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Destination image as a mediator between hospital perceived value and revisit intention in medical tourism

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This study aims to examine the relationships between perceived hospital value, destination image, and revisit intention from the perspective of medical tourists. While the effects of perceived value and service quality on revisit intention have been investigated in the literature, the mediating role of destination image has not been systematically addressed, particularly in the Turkish context. Therefore, this research aims to fill an important theoretical gap. Data were collected from 306 international medical tourists who received treatment at institutions offering medical tourism services in Istanbul, Kocaeli, and Antalya between July 2024 and January 2025. The findings show positive and significant relationships between perceived hospital value and medical tourism destination image ($r = 0.449$; $p < 0.001$), perceived hospital value and revisit intention ($r = 0.569$; $p < 0.001$), and destination image and revisit intention ($r = 0.422$; $p < 0.001$). Furthermore, bootstrap mediation analysis results revealed that destination image played a partial mediating role in the relationship between perceived hospital value and revisit intention ($\beta = 0.037$; $p < 0.05$). The study's findings offer groundbreaking empirical data validating the mediating function of destination image within the Turkish setting, therefore contributing uniquely to the existing literature. From a practical standpoint, it underscores that hospitals ought to enhance perceived value via care quality, communication, hospitality, and accreditation, whereas destination managers should bolster destination image through branding, safety assurances, and health-tourism integration. These techniques could make medical tourism more competitive, get more people to come back, and have long-term economic advantages.

Medical tourism is a global phenomenon defined by individuals traveling outside their home countries to receive medical treatment, encompassing both health and tourism elements[1,2]. In recent years, medical tourism has become a dynamic field shaped not only by cost advantages but also by the interaction of multidimensional factors such as service quality, access to technology, patient safety, and destination image[3,4]. This situation requires destination countries to holistically manage the patient experience, perceived value, and destination image to gain a competitive advantage.

Developing countries, in particular, are attracting patients from developed countries with affordable and high-quality healthcare services, which is driving the rapid growth of medical tourism globally[5–7]. However, the literature indicates that the relationships between perceived value, destination image, and revisit intention in medical tourism have not been sufficiently explored in depth. Although Wang et al. (2020) found that critical factors in medical tourism are directly related to revisit intention, they did not systematically address the mediating role of destination image[8]. Cham et al. (2021) similarly demonstrated that destination image influences revisit intention via perceived value, although constrained the generalizability of this connection

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across many cultural settings[9]. Heydari Fard et al. (2019) revealed that perceived authenticity and satisfaction factors influence revisit intention but the Turkish context has been largely overlooked in literature[10].

The Turkish setting is particularly significant in addressing this research deficit. Turkey distinguishes itself as a destination providing affordable yet high-quality healthcare services, a strong medical infrastructure, and tourist attractions, experiencing a swift rise in the influx of international patients in recent years[11,12]. In 2024, Türkiye accommodated almost 1.5 million international patients and accrued around USD 3 billion in health tourism earnings. Cosmetic surgery, hair transplantation, dental procedures, and thermal health services have established Türkiye as a highly sought-after destination worldwide, alongside nations like India, Thailand, and Malaysia[13,14]. Nevertheless, current research has not examined Türkiye's distinctive role regarding destination image and revisit intention within a theoretical framework.

Recent studies have emphasized both the economic and social aspects of medical tourism. For example, Jiang et al. (2024) evaluated health tourism from an intra-industry trade perspective, emphasizing the importance of diversified demand[15], while Jalali et al. (2025) systematically identified the main obstacles and facilitating factors affecting the sector's development[7]. Shabankareh et al. (2025) investigated the influence of government assistance on health tourism development, emphasizing the mediating effects of internal and external infrastructure, and demonstrated that such support is a vital factor for the sector's sustainable expansion[16]. Nevertheless, although these research elucidate the role of several factors in medical tourism, they fail to sufficiently clarify how the theoretical correlation between perceived value and return intention is affected by destination image.

This research intends to provide three key contributions. This study addresses a theoretical deficiency in the literature by analyzing the connections among perceived value, destination image, and revisit intention via the lens of Self-Regulation Attitude Theory[17]. Second, conducted in the Turkish context, this research provides empirical contributions by testing the mediating role of the destination image in the unique conditions of medical tourism. Finally, the findings will be of practical importance for hospital managers and destination marketers, highlighting the role of strategies to enhance perceived value and destination image in increasing revisit intention.

In this context, the primary objective of the study is to investigate how the perceived value of hospitals influences tourists' intention to revisit, mediated by destination image, within the framework of medical tourism in Türkiye.

Theoretical background and hypotheses
The theoretical foundation of this study is based on the Self-Regulatory Attitude Theory (SRAT) and the Stimulus–Organism–Response (S-O-R) model. Self-regulation is the ability to shape attitudes and behavioral intentions through cognitive processes that determine individuals' values and beliefs[17]. In this study, following the S-O-R model we adopted, 'perceived value' is perceived as an attitudinal stimulus, which contributes to the individual's destination image formation and translates into a behavioral intention to revisit[17,18]. These two theoretical frameworks are complementary in terms of justifying the relationships proposed in our study.

Hospital perceived value and medical tourism destination image
Hospital perceived value is a multidimensional construct that encompasses not only the quality of medical services but also communication, safety, accessibility, hospitality services, and the overall patient experience[15,19]. These value elements shape patients' perceptions not only about the hospital but also about the destination in the context of signaling theory[7,9,20,21]. While previous studies confirm the relationship between hospital quality and satisfaction[12,22,23], the reflection of hospital perception on destination image has not been sufficiently explored in the context of medical tourism.

Hypothesis 1
Hypothesis 1 (H1): The perceived value of hospitals positively influences the destination image of medical tourism (Fig. 1).
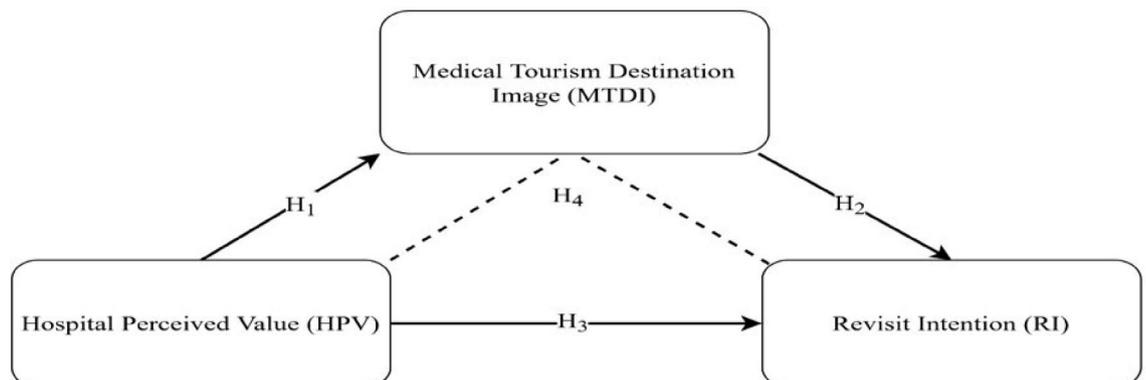

Fig. 1. Proposed theoretical model.

Medical tourism destination image and revisit intention

Destination image is the sum of individuals' beliefs, attitudes, and impressions toward a destination 24. In medical tourism, this image is shaped not only by cultural and tourist features but also by the quality, safety, and accessibility of healthcare services[9,24]. Traditional tourism literature shows that destination image strongly influences the intention to revisit; however, the context of medical tourism is different[20,25–27]. Here, trust, treatment satisfaction, and healthcare system reliability play a critical role[9,10,28].

Hypothesis 2

*Hypothesis 2 (H2) states that the image of a medical tourism destination positively influences the intention to revisit (*Fig. 1*).*

Hospital perceived value and revisit intention

Perceived value is a reliable variable in predicting consumer behavior and a strong determinant of loyalty and revisit intention[8,29,30]. However, previous studies have mostly focused on satisfaction and service quality, with limited studies directly examining revisit intention[28,31,32]. In this context, our study fills a gap in the literature by specifically examining the effect of perceived value on revisit intention within the context of medical tourism.

Hypothesis 3

*Hypothesis 3 (H3) states that hospital perceived value positively influences revisit intention(*Fig. 1*).*

Medical tourism destination image is a mediating variable

The most original contribution of this study is that it tests the mediating role of destination image. According to the S-O-R model, the perceived value of the hospital (stimulus) shapes the destination image (organismic evaluation), which in turn leads to the intention to revisit (response)[17,18]. Previous studies have mostly examined hospital quality, satisfaction, and motivation factors[29,31,33,34]; but have not systematically tested the mediating role of destination image in this relationship. Therefore, this study fills an important gap in the literature.

Hypothesis 4

*Hypothesis 4 H4 Medical tourism destination image has a mediating role in the effect of hospital perceived value on revisit intention (*Fig. 1*).*

Materials and methods
Study design

This study was conducted with the participation of medical tourists receiving services from healthcare institutions in Istanbul, Kocaeli, and Antalya, Turkey. Data were collected between July 2024 and January 2025. Random sampling was used for sample selection. While this method offers a practical and feasible approach for the study, it also poses a significant methodological limitation that restricts the generalizability of the findings. So, the results should only be compared to the institutions in the study and the sample used.

Since the English and Turkish language validity of the questionnaire forms used in the study had been confirmed by previous validity and reliability studies, they were not repeated in this study. The forms, prepared in English and Turkish, were left at the health tourism units of the healthcare facilities that agreed to participate in the study and were answered by medical tourists aged 18 and over who agreed to participate in the study and filled out the informed consent form.

A total of 500 questionnaires were distributed, 342 were returned, 36 were excluded from evaluation due to incomplete responses, and ultimately 306 valid questionnaires were included in the analysis. The response rate for the study was calculated as 61.2%.

Ethical approval

for this study was obtained from the Bandırma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee with decision number 2024-4 dated 22.04.2024. The ethical principles of the Declaration of Helsinki and satisfactory clinical practice standards were observed during the research process. Participants were informed about the purpose of the study, and the principles of voluntary participation and informed consent forms were signed.

Data collection tools

In the study, the "Personal Information Form" was used to determine the socio-demographic characteristics of medical tourists, the "Hospital Perceived Value Scale" was used to measure the perceived value of hospitals, the "Medical Tourism Destination Image Scale" was used to evaluate the destination image, and the "Revisit Intention Scale" was used to measure the intention to revisit. These scales are measurement instruments extensively utilized in the literature and have previously completed evaluations of validity and reliability within the realm of medical tourism.

Personal ınformation form

This study's Personal Information Form comprised inquiries regarding participants' age, gender, educational attainment, annual income, and country of origin. This form was utilized to collect socio-demographic data crucial for comprehending the attributes of the medical tourists participating in the study.

Hospital perceived value (HPV)

The Hospital Perceived Value (HPV) scale, developed by Sweeney et al. (2001), Sanchez et al. (2006), and Moliner (2006), was used in this study. The Turkish validity and reliability of the scale were conducted by Akbolat et al. (2021). The scale consists of 4 items and utilizes a 5-point Likert-type scale, where 1 = strongly disagree and 5 = strongly agree. A higher mean score (closer to 5) indicates a higher perceived value. The original Cronbach's alpha values for the scale ranged from 0.89 to 0.96 [35–37].

Medical tourism destination ımage (MTDI)

The Medical Tourism Destination Image (MTDI) scale was developed by Cham et al. (2022). The Turkish validity and reliability of the scale were conducted by Yalman (2023). This scale consists of 9 statements and is also a 5-point Likert-type scale, where 1 = strongly disagree and 5 = strongly agree. A higher average score (closer to 5) reflects a higher destination image. The original Cronbach's alpha values ranged from 0.88 to 0.98 [24,28].

Revisit ıntention (RI)

The Revisit Intention (RI) scale was developed by Kim et al. (2009), with Turkish validity and reliability conducted by Sancar (2023). The scale consists of 3 statements and uses a 5-point Likert-type scale, where 1 = strongly disagree and 5 = strongly agree. A higher mean score (closer to 5) indicates a higher intention to revisit. The original Cronbach's alpha values for the scale were 0.97 and 0.89 [29,38].

Data analysis

Data analysis was performed using Jamovi 2.6.17 software. 5000 bootstrap cycles were applied to calculate standardized total and indirect effects, standard errors, and bias-corrected 95% confidence intervals. The JAMM: Jamovi Advanced Mediation Models module was used in the mediation analysis [39].

All analyses were conducted at a 95% confidence level and a 5% significance level. The Shapiro–Wilk test was applied to determine the distribution characteristics of the data, and a p-value greater than 0.05 indicated that the data were normally distributed [40]. Pearson correlation analysis was performed to determine the relationships between variables.

Exploratory Factor Analysis (EFA) was initially employed to assess the validity of the scales. The findings indicated that the total variance explained was 79.8%, and the Kaiser-Meyer-Olkin (KMO) value was 0.910. The Hospital Perceived Value scale was consolidated into a single dimension, consistent with the original, with factor loadings varying from 0.74 to 0.89. The Medical Tourism Destination Image scale maintained its unidimensional structure, with factor loadings between 0.62 and 0.83. The Revisit Intention scale was consolidated into a singular dimension, with factor loadings ranging from 0.63 to 0.86 (Table 1).

The reliability of the scales was evaluated by analyzing the Cronbach's alpha coefficient and composite reliability (CR) values. Both values were above 0.70, indicating high internal consistency in the scales. In the validity analysis, factor loadings and average variance extracted (AVE) values were considered; all factor loadings being above 0.45 and AVE values being above 0.50 demonstrated that the convergent validity of the scales was achieved [41,42] (Table 1).

After EFA analysis, Confirmatory Factor Analysis (CFA) was performed for the HPV scale, and the results supported the overall measurement quality: CMIN/DF (3.314), Goodness-of-Fit Index (GFI: 0.94), Normative Fit Index (NFI: 0.96), Comparative Fit Index (CFI: 0.94), Adjusted Fit Index (AGFI: 0.81), and Root Mean Square Error of Approximation (RMSEA: 0.053). CFA analysis was performed for the MTDI scale, yielding the following results: CMIN/DF (4.726), GFI (0.92), NFI (0.93), CFI (0.91), AGFI (0.87), and RMSEA (0.066). CFA analysis was performed for the RI scale, yielding the following results: CMIN/DF (4.764), GFI (0.92), NFI

Scales	Item	Mean	Factor loading	AVE	CR	Cronbach's α	Explained variance %
Hospital Percevied Value (HPV)	HPV1	3.41	0.89	0.76	0.90	0.87	24.40
	HPV2	3.17	0.77				
	HPV3	3.31	0.80				
	HPV4	3.64	0.74				
Medical Tourism Destination Image (MTDI)	MTDI1	3.91	0.71	0.62	0.81	0.74	33.10
	MTDI2	3.76	0.78				
	MTDI3	3.77	0.82				
	MTDI4	3.87	0.80				
	MTDI5	3.86	0.83				
	MTDI6	3.77	0.83				
	MTDI7	3.75	0.80				
	MTDI8	3.79	0.62				
	MTDI9	3.97	0.63				
Revisit Intention (RI)	RI1	3.65	0.70	0.79	0.91	0.82	22.30
	RI2	3.68	0.63				
	RI3	3.70	0.86				

Table 1. The indicators of reliability and validity.

(0.95), CFI (0.91), AGFI (0.85), and RMSEA (0.059). Finally, the fit index values for all scales were determined as CMIN/DF (3.546), GFI (0.85), NFI (0.90), CFI (0.94), AGFI (0.85), and RMSEA (0.075). According to these results (Table 1), the fit indices are within acceptable ranges[41,42].

Common method variance
Harman's one-factor test was applied to evaluate common method bias. In the analysis performed without factor rotation, the first factor explained 36.1% of the variance. This ratio is below the 50% threshold recommended in the literature, indicating that common method bias does not pose a serious threat[43,44].

Discrimination validity
The Fornell–Larcker criterion and HTMT (Heterotrait–Monotrait Ratio) were used to assess discriminant validity. In the Fornell–Larcker matrix, the square root values of the AVE for each construct were found to be higher than the correlation values between the relevant construct and other constructs. Furthermore, the HTMT values were below 0.90, confirming that discriminant validity was achieved[45,46] (Table 3).

Results
Participant demographics
29.7% of participants were aged 50–59, 50.3% were female, and 92.8% were married. Additionally, 47.7% of participants had an annual income between $30,001 and $40,000, while 27.8% were from Germany (Table 2).

Descriptive statistics and correlation analysis
Table 3 presents the mean, standard deviation, and correlation coefficients of the scales. The correlation coefficients between the constructs are all below 0.70, indicating that there is no significant issue with multicollinearity. The correlation values between the variables, being below 0.70, demonstrate significant relationships and confirm the presence of discriminant validity[45,47].

Pearson Correlation analysis was conducted to examine the relationships between the variables. The results are shown in Table 3. The analysis revealed a positive relationship between hospital perceived value and medical tourism destination image ($r = 0.449$; $p < 0.001$). Additionally, there was a positive relationship between hospital

| Variables		N (306)	%
Age	18–29	18	5.9
	30–39	65	21.2
	40–49	69	22.5
	50–59	91	29.7
	60 +	63	20.7
Gender	Female	154	50.3
	Male	152	49.7
Education	Secondary school and lower	134	43.7
	High school	121	39.6
	Graduate	51	16.7
Marital Status	Married	284	92.8
	Single	22	7.2
Annual income	$20.001 and $30.000	8	2.6
	$30.001 and $40.000	146	47.7
	$40.001 and $50.000	137	44.8
	$50.001 +	15	4.9
How many times have you been to Türkiye?	1 time	33	10.8
	2–3 time	205	67.0
	4 +	68	22.2
A Type of transportation	Highway	108	35.3
	Airline	198	64.7
Country	Germany	85	27.8
	Georgia	31	10.2
	Azerbaijan	29	9.5
	Russia	28	9.2
	Belgium	18	5.8
	Other*	115	37.5

Table 2. Socio-demographic characteristics of participants. *France. Ukraine. Sweden. Netherlands. Norway. Saudi Arabia. Qatar. United Arab Emirates. Kuwait. Hungary. Bulgaria. United Kingdom. Ireland. Denmark. Norway. Saudi Arabia. United Arab Emirates. Kuwait. United Kingdom. Sweden. Netherlands. USA.

Variables	Mean	SE	HPV	MTDI	RI
Hospital Perceived Value (HPV)	3.38	0.22	**0.872**		
Medical Tourism Destination Image (MTDI)	3.83	0.67	0.449**	**0.787**	
Revisit Intention (RI)	3.67	0.52	0.569**	0.422**	**0.889**

Table 3. The matrix of pairwise construct comparison, correlation analysis and scale means. Bolded values represent the squared root of AVE. Below the diagonal are correlation coefficients; level of significance is $p < 0.001$**.

Hypothesis	Effect	R^2	B	SE	β	95% C.I. (a) Lower	95% C.I. (a) Upper	p
H1	HPV⇒ MTDI	0.329	1.334	0.151	0.449	0.223	0.696	<0.001
H2	MTDI⇒ RI	0.104	0.064	0.040	0.083	0.069	0.180	<0.05
H3	HPV⇒ RI	0.323	1.220	0.145	0.531	0.434	0.944	<0.001
H4	HPV⇒ MTDI⇒ RI	0.202	0.086	0.055	0.037	0.022	0.042	<0.05

Table 4. Mediating role of MTDI in the relationship between HPV and RI. B = Unstandardized Estimates, β = Standardized Estimates Confidence intervals computed with method: Standard (Delta method) Betas are completely standardized effect sizes Source(s): Authors' own work
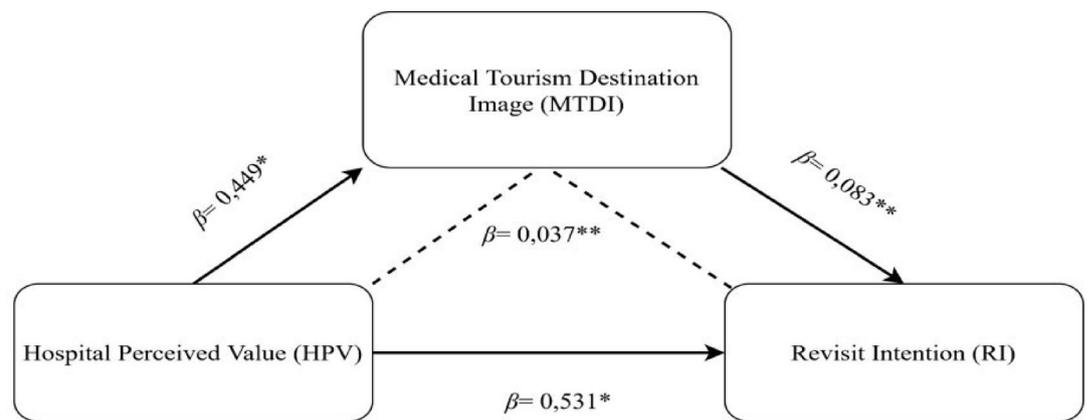
*p< 0,001, **p<0,05

Fig. 2. The mediating role of HPV on the effect of RI on MRDI.

perceived value and revisit intention ($r = 0.569$; $p < 0.001$). Similarly, a positive relationship was found between medical tourism destination image and revisit intention ($r = 0.422$; $p < 0.001$) (Table 3).

The mean scores for the constructs were as follows: the mean hospital perceived value was 3.38 ± 0.22 (out of 5), the mean medical tourism destination image was 3.83 ± 0.67 (out of 5), and the mean revisit intention was 3.67 ± 0.52 (out of 5) (Table 3).

Testing of hypotheses
Mediation analysis was performed to evaluate the hypotheses of the study. The analyses were conducted using Jamovi 2.6.17 software, with a 95% confidence interval and 5,000 bootstrap samples. In the regulatory effect analyses conducted using the bootstrap method, the values obtained from the 95% confidence interval should not include zero (0) to support the research hypotheses[48,49].

The first hypothesis (H1) of this study posited that hospital perceived value has a positive effect on medical tourism destination image. The results indicated that hospital perceived value significantly affects the medical tourism destination image (β = 0.449, 95% CI [0.223, 0.696], $p < 0.001$). It has been determined that 32.9% of the variation in MTDI is explained by HPV ($R^2 = 0.329$). Therefore, H1 is supported (Table 4) (Fig. 2). This finding indicates that the perception of value regarding hospitals is not solely determined by service experience but is also a significant factor that contributes to the enhancement of the overall image of the destination.

The second hypothesis (H2) of this study posited that medical tourism destination image has a positive effect on revisit intention. The results revealed that medical tourism destination image significantly influences revisit intention (β = 0.083, 95% CI [0.069, 0.180], $p < 0.05$). It has been determined that 10.4% of the variation

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in RI is explained by MTDI ($R^2 = 0.104$). Therefore, H2 is supported (Table 4) (Fig. 2). This finding indicates that a destination's image exerts a direct influence on medical tourists' propensity to return and that a robust destination image has a positive impact on their behavioral intentions.

The third hypothesis (H3) of this study proposed that hospital perceived value has a positive effect on revisit intention. The results indicated that hospital perceived value significantly influences revisit intention ($\beta = 0.531$, 95% CI [0.434, 0.944], $p < 0.001$). It has been determined that 32.3% of the variation in RI is explained by HPV ($R^2 = 0.323$). Therefore, H3 is supported (Table 4) (Fig. 2). This result shows that how valuable a hospital is perceived to be is a critical factor in enhancing patient loyalty and encouraging revisit intention in the context of medical tourism.

Mediation analysis was performed to assess the mediating effect of medical tourism destination image on the relationship between hospital perceived value and revisit intention. The results of the bootstrap standardized total effect demonstrated that medical tourism destination image partially mediates the effect of hospital perceived value on revisit intention ($\beta = 0.037$, 95% CI [0.022, 0.042], $p < 0.05$). It has been determined that 20.2% of the variation in RI is explained by HPV and MTDI ($R^2 = 0.202$). Therefore, H4 is supported (Table 4) (Fig. 2). This finding indicates that the perceived value of the hospital exerts an influence on the intention to revisit, both directly and indirectly through the destination image. Furthermore, it demonstrates the existence of a partial mediation relationship within the model.

Discussion

This study seeks to examine the influence of hospital perceived value and medical tourism destination image on the intention to revisit, from the perspective of medical tourists who have received healthcare services in Türkiye. Additionally, the study explores the mediating role of medical tourism destination image in the relationship between hospital perceived value and revisit intention.

Firstly, it has been determined that the perceived value of the hospital has a positive and strong effect on medical tourists' intention to revisit. The findings reveal that as perceived value increases, tourists are more likely to choose the same hospital again. This indicates that medical tourists prioritize hospital-level factors such as clinical competence, safety, continuity of care, qualified physicians and healthcare personnel, quality service delivery, support, and hospitality services when making their return decisions. Indeed, the literature also emphasizes the decisive role of perceived hospital value on behavioral intentions in different contexts[28,29,33,48]. Due to the nature of the service sector, the need to establish close, trust-based relationships with customers and increase perceived value is paramount; in this context, the healthcare sector constitutes one of the most critical areas. Competitive conditions encourage, on the one hand, reducing costs by improving processes and, on the other hand, increasing service quality 38.Perceived value should be considered a strategic element for institutions offering medical tourism services, particularly to ensure sustainability in competition and develop effective marketing strategies[50]. Furthermore, the economic growth in the global medical tourism market and the increasing interest in this market intensify competition and require institutions to address costs, quality, service diversity, and patient experience with a holistic approach[51,52].

Secondly, it demonstrates that destination image has a positive effect on medical tourists' intention to revisit. This indicates that as the destination image strengthens, the likelihood of revisiting also increases. In a study conducted by Rahman et al. (2022) on medical tourists, it was found that three of the four dimensions that make up destination image—infrastructure, attractiveness, and affordability—had a significant and positive effect on repeat visits[53]. Similarly, previous studies also confirm that destination and country image in medical tourism increase tourists' intention to revisit[34,54,55]. However, the literature points to a significant difference in the relative magnitude of this effect. While confirming the positive role of destination image, the current study reveals that its contribution is more limited compared to the perceived value of the hospital. This phenomenon is because medical tourists base their revisit decisions largely on hospital-level factors such as clinical outcomes, risk assessments, and continuity of care. In contrast, destination elements such as the cultural environment, hospitality, and tourism infrastructure play a more secondary, supportive role. Destination factors become more dominant, especially in the case of elective procedures (e.g., dental and cosmetic tourism), while hospital competence comes to the fore in mandatory treatments. This heterogeneity highlights the importance of examining procedure-specific moderator effects in detail in future research. However, high-cost unethical practices, long waiting times, and a lack of qualified personnel can undermine the perceived quality of care, negatively affecting destination image and repeat visitation tendencies[56–58].Therefore, in order for Turkey, which has entered the world's top 10 destinations in medical tourism over the past twenty years thanks to technological developments[13], to maintain this position, it is critically important to continue providing quality healthcare services through qualified physicians and specialized healthcare professionals at appropriate centers.

Thirdly, in medical tourism, destination image plays a significant mediating role in the effect of perceived hospital value on revisit intention. This finding indicates that we should consider not only the direct effect of destination image, but also its mediating effect in shaping behavioral intentions. In our study, we found that including the medical tourism destination image decreases the direct effect of perceived hospital value on revisit intention, indicating that evaluations of hospital value integrate with perceptions of the country's healthcare system, governance structure, and hospitality services. This result is consistent with previous studies examining the relationships between destination image and medical tourist behaviors[59,60]. Indeed, the literature contains findings showing that different factors such as service quality, eWOM, and medical tourist loyalty have an impact on destination image[57,61]. Furthermore, although not directly tested in this study, alternative mechanisms such as satisfaction, trust, reduced risk perception, and emotional attachment are also predicted to play a mediating role. All these findings emphasize that destination image is a central factor in shaping revisit intention in medical tourism.

Finally, these findings are consistent with the Stimulus–Organism–Response (S-O-R) framework, which treats the perceived value of the hospital as a stimulus. In this context, perceived hospital value shapes medical tourists' internal evaluations (medical tourism destination image) and ultimately leads to behavioral responses (revisit intention). The identified partial mediation pattern shows that signals derived from hospital experiences *reflect* broader perceptions of the country's healthcare system and tourism environment, redistributing explanatory power between hospital and destination factors.

Theoretical implications

This study can be assessed in two ways regarding its theoretical contributions to the domain of medical tourism. The research enhances existing theoretical frameworks by analyzing the connections among perceived value, destination image, and revisit intention within the parameters of the S-O-R model and Self-Regulation Attitude Theory. The results indicate that perceived hospital value extends beyond treatment quality and satisfaction; it also influences destination image and has both direct and indirect effects on the desire to revisit. The results substantially affirm established values—loyalty and image—in behavioral intention models, while also refining the frameworks by uncovering distinct dynamics that may differ according on the type of technique. Mandatory treatments emphasize clinical and safety-related hospital considerations, whereas aesthetic and optional procedures amplify the significance of destination components.

The novelty of this study is in demonstrating the partly mediating effect of destination images within the Turkish context. The literature contains a limited number of studies that thoroughly examine this link, and the Turkish case addresses this gap, providing a contextual contribution. Moreover, the paper proposes novel avenues for subsequent research. Investigating transaction-specific moderation effects, doing cross-cultural comparisons, and applying the model to other domains of health tourism, such thermal tourism, elder tourism, or spa tourism, would enhance the generalizability and application of the theoretical framework. Consequently, the study enhances the current knowledge and provides a foundational framework for future research.

Practical implications

The findings of this study indicate that it is necessary to implement a multi-stakeholder approach to enhance the sustainability and competitiveness of medical tourism.

From the standpoint of hospitals, enhancing perceived value is a vital strategic need. It is essential to enhance care quality, establish effective and transparent communication with patients, promote hospitality services, and assure compliance with international accreditation standards. These techniques elevate patient satisfaction, bolstering repeat visit rates and augmenting the desire for hospitals in the global market.

For destination managers and decision-makers, strengthening the destination image is key to competitive advantage. Improving the destination's image is important for staying competitive. Creating a strong brand for the destination, ensuring safety, combining cultural values with medical services, and running effective marketing campaigns aimed These strategies will ensure that the destination is perceived not only as a treatment center but also as a brand that offers a safe, culturally rich, and holistic health experience.

From the perspective of tourism authorities, coordination between healthcare and tourism services is critical. A consistent, reliable, and internationally compliant destination image supports not only short-term patient admissions but also long-term patient loyalty and repeat visits. Adopting an integrated strategy in the health tourism sector provides sustainable contributions to the country's economy and increases the destination's global competitiveness.

Conclusion

This study revealed that medical tourists visiting Türkiye rated the hospital perceived value at 3.38, the destination image at 3.83, and their revisit intention at 3.67, indicating a moderate level of satisfaction. In comparison to prior investigations, the scores in this research are notably lower. This indicates potential for enhancement in these domains to improve the overall experience for medical visitors in Türkiye.

These findings suggest that authorities ought to prioritize focused promotional initiatives to enhance the perceived value of hospitals and the reputation of Türkiye as a medical tourism destination. Formulating innovative marketing strategies and promotional efforts in partnership with healthcare institutions, intermediary organizations, local governments, and academic entities is vital. By bolstering these initiatives, Türkiye can augment its competitive advantage in the medical tourism sector and elevate the whole experience for international medical tourists, perhaps resulting in increased intentions to revisit and enhanced economic advantages in the long term.

Limitations and future directions

This study possesses multiple shortcomings that warrant acknowledgment. The research was conducted in Türkiye, concentrating on the advancement of medical tourism as a sustainable sector from the perspectives of hospital perceived value, destination image, and intention to revisit. The findings are pertinent to Türkiye, but their applicability to other countries or locations may be constrained. Consequently, subsequent study may investigate analogous issues across diverse geographical locations to evaluate the relevance of the findings in varied cultural and economic environments.

Secondly, subsequent research could expand upon this framework by utilizing an improved model or integrating supplementary variables that may affect the correlations among hospital perceived value, destination image, and revisit intention. This may enhance the comprehension of the elements influencing medical tourism behavior.

Third, although this inquiry provides valuable insights for medical tourism organizations in Türkiye, additional research might explore how these characteristics affect decision-making processes from the viewpoints of both

healthcare professionals and medical tourists. This dual approach may provide a more thorough comprehension of the dynamics inside the medical tourism sector.

This study employed a convenience sample strategy, which, although pragmatic, may not adequately reflect the overall population of medical tourists. To improve the generalizability of future findings, researchers should employ more rigorous sampling methods, such as random or stratified sampling, to secure a more diverse and representative sample. This would alleviate the potential bias associated with convenience sampling and yield a more precise representation of the medical tourism sector.

Data availability

The datasets generated and analyzed during this study are not publicly available due to privacy/ethical restrictions but can be made available from the corresponding author upon reasonable request, subject to approval by the Bandirma Onyedi Eylül University Ethics Committee.

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Author contributions

YD, YAB, ES, MN, ED, and GB contributed to the study conception and design. Data collection was performed by YD, YAB, and ES. Analysis was performed by YD, YAB, ES, ED, MN and GB. The first draft of the manuscript was written by YD, YAB, ES, MN, ED, and amended by YD, YAB, ES, MN, ED and GB. All authors read and approved the final manuscript.

Declarations

Competing interests
The authors declare no competing interests.

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