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THE EFFECT OF JCI (JOINT COMMISSION INTERNATIONAL) ON PATIENTS COMING FROM ABROAD IN THE CONTEXT OF HEALTH TOURISM

Abstract:

To evaluate the effect of the JCI quality document on the potential of patients coming from abroad in these cope of health tourism from the point of view of administrators

Importance: Studies examining the effects of JCI on health tourism are limited, the geographical position of our country is suitable for tourism, and there are new policies in the health sector. For these reasons we were motivated to conduct this study. The opinions of 60 administrators working in different positions in Group 4 A, JCI certificated hospitals on the Anatolian side of Istanbul were evaluated. The study was carried out over two months between February and March. For the reliability of collecting instruments, the value of Cronbach alpha was calculated and found to be 0.93. Thus, the survey had internal consistency. Validity analyses were conducted. It was established that the data were compatible with normal distributions, and parametric significance tests were used. 80% of those participating in the study were females and 20% males. 30% were in the 20 -29 age group; 53% between 30 -39; and 16.7% between 40-49. 65% were married. 36.7% had Bachelor's degrees; 25% had tertiary training; 20% had postgraduate degrees; and 18.3% were high school graduates. 40 % had 1-5 years of service in the institute, 36.7 %, 6 - 10 years; 16.7%, less than one year; and 6.7%, more than 10 years. 43.3 % worked as middle level managers; 36.7 as middle level managers and 20% as top level managers. There is an inconclusive attitude about whether JCI is cost effective. In terms of JCI to the cost effectiveness, most administrators were undecided. The managers remained uncertain about whether better communication would be made between health professionals and the patients and their families and whether patients and their families would participate in all processes. Administrators were undecided about time loss occurring in the course of patient care.

Administrators agreed with the view that JCI provided an image of international reliability and competitiveness.

Keywords:

JCI, Health Tourism, Quality, Accreditation, Hospital Accreditation, Administrator

JEL Classification: M10, I12, I19

1. INTRODUCTION

The concept of quality in medical services has gained an importance in our country just like all over the world in recent years. Rapid development of the medical technology, developments in the phases of diagnosis and treatment, general increase of knowledge and culture levels, and higher interest of individuals in their health have caused the change of the viewpoints about medical services, increase of expectations and increase of the importance of medical services. The increase of individuals' purchase power has caused the extension of the demand of a quality care in medical services, which has made people favor the good one and unwittingly put other treatment institutions in a competition with the good one. (Çoruh 1994:2) One of the most important factors in providing the quality is to set written standards defining the quality. In this context, JCI accreditation standards aim to constantly follow the processes and improve them when necessary in order to

provide the satisfaction of patients, patient relatives, employees, as well as a convenient physical environment and a safe environment. Patients and their relatives no more prefer the cohesiveness of national boundaries and the health institution welcomes their patients coming from a long way. Health companies that desire to prove their quality with a document have been able to also pull patients from abroad by means of the JCI quality document.

Accreditation is an official procedure involving the examination and approval of the concordance of an organization, program or a group with either standards or characters by a public authority. (Kuş,2000:3-4)

Accreditation standards are generally classified under certain titles such as: Political values; organization, management; service activities; services being rendered, environment; communication, information; operational policies; skills of workers, education; quality management. At this point, the accreditation will create a control system and provide its continuity and permanence. The term accreditation can not be considered differently from the term "standard". Standard could be defined as a model or example that is determined by an authority, tradition or partner, and requires to be followed. Based on these definitions, accreditation signifies the determination of the efficiency of an agency or institute to render a certain service within the scope of the determined standards. Standards and accreditation signify the existence of a certain authority. They could be defined within the scope of this authority or a common understanding. (<http://www.yok.gov.tr/akredit.htm>)

Today, majority of European Union member countries either apply the accreditation programs or are interested in developing accreditation programs. (Heaton, 2000:177-182).

Accreditation standards signify the responsibility of a business to develop the quality of the treatment being provided for patients and provide a safe treatment environment. Decision makers are required to remain independent in this process and this independent committee makes a decision regarding to what extent the health institutions abide by the predetermined and estipulated standards. (Sur,2005:15-16)

Medical services are also among many goods and services being used by individuals. Health care services, on the other hand, have been added to the present competition as one of the services being rendered. Consumers demand the quality product/service at a discount. The measurability of services to make a quality and

cost-effective production could only be provided through complying with the product/service standards in the production and service delivery and applying the standards of the quality management system (*Şahin; 2006:2*).

Today, many countries pay a great attention to the healthy population increase and provision of the health care. Developing countries try to create a health care system for the increasing population by either distributing or separating the main services required by the population. Studies being conducted in such countries show that those making plans with care succeed the maximum profit (Heidemann, 1993:5). The increase of individuals' purchase power has caused the extension of the demand of a quality care in medical services, which has made people favor the good one and unwittingly put other treatment institutions in a competition with the good one. (Çoruh, 1994:2). In spite of the gradual increase of the cost of medical services, there are some disadvantages about outputs such as the information about the service quality that is accessible via the internet and the sensitivity showed by multinational companies to their employees in various countries for a safe and efficient medical service. The service, which could be preferred according to the regard of the patient, in other words the customer receiving the service in nonemergency cases, is usually received from the nearest health institution in emergency cases.

Patients and their relatives no more prefer the cohesiveness of national boundaries and the health institution welcomes their patients coming from a long way. Health companies that desire to prove their quality with a document have started to make an effort in order to meet certain criteria. Another reason of all these is the fear of the public opinion not to be favored when medical services will easily be met by the private sector in the course of time. Considering the fact that there is a limited number of doctors per person and even there are no doctors in various regions today, it will take some time to reach this level.

Today, the greatest accreditor of the world is (<20.000 health institutions) JCAHO (Gökmen, 2005:122). Accreditation system at hospitals will contribute to the quality of the medical service delivery aimed at patients; encourage the constant quality development in the health system; enable the objective and systematic evaluation of hospitals on the basis of providing explicit standards; and create a consistency and justice in medical services for patients (Özalp et al. 2000:8). In parallel with the increase of interest in developing the accreditation and quality in the world, Joint Commission prepared the international accreditation program in 1999. JCI accreditation standards had an international consensus and a single form, and they were developed according to achievable expectations in structural conditions, processes and outputs of hospitals. The accreditation process was designed in an attempt to accord the legal, cultural and religious factors that were special to the country.(Özalp 2000:9)

JCI accreditation is a type of initiatives being designed in such a way to satisfy the increasing demand regarding the evaluation based on the standards in the medical service in the entire world. It aims to present objective processes based on standards in order to evaluate the health institutions for the international society. The goal of the program is to encourage the constant and sustainable development in health institutions by applying the international consensus standards, International Health Safety Goals and the data measurement support .(www.jointcommissioninternational.org, 10.02.2012)

A health institution desiring to be accredited starts the accreditation process by filling and sending the application to study. This document provides the essential information about the health institution, such as its possession, demographic features, as well as the type and dimension of services being rendered (JCI,2003:7).

An accreditation decision is valid for three years unless repealed by JCI. The accreditation decision retrospectively takes effect as from the first day when the JCI completes the study of the institution or when a necessary study is completed on condition that a follow-up is required. At the end of the three-year accreditation cycle of the institution, it is required to reevaluate the institution in order to renew the accreditation document. If a change is made in either the structure, possession or services of the institution in the accreditation process, it is required to inform the JCI. Then, JCI will determine that the institution is reinvestigated and a new accreditation decision is made(JCI,2003:6).

It is required to provide exact and accurate information for the institution in every moment of the accreditation process. If the institution distorts the information about the accreditation either intentionally or carelessly, the accreditation document is immediately terminated or the institution gets unable to be reevaluated for a year in case of a new application. Distortion is the complete or partial falsification of any information being presented to the JCI by the applicant or accredited institution. This falsification includes changing the content of documents by rewriting, reforming or omitting the content (JCI,2003:8).

Accreditation decisions are based on the compliance level of the institution with relevant standards and objective statements at the moment of the study. Each standard is scored as "completely met", "partially met" or "unmet". The standards being completely and partially met will require a follow-up activity. The accreditation decision is mailed to the institution as an official accreditation decision report.(JCI,2003:8)

As a result of the interview with the Quality - Accreditation Consulting Company, we obtained information about the protection of the condition of accreditation. According to these information, an accreditation decision is valid for three years unless repealed by JCI. JCI will not renew the accreditation of an institution after three years automatically. An institution that requires the continuation of its accreditation should complete another accreditation study, analyze the follow-up conditions and be in a satisfying compliance with the standards.(Mutlu, 2009:11-14)

Health tourism involves crossing the international borders and travelling from one country to another in order to use the medical services. Besides, health tourism also involves the international travel of medical service providers in order to provide the health care services. (Defined by Wikipedia-encyclopedia).

Turkey is required to develop services not only for the solution of health problems of tourists visiting the country, but also for all kinds of physical, labor force, technological and legislative services for visits aimed at health tourism. The most important economic dimension of the classic mass tourism is the low level of expenditures. On the other hand, tourism types addressing to special market segments have very high levels of individual expenditures. Because these tourism

types are generally preferred by wealthy sectors with a potential of expenditure. Among these types, the most important ones are the health tourism and medical tourism.

The relationship between health and tourism has both positive and negative aspects. From the positive aspect, this relationship is about the health travel and treatment of tourists, which comprises the study subject. From the negative aspect, on the other hand, this relationship is about the tourist health, which may considerably damage the tourism. The most important example to the tourist health is the case of SARS disease that was experienced in the far east countries in 2002. According to the estimations of the World Travel and Tourism Council (WTTC), this disease caused a revenue loss of 20 billion dollars in countries like China, Hong Kong, Vietnam and Singapore, and caused 3 million industrial workers to lose their job (Kuo et al., 2008). Similarly, the epidemic of Avian Flu that was experienced in the recent past caused a demand decrease of 12 million people in the regions of Asia and Pacific (Wilder, 2006). Similarly, the Swine Flu that has recently emerged firstly in Mexico and then spread in North America and Europe, as well as countries like Spain poses a very important danger for the international tourism especially due to the fact that it rapidly gets contaminated from person to person. There are also crucial decreases in the tourism demand of Mexico, which shows the importance and sensitivity of the relationship between health and tourism. This study approaches the positive aspect of the relationship between health and tourism, in other words, the medical tourism that emphasizes the dimensions of the contribution to human health and the treatment. (İçöz:2007)

2. MATERIAL AND METHOD

The study was conducted at 4 hospitals from the group A operating in the Anatolian Side of İstanbul. A two-month study was performed on 60 managers of these hospitals, which have the JCI document. This study was designed in a cross-sectional and descriptive way. The information about the activity data of hospitals were obtained from the Statistics Almanac of Inpatient Treatment Institutions of the Ministry of Health. Hospitals that stopped the activity and had no activity data during the period when the study was conducted were excluded from the study. Besides, those who did not accept to participate in the study, and those who had report, permission or were sick were also excluded from the study. Random sampling method was used as the sampling method and 100 individuals were determined as the sample size in the study; however, due to the limitation of finance and time and the fact that 60 out of 100 questionnaires being distributed were returned, the study sample consisted of 60 individuals. In the study, a total of 60 managers were reached (22 Low-Level, 26 Moderate-Level, 12 Senior Managers).

The study gave a place to the thoughts of managers about the positive effect of the JCI document on patients abroad who come within the scope of health tourism in terms of the study model during the application, as well as the relevant questions and the examination of the relationship between them.

The Cronbach alpha value was calculated and found as 0.93 for the reliability of the collection tool in the study. Thus, the questionnaire has an internal consistency. A factor analysis was performed for the validity. Even though 4 dimensions were revealed as a result of the factor analysis, it was evaluated as a single-factoral structure as the first factor explained more than 30% of the total variance (44.5%).

(Büyüköztürk 2007) The data that were obtained in the study were transferred to the electronic environment and analyzed in the spss 20 statistical packaged software. The convenience of the data with the normal distribution and the histogram drawing were examined with the one sample kolmogorov-smirnov test. The data were determined to be convenient for the normal distribution and parametric significance tests were used. Center of frequency tables and extensity criteria were used in the analyses and evaluations, and the t-test and one-way variance analysis were used in independent groups. Statistical significance tests were taken as 0.05.

Hospitals with JCI documents receive the information about the positive effect on health tourism from managers, which is among the important limitations of the study. Even though it was convenient to measure the thoughts of manager groups in terms of the positive effect of hospitals with JCI documents on patients coming from abroad within the scope of health tourism here, a thought score was obtained from the manager in terms of the limitation of finance and time and the feasibility. Besides, a stratified sampling was performed in the calculation of the sample size and the sample as the hospitals were not homogeneous, and even though it was required to calculate the sample size, it failed to be performed due to the feasibility and limitations. It is required to consider these limitations in the evaluation and generalization of study results.

3. FINDINGS

Table 1: Some sociodemographic and occupational features of study participants

FEATURES	CATEGORIES	N	%
GENDER	FEMALE	48	80
	MALE	12	20
AGE GROUP	20-29	18	30
	30-39	30	53
	40-49	10	16.7
	50-59	0	0.0
	MARRIED	39	65.0
MARITAL STATUS	SINGLE	21	35.0
	HIGH SCHOOL	11	18.3
EDUCATION	ACADEMY	15	25.0
	UNDERGRADUATE	22	36.7
	POSTGRADUATE	12	20.0
	LESS THAN 1 YEAR	10	16.7
WORKING PERIOD IN THE INSTITUTION	1-5	24	40.0
	6-10	22	36.7
	MORE THAN 10 YEARS	4	6.7
	LOW-LEVEL MANAGER	22	36.7
POSITION	MODERATE-LEVEL MANAGER	26	43.3
	SENIOR MANAGER	12	20.0
	TOTAL	60	100,0

Regarding the study participants; 80% are female, 20% male; 30% are aged 20-29, 53% aged 30-39, 16.7% aged 40-49; 65% are married; 36.7% are undergraduate, 25% academy, 20% postgraduate, 18.3% high school graduate; 40% have worked in the institution for 1-5 years, 36.7% for 6-10 years, 16.7% for less than 1 year and 6.7% for more than 10 years; 43.3% work as low-level managers, 36.7% moderate-level managers and 20% senior managers.

Table 2: Percentage Averages of the Answers Given by Questionnaire Participants

	STRONGLY AGREE		AGREE		UNDECIDED		STRONGLY DISAGREE		DISAGREE		AVERAGE	S.T. DEVIATION
	n	%	n	%	n	%	n	%	n	%		
JCI is a certificate of quality featuring our hospital in the field of health.	26	43,30	33	55,00	0	0,00	0	0,00	1	1,70	4,38	0,66
This certificate is sought for the equivalence of patients that may come	23	38,30	35	58,30	1	1,70	0	0,00	1	1,70	4,31	0,67
It is important for a manager to increase the quality of a service for the self-evaluation of an institution.	23	38,30	35	58,30	2	3,30	0	0,00	0	0,00	4,35	0,54
JCI creates a competition environment between hospitals together with	24	40,00	32	53,30	3	5,00	0	0,00	1	1,70	4,30	0,72
It is an instrument of competition aimed at conscious consumers to be preferred in the international area.	14	23,30	43	71,70	1	1,70	0	0,00	1	3,30	4,11	0,73
JCI provides an international security image for the hospital.	21	35,00	37	61,70	0	0,00	0	0,00	2	3,30	4,25	0,77
Being among the international quality standards, JCI causes the loss of cohesiveness of national boundaries in the preferences of patients and their	11	18,30	28	46,70	15	25,00	1	1,70	5	8,30	3,65	1,07
JCI has a positive contribution to costs.	4	6,70	26	43,30	16	26,70	4	6,70	10	1,60	3,16	1,19
I think JCI is traceable, measurable and is open to the constant development.	22	36,70	32	53,30	4	6,70	0	0,00	2	3,30	4,20	0,83
JCI prevents the loss of time that occurs in the processes of patient care.	11	18,30	29	48,30	12	20,00	1	1,70	7	11,70	3,60	1,16
I think JCI provides the processes that are required to decrease the risk of	14	23,30	37	61,70	7	11,70	0	0,00	2	3,30	4,01	0,81
I think documenting our service with JCI has brought important advantages for	17	28,3	35	58,3	6	10,0	0	0,0	2	3,3	4,08	0,82
JCI attaches importance to the exactness and accuracy of medical records and provides both the continuity	19	31,70	34	56,70	5	8,30	0	0,00	2	3,30	4,13	0,83
JCI enables the settlement of the awareness of patient safety.	16	26,70	40	66,00	3	5,00	1	1,70	0	0,00	4,18	0,59
JCI prevents the potential medical	16	26,70	34	56,00	8	13,30	1	1,70	1	1,70	4,05	0,70
JCI focuses on the patient satisfaction and supports the patient-centered thinking	16	26,7	41	68,3	2	3,3	0	0,0	1	1,7	4,18	0,65
It features the team work for a secure and integrated care service.	15	25,00	37	61,70	6	10,00	0	0,00	2	3,30	4,05	0,81

It forms common concepts throughout the hospital and provides the standardization.	20	33,30	37	61,70	3	5,00	0	0,00	0	0,00	4,28	0,55
It provides a more qualified communication between employees and patient relatives and thus, enables the patients and patient relatives to participate in all the processes.	16	26,70	35	58,30	8	13,30	0	0,00	1	1,70	4,08	0,74
JCI certificate of quality makes a positive contribution to the in-service education of the personnel.	19	31,70	34	56,70	5	8,30	0	0,00	2	3,30	4,13	0,83
It increases the possibility of getting the desired results and decreases the risk of getting undesired results.	20	33,30	34	56,70	4	6,70	0	0,00	2	3,30	4,16	0,82

Table 3: Comparison of the thoughts about the positive contribution of JCI to health tourism according to the gender of study participants (t test was used in independent groups).

Gender	Average	St. Deviation	T	p
Female	4,10	0,46		
Male	4,00	0,56	0,645	0,522

No statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the gender of study participants ($p>0.05$).

Table 4: Comparison of the thoughts about the positive contribution of JCI to health tourism according to the age groups of study participants (Post Hoc Tukey test was used).

Age Groups	N	Average	St.	F	p
20-29	18	3.83	0.57		
30-39	32	4.18	0.39	3.503*	0.037
40-49	10	4.17	0.44		

A statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the age groups of study participants. Accordingly, as a result of the Post Hoc Tukey test, it was determined that the difference was caused by the age groups of 20-29 and 30-39 ($p<0.05$).

Table 5: Comparison of the thoughts about the positive contribution of JCI to health tourism according to the marital status of study participants (t test was used in independent groups).

Marital Status	Average	St. Deviation	T	p
Married	4.14	0.38	1.388	0.171
Single	3.96	0.62		

No statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the marital status of study participants ($p>0.05$).

Table 6: Comparison of the thoughts about the positive contribution of JCI to health tourism according to the educational status of study participants (One-way variance analysis was used).

Educational	N	Average	St.	f	p
High School	11	3.96	0.27	2.515	0.068
Academy	15	3.91	0.57		
Undergraduate	22	4.08	0.50		
Postgraduate	12	4.38	0.37		

A statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the educational status of study participants. ($p>0.05$).

Table 7: Comparison of the thoughts about the positive contribution of JCI to health tourism according to participants' working period in the institution (One-way variance analysis was used).

Working Period in the Institution	n	Average	St.	f	p
Less than 1 Year	1	4.01	0.67	0.252	0.860
1-5 Years	2	4.04	0.51		
6-10 Years	2	4.13	0.39		
More than 10 Years	4	4.16	0.27		

No statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to participants' working period in the institution ($p>0.05$).

Table 8: Comparison of the thoughts about the positive contribution of JCI to health tourism according to the working position of study participants (One-way variance analysis was used).

Position	n	Average	St. Deviation	f	p
Low-Level Manager	22	4.03	0.49	0.579	0.564
Moderate-Level Manager	26	4.15	0.56		
Senior Manager	12	4.00	0.17		

No statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the working position of study participants ($p>0.05$).

4. DISCUSSION AND CONCLUSION

The desire of providing a quality medical service and related interventions in the health sector of our country are gradually increasing each day. The attempts of

obtaining the certificate of quality proves that this desire has transformed into a motivation. In this sense, there is an increasing interest in the JCI certificate of quality. JCI accreditation standards target the improvement of processes in order to provide the satisfaction of patients, patient relatives, employees, as well as a convenient physical environment and a safe environment.

In this study that was conducted in an attempt to examine the positive effect of the JCI certificate of quality, which is internationally accepted in medical services, on patients that may come from abroad within the scope of health tourism, the following findings were obtained:

The study population consists of hospitals with the JCI certificate of quality among the private enterprise hospitals operating in the Anatolian Side of İstanbul. Hospitals that stopped the activity and had no activity data during the period when the study was conducted were excluded from the study. Random sampling method was used as the sampling method in the study. In the study, a total of 60 managers were reached (22 Low-Level, 26 Moderate-Level, 12 Senior Managers). The study gave a place to the thoughts of managers about the positive effect of the JCI document on patients abroad who come within the scope of health tourism in terms of the study model during the application, as well as the relevant questions and the examination of the relationship between them. We have conducted this study due to the limited number of studies examining the effects of JCI on health tourism in medical services, as well as the available geographical position of our country that is convenient for tourism and the existence of new policies concerning health. According to the questions that were formed based on the patient and organization oriented standards of JCI, the opinions of managers are as follows:

A statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the age groups of study participants ($p<0.05$). Accordingly, as a result of the Post Hoc Tukey test, it was determined that the difference was caused by the age groups of 20-29 and 30-39. Managers in the age group of 30-39 think that JCI has more positive effects on patients coming from abroad within the scope of health tourism, compared to the managers in the age group of 20-29.

A statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the educational status of study participants. Accordingly, as the educational level increases, the viewpoints about the JCI and health tourism become more positive.

No statistically significant difference was determined as a result of the comparison of the thoughts about the positive contribution of JCI to health tourism according to the gender, marital status, educational status and working position of study participants, as well as their working period in the institution. ($p>0.05$)

In the study;

There is an undecided attitude towards the positive contribution of the JCI to costs. Managers are apparently undecided about the positive effects of the JCI on costs. They are also undecided about the possibility for a more qualified

communication between employees and patients and their relatives, and the possibility for patients and patient relatives to participate in all processes. Besides, they have some doubts about the loss of time that occurs in the processes of patient care. However, the managers agree on the following subjects, which are important in the validity of our hypothesis.

- JCI provides an international security image,
- It is an instrument of competition aimed at conscious consumers to be preferred in the international area,
- It is a certificate of quality featuring the institution in the field of health,
- It is a certificate that is sought for the equivalence of patients that may come from abroad,
- JCI causes the loss of cohesiveness of national boundaries in the preferences of patients and their relatives.

Majority of participants expressed positive opinions regarding the questions above.

In the study, there was a consensus about the factors supporting our hypothesis and our hypothesis was supported. JCI has a positive effect on the patient potential as it contributes to the development of the quality of patient care, decreases the risks by providing a safe environment, provides an assurance for patients who may come to the institution for the continuity of constant studies and serves in such a way to provide an international equivalence. In order to enable the JCI to increase its contributions to the institution and provide a better service for patients coming from abroad within the scope of health tourism, the institutions are required to emphasize the following studies;

- As a result of our studies, it has been determined that the in-house personnel are overshadowed by managers and thus fail to play an active role in the JCI process and it is required to give a greater place to the process of adaptation in orientation programs,
- It is required that the international patient unit and the marketing unit act in concert and emphasize the promotion organizations in health tourism,
- It is required to concentrate on studies in order to develop the communication between the employees and patients and patient relatives. As a consequence, managers who participated in the study gave positive answers to the questions in the questionnaire. It is thought that the JCI increases the potential of patients coming from abroad within the scope of health tourism.

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