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Buyuk and Akkus: Geriatric-tourism, PMR, and thermal treatments in the third age

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Geriatric-Tourism, PMR, and Thermal Treatments in the Third Age

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Abstract

This study aims to reveal the situation of geriatric-tourism (gerontourism) in Turkey with longitudinal data obtained from digital and social media. As a result of the study i) geriatric-tourists visiting Turkey mostly benefit from thermal treatments in complementary medicine and PMR in traditional medicine, and also resort to hair transplantation among aesthetic interventions, ii) they come mostly from Iraq and Libya (Middle East), Germany (Europe), Azerbaijan (the Turkic Republics), and Ukraine and Russia (CIS), iii) they mostly prefer big cities such as Izmir, Ankara, Istanbul, Antalya, Bursa, iv) motivation factors are cost, thermal resource richness, medical service quality and additional touristic trips, and v) most of the social media sharing is done by travel agencies and health institutions.

Keywords: geriatric-tourism, PMR, medical tourism, thermal tourism, third age tourism


Introduction

In an aging world, the life expectancy of the human population is also increasing day by day. Many indicators point out that the life expectancy of adults has increased, and the age structure of the population has changed in developed countries since the middle of the twentieth century. Today, 8% of the world's population is over 65 years old (Ritchie and Roser, 2019), and it is recorded that the number of people reaching the age of 100 has reached the highest level in its history (Robine, 2021). The main purpose of the study is to determine the types of medical tourism that come to the fore in relation to geriatric-tourism and the relationships between them. After the main difference between 3rd age tourism and geriatric-tourism was revealed, the effects of physical medicine and rehabilitation (PMR), which is among the traditional treatment methods, and thermal treatments, which are among the complementary treatment methods, on geriatric-tourism were examined. There is no other study in the literature that examines PMR, thermal and geriatric issues in the context of tourism. It is thought that the study will contribute to both tourism and health industries in terms of revealing the importance of geriatric-tourism.
Literature Review

Geriatric-tourism

Risks that shorten the life expectancy of elderly individuals are various diseases and disabilities. Therefore, the increase in life expectancy is associated with being healthier in old age. In this century, due to the increased level of education, the awareness of healthy living has become widespread (Huang and Tsai, 2003) and it has become a trend among the elderly (Zsarnoczky, 2017), improving nutritional trends (Ritchie and Roser, 2019) and medical-technological advances thanks to the developing diagnosis, treatment, and prevention methods, the average age in the world is increasing day by day. On the other hand, the World Health Organization's world report on ageing and health (WHO, 2015) emphasizes that although the life expectancy of elderly individuals is prolonged, they still do not lead a healthier and active life, and governments should develop various policies and programs to increase the quality of life of elderly individuals and improve their care needs. As the age ratio of the world population has increased, the number of studies on old age has also increased. Developments have made gerontology in the field of health, third age tourism in the field of tourism and geriatric-tourism among the types of health tourism attended by this age group even more visible.

Different age classifications are made for third age tourism, which is also named as "silver tourism" (See Zsarnoczky, 2016; Puscasu, 2017; Aleksandrova and Neykova, 2018; Talos et al, 2021) in the literature. This is because the third age is associated with the onset of retirement age. However, the retirement age may differ from country to country. It is not possible to present a general aging model depending on the numbers, because it is known that the most important factor affecting the quality of life and the age felt is diseases (Zsarnoczky et al., 2016). According to Rowe and Kahn's (1997) Successful Aging Model, getting away from diseases and disabilities, increasing mental and physical functions, as well as being intertwined with life are among the factors that delay aging and reduce the felt age. Therefore, considering the retirement age differences, the definition of “tourism activities in which individuals who come to a certain age level participate” should be accepted for third age tourism. The general characteristics of third age tourists are listed as (Anderson & Langmeyer, 1982; Huang & Tsai, 2003; Möller et al., 2007; Zsarnoczky, 2016): i) having sufficient disposable income, ii) being mostly women, iii) prioritizing safety, iv) tending to prolong their stay in destinations, v) being able to travel all seasons because of free time, vi) being considered “curious” tourists vii) caring about communication, viii) being influenced by each other's advice, ix) caring more about access than transportation, and x) travelling for medical care and healthcare. Third age tourists' participation in health tourism activities can be considered as geriatric-tourism or elderly care tourism. Geriatric-tourism is a new and rising trend that has emerged with the functional combination of third age tourism and health tourism applications. It is possible to consider geriatric-tourism treatments in two groups as (i) medical services for diagnosis and treatment and (ii) auxiliary services for health promotion, including benefiting thermal facilities.

Physical Medicine and Rehabilitation (PMR)

A known fact of aging is the constant deterioration in health and physical abilities (Hsu et al., 2007). Elderly individuals benefit from traditional medicine, alternative medicine, and complementary medicine to maintain their mental and physical health, prevent and/or delay
potential diseases. It can be said that geriatric-tourism benefits from traditional medicine including medical diagnosis and treatment methods, complementary medicine including treatments such as hydrotherapy, balneotherapy, thermal and alternative medicine including applications such as acupuncture, ayurveda, chiropractic, and osteopathy in ensuring and maintaining the health and well-being of these individuals (Figure 1). Studies show that the elderly feel more active and happier when they participate in tourism activities (Hsu et al., 2007). Thanks to geriatric-tourism, tourism activities that will be enriched by getting support from alternative and complementary treatments and professional medical interventions will have an impact on the development and maintenance of physical health as well as mental health for this age group.

MSDs are among the important causes of morbidity in geriatric individuals. Advancing age increases the incidence of the aforementioned diseases and increases the rate of benefiting basic health services (Dilekçi and Özkuk, 2020). PMR, which is shown at the top of MSD treatments, is effective in reducing pain and increasing quality of life in musculoskeletal diseases. In particular, spa treatments carried out with PMR have been used in MSDs for centuries. It is even noted that balneotherapy performed under appropriate conditions can increase the effectiveness of PMR (Özdogan et al., 2010; Dilekçi and Özkuk, 2020). Geriatric-tourism combines medical, alternative and complementary medicine methods with tourism activities and brings the two sectors together in eliminating an important problem in a functional way.

Figure 1. Health Tourism Tulip Model - The Relationships Between Tourism and Medicine

The Tulip model (Figure 2) reveals the types of health tourism in terms of the relationship between tourism and medicine, and the place of geriatric-tourism in these relations. Accordingly, medical tourism includes activities related to traditional and complementary medicine, thermal tourism includes activities related to complementary and alternative medicine, tourism for the disabled and geriatric-tourism cover all three activities related to traditional, alternative, and complementary medicine at the same time. Despite the fact that there are separate studies on thermal tourism (Aklanoğlu, 2008; Önder et al., 2010; Paksoy and Akkurt, 2015), the place of thermals in health tourism (İçöz, 2009; Çiçek and Avderen, 2013; Şengül and Bulut, 2019), third age tourism (Kılıçlar et al., 2017; Tufan et al., 2017; Arıcı, 2019; Sert, 2019) and the terms "geriatric tourist" (Öztürk and Bayat, 2011; Tsartsara, 2018) or "geriatric-tourism" (Yıldız et al., 2013; Öksüz & Altuntaş, 2017; Özkân, 2019) are used in some studies, no study has been found that examines medical tourism for the third age in terms of the relationship between PMR and thermal treatment, under the name of "geriatric-tourism". This study deals with PMR and thermal treatments within
the scope of geriatric-tourism and aims to determine the situation in Turkey through the reflections of related practices in social and digital media. This longitudinal study fills an important gap in terms of its subject and method.

**Method**

This research, which aims to determine the situation of geriatric-tourism in Turkey within the scope of medical tourism through its relationship with PMR and thermal treatments, is a backward and forward longitudinal, exploratory and qualitative study carried out with the screening model.

**Sample**

The universe of the research is digital tourism news sites (digital media) in Turkey and Twitter (social media), which is among the popular social sharing platforms. Purposeful sampling technique was preferred in the study to enable the situations, facts and events, which are thought to contain rich information, to be examined in depth (Büyüköztürk, et al., 2010). The research data is based on all the (retrospective) news about health tourism in the last ten years (2011-2021) by the first 20 tourism news sites listed in the Google search engine in Turkey, and the (forward) health tourism messages on Twitter in the last quarter of 2021. The last two news sites (www.turizmgm.com and www.turizmplanet.com) were not evaluated due to their limited retrospective archives (Figure 1). To make a sound evaluation, only six-year archives were scanned for the remaining news sites.

**Figure 2. Data Sets**

The screenings were carried out in a three-month period between September and December 2021. As a result of searches made with the word "health tourism" in DM, a total of 1,144 newspaper contents (news-column-interview) were obtained from digital media, and 15,551 open codings were made. In SM, a total of 2,989 messages were obtained by scanning health tourism and related words, and a total of 9,853 open coding was carried out for all types of health tourism.

**Data Collection**

Content analysis was performed on DM and SM data separately with the MaxQDA 2020 qualitative analysis program (VERBI Software, 2019). First, codes related to health tourism were
gathered under certain themes in order to determine the situation of geriatric-tourism in Turkey and its relationship with PMR and thermal treatments (Table 1). In the theme of treatment preferences in DM data (1031), thermal treatments (62.15%; 353) rank first, geriatrics (16.20%; 92) followed by third and PMR (13.0%; 74) fifth. Among the SM data (68), thermal treatments (47.06%; 32) take the first place, PMR (26.47%; 18) is the seventh, and geriatrics (22.06%; 15) is the ninth. The numbers in parentheses refer to frequencies.

Table 1. Code Distributions of Treatment Preferences

<table>
<thead>
<tr>
<th>Treatment Preferences</th>
<th>N. of codes</th>
<th>%</th>
<th>N. of doc.</th>
<th>%</th>
<th>Treatment Preferences</th>
<th>N. of codes</th>
<th>%</th>
<th>N. of doc.</th>
<th>%</th>
</tr>
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<tr>
<td>Thermal Tr.</td>
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<td>35.20</td>
<td>353</td>
<td>62.15</td>
<td>Thermal Tr.</td>
<td>461</td>
<td>45.11</td>
<td>32</td>
<td>47.06</td>
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<tr>
<td>Geriatrics</td>
<td>108</td>
<td>8.88</td>
<td>92</td>
<td>16.20</td>
<td>Med. Aesth.</td>
<td>79</td>
<td>7.73</td>
<td>38</td>
<td>55.88</td>
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<tr>
<td>Dental Med.</td>
<td>101</td>
<td>8.31</td>
<td>77</td>
<td>13.56</td>
<td>H.Nutr.&amp; D.</td>
<td>73</td>
<td>7.14</td>
<td>8</td>
<td>11.76</td>
</tr>
<tr>
<td>PTR</td>
<td>81</td>
<td>6.66</td>
<td>74</td>
<td>13.03</td>
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<td>68</td>
<td>6.65</td>
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<td>35.29</td>
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<tr>
<td>Oncology</td>
<td>68</td>
<td>5.59</td>
<td>60</td>
<td>10.56</td>
<td>Eye Diseases</td>
<td>51</td>
<td>4.99</td>
<td>12</td>
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</tr>
<tr>
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<td>4.11</td>
<td>47</td>
<td>8.27</td>
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<td>34</td>
<td>3.33</td>
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<td>42</td>
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<td>33</td>
<td>5.81</td>
<td>Geriatrics</td>
<td>28</td>
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<tr>
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<td>3.37</td>
<td>41</td>
<td>7.22</td>
<td>Int. Diseases</td>
<td>16</td>
<td>1.57</td>
<td>12</td>
<td>17.65</td>
</tr>
<tr>
<td>H.Nutr.&amp; D.</td>
<td>40</td>
<td>3.29</td>
<td>34</td>
<td>6.09</td>
<td>Check-up</td>
<td>9</td>
<td>0.88</td>
<td>3</td>
<td>4.41</td>
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<tr>
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<td>2.88</td>
<td>23</td>
<td>4.05</td>
<td>Surgical</td>
<td>7</td>
<td>0.68</td>
<td>5</td>
<td>7.35</td>
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<tr>
<td>Int. Diseases</td>
<td>31</td>
<td>2.55</td>
<td>19</td>
<td>3.35</td>
<td>Alt. Med.</td>
<td>3</td>
<td>0.29</td>
<td>3</td>
<td>4.41</td>
</tr>
<tr>
<td>Disabled Care</td>
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<td>2.55</td>
<td>31</td>
<td>5.46</td>
<td>Disabled Care</td>
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<td>0.29</td>
<td>2</td>
<td>2.94</td>
</tr>
<tr>
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<td>16</td>
<td>2.82</td>
<td>Check-Up</td>
<td>8</td>
<td>0.66</td>
<td>7</td>
<td>1.23</td>
</tr>
<tr>
<td>Int. Care</td>
<td>5</td>
<td>0.41</td>
<td>4</td>
<td>0.70</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The codes under the categories of PMR, geriatrics and thermal therapy are shown in Table 2. Among the DM data, orthopedics (56.8%; 46) under the PMR category, elderly care (86.11%; 93) under the geriatrics category and benefiting thermal resources (78.73%; 337) under the thermal therapy category, were the most frequently coded under the PMR category among the SM data. Physiotherapy (25%; 12), elderly care (32.14%; 9) under geriatrics category, and utilization of thermal resources (76.35%; 352) under thermal therapy category were determined as the most repeated codes. In all figures and tables in the study, dashed lines indicate sub-codes, and filled circles show categories.

Reliability and Validity

In this study, validity was tried to be ensured in various ways (Whittemore, et al., 2001): i) the use of purposive sampling method, ii) articulating data collection, iii) prolonged (longitudinal) data collection, iv) use of programs such as MaxQDA, v) drawing data reduction tables/figures. It is known that Twitter messages create a more reliable cause-effect relationship than the data collected through self-response report surveys, as they reflect the natural and real reactions of individuals (Çevik et al., 2015). It is assumed that news sites that have been in the media for many years and broadcasting open to the public will act within the framework of the principle of responsible publishing. Therefore, it shows the reliability of both data sets that make up this study. Ethics committee approval of the study was obtained from Izmir Kâtip Çelebi University Social Research Ethics Committee with the decision numbers 2021/22-12 and 2021/22-15.
Findings

Findings on Geriatrics Treatments

Figure 4 shows the interrelationships of gerontology subcodes and their connections with other treatment methods. In DM contents, the elderly care is mostly mentioned. Other treatment methods used by the geriatric-tourists coming to Turkey in relation to elderly care, are thermal resources (78.49%; 73%), disability care (27.95%; 26), hair transplantation (15.05; 14%), PMR (12.90%; 12), and dental treatments (10.75; 10). In SM content, the elderly care is also mostly mentioned. When evaluated in terms of relationship with other treatment methods, four out of every nine content (44.44%) related to elderly care also mentioned benefiting thermal sources. Other treatment modalities related to elderly care are disability care (33.33%; 3), physiotherapy, orthopedics and oncology (22.22%; 2), respectively. When both data sets are evaluated together,
it is seen that tourists coming to our country for geriatric-tourism are mostly related to thermal treatments in complementary medicine and PMR, which is included in traditional medicine.

**Figure 4. Geriatric-Associated Treatments**

**Findings on PMR & Thermal Treatments Associated With Geriatrics**

Detailed analysis results for thermal therapy, PMR and geriatrics sub-codes, among which intense correlations were detected, are shown in Figure 5 (f>3). In DM data following codes were found to be associated: i) elderly care under the geriatrics category with benefiting thermal resources (78.49%; 73%), SPA (26.88%; 25), physical therapy (12.90%, 12) and orthopedics (4.30%; 4); ii) orthopedics under the category of PMR, with benefiting thermal sources (26.08%; 12), SPA and thalassotherapy (13.04%; 6); iii) physiotherapy under the category of PMR with benefiting thermal
resources (76.47%; 26), hydrotherapy (11.76; 4) and SPA (8.82%; 3). In SM data, following codes were found to be associated: i) elderly care under the Geriatrics category, with benefiting thermal resources (44.44%; 4); ii) physiotherapy under PMR category, with benefiting thermal springs under thermal treatments category, healing water, balneotherapy, climatotherapy and drinking cures (25%; 3); iii) rehabilitation under the category of PMR, with benefiting thermal springs, healing water, balneotherapy, climatotherapy, drinking cures (37.5%; 3).

**Figure 5.** Geriatrics-Thermal Tourism-PMR Relations

**DIGITAL MEDIA**

**SOCIAL MEDIA**
Findings on Geriatric Tourist Sending Countries, Destinations & User Profiles

Among the DM data, the countries that sent the most geriatric tourists for orthopedic treatment were Iraq (45.65%; 21), Libya and Germany (36.95%; 17), Ukraine (34.78%; 16) and Azerbaijan (30.43%; 14), and for thermal treatments Russia (10.38%; 35), Germany (3.2%; 11), Azerbaijan (2.96%; 10), Iraq (2.67%; 9) and China (2.37%; 8). There was no significant finding on the source markets in the SM data (f<3).

Within the DM data: i) the most preferred cities for benefiting thermal resources are İzmir (32.04%; 108), Ankara (18.99%; 64), Denizli (15.13%; 51), Bursa (11.57%; 39), Istanbul (11.27%; 38); and Afyonkarahisar (10.38%; 35); ii) the most preferred cities for SPA are, respectively, İstanbul (25%; 17), Nevşehir (Cappadocia) (16.17%; 11), Bursa and Afyonkarahisar (11.76%; 8) and Antalya (10.29%; 7); iii) İzmir (14.70%; 5) is the most preferred province for physiotherapy evaluated under PMR; iv) for orthopedics, İstanbul (36.95%; 17), Antalya (28.26%; 13) and İzmir (17.39%; 8), respectively; v) the cities most preferred for elderly care under geriatrics are Antalya (32.25%; 30), Istanbul (10.75%; 10), Ankara (9.67%; 9), İzmir and Afyonkarahisar (7.52%; 7). In this group, all three treatments are concentrated in big cities such as Izmir, Ankara, Istanbul, Antalya and Bursa. Within the SM data: i) the preferred cities for benefiting thermal resources are Ankara (90.90%; 320) and Bursa (1.7%; 6); ii) The cities most preferred for physiotherapy evaluated under PMR are Bursa and Istanbul (50%; 6), Kocaeli, Ankara and Samsun (41.66%; 5); iii) Ankara for orthopedics (66.66%; 4); İstanbul, Bursa, Samsun and Kocaeli for rehabilitation (33.33%; 3); iv) Ankara (71.42%; 5) for rheumatism.

When the messages about geriatric-tourism in SM were analyzed, it was determined that agencies (52.03%; 64), and health institutions (31.70%; 36) were the user profiles that shared the most messages. Agencies shared the most about benefiting thermal springs (14.06%; 9), while health institutions shared the most about thermal springs (92.30%; 9).

Findings on Motivation Factors of Geriatric-Tourism

To make a healthier assessment of geriatric-tourism in our country, which is a niche market within the scope of medical tourism, and which has the expectation of creating a large economic activity due to its size, motivational factors should also be determined. Figure 6 shows the motivations for geriatrics and related PMR and thermal treatments within the scope of this study. Data on this subject have been obtained from DM only. As a result of the code intersection analyses: i) motivations related only to orthopedics were identified under the PMR category: cost (26.08%; 12), medical service quality (19.56%; 9) and geographical proximity (10.86%; 5); ii) under the geriatrics category, only elderly care motivations were identified: cost (6.45%; 6), low waiting time (4.30%; 4), and medical service quality and climate (3.22%; 3); iii) the motivations for benefiting thermal resources and SPA were determined under the thermal treatment category. These motivations for utilizing thermal resources are, respectively, cost (4.15%; 14), medical service quality and additional tourist trips (2.07%; 7) and infrastructure (1.18%; 4), while for SPA cost (11.76%; 8), medical service quality (7.35%; 5) and infrastructure (5.88%; 4).
Conclusions

Third age tourism is the name given to all tourism activities in which individuals who come to a certain age level and are considered old participate. The third age tourists traveling for the purpose of benefiting health services and participating in medical tourism should be evaluated under geriatric-tourism, in other words, elderly care tourism. Geriatric-tourism is a new type of tourism with a new and rising trend that has emerged thanks to the functional combination of third age tourism and health tourism applications, and due to the aging trends in the world, it reveals an expectation of creating significant economic activity for all countries. On the other hand, geriatric-tourism brings together the health and tourism sectors by combining medical, alternative and complementary medicine methods and tourism activities, which are considered beneficial for ensuring and maintaining the health and well-being of the elderly.

Figure 6. Geriatric-Tourism Motivation Factors

This research shows that geriatric-tourists visiting Turkey are most associated with thermal treatments (complementary medicine) and PMR (traditional medicine). These visitors also mostly benefit from SPAs and participate in hair transplant operations. From this point of view, it is possible to say that geriatric-tourism significantly benefits from traditional medicine, which includes medical diagnosis and treatment methods, and from complementary medicine, which includes treatments such as thermal, SPA, hydrotherapy, and balneotherapy. It is also confirmed in the medical literature that thermal treatments can increase the effectiveness of PMR (Özdogan et al., 2010; Dilekçi and Özkuk, 2020).

The state of being healthy is a condition that is considered not only with physical health but also with mental health. Hair loss significantly affects the health of men and women of all ages, both
socially and psychologically (Springer et al., 2003). Although it is not the only factor, many conditions such as the number of hair follicles, growth rate and diameter of the hair are affected by age (Ramos-e-Silva et al., 2008), hair loss is common in both men and women in this age group, people who have hair transplantation are as common as men, and the number of female patients is also increasing (Famenini et al., 2015). This finding that aesthetic interventions are also applied in this age group and mostly hair transplantation is preferred due to its psychological effects, is also in line with the literature.

According to the findings, geriatric-tourists visiting Turkey mostly come from the Middle East market such as Iraq and Libya, from Germany, which is among the countries with a high rate of old age in Europe (Ritchie and Roser, 2019), from the Turkic Republics, especially Azerbaijan, and CIS countries such as Ukraine and Russia. The results reveal that the interest of the Chinese market is also at an initial level, which can be attributed to the country's rapid aging rate (Hsu et al., 2007). Conducting more comprehensive research on the specific cultural and social structures of these markets and determining the motivational elements of geriatric-tourism in terms of target markets will constitute an important data source for marketing studies on geriatric-tourism, which is on the rise. It has been determined that geriatric tourists mostly prefer big cities such as Izmir, Ankara, Istanbul, Antalya, Bursa to benefit from PMR and thermal springs. On the other hand, the preference of cities such as Afyonkarahisar, Nevşehir and Samsun, which stand out with their thermal resources, is higher than other cities. Therefore, the establishment of PMR centers that support the existing thermal health facilities in these cities contribute positively to the development of geriatric-tourism.

The highest motivation factor for geriatric-tourists to choose our country is the cost. Since the cost factor is at the forefront in almost all types of health tourism (Cohen, 2008; Özçelik et al., 2021), the relevant data overlap with the literature. On the other hand, since elderly individuals need more medical assistance, avoid long journeys, avoid operations with long waiting times due to being in the last quarter of their lives, and are more easily affected by climatic conditions, it is seen that the results obtained from the analyzes reflect the current situation. Additional touristic trips are among the motivation elements of geriatric tourists who visit Turkey, especially for the use of thermal resources. Participation in cultural activities is valid for all touristic activities related to the third age group (Anderson and Langmeyer, 1982; Huang and Tsai, 2003; Möller et al., 2007; Zsarnoczky, 2016).

The analyzes on Twitter (SM data) users in this study revealed that travel agencies and health institutions shared the most about geriatric-tourism. This result shows that both the tourism sector and the health sector make predictions about the potential growth trend in the relevant markets, include geriatric-tourism in their strategic marketing plans, and add social media to their communication tools. The constraints encountered in this study were that the archives of all tourism news sites in the DM data could not be accessed, and the ones that were accessed did not contain records of sufficiently old dates. A second and very important limitation is the absence of statistical data on the medical treatments applied by third age health tourists in the statistics of the Ministry of Health and the Ministry of Tourism and/or not being shared with the public. Therefore, the results obtained in this study could not be compared with the relevant statistics. Considering the potential growth share of geriatric-tourism, increasing the projections for the future, and conducting more quantitative and qualitative studies by both tourism and medical researchers will contribute to the field.
References


