reasons	23 (15.0)
The style of utilizing spa	
Sitting bath	107 (69.9)
Steam bath	79 (51.6)
Mud bath	38 (24.8)
Drinking cures	12 (7.8)
Others (Massage, physical therapy etc.,)	36 (23.5)

*More than one choice is marked.

The number of participants who expressed their opinions by specifying more than one of the choices about the situations, expressions related to the situations in which they think they will benefit from spa treatment and how they use spa treatment, was quite high. Each of the opinions for these two questions was evaluated in itself. The rate of those who thought they would get use of spa for the musculoskeletal diseases was 83.7%, while the rate of those who thought they would make use of spa for their dermatological diseases was 41.2 % (Table 2). It was high to think that participants in the living in urban areas than those living in rural areas ($\chi^2=7.58, p=0.006$), than the younger ones as the age increased ($\chi^2=17.60, p<0.001$), with chronic disease than in those without chronic disease ($\chi^2=19.79, p<0.001$), those with high school and higher education than others ($\chi^2=11.35, p=0.001$) would benefit from using the spa because of musculoskeletal disorders, those. In females, unlike males, they are gynaecologic diseases in a disease that is believed to be treated by the spa (Figure 1). 58.9% of respondents said they think they will benefit from the spa because of more than one benefit.

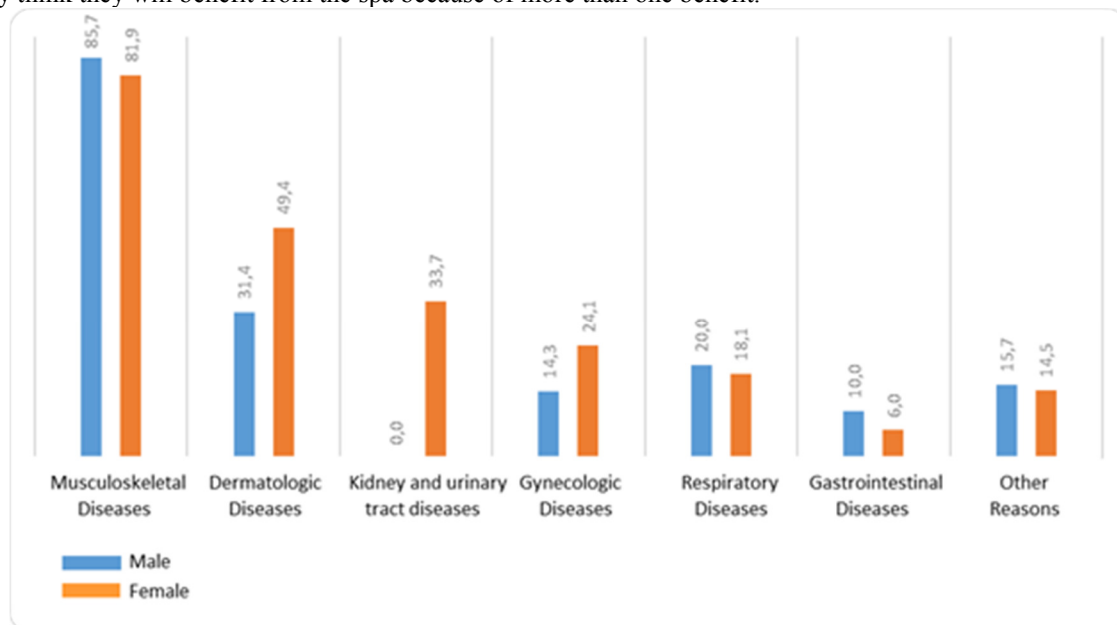


Figure 1. Gender Distribution of Participants According to the Diseases They Expect to be cured.

While 69.9% of the participants got use of spa treatment through sitting bath, 51.6% stated that they benefited from steam bath (Table 2). It was high to think that participants use sitting bath than the younger ones as the age increased ($\chi^2=6.99, p=0.03$), with chronic disease than in those without chronic disease ($\chi^2=5.22, p=0.02$); use mud bath in those with high school and higher education than others ($\chi^2=4.34, p=0.03$); use drinking cure men than women ($\chi^2=4.48, p=0.03$). 63.4% of the participants benefited from spa treatment way more than one way. Of all the participants, 23.5% of them explained that the spa treatment had side effects. Those effects comprised hypertension, hypotensive effect, palpitation, exhaustion, vertigo, and the risk of contagious diseases. Thinking that spa tourism may have side effects, having chronic illnesses is higher than compared to people without chronic illness ($\chi^2=6.23, p=0.01$). Those who stated that they might suggest spa treatment to their family members and friends comprised 66.7% of the participants. 15.7% of the participants stated that they would suggest to their milieu that it would be beneficial to seek medical advice before going to spa. To tell others that they would be in favour of going to the spa, it was higher than others, as age increasing ($\chi^2=7.75, p=0.021$) and in those believing that is not a side effect of spa ($\chi^2=9.83, p=0.002$).

4. Discussion

The fact that taking permission from the hotels that offer thermal tourism service constituted a problem was the difficulty experienced in carrying out this study intended to determine why the individuals prefer thermal hotels and which diseases they expect to cure of, which caused to limit the number in the study as well. Therefore, the findings obtained in this study are limited with the answers of those who joined the survey. In spite of the fact that our country is rich with thermal tourism opportunities, there are a few studies carried out to investigate the awareness of the society and the reasons why this type of tourism attracted common attention. The fact that this study help to form an opinion about the preferences and applications comprises the positive side of study.

The female-male percentage of those who utilized thermal tourism was alike. This is desirable in terms of reflecting the society objectively. The average of age represents middle age and over the middle age group. The fact that the individuals may have a chronic disease is not regarded a strange or odd case. It is normal that, along with medical advice, the individuals seek alternatives for healing. In this study, it is more common in cities to

choose to take advantage of thermal tourism. It is thought that factors such as escape and rest from the city life for a short time may be effective in coming from the city to the spa. In addition, in our study, it was found that those who came to the thermal region from the urban sector; thinking that they could be closer to the illnesses, such as nutrition disorder and inactivity in urban life, it may be thought that they came there to look for healing and to preserve their health.

It is remarkable that more than half of the individuals were high school and university graduates. Moreover, in a research carried out on those who utilized thermal tourism (Çetin T, 2011) it was reported that approximately one fourth of those who took part in the research were high school and university graduates. This result suggests that utilizing thermal tourism is independent of education level. It is possible that the individuals from every level of education prefer thermal tourism.

Nearly half of those who utilize thermal tourism have chronic diseases, and use drugs. Nearly half of those of diseased individuals had rheumatismal diseases. Meanwhile, excessive painkiller use is remarkable. Rate of those who have chronic diseases and health problems that affect the individuals' daily life in our country is 36.8%, whereas those who have this problem but do not have difficulty in acting is circa 15.8 % (TUIK, 2012). In our study this rate was over the mentioned rate, but that result was not considered surprising since most of the participants in this study preferred thermal tourism for any disease.

In spite of the fact that the rate of those who thought to go on a thermal tourism and to utilize thermal hotels by having information before arriving at the place where it is served of the thermal hotel seems to be good, we expect each individual who prefers thermal tourism to obtain enough information before going to a thermal hotel. Because it would be important especially for the individuals with chronic diseases, obtain information with respect to effect and side effect. It is reported that in close percentage to each other, information source comprises internet, family members, relatives and friends. In the period when this study was carried out, the most utilized the same information sources when they applied to a thermal hotel. Similarly, Cetin T (2011) reported in his study that the participants applied most to thermal hotels on the advice of their friends/relatives. In another study (Yıldırım, 2005), approximately 43% of the participants stated that they were guided by their friends/relatives. It was reported in a study carried out by Sandıkçı and Gürpınar (2008) that about 42 % of the participants preferred thermal hotels on the recommendation of their friends and relatives. The conformity in the studies shows that the effect of close milieu such as family and friends in preference of thermal tourism was great. In a study of the The Canadian Tourism Commission (CTC) and the International SPA Association (ISPA), web sites and recommendations of friends and family are the most two utilized sources in U.S. and Canadian spa travelers and Canadians prefer to access travel agents, newspaper/magazine advertisements and official travel guides more than Americans (The Hartman Group, 2006; Joppe, 2010: 124). Here, on the other hand, the necessity of health education in the society concerned should be brought to the agenda. The necessity of public education about the subject should also be on the agenda in our country, because the fact that the information source was health workers would be affective in benefiting without risking one's health.

Some of the participants stated that they had benefited from spa treatment before. It is high (72%) that participant have stayed in the same hotel in the past as having spa experience. Similarly, it was reported in Yıldırım's study (2005) that 78 % the participants had stayed in the same hotel before. However, close to one in three of those who had experienced spa treatment before went to thermal springs in different places besides Afyonkarahisar and Denizli, which may indicate that individuals have tried thermal hotels in different places. It may be due to curiosity or different ways of searching to find a cure. Tuncsiper and Kaşlı (2008) reported in their study that, in the countries where industrialism is experienced heavily, people prefer thermal tourism to take part in different activities such as keeping themselves healthy, being healthy, and spending quality time. In our study, the participants who had visited the thermal spa before stated that they preferred spa tourism, are high in those who use medicines because of illness and come from rural areas.

Half of the participants who had visited thermal springs before stated that they more than once preferred spa tourism. Rate of participants who stated that they took part in thermal tourism for the first time is high. The rate of those who traveled to seek health in the study by Emir at al (2008) was 56.2 %. The first reason reported in Kılıç and Eleren's (2010) study why the participants preferred thermal hotels was health (34.67%). In the study carried by Kozak (1997) to manifest the profile of domestic tourists who accommodated in thermal tourism managements, approximately 59.8 % of the participants stated that they went to thermal hotels in order to treat their diseases.

Rate of seeking medical advice before spa tourism was low. When it is considered that some of the participants have chronic diseases, they are not seeking medical advice before thermal tourism is engrossing. The lack of medical advice before the start of thermal tourism is a shortcoming. If some participants are thought to have permanent illnesses, not consulting a doctor before going to thermal tourism is a major drawback. Urgency of medical advice for each individual before utilizing thermal tourism should be brought to the agenda. Similarly, it was reported in Cetin's (2011) study that 11.1 % of the participants stated that they came to thermal hotels on their physician's counsel. The findings in our study correlate with this study. It was also stated in Cetin's (2011)

study that rate of those who stated that they were directed in public health department to have a thermal treatment was also rather low (6.9%). The same results were given in Kozak's (1997) study as well. In our study, there is statistical significance between age, presence of chronic illness and admission to doctor before arrival to thermal spa. Before coming to the spa, participant coming from the city who do not go to the doctor it is high.

The participants think that they will cure of the most musculoskeletal diseases in spa. The expectation that it will be good for dermatologic diseases is the second. Afterwards kidney and urinary tract diseases, gynecologic, gastrointestinal, respiratory diseases and other reasons follow. In another study Çetin, B (2011), reported that the major disease the participants expected to cure of was rheumatoid arthritis/osteoporosis. The findings in both studies correspond in this respect. Similarly, in Kozak's study (1997) the rate of those who came to thermal hotels for rheumatismal diseases was 27.6 %. In addition, Karagulle and Karagulle (2004) stated that all forms of spa therapy used for the treatment of rheumatic diseases in Turkey are effective. In our study, there is a statistically significant difference between the musculoskeletal system disorders of the diseases in which the participants think that they will benefit from spa and the age, urban life, chronic illness and education level; between respiratory system diseases and chronic illness; between stomach-intestinal disease and chronic disease presence and living place; between skin diseases and sex. In addition, there is a thought in the women that the spa will be good for gynecological diseases.

The type of spa treatment preferred most is the sitting bath and steam bath. Use of the sitting bath, as the age increased, having chronic illness; prefer mud baths, at high school and above study level; drinking cure is high in men. It was reported that besides those who preferred mud bath and drinking cure, as well as all of them. Besides those who prefer mud baths and drinking cures, most of those who prefer to use a spa for any reason have stated that they prefer more than one type of these applications. What comes to mind is whether the type of preference was determined on an expert's counsel. Furthermore, since each individual may have different diseases, the fact that they should be directed in accordance with their health may come into question as a matter that should not be missed out. In Kozak's study (1997) of all the treatments received in tourism facilities, bath treatment comes the first (83.5 %), and physiotherapy comes as the second (29.7 %).

One four of the participants stated that spa treatment had side effects. That is stated, as side effects are hypertension, hypotension, palpitation, exhaustion-vertigo, and the risks of contagious diseases. This rate is below the value that should be; whereas knowing the probable side effects are important in terms of taking precaution when needed. Therefore, raising the awareness of people with regard to health education to keep and develop public health is a matter that should be elaborated.

Most of those who preferred thermal tourism stated that they would suggest it to others. Only a few stated that they would also suggest to the persons they propose going to thermal hotels consulting their physicians before arriving at the spa. Taking advice of a physician before going to spa treatment is an important matter to put the emphasis on. The number of those who tell the others to seek medical advice before deciding to utilize thermal tourism increased with age. It can be explained as the result of experience and having more diseases in that period.

5. Conclusion

As a result, thermal tourism is preferred by females, males, middle aged and over middle age, people most of whom live in cities. Almost half of those who prefer thermal tourism have chronic diseases. Most of those who have chronic diseases have a rheumatismal disease. The individuals think that they will benefit from thermal tourism in curing of their musculoskeletal and dermatologic diseases. The type of spa preferred most is the sitting bath and steam bath. The participants stated that their information sources were the internet, members of their families, relative and friends, hotel or previous experiences, before coming to the spa. The rate of seeking medical advice before preferring is low. Since the knowledge of urgency of taking medical advice or applying it before deciding thermal tourism is not adequate, it can be said that increasing the level of awareness may contribute to endorsing public health consciousness. Increasing the field studies in this subject may help to make decisions to prefer thermal tourism consciously and in necessary conditions.

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References

- Akbulut, G. (2010). The Thermal Spring Tourism in Turkey and Problems. *Gaziantep Üniversitesi Sosyal Bilimler Dergisi*, 9 (1): 35-54.
- Alleman, B. W., Luger, T., Reisinger, H. S., Martin, R., Horowitz, M., and Cram, P. (2010). Medical Tourism Services Available to Residents of The United States. *J Gen Intern Med*, 26 (5): 492-497.
- Aydın, O. (2012). An Alternative Tourism in Turkey; Health Tourism. *KMÜ Sosyal ve Ekonomik Araştırmalar Dergisi*, 14 (23): 91-96.
- Boz, M. (2004). *Turizmin Gelişmesinde Alternatif Turizm Pazarlamasının Önemi* (unpublished doctorate thesis).

- Marmara Üniversitesi, SBE, İstanbul.
- Crooks, V., Kingsbury, P., Synder, J., and Johnston, R. (2010). What is Known About the Patient's Experience of Medical Tourism? A Scoping Review. *BMC Health Services Research*, 10: 266.
- Çetin, B., Özşahin, E. (2011). Turizm ve Mekânsal Değişime Etkileri Yönüyle Gönen (Balıkesir) Termal Kaynakları. *International Periodical for the Languages, Literature and History of Turkish or Turkic*, 6 (2) Spring: 317-340.
- Çetin, T. (2011). Kozaklı (Nevşehir) Spas as Regards to Thermal Tourism Potential. *Turkish Studies: International Periodical for The Languages, Literature and History of Turkish or Turkic*, 6 (1): 878-902.
- Emir O. and Durmaz G. (2009). Afyonkarahisar'ın Termal Turizm İmajı Üzerine Bir Değerlendirme. *Anatolia: Turizm Araştırmaları Dergisi*, 20 (1): 25-32.
- Emir, O., Soybalı, H. H., Baytok, A. ve Arslan, S. (2008). *Afyonkarahisar'da Beş Yıldızlı Termal Otel İşletmelerinde Konaklayan Müşterilerin Geliş Amaçlarına Göre Profili*. III. Balıkesir Ulusal Turizm Kongresi, Balıkesir Ulusal Turizm Kongresi Bildiriler Kitabı, Ankara: Nobel Yayın Dağıtım, 17-19 Nisan 2008.
- Göyün, D. and Akpınar, N. (2003). The Evaluation of Kızılcahamam-Sey Baths in the Framework of Thermal Tourism. *Tarım Bilimleri Dergisi*, 9 (1): 111-115.
- Hall, M. (2003). *Spa and Health Tourism*. In S. Hudson (Ed), *Sport and Adventure Tourism*, New York: Howarth Hospitality Press, Inc., ISBN:0-7890-1275-8, pp:274-275.
- Hopkins, L., Labonte, R., Runnels, V. and Packer, C. (2010). Medical Tourism Today: What is the State of Existing Knowledge? *Journal of Public Health Policy*, 31 (2):185-198.
- İlban, M. O. and Kaşlı M. (2009). A Survey Aiming to Define The Problems Affecting the Development of Thermal Tourism in Gönen. *Ege Akademik Bakış*, 9 (4): 1275-1293.
- Jackson, R. (1990). Waters and Spas in the Classical World. *Medical History*, 10: 1-13.
- Johnston, R., Crooks, V. A., Adams, K., Synder, J. and Kingsbury, P. (2011). An Industry Perspective on Canadian Patients' Involvement in Medical Tourism: Implications for Public Health. *BMC Public Health*, 11 (1): 416.
- Joppe, M. (2010). One Country's Transformation to Spa Destination: The case of Canada [Special section]. *Journal of Hospitality and Tourism Management*, 17, 117-126
- Kandela, P. (2000). The Rise and Fall of the Turkish Bath in Victorian England. *Int J Dermatol*. Jan; 39 (1): 70-4.
- Karagulle, M. Z. and Karagulle, M. (2004). Balneotherapie und Kurotherapie Rheumatischer Erkrankungen in der Türkei: Ein Systematischer Review. *Forsch Komplementarmed Klass Naturheilkd*, 11: 33-41.
- Kılıç, B. and Eleren, A. (2010). Measuring Service Quality for Thermal Hotel. *Süleyman Demirel Üniversitesi İ.İ.B.F. Dergisi*, 15 (3): 119-142.
- Kostak, D. (2007). *Turizm Hareketleri (Türkiye Örneği Üzerinden Sağlık Turizmi)* (unpublished master thesis). İstanbul: Marmara Üniversitesi İktisadi ve İdari Bilimler Fakültesi., İstanbul.
- Kozak, N. (1997). A Research on Investigating Turkish Customer Profile for Thermal Tourism. *Anatolia: Turizm Araştırmaları Dergisi*, 8 (1-2): 62-73.
- Lund, JW. (1996). Balneological Use of Thermal and Mineral Waters in the U.S.A. *Geothermics*; 25 (1): 103-147.
- NaRanong A. and NaRanong V. (2011). The Effects of Medical Tourism: Thailand's Experience. *Bulletin of the World Health Organisation*, 89: 336-344.
- Oğuz, D., Külekci, Ö. C, Akpınar N. (2010). The Contribution of Thermal Sources to Tourism Development: A Case Study from Çankırı Çavundur, Turkey. *Scientific Research and Essays*, 5 (8): 819-825.
- Öcal, T. (2011). An example of planned Niğde thermal tourism resources: Nargöl. *Marmara Coğrafya Dergisi*, 24: 287-311.
- Özdemir, M. A. ve Kervankıran, İ. (2011). Determining the Attitudes of Local People towards Tourism and Its Effects: A Case Study from Afyonkarahisar. *Marmara Coğrafya Dergisi*, 24: 1-25.
- Öztürk Y. ve Yazıcıoğlu İ. (2002). A theoretical study on alternative tourism activities for developing countries. *Ticaret ve Turizm Eğitim Fakültesi Dergisi*, 2: 183-195.
- Pırnar, I. and İcoz, O. (2010). *Health Tourism in Izmir: Potential, Strategies and Suggestion*. *Health, Wellness and Tourism: Healthy Tourists, Healthy Business?* Proceedings of the Travel and Tourism Research Association Europe 2010 Annual Conference 1-3 September, Budapest, Hungary. 263-271.
- Saengsiriroj P. (2011). Hot Spring Goers: A case study of Raksawarin Hot Spring, Ranong province, Thailand. *AU-GSB e-Journal*, 4 (1): 118-125.
- Sandıkçı M. ve Gürpınar K. (2008). Termal Turizm İşletmelerinde Kür Hizmetlerinin Algılanan Önemi: Ege Bölgesi'nde Bir Araştırma. *Afyon Kocatepe Üniversitesi İ.İ.B.F. Dergisi*, 10 (1), 103-121.
- Shetty, P. (2010). Medical Tourism Booms in India but at What Cost? *Lancet*, 376 (9742): 671-672.
- T.C. Ministry of Culture and Tourism (Kültür ve Turizm Bakanlığı) (2007). *The Strategy of Tourism in Turkey 2023, Action Plan 2007-2013*. Retrieved from, [http://www.ktbyatirimisletmeler.gov.tr/Eklenti/906,ttstratejisi2023pdf.pdf?0. \(25.01.2013\).](http://www.ktbyatirimisletmeler.gov.tr/Eklenti/906,ttstratejisi2023pdf.pdf?0. (25.01.2013).)
- T.C. Sağlık Bakanlığı. Sağlık Hizmetleri Genel Müdürlüğü Sağlık Turizmi Daire Başkanlığı. *Türkiye'de Termal*

- Sağlık Turizmi*. Retrieved from, <http://dosyamerkez.saglik.gov.tr/Eklenti/10949,07pdf.pdf?0> (20.01.2013).
- Tengilimoğlu, D. and Sevin, H.D. (2004). Determination of Problems Encountered in Thermal Tourism Operations in Turkey: A Field Study. *Gazi Üniversitesi İ.İ.B.F. Dergisi*, 1: 95-114.
- The Hartman Group. (2006). *Identifying the Spa Traveler: A Look at US and Canadian Consumer Attitudes and Motivators for Spa Vacations*. Ottawa, ON: Canadian Tourism Commission and International SPA Association.
- Tunçsiper, B. and Kaşlı, M. (2008). Economic Impacts of Spa Tourism: Gönen Review. *Ticaret ve Turizm Eğitimi Fakültesi Dergisi*, 1: 120-135.
- Turkish Statistical Institute (TUIK), Haber Bülteni. *Sağlık sorunları ve faaliyet güçlükleri yaşayanların işgücü durumu araştırma sonuçları, II. Dönem 2011. 2012; 13125*. Retrieved from, <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=13125> (25.01.2013)
- Türkiye Sağlık Vakfı (2010). *Dünya'da ve Türkiye'de sağlık turizmi 2010-durum analiz raporu ve çözüm önerileri*. Ankara: Efil yayınevi, Genel Yayın No: 87, (1-108).
- Weisz, G. (2011). Historical Reflections on Medical Travel. *Antropology & Medicine*, 18 (1): 137-144.
- Yıldırım, Ö. (2005). *Thermal Tourism Businesses Customer Loyalty and a Research* (unpublished master thesis). Balıkesir Üniversitesi, Sosyal Bilimler Enstitüsü, Balıkesir.