



Health Tourism Training: A Study on Secondary Education

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Received: 02.08.2024

Accepted: 25.10.2024

Research Article

Abstract

In previous studies on health tourism education in Türkiye, it has been observed that it is the subject of higher education. As in many European countries, vocational education starts after primary education in Türkiye. This study aims to answer the questions of what is the place and importance of health tourism education at the vocational secondary education level in Türkiye and how this situation is related to Türkiye's health tourism policies and goals, such as becoming the capital of health tourism in 2053 and creating a global brand with the slogan "Health Türkiye". The research used a case study design as a qualitative research method. For the research, the documents and development plans of the curricula of 53 fields and 114 branches in vocational secondary education were examined. In the examination, it was seen that there are courses related to health tourism in the 4-year education programs in the fields of health services and accommodation and travel services. However, it was observed that 50% of the courses in the curriculum of Accommodation and Travel Services and 100% in the curriculum of Health Services are elective courses. It is

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Cite This Paper:

Çalışkan, S., Sevim, B., Tuncer, K. (2024). Health tourism training: A study on secondary education. *International Journal of Health Management and Tourism*, 9(3): 267-284.

thought that the inclusion of courses for health tourism education in vocational secondary education will contribute to the creation of a qualified workforce by the targets in the Development Plan. Because the place and importance of health tourism education at the secondary education level have not been examined before, and Türkiye's targets regarding health tourism, our study is a pioneering and important study in determining the status of health tourism in the framework curricula at the secondary education level.

Keywords: Development plan, health tourism, vocational training

INTRODUCTION

Suleiman the Magnificent saying, "There is no object as respected among the people as the state, there is no state in the world like a breath of health", is one of the first words that come to mind when health is mentioned for centuries. Health, which is accepted as one of the fundamental human rights, should be accessible to everyone, regardless of language, religion, race, political opinion, economic and social status. In this regard, people have always sought places thought to be healing to protect their health or regain their lost health. The oldest health complex dates back to B.C Wong and Hazley (2021), and Demir (2013) stated that the first health center was built in the ancient Greek civilization, and Aydın (2012) in his study stated that in the ancient Greek civilization, patients went to Mediterranean countries for treatment, Çetinkaya and Bostan (2023) stated that in ancient Egypt, people travelled to places where medical knowledge was abundant. Studies on health tourism, when looking at the historical development of health tourism, show that since ancient times, people have been travelling to places with thermal springs and temples that are said to be healing to find healing or protect their health. The primary purpose of these travels is to find healing and/or stay healthy.

People today, as in the past, travel to different places from where they live for health. Sometimes mystical reasons, staying healthy, and sometimes regaining health after deteriorating general well-being can be the primary motivation for these travels. The fields of health and tourism, which are different from each other, intersect at the point of travel, which is essential in both fields. When the definitions of tourism are examined, it can be seen that people travel to a place other than their permanent residence, lasting more than 24 hours, without making money and returning to their primary residence. For a trip to be considered a tourism activity, individuals must be outside their permanent residence, the reason for travel must be temporary and not to work somewhere, they must be a consumer in the place travelled, and they must return from temporary

accommodation to permanent residence (Sezgin, 2001). Health tourism can be defined as a type of tourism (Pessot, Spoladore, Zangiacomini and Sacco, 2021) in which non-citizens come temporarily to receive health services (Oruç, Caner and Vatansever, 2024) and has grown exponentially in recent years and including a wide range of services (Mandagi and Tappy, 2023).

Doğan and Baynal Doğan (2020) pointed out health tourism as an alternative tourism whose visibility is constantly increasing among tourism activities. Environmental factors and the increasing elderly population have increased the number of people with impaired health, making the health need more widespread. People can easily access health institutions, doctors and thermal facilities worldwide via the internet. With the increase in population, the need for health services has also increased and access to health facilities has become more accessible thanks to technological developments. All these developments have led to an increase in health tourism movements. Health tourism provides much higher returns than other tourism activities (Özer and Yıldırım, 2022) and plays an important role in sustainable tourism development (Sattari, Ziya, Sakhdari and Hosseini, 2020).

Health tourism revenues worldwide are increasing yearly; according to market research, this trend is expected to continue in the coming years. The increasing importance of health tourism has caused countries to increase their interest in health tourism (Ayat and Sharifi, 2024). With this awareness, countries increase infrastructure and superstructure investments in health tourism and provide incentives to the private sector. Along with the investments made in health tourism, educated human resources in the field are also important. Health tourism education is of great importance in understanding the cultural diversity of societies and embracing this diversity, and contributes to the development of students' language skills and offers students the opportunity to get to know the health systems and practices in different countries. By becoming aware of issues such as the quality of health services, costs and patient satisfaction, students can understand that health tourism is not only an economic activity, but also a phenomenon that increases the accessibility of health services. This understanding enables students to become more sensitive individuals to global health problems. In this context, studies on health tourism education were examined in the literature. It has been observed that current studies focus on health tourism education at the associate, undergraduate and graduate levels. However, in Türkiye, vocational education starts in secondary education right after primary education. Therefore, it is essential to examine the place of health tourism education in secondary education. However, no studies have

been conducted on health tourism in secondary education. In this context, the study examined the current status of health tourism education at the secondary education level in Türkiye, its curriculum, and the areas in which health tourism education is provided. In the next part of the study, the conceptual framework was created. Then, the methodology and the findings about the current situation of health tourism education in secondary education institutions in Türkiye were shared. The last section shares suggestions regarding health tourism education at the secondary education level.

Conceptual Framework

The target audience of health tourism, which has emerged as a niche market in the field of tourism, consists of people whose life expectancy has increased in terms of quality and quantity (Çetinkaya and Bostan, 2023), whose health has deteriorated or who are more sensitive about protecting their health (Özsarı and Karatana, 2013). Stress encountered in daily life, environmental factors and increasing population negatively affect people's general health. In addition, research shows that 12.3% of the world's population comprises the elderly (Bölüktaş, 2020) and older people need more health services. A healthy metabolism is one of people's physiological needs, and receiving health services elsewhere than the country of residence is not new. People have travelled for this basic need since ancient times, and these travels are now associated with health tourism. Health tourism is defined by Kantar and Işık (2014) as travels to protect and improve health and treat diseases. The Ministry of Health defines all kinds of health services and related support services received by natural persons who come to Türkiye from abroad temporarily for health purposes, who are not citizens of the Republic of Türkiye, or who are citizens of the Republic of Türkiye but reside abroad, as health tourism (shgmturizmdb.saglik.gov.tr/). The expected points of definition are travel and health. The concept of health, travel, tourism and wellness has created health tourism (Wong et al., 2021).

Goodrich and Goodrich (1987) stated that health tourism emerged as a country's efforts to attract tourists to its health services, facilities and touristic values through marketing. When we look at the definitions and opinions about the emergence of health tourism, it is seen that it is done not only for treatment but also to stay healthy and to bring the general well-being of the body to a higher health standard. This situation has caused health tourism to be divided into groups. This grouping is classified according to the history of travel for health purposes. When the literature is

examined, it is seen that different authors divide health tourism into various groups. Accordingly, health tourism;

- Asadi and Daryaei (2011) divided into two groups: wellness tourism and medical tourism,
- Kördeve (2016), in 4 groups: medical tourism, thermal tourism, elderly tourism and disabled tourism,
- Kantar and Işık (2014), in 4 groups: medical tourism, thermal / spa/wellness tourism, disabled tourism and elderly tourism,
- Ünal and Demirel (2011), in 3 groups as climatism, dualism and thermalism,
- Doğan et al. (2020), in 3 groups: medical tourism, thermal / spa/wellness tourism and elderly and disabled tourism,
- Göktaş (2018), in 4 groups: medical tourism, spa tourism, elderly care and disabled care tourism, and spa and wellness tourism.
- Çetinkaya and Bostan (2023), in 3 groups: medical tourism, thermal tourism and disabled and third-age tourism,
- Özsarı and Karatana (2013), in 5 groups: spa tourism, spa and wellness tourism, elderly tourism, disabled tourism and medical tourism,
- Yardan, Dikmetaş, Coşkun Us and Şansa (2014), in 3 groups: medical tourism, thermal and spa/wellness tourism and elderly and disabled tourism,
- Aydın (2012) divided it into three groups: thermal tourism, beauty and wellness tourism, and medical tourism.
- Bulut and Şengül (2019) examined it into four groups: medical tourism, elderly tourism, disabled tourism, and thermal / spa/wellness tourism.

When the groupings are examined, it can be seen that some authors examined the types of health tourism as two groups, while others examined them as 3, 4 and 5 groups. However, it is seen that the types of health tourism are essentially the same and, as in the case of elderly and disabled tourism, some authors classify it as a single group, while others classify it as two groups.

Although people's travel purposes may vary depending on the types of health tourism, travel not only of the individual whose health is impaired but also of the family members who will accompany him/her; In some cases, the travels of physicians and medical personnel, as well as the travel of tourists who have a health emergency during a touristic trip, are considered within the scope of health tourism. Shortening travel times with developing technology and individuals' easy

access to information contribute positively to health tourism development. When local health systems do not provide appropriate options (Yardan et al., 2014), people can access information about doctors where they live, doctors in other cities of their country, and doctors worldwide via the internet and evaluate alternatives (Aydın, 2012). Health tourism has a feature that can be done in twelve months of the year, regardless of any season (Bulut and Şengül, 2019), in the sense of spreading tourism activities throughout the year for countries that create tourism supply to eliminate the seasonal effects of tourism and to use touristic opportunities allows more effectively.

In line with the developments recorded in the field of health tourism in recent years, the effect of health tourism on spreading tourism activities throughout the year and Türkiye's expectations from the field of health tourism, Türkiye has developed various strategies and these strategies are included in the development plans prepared by the Strategy and Budget Directorate of the Presidency of the Republic of Türkiye.

Table 1: Health Tourism in Development Plans

Development Plan	Plan Period	Article Number Related to Health Tourism
9th Development Plan	2007 - 2013	551
10th Development Plan	2014 - 2018	53 869 872
11th Development Plan	2019 - 2023	63 94 425.2 589 589.1 589.2 589.3
12th Development Plan	2024 - 2028	230 278 364.3 713 713.1 713.2 713.3 713.4 713.5

Source: Compiled by researchers using data from <https://www.sbb.gov.tr>

While no strategy regarding health tourism was determined in the development plans prepared until the 9th Development Plan covering the years 2007 - 2009, it was stated in one item in the 9th Development Plan that health tourism services would be supported. In 3 items of the 10th Development Plan, it is briefly stated that health tourism is an area that can create investment impact, that the development of health tourism is essential and that alternative tourism types such

as health tourism will be supported. The seven items in the 11th Development Plan state that the health tourism sector is expected to grow, and Türkiye's potential in the health tourism market comes to the fore. Promotion and investment activities will be carried out as health tourism extends tourism activities to 12 months. Health tourism service capacity will be improved in terms of quality and quantity. It has been stated that legal regulations will be completed, and elderly and rehabilitation tourism will be integrated into health tourism. In the nine items of the 12th Development Plan, it is stated that the developments in the field of health tourism, targets for 2053, qualified workforce, and service capacity will be improved in quality and quantity, and promotion and marketing activities will be increased. A separate program regarding health tourism development has been prepared in the 10th Development Plan. In the development plans made between 2007 and 2024, the growth expectation of the health tourism sector made it essential for Türkiye to determine a strategy in terms of health tourism. In this regard, in Türkiye, "to plan the services related to health tourism and tourist health, to give the necessary permits, to carry out the work and transactions related to health tourism in coordination with the relevant institutions and organizations, to establish the acceptance criteria for health tourism for patients coming to our country from abroad for treatment purposes and to examine the demands and complaints of patients, to provide assistance and consultancy services when necessary to patients within the scope of health tourism and tourist health and to keep records, to plan and coordinate the procedures regarding patients who come to our country within the scope of bilateral cooperation in the field of health and whose treatment is deemed appropriate, International Health Services Joint Stock Company (USHAŞ) in order to "ensure coordination with", the Department of Health Tourism was established within the scope of the "Directive on the Duties of the Department Heads of the General Directorate of Health Services" dated 10/01/2020 and numbered 244 (shgmturizmdb.saglik.gov.tr/).

According to 2018 data, Türkiye received a 4.7% share of the world health tourism pie with 1.7 billion dollars of income from health tourism and ranked 3rd in the world (Çetinkaya et al., 2023). Türkiye's income from health tourism and the number of people coming within the scope of health tourism have increased over the years. Table 2 shows the number of people coming to Türkiye for health tourism between 2019 and 2023 and the income generated.

Table 2: Number of People Participating in Health Tourism and Income Earned

Year	Number of people	Income (Billion \$)
2019	701046	1.492.438
2020	407423	1.164.779
2021	670730	1.726.973
2022	1258382	2.119.059
2023	1398504	2.307.130

Source: <https://www.ushas.com.tr/sağlık-turizmi-verileri/>

With the increasing importance of health tourism, investments in the health field in Türkiye have increased, and high standards have been achieved (Bulut and Şengül, 2019). In the world health tourism market, Türkiye has significant advantages in terms of price, climate and transportation (Dikmetaş Yardan et al., 2014). According to Bulut and Şengül (2019), the bypass operation is most conveniently performed in Türkiye, costing approximately 11,000 - 15,000 dollars. In addition, during the COVID-19 period, Türkiye strengthened its image as an assertive and essential destination in terms of health tourism. Its health system infrastructure has modern medical devices and experienced and competent health personnel (Özer and Yıldırım, 2022).

Ensuring customer satisfaction in health tourism, as it is a type of tourism that requires travel services in addition to health services (Çamlıdere and Söyük, 2019), requires the patient to be satisfied not only with the health professionals from whom he receives health services but also with all the personnel he receives service from during his trip (Kayar et al., 2022). All employees who directly communicate with the guest are directly related to the guest's satisfaction (Ünal & Demirel, 2011). In development plans, emphasis was placed on improving service quality and quantity and on a qualified workforce. In studies conducted by different researchers, in line with development plans, the lack of qualified workforce was emphasized (Bulut and Şengül, 2019; Aydın, 2012; Dikmetaş Yardan et al., 2014; Özsarı et al., 2013; Ulusoy et al., 2018).

The health facility's physical and technological infrastructure and superstructure can be established at the highest level within financial means. However, training human resources to provide the services in this facility is critical to make a difference. A qualified workforce is essential for quality service. A qualified workforce can be created by providing qualifications to the workforce, and gaining the desired qualification is possible through education.

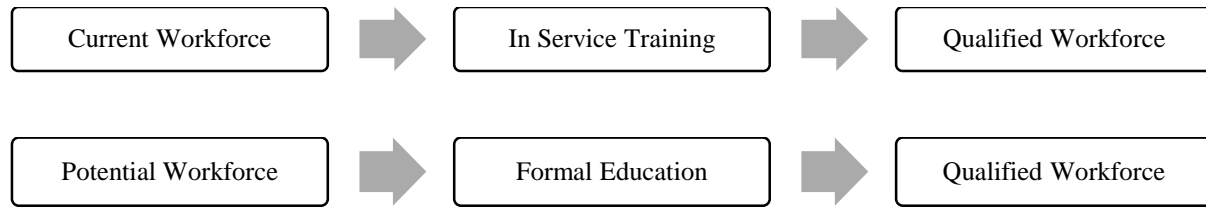


Figure 1: Qualifying the Workforce through Education Source: Created by the authors

Qualifying the workforce is done through in-service training for the existing workforce and formal education for the potential workforce. Education is the process of developing desired behavior in the individual. According to the dictionary of the Turkish Language Association, education is defined as "directly or indirectly helping children and young people to acquire the necessary knowledge, skills and understanding to take their place in social life, and to develop their personalities, inside or outside school; It is defined as "upbringing". Vocational education trains the qualified personnel needed in the field (Phusavat et al., 2021) and prepares students for job levels at different levels of professions according to the level of vocational education they receive (Levesque et al., 2000). Vocational education is provided to provide knowledge, skills, and equipment related to a profession. Duman (2003) expressed the vocational dimension of education as training. Vocational education harmonizes the job and the individual (İşler, 2012). Vocational education is defined in the training material prepared by the Workplace-Based Vocational Education Department of the Ministry of National Education, General Directorate of Vocational and Technical Education, as "the type of education that provides the necessary knowledge and skills to train qualified technical personnel in professions needed in all areas of social life" (MTEGM, 2020). Education, specifically vocational education, is essential for a qualified workforce, which is pointed out in development plans and identified in some studies. Although there are different opinions about the start time of vocational education, vocational education is mainly provided at the secondary education level in the member countries of the Organization for Economic Co-operation and Development (OECD) and European countries (İşler, 2012). In Türkiye, vocational education starts at the secondary education level after completing the 8-year primary education process. Looking at the studies on health tourism education in Türkiye, Göktaş (2018), Ulusoy et al. (2018), and Kayar et al. (2022) show that there is a focus on health tourism education at the higher education level. However, no study has been found that focuses on health tourism education at the secondary education level. As in many European countries, vocational education in Turkey starts at the secondary education level. A Turkish proverb says: "a tree bends

when it is young” as it means "You can't teach an old dog new tricks". Therefore, in order to achieve the targets set for health tourism in Turkey's development plans, importance should be given to health tourism education at the secondary education level.

1. RESEARCH METHODOLOGY

The study used a case study design, one of the qualitative research methods used in education, social sciences, and many similar fields (Yin et al., 2012). The data collection method was carried out through document analysis, a secondary data source. The research questions of the study are as follows:

- 1) What is the place and importance of health tourism education at Türkiye's vocational secondary education level?
- 2) Is this situation compatible with Türkiye's 12th Development Plan's targets of becoming the capital of health tourism and a global brand in 2053?

In order to answer the research questions, the post-2020 framework education programs of the General Directorate of Vocational and Technical Education, Department of Programs and Teaching Materials were examined. It was determined that there are training programs in 53 vocational fields and 114 branches. Among these fields, it was found that the fields of health services and accommodation and travel services contain courses related to health tourism. The courses and their aims were revealed. In addition, development plans were analyzed to understand Türkiye's targets and strategies related to health tourism.

2. MAIN FINDINGS

In this context, it has been seen that two areas include the subject of health tourism. The courses in these fields associated with health tourism education are shown in Tables 3 and 4.

Table 3: Courses Containing Health Tourism (Accommodation and Travel Services Field)

Grade Level	Lecture	Subject	Achievements of the subject
9	General Tourism	Tourism Movements	National and international literature explains the types of tourism.
10	Reservation at the Front Office	Making a Reservation For Other Services	Health, by operating procedure, takes tourism reservations
11 / 12*	Alternative Tourism	Alternative Tourism Types	Explains common alternative tourism types by national and international standards
11 / 12*	World Travel and Tourism Geography	Health and Sports Tourism Centers	Explains health tourism centres according to tourism data

Source: Compiled using megep.meb.gov.tr data *Elective course

The subject of health tourism was mentioned as one of the three learning outcomes of the Reservation for Other Services subject of the Reservation in the Office course. The subject was mentioned as one of the two achievements of the Alternative Tourism Types subject of the Alternative Tourism course, which is planned as 2 lesson hours per week at the 11th or 12th-grade level. The subject was mentioned as one of the three achievements of the Health and Sports Tourism Centers subject of the World Travel and Tourism Geography course, which is planned to be 3 lesson hours per week. Alternative Tourism, World Travel, and Tourism Geography courses are not compulsory but are included in the elective course pool. Although General Tourism and Front Office Reservation courses are compulsory, the number of subjects and achievements related to health tourism are relatively few.

Table 4: Courses Containing Health Tourism (Health Services Field)

Grade Level	Lecture	Subject	Achievements of the subject
11 / 12*	Health Tourism Centres	Concept of Health Tourism	Explains the concept of health tourism Distinguishes the stakeholders of the health tourism concept
		Health Tourism Centres in Türkiye	Explains the health tourism centres in our country. Explains the characteristics of our country in terms of health tourism.
		Thermal Water Resources	Explains the concept of thermal water resources. Explains the usage areas of thermal water resources
		Health Tourism in the World and Türkiye	Explains thermal tourism regions in Türkiye. Explains health tourism regions in the world
11 / 12*	Health Tourism Process Management	Types of Health Tourism	Explains the differences between the concepts of health tourism and tourist health. Explains the types of health tourism
		Health Law	Explains the legal regulations regarding health tourism
		Health Tourism Structuring in Health Institutions	Explains the characteristics and duties of international patient units in health institutions. Explains the stakeholders and characteristics of the international patient cycle in health tourism.
		Intermediary Institutions / Organizations in Health Tourism	List intermediary institutions/organisations in health tourism Explains the work and transactions carried out by intermediary institutions/organisations in health tourism.
		Government Support and Incentives in Health Tourism	Explains the parts of the decision regarding health tourism regarding the support of foreign exchange-generating service trade. Explains government support and incentives in health tourism
11 / 12*	Professional English – German	Dating Concepts	It uses the basic terms of greeting in English and German through its technique. Uses basic terms related to asking for personal information appropriately in English-German

			It uses basic terms in English and German regarding asking and answering questions by its technique.
		General Health Terms	Uses basic health-related terms in English and German by its technique. Uses basic terms related to diseases suitable for its technique in English and German. Uses basic terms related to the symptoms of diseases suitable for its technique in English and German. Uses the basic terms related to the treatment appropriate to its technique in English and German
		Body Systems and Medicine Regarding Applications Terms	Uses basic terms related to the human body in English and German by its technique. It uses basic terms related to body systems appropriate to its technique in English and German. Uses basic terms related to medical practices appropriate to its technique in English and German.
		Hospital Check-in Procedures	Uses basic terms regarding hospital admission procedures in English and German. Uses basic terms regarding hospital discharge procedures in English and German.

Source: Compiled using megep.meb.gov.tr data

When the framework curriculum of the health services field of vocational high schools is examined in table 4, it can be seen that there are four independent courses named Health Tourism Centers, Health Tourism Process Management, Vocational English and Vocational German at the 11th or 12th-grade level of the Midwife Assistant, Nurse Assistant and Health Care Technician branches of the field. It was seen that the course was in the elective courses pool. As discussed in the next section, health tourism education at the secondary school level has a sufficient place in the curriculum, but when evaluated in terms of the quality of the courses, existing elective courses need to be restructured as compulsory courses.

3. DISCUSSION

Health tourists spend higher amounts than tourists who travel only for touristic purposes. Services such as transportation, accommodation, and health care constitute health tourism and are processed and offered, creating a high added value. A higher expenditure per tourist provides higher added value. Ulusoy et al. (2018) determined that although it is among the sectors with high added value, the number of programs aimed at training professional human resources in health tourism is low. Göktaş (2018) conducted a study on health tourism education in higher education, and Kayar et al. (2022) found in their studies that there are associate degree programs in 9 universities in the field of health tourism education.

This study examined the health tourism situation in secondary education programs. In this context, it has been determined that no secondary education courses in health services and accommodation and travel services focus directly on health tourism. However, some courses can be associated with health tourism. In the field of health services, it has been observed that Health Tourism Centers, Health Tourism Process Management, Professional English and Vocational German courses are included in the curriculum within the scope of health tourism education. It is positive that there are courses on health tourism in the field of health services. However, it is thought-provoking that the courses are not compulsory but elective. Whether these courses are selected is essential in determining how efficient health tourism education is at the secondary education level. In the accommodation and travel services field, it has been observed that some subjects of Alternative Tourism, World Travel and Tourism Geography, General Tourism and Front Office Reservation courses include health tourism and some concepts related to health tourism. However, it has been determined that General Tourism and Front Office Reservation courses are compulsory among these courses. In contrast, Alternative Tourism and World Travel and Tourism Geography courses are elective. Although the elective nature of the courses does not change the fact that courses in this field are included in the curriculum, it leads to the conclusion that health tourism education at the secondary education level is insufficient. Considering Türkiye's goals, it is recommended that elective courses be taught as compulsory courses.

Health professionals provide health services to health tourists. However, health tourists do not only benefit from health services during their travels; they also benefit from other services such as accommodation and food and beverages. Therefore, health professionals must be qualified, and the personnel providing other services within the scope of health tourism must be qualified. Human resources management of businesses selects qualified personnel for qualified jobs when recruiting personnel. Çamlıdere et al. (2019) determined that the main criteria in personnel selection within the scope of health tourism are education and experience. Özsari et al. (2013) emphasized that the personnel who will provide services in the field of health tourism must be trained. Considering that courses related to health tourism education at the secondary education level are elective courses, that is, factors such as the physical facilities of the school, teacher conditions and student preferences are influential in the selection of these courses, it is thought that they are insufficient in terms of training qualified human resources. It is recommended that

standards regarding health tourism education are determined in vocational high schools, the necessary infrastructure is provided in schools and the necessary guidance is given to students.

Ozer et al. (2022) determined that personnel who do not speak the language, problems that may be experienced in inpatient admission and transfer, and transactions carried out by inexperienced and unsupervised people and institutions cause a terrible image. Kantar et al. (2014) suggested that the foreign language knowledge of the personnel who work or will work in the field of health tourism should be increased and that a health tourism course should be included in the training programs in this field. Bulut and Şengül (2019) suggested training personnel with foreign language knowledge. Although Vocational English and Vocational German courses in health services are in the curriculum for foreign language education on health tourism in secondary education, these courses are elective. Therefore, since it is not known whether these courses are taught, it cannot be concluded that a qualified workforce with foreign language knowledge graduates from secondary schools. Because health tourists come from all over the world, elective foreign language courses should be compulsory.

Aydın (2012) emphasized that the personnel working in the facilities considered within the scope of health tourism should have received health, food and psychology training in addition to tourism training. It is positive that there are courses related to health tourism in secondary education in health services. However, it is a negative situation that these courses are elective. Considering that health tourists are also provided with hotel management and food and beverage services in addition to health services, compulsory courses on health tourism in the fields of accommodation and travel services and food and beverage services should be included in the curriculum. This awareness should be added to the curriculum in housekeeping training, considering that they will be sensitive to chemicals used in general surface and room cleaning.

Countries with a say in the world health tourism market can build health complexes equipped with the latest technology and very different and futuristic architectural features. This is entirely a matter of financial resources. However, making a difference between competing countries in health tourism is directly related to staffing quality. The 12th Development Plan, covering the years 2024 - 2028, aims for Türkiye to become the health capital of the world in 2053 and to be transformed into a global brand with the "Health Türkiye" brand. Strategies to achieve these goals are mentioned under nine headings. The global medical tourism market value reached 97 billion dollars in 2022 (grantthornton.com.tr, 2023). In 2023, Türkiye's GDP by production

method was 1.1 trillion dollars (data.tuik.gov.tr). According to 2022 figures, world health tourism expenditures constitute approximately 10% of Türkiye's gross national product in 2023. Although attracting all of the world's health tourism expenditures to Türkiye is impossible, severe strategies must be determined if a coincidental result is not expected for a severe goal, such as becoming the capital of health tourism. Directing behavior to a certain point is possible with education. In this context, behaviors must be directed to a specific goal, not to be random. As can be understood from previous studies, existing programs in higher education institutions related to health tourism are insufficient. The situation is not much different at the secondary education level. In order to achieve such serious goals, importance should be given to health tourism, starting from secondary education, in order to make a difference in terms of the quality of the workforce. The emphasis on health tourism subjects should be increased in schools where hotel management and tourism education are provided. Elective courses in health services should be taught as compulsory courses to all students.

There are inter-ministerial relations regarding health tourism. The development plan determined that the Ministry of Health and the Ministry of Culture and Tourism would be the coordinator ministries. The Ministry of National Education should also be designated as the responsible institution for planning and programming health tourism education at the secondary education level. The study determined the status of health tourism education at the secondary education level in Türkiye. The study is expected to help relevant institutions develop a strategy in the education dimension to train a qualified workforce in line with Türkiye's goals.

The importance of health tourism education in secondary education covers a wide range from the professional development of individuals to the cultural interaction of societies. Raising future generations as well-equipped and conscious individuals in the field of health tourism will contribute to increasing not only this sector, but also the general health and welfare of the society. Therefore, including health tourism education in the secondary education curriculum will be an important step for our future.

Limitations and Future Directions

The study is limited to areas that can be associated with health tourism education at the secondary education level. In the study, framework curriculums of areas that can be associated with health tourism education were examined. During the review, it was seen that most of the related courses were elective courses, and it is not known whether these courses were taught to students. It is

recommended for researchers to conduct a more detailed study to determine whether elective courses are taught to students.

Conflicts of Interest: The authors report that there are no competing interests to declare.

Funding: The authors declared that this study had received no financial support.

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