MANAGING TELEWORK IN THE MEDICAL TOURISM INDUSTRY: A QUALITATIVE RESEARCH ON HEALTHCARE INTERMEDIARIES

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Abstract

Purpose – This study proposes a framework for the working form of healthcare intermediaries operating in the medical tourism industry, an increasingly significant sector with dynamic and irregular demand patterns. The aim is to align this framework with the distinctive and fluctuating nature of the industry.
Methodology/Design/Approach – An exploratory qualitative research design was adopted. Criterion sampling was employed, and 18 interviews were conducted. The data were analyzed using content analysis.
Findings – A three-dimensional telework framework emerged, consisting of e-leadership, working order, and operation tools. In terms of e-leadership, the findings highlight the necessity of effective communication between leaders and employees, the creation of motivational structures, and the establishment of a trust-based organizational environment. In terms of working order, mobile and flexible working hours, along with efficient task management, are emphasized. Finally, both software and hardware tools were identified as essential operational components.
Originality of the research – This study contributes to the limited literature on telework structure and management in the context of intermediary healthcare organizations, a significantly underexplored segment. Furthermore, the proposed framework, with its clearly defined sub-dimensions, offers practical guidance for practitioners in the field.
Keywords telework, medical tourism, healthcare intermediaries, e-leadership, management tools

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INTRODUCTION

Flexible work arrangements, dating back to the 1970s, have significantly influenced working styles and are now widely adopted across various industries. While advances in information and communication technologies initially spurred this transformation, the COVID-19 pandemic and its associated lockdowns and curfews created a global shock in 2020, serving as a major catalyst. Among these arrangements, telework has emerged as one of the most prevalent. It exists in multiple forms and serves as a critical mechanism for ensuring business continuity during the pandemic. Particularly in the early stages, the rapid adoption of telework not only enabled organizational survival but also presented a strategic opportunity to gain a competitive advantage as a dynamic capability (Yorulmaz & Eti, 2024). In the post-pandemic era, teleworking continues to attract strong interest as a managerial tool (Asmussen et al., 2024). Notably, flexible work models ranked among the top 25 management tools and trends in 2023, according to surveys conducted by Bain & Company (Rigby et al., 2023).

The International Labour Organization (ILO) defines telework as performing work entirely or partially outside of the conventional workplace by utilizing information and communication technologies (ILO, 2020). High-mobility telework refers to work performed away from the workplace for more than two days per week (ILO, 2020). One of the critical factors determining telework feasibility is the suitability of the job itself (Dingel & Neiman, 2020). In some globally oriented sectors, such as medical tourism, telework is not merely a preference but a necessity, enabling employees to work independently of time and location. Several studies indicate that healthcare intermediaries—agencies operating in the medical tourism sector—must implement high-mobility telework due to industry demands, irrespective of the pandemic (Yorulmaz & Baykal, 2024).

Medical tourism involves travel for health-related purposes, including medical interventions, and has experienced significant international economic growth since the early 2000s (Zhong & Chan, 2024). While health remains the primary motivation, secondary drivers such as tourism and entertainment also play a role (Chaulagain et al., 2020; Tang & Lau, 2017). This diversity results in a wide range of customer demands. Medical tourism intermediaries, acting as bridges between tourists and healthcare providers, play a critical role in facilitating healthcare operations. They provide essential information, manage travel and accommodation, and oversee post-treatment follow-up, thereby easing the operational burden on hospitals (Braçe et al., 2023). In addition to alleviating strain on the healthcare system, medical tourism intermediaries contribute to national economies through service exports. Given the dynamic and irregular nature of customer demands in this sector, these firms require well-structured operational models to succeed. Literature suggests that high-mobility telework is the most suitable managerial model for these organizations. However, empirical research is needed to develop a comprehensive framework and identify the success factors that underpin this model.

Even in countries with a high level of economic development and a high share in the industry, such as Canada, many medical tourism companies operating with different business models have failed and terminated their activities by failing to keep up with this dynamism (Sarantopoulos et al., 2014; Turner, 2012). These conditions can be even more challenging for healthcare intermediary companies, most of which are SMEs, with various weaknesses such as lack of funds and weak ability to withstand market risks. This proves how important it is to properly manage telework, which plays a key role in managing the various challenges that arise for companies (Carrasco-Garrido et al., 2023).

In the existing telework literature, studies specific to healthcare organizations are scarce and predominantly focus on employee perspectives. Recent research has examined healthcare professionals' preferences for continued telework post-pandemic (Jones et al., 2023) and the benefits and drawbacks of teleworking within administrative healthcare units (Simeli et al., 2023). A bibliometric review of telework in general (outside of healthcare) identifies key themes such as work-life balance, employee-employer-family dynamics, flexibility policies, productivity, well-being, isolation, supervisory roles, and gender perspectives (Herrera et al., 2022). However, even the few studies that consider telework as a comprehensive model from an organizational lens (e.g., Gohoungodji et al., 2023; Stoian et al., 2022; Yorulmaz & Baykal, 2024) fall short in addressing the specific needs and unique dynamics of medical tourism intermediaries.

The medical tourism industry, characterized by cross-border patient mobility and service diversity, demands continuous coordination among multiple stakeholders and the ability to respond quickly to irregular and time-sensitive demands. Healthcare intermediary firms play a pivotal role in this structure by bridging the gap between patients and healthcare providers, facilitating every stage of the medical travel experience. However, despite their growing significance in global healthcare services, limited research has investigated how these firms adapt their managerial and operational structures to sustain performance in such a volatile environment. Existing telework studies have largely focused on traditional sectors such as information technology, education, or public administration (Fraij & Aburumman, 2021; Yorulmaz & Baykal, 2024), while industries that rely heavily on mobility, personal interaction, and cross-border service delivery have received little attention. This gap highlights the need to examine how telework can be effectively structured and managed within industries where flexibility, customer interaction, and temporal independence are crucial for success.

Addressing this research gap, the present study investigates the working form adopted by healthcare intermediary firms operating in Türkiye's medical tourism industry and employs an exploratory qualitative methodology to identify the factors that influence its success. The research aims to propose a comprehensive framework of high-mobility telework, integrating the sector's unique operational requirements with managerial practices. By identifying the three critical dimensions of telework—e-leadership, working order, and operational tools—the study makes a significant contribution to both theory and practice. Theoretically, it advances understanding of telework as a multidimensional management capability rather than a mere employment arrangement, aligning with the dynamic capabilities perspective (Teece et al., 1997). Practically, the study offers actionable insights for service-oriented and tourism-related industries that operate across borders and require high levels of coordination, transcending spatial and temporal constraints. Thus, the research enriches the limited literature on telework in the context of medical tourism and offers a transferable management framework for similar industries.

Accordingly, the study seeks to answer the following research questions:

a. What kind of working form do healthcare intermediary firms operating in the medical tourism sector apply in the context of sector dynamics?

b. What factors and conditions influence the success of this working model?

The remainder of the paper comprises a literature review, followed by sections on methodology, results, discussion, and conclusions.

1. LITERATURE REVIEW

The medical tourism industry possesses unique dynamics that integrate elements from both healthcare and tourism/hospitality sectors. Helmy (2011) defines medical tourism as a composite of medical and healthcare services, tourism and travel services, and auxiliary support services. Intermediary companies operate across a wide spectrum—from high-risk surgical procedures to low-risk cosmetic treatments—while simultaneously managing tourism-related tasks such as travel planning, itinerary coordination, and accommodation. This duality necessitates continuous communication, coordination, and integration with a wide range of stakeholders, including patients, hospitals, hotels, physicians, and travel agencies (Kho, 2021). Accordingly, healthcare intermediaries require dynamic teams, partner-oriented platforms, and flexible business models to bridge these diverse elements effectively (Boroujeni et al., 2020).

The operational activities of medical tourism intermediaries span the entire service cycle. They guide patients prior to departure, manage international transfers, arrange accommodations, and frequently accompany clients during medical procedures, recreational activities, and transportation. These responsibilities often continue until the patient has returned home and completed the healing process, requiring sustained communication (Aladağ Bayrak & Dalkıran, 2020). These intermediaries

help patients navigate cultural and linguistic barriers, enhance communication between various service providers, and deliver personalized experiences (Turk & Arı, 2024). Notably, the success of medical tourism businesses is closely tied to the staff's proficiency in medical terminology (Daba et al., 2024; Sarantopoulos et al., 2014). Given the complexity and sensitivity of these operations, effective planning and task management frameworks are essential.

Medical procedures—central to the sector—are fraught with uncertainties, both pre- and post-treatment (Rejeb et al., 2020). Patients often rely on intermediaries for itinerary planning, hospital reservations, and the resolution of post-operative complications or urgent concerns (Tyan et al., 2021). Many of these issues arise outside conventional working hours due to time zone differences. Typically, intermediaries cannot resolve these challenges in isolation and must coordinate with relevant healthcare or hospitality partners. These demands illustrate the irregular nature of customer expectations in the sector. Thus, the ability to communicate effectively at all times is vital (Constantin & Kavoura, 2022), and a time- and location-independent working system becomes indispensable.

Recent studies on medical tourism have identified emerging sectoral trends. Dabaghi et al. (2022), for example, emphasize the significance of service quality, accuracy, promptness, accessibility, staff professionalism and attentiveness, and personalized care. Eti and Yorulmaz (2025) identify agile management, total quality management, digital transformation, and change management as the most critical management tools in the sector. Similarly, Nouhaila et al. (2024) highlight how digital technology adoption can boost customer satisfaction and operational efficiency. Castrejón et al. (2023) argue that leveraging digital platforms is essential to improving competitiveness among service providers. The growth of telehealth services (Athalage, 2024) further underscores the sector's increasing reliance on digitalization and mobility. As Kontis and Skoultsos (2022) observe, digital technologies are transforming traditional business practices, giving rise to "e-intermediaries."

The cumulative findings in the literature indicate that medical tourism intermediaries must adopt business models that are agile, punctual, digitally enabled, and capable of delivering consistent quality across time and space (Tyan et al., 2021). This necessity can be fulfilled through a customized high-mobility telework structure (ILO, 2020). Although some studies present telework as a comprehensive model, these models often fall short of addressing the unique complexities of the medical tourism sector. The industry differs markedly from others due to its medically sensitive services, unpredictable and urgent customer demands, and multi-stakeholder operations. Consequently, an effective model requires not just remote work capabilities but also sector-specific organizational and task management systems. The following subsection reviews studies that conceptualize telework models in the broader literature.

Yorulmaz and Baykal (2024) explored the organizational capabilities that facilitated the rapid adaptation to telework during the COVID-19 pandemic. Their study highlights the need for appropriate organizational culture, job suitability for telework, and adequate technological infrastructure. In a follow-up study, Yorulmaz and Eti (2024) prioritized these sub-dimensions, emphasizing the importance of job attributes and cultural readiness while downplaying the significance of technology. However, these studies focus on the general service sector—including IT, telecommunications, advertising, and finance—and do not address the specific needs of healthcare tourism. Moreover, leadership roles in telework adoption are largely overlooked.

In a systematic review, Gohoungodji et al. (2023) identified key success and failure factors in telework implementation. They found that access to technological infrastructure was critical, contradicting earlier studies that minimized its importance. They also noted that telework outcomes are influenced by factors such as the employee's home environment and family responsibilities. Contreras et al. (2020), in another literature-based study, emphasize the importance of effective e-leadership, arguing that leadership quality significantly impacts telework outcomes for employees, the organization, and the broader environment. These researchers highlight that successful telework depends on supportive managerial practices, attention to employee well-being, and the cultivation of organizational trust. However, both studies are based on secondary data and present theoretical models without empirical validation, especially within the specific context of medical tourism.

Other relevant research includes Nakrošienė et al. (2019), who examined teleworkers' satisfaction by analyzing factors such as perceived productivity, career advancement, and managerial support. Their findings underscore the importance of trust, home working conditions, and supervisor support, while also noting the drawbacks of reduced peer interaction. Van Wart et al. (2019) proposed a conceptual model for e-leadership in telework, identifying essential elements such as communication, social engagement, team building, change management, technological readiness, and trustworthiness. While these studies contribute to understanding telework from the employee and leadership perspectives, they lack a comprehensive business management viewpoint and fail to provide a holistic model tailored to the medical tourism industry.

2. METHODOLOGY

This research focuses on healthcare intermediaries operating in the medical tourism industry in Türkiye, where existing literature suggests they employ a high-mobility telework model in response to sector-specific dynamics (Yorulmaz & Baykal, 2024). The aim is to develop a working framework aligned with these dynamics by identifying the type of telework model adopted and the key factors influencing its success. Given the exploratory nature of the topic, a qualitative research design with an inductive approach was adopted to provide a comprehensive understanding (Leavy, 2017).

"The consolidated criteria for reporting qualitative research (COREQ)" checklist, developed by Tong et al. (2007), was followed to increase validity and reliability. This checklist aims to ensure the research's transparency, to ensure that readers can evaluate and understand the research better, and that the research can be repeated when necessary. In the checklist, various items containing information that qualitative research should contain are grouped under three domains. These are "research team and reflexivity," "study design," and "analysis and findings." This research presents information about the items in this grouping as subheadings.

2.1 Domain 1: Research Team and Reflexivity

The researcher conducting the semi-structured interviews holds an academic position and has nine years of experience in the field, along with prior experience in qualitative research and telework. Before transitioning to academia, the researcher also spent approximately eight years in service industry management within the private sector.

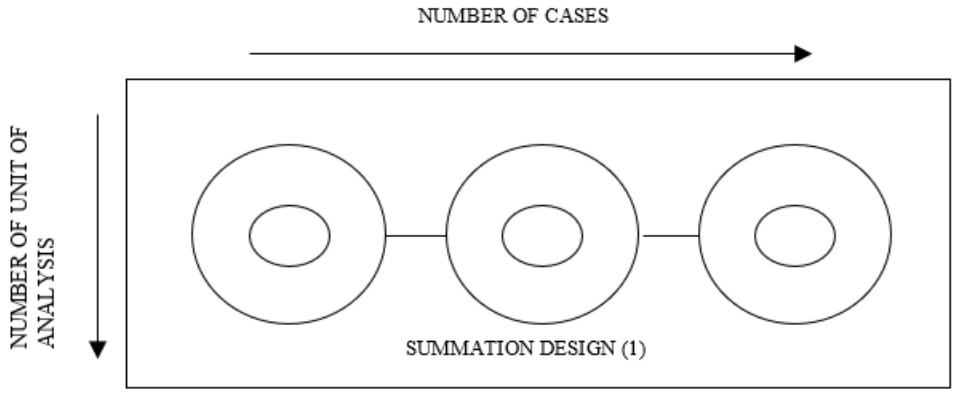
No prior relationship existed between the participants and the researcher. Participants were informed in advance about the research purpose, methods, and the researcher's background, and their informed consent was obtained. This consent included assurances of confidentiality and the participants' right to withdraw at any stage of the research without any obligation.

2.2 Domain 2: Study Design

2.2.1 Theoretical Framework

In the research, the content analysis method (Baltacı, 2019) was preferred within the case study scope (Creswell, 2013). A case study can be applied to a situation in a single-site or multi-site manner (Creswell, 2013). The case study, which is increasingly popular among qualitative researchers, offers the researcher the flexibility to design to fit the case and research question (Hyett et al., 2014). In this direction, Summation Design (1) in Figure 1 was preferred among the case study designs (Grünbaum, 2007). This design includes a unit of analysis and multiple cases. The unit of analysis in this study is on behalf of healthcare intermediary firms, executives who determine and implement qualities and have dominant sanctions over the working forms of companies. Details of these companies are presented under the participant selection sub-heading. By choosing multiple cases, it is aimed to make the findings more robust by creating independent analysis units and independent cases (Yin, 2003, pp. 46-53) and, therefore, to be transferable (to some extent) (Grünbaum, 2007).

Figure 1: **Summation Design (1)**



Source: Grünbaum, 2007.

Content analysis focuses on the frequency of the data. In this way, data can be quantified. Content analysis tries to reach meanings by counting the occurrences of concepts and keywords (Joffe, 2011). Measurements regarding the frequency of codes in content analysis are tabulated, allowing subsequent quantitative applications (Columbia University, n.d.). Content analysis was preferred in this study to determine the frequency of occurrence of the codes and to be able to comment and make inferences based on these frequencies. How the themes relate to each other and how they emerge is not the primary purpose of the research.

2.2.2 Participant Selection

Criterion sampling was employed. In this method, selection is guided by predefined and justified criteria (Patton, 2002). The criteria used were:

- The company must operate in the medical tourism industry in İstanbul/Türkiye.
- It must possess a health tourism authorization certificate from the Ministry of Health of the Republic of Türkiye.
- It must be a healthcare intermediary firm with at least five years of operational experience and 30 employees or more.
- The respondent must be involved in strategic decision-making, responsible for management and policy, and must have worked at the company for at least three years.

The selected firms were identified based on criteria such as active involvement in cross-border medical tourism operations, engagement with both domestic and international patients, and sustained business activity for at least five years. These criteria ensured that the sample reflected typical cases in the medical tourism industry where telework practices are most visible. The requirement of at least five years of continuous operation indicated that these firms had established and stable business models in which telework arrangements were systematically integrated rather than being in an early or experimental phase. Likewise, the inclusion of firms with 30 or more employees ensured that the sample represented organizations with a sufficient operational scale to maintain distinct managerial functions and structured telework systems. Healthcare intermediaries with these characteristics operate in environments that require continuous digital communication, coordination across different time zones, and rapid responsiveness to international clients—features that define the sector's telework dynamics. İstanbul was chosen as the research setting because it serves as Türkiye's primary hub for medical tourism, hosting most of the licensed intermediary firms and reflecting the operational diversity of the industry. According to data from the Turkish Statistical Institute (2025), İstanbul accounted for more than 50% of Türkiye's inbound medical tourists in 2024. Therefore, the selected cases represent the sector's core telework-intensive structure rather than exceptional or atypical examples.

2.2.3 Data Collection

In the study, semi-structured in-depth interviews were preferred, which are the most commonly used interview format in qualitative research (DiCicco-Bloom & Crabtree, 2006). Unlike the unstructured interview, which aims to collect data based on the researcher's field observations, semi-structured in-depth interviews are organized around a series of open-ended questions prepared in advance (Eppich et al., 2019). In semi-structured in-depth interviews, the interviewee is encouraged to talk freely about certain predetermined topics, and when necessary, follow-up questions can be asked to obtain in-depth information. Semi-structured in-depth interviews were used to collect data within the scope of the research. Semi-structured interviews allow participants to describe the world they perceive with their own thoughts, thanks to the flexible questions they contain.

Within the research framework, an interview form containing five semi-structured open-ended questions, one of which was demographic, was used. The questions were created by the researcher. The questions were prepared as flexibly as possible (Creswell et al., 2007). The questions have been crafted focused, incorporating necessary details from a comprehensive set of information that aligns with the research goal, as suggested by Tang et al. (2017) and Macnamara (2010), following an in-depth examination of the existing literature. Furthermore, primary questions have been supplemented with additional follow-up inquiries and guidance (Creswell et al., 2007). To determine the adequacy and appropriateness of the questions, two academicians who are experts in their field, a general manager of a health intermediary company, and a human resources manager, were consulted, and approval was obtained. Additionally, this competence was verified through two pilot interviews.

Interview questions:

- Could you tell us about yourself—how long you have been in the industry, and your role?
- What kind of working model does your company follow?
- Is this working type your preference, or is it a necessity of the industry, and why do you think so?
- What are the issues that challenge you the most or that you think need to be managed in this type of study?
- What factors affect success in this type of work, and can you explain with examples?

During the interviews, several follow-up prompts were also used to encourage participants to elaborate on their responses and provide richer insights. These supplementary questions were flexible and context-dependent, typically beginning with expressions such as:

- Could you explain further…?
- What makes you think that…?
- Can you describe a specific example…?
- Could you clarify what you mean by…?
- What have you observed that led you to this view?

To ensure conceptual consistency between the data collection and theoretical orientation of the study, the rationale behind the development of the interview questions is briefly explained below.

The semi-structured interview questions were designed with an exploratory intent to understand how healthcare intermediary firms in the medical tourism industry conceptualize, apply, and manage high-mobility telework practices. While the questions were not derived from specific theoretical constructs in a deductive manner, their formulation was informed by the study's overarching theoretical framework, which integrates the dynamic capabilities theory (Teece et al., 1997) and e-leadership theory (Van Wart et al., 2019).

Accordingly, the question asking participants to describe their working model and to evaluate whether it represents a strategic choice or an industry necessity was intended to capture organizational flexibility and adaptation capabilities consistent with dynamic capabilities theory. The question addressing challenges and management issues sought to elicit insights into how firms reconfigure internal processes, communication systems, and decision-making structures in response to the unpredictable and cross-border nature of medical tourism operations. This reflects the adaptive mechanisms central to the dynamic capabilities perspective.

Similarly, the question on factors influencing success aimed to uncover leadership, technological, and procedural elements that enable the effective coordination of telework-based activities. This conceptual focus aligns with the principles of e-leadership, particularly in terms of communication, motivation, and trust-building in digitally mediated environments.

Overall, the interview questions were intentionally broad and open-ended, allowing participants to express their experiences and perspectives freely, while maintaining conceptual alignment with the theoretical underpinnings of the study. This design is consistent with the principles of qualitative exploratory research (Creswell, 2013), which emphasize flexibility and depth over predetermined variable measurement.

Although there are various opinions in the literature about sample size in qualitative research, the main criterion is that the data reach saturation in the interviews. For example, some researchers consider interviews between 4 and 10 people sufficient in case studies (Creswell & Plano Clark, 2020). However, Guest et al. (2006) concluded that the codes and themes reached a level that could be analyzed with 73% in the first six interviews and 92% emerging in the second six interviews, resulting in theoretical saturation. In this research, interviews were continued until the data became repetitive. In this context, 18 interviews were conducted in the research, the first two of which were pilot interviews. The analysis did not include two pilot interviews; the study was conducted on 16 interviews. Apart from these, six candidates refused to participate in the research due to lack of time/work intensity. Since the pilot interviews were intended to test the clarity and validity of the questions, they were not included in the data analysis.

There were no repeated meetings. The interviews within the scope of the research were held between April 1, 2024, and July 30, 2024. The interviews were conducted online, face-to-face, and recorded audiovisually and visually. The interviews lasted an average of 30-40 minutes. Both audio and visual recording of interviews reduces subjectivity. Based on this, sending the interview transcripts to the participants for control purposes was not preferred due to the risk of participants adding additional texts and due to time and cost concerns.

2.3 Domain 3: Analysis and Findings

In the next stage, the interview records were transcribed. Analyzes were conducted with the support of the "MAXQDA 2020" program. To protect participants' confidentiality, participants were coded in the transcripts with a code number in the range P1 – P16. The data collected during the interviews conducted within the scope of the research were analyzed using the content analysis method. In content analysis, as a result of transcription, written data are clustered based on their similarity and coded and interpreted in a way that readers can understand (Yıldırım & Şimşek, 2011). The facts that the participants frequently emphasized and repeated in the interviews were converted into codes (Baltacı, 2019). Codes are descriptive expressions that help segment data and classify them into categories (Patton, 2015). Codes are classified according to their similarities and form categories and subcategories related to the phenomenon under investigation (Creswell, 2013; Patton, 2015).

During the analysis process, codes were derived inductively from the data rather than being predetermined. In the initial stage, each transcript was read several times to capture recurring expressions, key concepts, and relationships emphasized by participants. Similar statements were then grouped under common descriptive labels, which were refined through iterative comparison across all transcripts. These descriptive codes were subsequently clustered to form broader conceptual categories that reflected the structural and managerial dimensions of telework practices in healthcare intermediary firms. As patterns became clearer, the categories were synthesized into overarching themes that represented the core dimensions of the emerging framework—specifically leadership, working order, and operational tools. This analytical progression from raw data to abstract themes ensured that the findings remained grounded in participants' lived experiences while maintaining analytical rigor.

The triangulation method was used in the interviews for reliability. The transcripts were first coded by the researcher conducting the interviews, and then control coding was performed by another academician who is an expert in the field for reliability measurement. The definitional clarity and reliability of the codings were tested with the Miles and Huberman (2016) method, and a 90% reliability rate was reached as a result of the second coding round.

Important sections from the participant statements were selected and presented in the study as passages. In this process, only the most representative and thematically relevant quotations were retained to improve the clarity and focus of the findings. These quotations were selected for their ability to reflect common patterns, demonstrate meaningful differences among participants, and illustrate key managerial practices related to telework operations. This approach was adopted to preserve the participants' perspectives while ensuring a clear and concise presentation consistent with the analytical framework of the study.

3. RESULTS

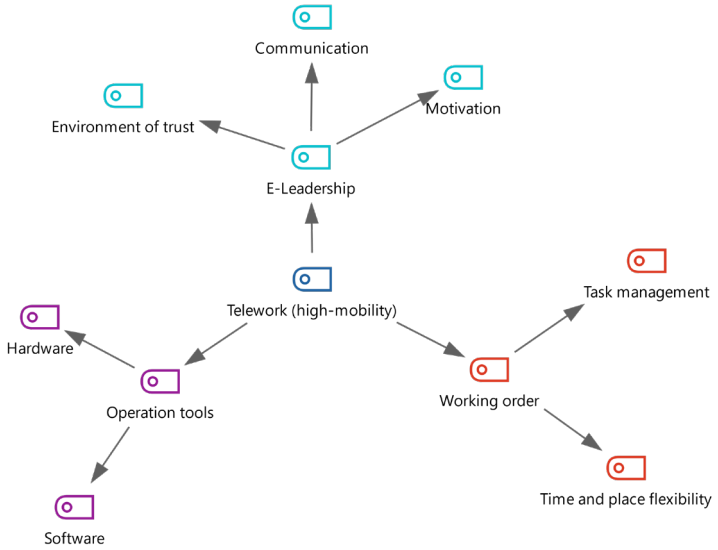
Within the research scope, analyses were made on 16 participant interviews. The profiles of the companies included in the research and the participants as company officials are presented in Table 1. The interview times with each participant are also included in the table. It is seen that the participants who participated in the interview on behalf of the company are people who are personally involved in the company's operations as the company owner, partner, or senior manager and have the authority to make strategic decisions. In addition, the titles and positions they use within the company are presented as they express themselves.

Table 1: **Participant and Interview Information**

Participant information		**Firm information**				**Interview information**
Participants code number	**Position**	**Firms code number**	**Year of activity**	**Number of employees**	**Working type**	**Interview length (minutes)**
P1	Firm partner	F1	8	58	High-mobility telework	32
P2	Owner	F2	11	64	High-mobility telework	31
P3	Manager	F3	6	34	High-mobility telework	30
P4	Firm partner	F4	8	32	High-mobility telework	33
P5	HRM manager	F5	15	52	High-mobility telework	36
P6	Firm partner	F6	7	36	High-mobility telework	35
P7	Firm partner	F7	9	32	High-mobility telework	36
P8	General manager	F8	11	42	High-mobility telework	32
P9	Owner	F9	8	55	High-mobility telework	39
P10	General coordinator	F10	10	71	High-mobility telework	37
P11	Firm partner	F11	6	47	High-mobility telework	34
P12	Owner	F12	8	54	High-mobility telework	36
P13	Marketing director	F13	9	58	High-mobility telework	39
P14	Operations manager	F14	13	74	High-mobility telework	35
P15	General coordinator	F15	7	39	High-mobility telework	38
P16	Operations director	F16	12	46	High-mobility telework	40

The findings revealed three categories, namely e-leadership, working order, and operation tools, regarding the telework model implemented as a management tool by intermediary healthcare enterprises. The e-leadership category consists of three subcategories: the working order category and the operation tools category, which consist of two subcategories. The category and subcategory model of the telework theme is visualized in Figure 2.

Figure 2: **The category and subcategory model of the telework theme**



These seven subcategories contain a total of 33 codes. All the codes, their categories, subcategories, and frequency of use are presented in Table 2.

Table 2: **The list of codes and categorie**

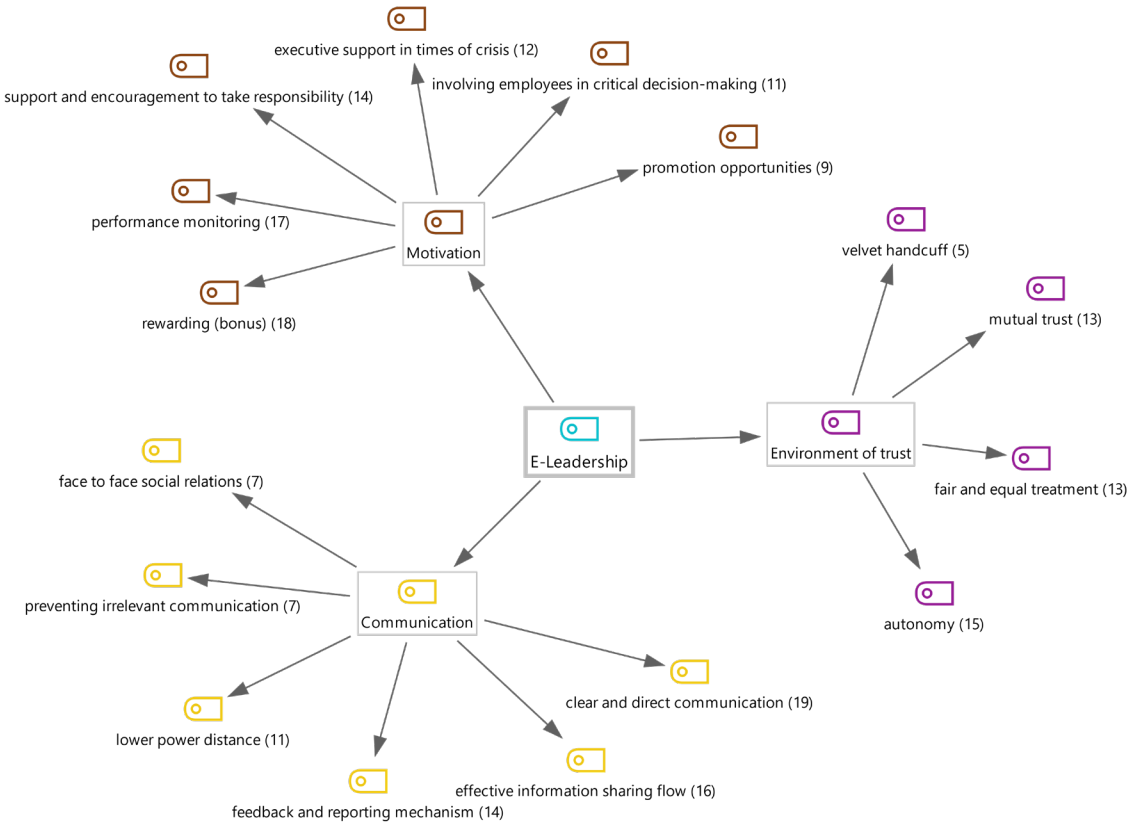
Status	Term	Frequency
Category	**E-Leadership**	
Subcategory	***Communicatio*n**	
Code	clear and direct communication	19
Code	preventing irrelevant communication	7
Code	effective information sharing flow	16
Code	feedback and reporting mechanism	14
Code	lower power distance	11
Code	face to face social relations	7
Subcategory	***Motivatio*n**	
Code	rewarding (bonus)	18
Code	support and encouragement to take responsibility	14
Code	executive support in times of crisis	12
Code	promotion opportunities	9
Code	involving employees in critical decision-making	11
Code	performance monitoring	17
Subcategory	***Environment of trus*t**	
Code	autonomy	15
Code	mutual trust	13
Code	fair and equal treatment	13
Code	velvet handcuff	5
Category	**Working order**	
Subcategory	***Time and place flexibility***	
Code	punctuality	11
Code	taking care throughout the service period	18
Code	after-sales services	9
Code	irregular (unexpected) needs	11
Code	regional time differences	14
Code	flexible leave/holiday	5
Code	office days	6

Subcategory	***Task management***	
Code	specific and clear tasks	13
Code	planning the action steps	15
Code	task scheduling and prioritization	16
Code	progress tracking	15
Code	task change and reassignment	6
Category	**Operation tools**	
Subcategory	***Software***	
Code	communication applications	19
Code	cloud-based storage	6
Code	CRM software	11
Subcategory	***Hardware***	
Code	communication tools	8
Code	operation tools	6

3.1 E-Leadership

The participants heavily highlight the e-leadership category. It is about managers leading employees in telework practices. The category consists of the sub-dimensions of communication, motivation, and environment of trust. During the interviews with the participants, 16 codes related to this category were identified. The subcategory and code model for the e-leadership category are visualized in Figure 3.

Figure 3: **The e-leadership category code map**



When the emphases in the participant interviews were analyzed, some actions that could be categorized as e-leadership and that managers should provide to achieve efficiency in work types where telework is applied, and managers and employees do not always have the opportunity to come together physically came to the fore. These are dynamic processes that fall within the field of action of the leader rather than a process that will proceed in its own flow by establishing a system or determining some rules. The emphasis made in the interviews points to the dimensions of the leader in a high-mobility telework style, communicating directly and accurately with the employees, motivating the employees, and providing an environment of trust. Sample excerpts and brief explanations from the interviews regarding these subcategories are provided below.

3.1.1 Communication

The communication subcategory's codes are clear and direct communication, preventing irrelevant communication, lower power distance, feedback and reporting mechanism, face-to-face social relations, and effective information sharing flow. Comwmunication, which stands out as an element that must be provided within the scope of leadership in the interviews with the participants, is critical in ensuring telework.

The clear and direct communication code emphasizes that the leader should prefer two-way methods such as video conferencing and direct conversation rather than one-way methods such as e-mails and messages, which will avoid misunderstandings in communication with employees. Preventing irrelevant communication code means that the leader does not convey every information to every employee and, metaphorically speaking, does not overwhelm the employee with information that is not relevant to the employee. Some of the statements of the participant coded P2 on this subject are as follows:

> *"…I have been a manager for many years. I believe in direct communication with employees and implement it this way. I would like to tell the message I want to give to the employee personally and make sure understands it. Since we work remotely, it can be challenging at times. For this reason, I often make a video call to see their facial expressions… … the reason for this is to prevent information and communication pollution. If I convey every message to every employee, after a while, may lose his selective perception among messages that are not related to and miss messages that are relevant to him. My previous experiences have taught me this. Communication is the most necessary feature in business life, but not excessively…" (P2)*

The effective information sharing flow code refers to providing all necessary information flow to employees through various transfer channels (mail groups, WhatsApp groups, etc.). The feedback and reporting mechanism code describes employee feedback and reporting regarding their areas of responsibility. Some of the statements of the participant coded P13 on this subject are as follows:

> *"…we also hold business development meetings once a week while holding the daily evaluation meeting in the mornings or evenings via Zoom. In this way, we aim to convey all information to everyone simultaneously. When this happens, that employee's success in the areas is responsible for is higher..." (P13)*

The lower power distance code refers to the horizontal construction of hierarchical structures and the friendly relationship between the employee and the leader to ensure communication efficiency, such as the employee's ability to express different opinions easily. Some parts of the statements of participant coded P8 on this subject are as follows:

> *"…we sometimes witness serious communication inefficiencies between the individuals who will do the job, such as patient follow-up and the sales team. That's why we stay as horizontal as possible in the organization and establish WhatsApp groups because we work on project-based processes, for example, to eliminate this communication inefficiency. To make everything transparent to everyone..." (P8)*

The face-to-face social relations code describes social activities carried out by physically coming together to eliminate the risks of broken communication, weak friendship ties, and unrecognition of team members that physical distance may bring in telework-style works. Some of the statements of the participant coded P5 on this subject are as follows:

> *"…we gather with our teammates every month and celebrate the birthdays of those who have a birthday in that month. As a company, we attach great importance to this. These activities increase friendship and communication between us… … honestly, I look forward to the summer months to organize picnics. Employees also enjoy this situation very much…" (P5)*

3.1.2 Motivation

The motivation sub-category has codes that are rewarding (bonus), promotion opportunities, performance monitoring, involving employees in critical decision-making, support and encouragement to take responsibility, and executive support in times of crisis. In the interviews, the necessity of ensuring employee motivation and the role of the leader in this was frequently emphasized.

The rewarding (bonus) code is related to employee compensation as a motivating factor. The promotion opportunities code was expressed as another motivation factor. Performance monitoring code describes the monitoring of performance for correct rewarding and promotion decisions. The statements of participant coded P10 on these subjects are as follows:

> *"…the task of the leader is to provide motivation. One of the things that motivates people best is money, and we have developed a good bonus system for this. We also track performances and offer promotion opportunities for successful friends. We will soon make this more institutionalized through the quality management system…" (P10)*

The involving employees' critical decision-making code emphasizes the inclusion of employees in internal decision-making processes as a factor that increases their motivation. The statements of participant coded P1 on this subject are as follows:

> *"...there are some issues that we discuss in periodic Zoom meetings. Employees can offer suggestions on these issues. In projects that will affect the company in general, not just one project, but all projects and all future processes, we collect these suggestions, sit down with the board of directors or authorized managers, and evaluate them. If we move here, we weigh the benefits and benefits for us. We give feedback to employees about the ideas we implement, and we observe that this increases both their belonging and motivation. There are also significant increases in the performance of these friends..." (P1)*

The leader's constant support and encouragement to take responsibility, the participants emphasized as a motivation-enhancing factor, was coded as the support and encouragement to take responsibility. Executive support in times of crisis code describes the leader's help in coping with the situation and taking action when the employee cannot cope. It has been stated that the employee's feeling of support from the leader on these issues is a motivation-enhancing factor. The statements of participant coded P6 on these issues are as follows:

> *"...even though you have explained the natural shock loss after hair transplantation to the customer beforehand, the customer panics when the hair loss occurs. Managing his panic is also very important. It is even more difficult with distance communication, especially since he is back in his country. However, if employees have problems in this regard, they know that our crisis management mechanism, that is, me, will step in, and this makes them more self-confident in customer relations..." (P6)*

3.1.3 Environment of Trust

The environment of trust subcategory includes the codes that are autonomy, mutual trust, fair and equal treatment, and velvet handcuff. In the participants' statements, the necessity of creating an environment of trust through the leader in telework applications emerges as an essential dimension.

The autonomy code emphasizes providing autonomy to employees to create an environment of trust. The mutual trust code describes the mutual trust of the company and its employees. Some of the statements of the participant coded P5 on these issues are as follows:

> *"...our employees are spread across various locations. We are a dynamic structure, and we do not try to control everything mot a mot. Our employees make their own decisions on many issues and follow their own hours. You cannot run these businesses without trust..." (P5)*

The fair and equal treatment code expresses the manager's fair and equal treatment in matters such as workload management and performance evaluation. The velvet handcuff code specifies that the manager should not bore the employees as long as monitors them, but should also manage the process in a way that does not encourage shirking. It was emphasized that this situation has the feature of strengthening the trust environment. Parts of the statements of participants coded P3 and P7 on these subjects are as follows:

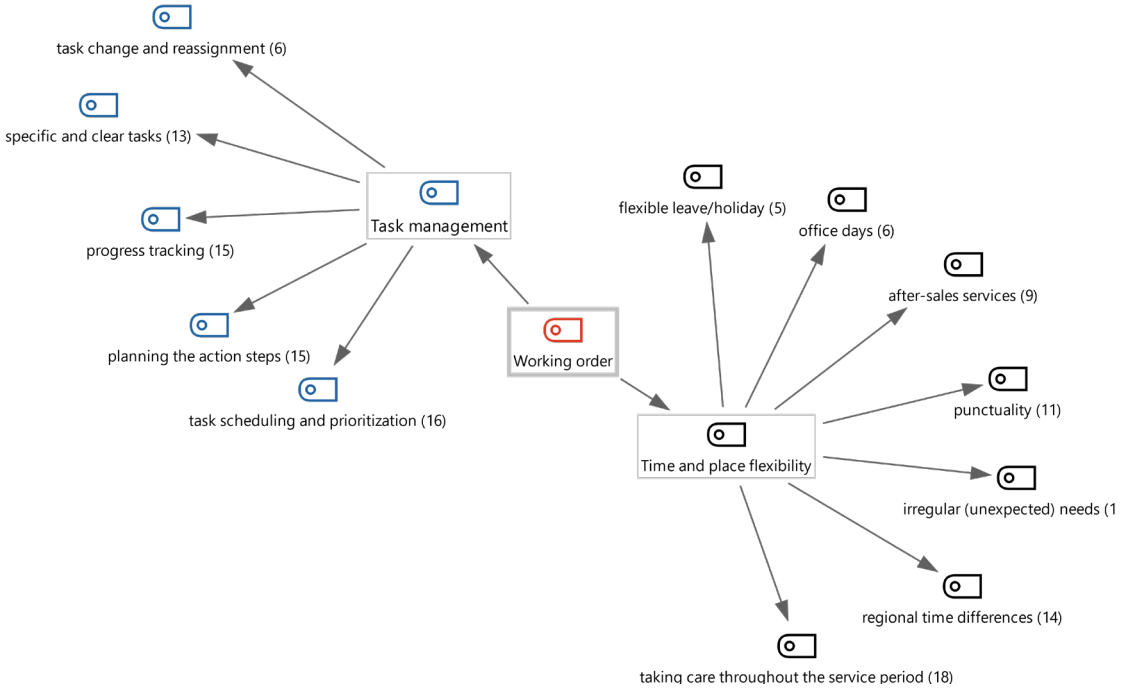
> *"...managing is hard work, you have to be like velvet handcuff. You need to follow it without hurting it. You need to act fairly in everything. Without these, this relationship will not work..." (P3)*

> *"...I am careful to act fairly when distributing tasks. Likewise, I keep an eye on the performances, I do not leave the end unattended..." (P7)*

3.2 Working Order

The working order category is heavily emphasized by the participants and is related to determining the company's working order and job qualifications. This category consists of time and place flexibility and task management subcategories. A total of 12 codes related to these subcategories were identified during the interviews. The subcategory and code model for the working order category are visualized in Figure 4.

Figure 4: **The working order category code map**



The working order category includes issues related to industry-specific requirements in high-mobility telework, working order, and management of tasks within this working style. To achieve efficiency in this type of work, it is necessary to act in accordance with a working style that is independent of the work hours and to manage the tasks by this working style. Codings related to the working style emphasized by the participants in the interviews were collected under the time and place flexibility subcategory, and codings related to task management in this working style were collected under the task management subcategory. Sample excerpts and short explanations from the interviews regarding these subcategories are provided below.

3.2.1 Time and Place Flexibility

The time and place flexibility subcategory consists of punctuality, taking care throughout the service period, after-sales, services, irregular (unexpected) needs, regional time differences, flexible leave/holiday, and office days codes. In the interviews, it is emphasized that the working hours should be arranged as telework or hybrid due to the unique dynamics of the work and the industry.

Some parts of the time and place flexibility subcategory that participants coded P16, and P13 emphasized in their interviews are as follows:

> *"…When the customer returns to his country, may feel pain in the lower and upper jaw for the first month or so. He may want to call you in the middle of the night. This needs to be managed well... ...and for example, if the flight is at 06:30 in the morning and the hotel will be picked up at 04:00, we prepare fruit plates and sandwiches for some of our customers, so that they can have breakfast and not return to their country with stress. Our relationship continues even when he returns to his country. We are in constant communication with our patients before and after our relationship through digital means... ...and in cases such as the death of seriously ill patients, it is necessary to manage very well the psychology of the patient's relatives who have come to a foreign country. Sometimes, our teammates spend the morning with patients' relatives..." (P16)*

> *"…as we work more intensively with Latin American and Caucasian countries, the concept of working hours has completely changed because there is a serious time difference between our countries. Working hours have changed, hybrid or working from home has become a necessity…" (P13)*

3.2.2 Task Management

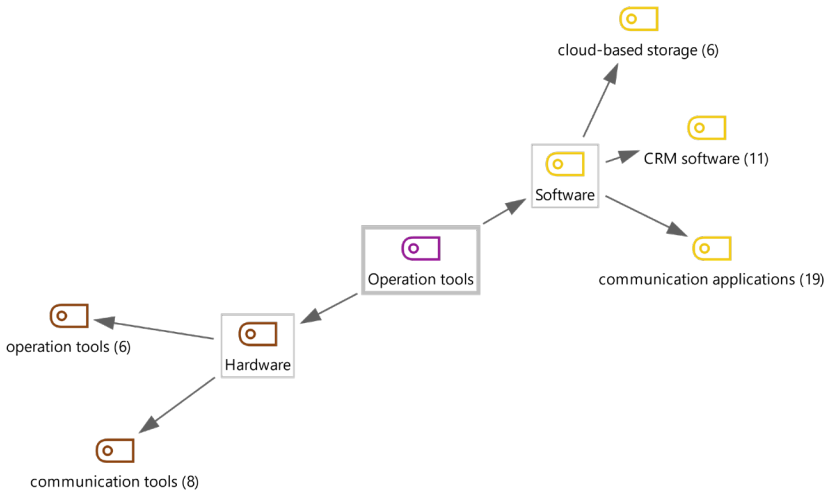
The task management subcategory consists of the combination of specific and clear tasks, planning the action steps, task scheduling and prioritization, progress tracking, and task change and reassignment codes. The importance of mission planning and management was emphasized in the interviews. Some excerpts from the statements of participant coded P1 in this subcategory are as follows:

"...we are running a large operation, sometimes there can be significant changes. We immediately notify the relevant colleagues about these changes. We revise it on the platform we use and then deliver it to the field. We expect our friends in the field to implement it as well. We are very sensitive about this issue. We ensure that the duties are clearly written, the managers they report to, the locations they report to, the locations of their work areas, all of these clearly, and we reach an agreement with our staff, compromise and follow up on this..." (P1)

3.3 Operation Tools

The operation tools category consists of a combination of software and hardware subcategories and covers five codes in total. The subcategory and code model for the operation tools category are visualized in Figure 5.

Figure 5: **The operation tools category code map**



Although the participants did not emphasize it as much as other categories, it emerged as a dimension that should not be neglected. Participants emphasized the need to provide employees with the necessary hardware and software when working both remotely and mobile. Sample excerpts and short explanations from the interviews regarding the software and hardware subcategories are provided below.

3.3.1 Software

The software subcategory consists of a combination of communication applications, cloud-based workflow, and CRM software codes. Emphasis on the software required to run the business constitutes this subcategory. Some excerpts from the statements of participants coded P14, P8, and P12 on this subject are as follows:

"...we use applications such as Zoom more than ever before to reach a patient..." (P14)

"...in all projects, we have sharing environments such as WhatsApp groups and Google Drive. We share there. In other words, we do whatever is necessary to spread information homogeneously throughout the institution..." (P8)

"...we licensed the Microsoft Teams application package for each staff member... ...we do patient tracking via CRM..." (P12)

3.3.2 Hardware

The hardware subcategory consists of a combination of communication tools and operation tools codes. This subcategory includes emphasis on the hardware required to run the business. The statements of participants coded P13 and P2 on this subject are as follows:

"...if you expect the employee to work 24x7, you need to provide equipment such as phones, laptops, cars..." (P13)

"...a car is a necessity in our line of work. We also provide iPhones to each of our employees..." (P2)

4. DISCUSSION

4.1 Sector-Specific Dynamics and the Nature of Telework in Medical Tourism

Conducting research on healthcare intermediaries within the medical tourism sector enables the contextualization and targeted application of findings, rather than broad generalizations across all industries. This distinction stems from the differing work dynamics observed in healthcare, tourism, services, and manufacturing sectors. Although telework is broadly defined in the literature, studies consistently reveal that a "one size fits all" approach is not viable when it is implemented as a business model (Hassan et al., 2022, p.1921). Instead, sector-specific dynamics shape the structure and success of telework arrangements (Dunn et al., 2023).

Our findings uncover a high-mobility telework model shaped by three key dimensions: e-leadership, working order, and operational tools. The model emphasizes internal communication and information flow, performance and reward mechanisms, employee autonomy, flexibility in time and location, effective task management, and the use of communication technologies. These attributes reflect the intrinsic alignment between the operational structure of the sector and the requirements of high-mobility telework. Previous studies have shown that medical tourism companies operating under alternative business models often fail due to neglecting the medical aspect, failing to provide consistent, transparent communication across the patient journey, and ultimately losing customer trust (Turner, 2011; 2012).

In addition, the research sample consisted of firms with 32 to 74 employees, most of which qualify as SMEs, as noted in the introduction. Prior studies have shown inconsistent results regarding the relationship between firm size and telework adoption. Haider and Anwar (2023) found that telework is more common in firms with over 250 employees, particularly those exceeding 500. Similarly, Milasi et al. (2021) reported higher telework adoption in firms with more than 50 employees. In contrast, Kotey and Koomson (2021) argued that flexible work arrangements are more financially advantageous for firms with up to 99 employees but may have diminishing returns in larger firms. Taken together, these mixed findings suggest that organizational scale alone does not determine telework viability. Rather, sector-specific conditions—such as time-zone sensitivity, irregular and urgent customer demands, and international operations—play a more decisive role in shaping the suitability and effectiveness of telework.

4.2 Sectoral Perspectives

Adoption and adaptation of telework vary considerably across different sectors. In the construction industry, efforts focus on integrating virtual meetings and digital collaboration tools, but overall adaptation remains in its early stages (Burton et al., 2021). Similarly, the public sector is grappling with issues such as developing legal frameworks and improving employees' digital competencies (Fraij & Aburumman, 2021), indicating its relative distance from telework implementation.

In contrast, sectors aligned with Industry 5.0—such as manufacturing, R&D, and tech-driven services—exhibit higher compatibility with telework. These sectors benefit from enhanced employee productivity, structured performance monitoring systems, and managerial support mechanisms (Kitagawa et al., 2021; Kim et al., 2021). These features align with our findings but reflect broader, cross-sectoral success factors in telework. Notably, cybersecurity has emerged as a major concern in these high-tech contexts due to widespread use of AI, IoT, and smart systems (Bedón et al., 2024). Consequently, investment in cybersecurity infrastructure and employee training has become critical.

Unlike these sectors, medical tourism intermediaries do not rely heavily on complex digital systems. Instead, basic but effective communication tools and CRM systems—along with secure, but not overly complex, information handling—appear sufficient. Sector-specific challenges such as unpredictable customer demands, time flexibility, and continuous customer communication are emphasized in our study but are less central in broader Industry 5.0 contexts.

4.3 Alignment with Existing Literature and Theoretical Models

Service sector research often overlooks the nuanced dynamics of its sub-sectors, instead offering generalized conclusions (Yorulmaz & Baykal, 2024; Stoian et al., 2022). For instance, studies have emphasized the importance of cultivating an organizational culture that supports telework. While Yorulmaz and Baykal (2024) highlight culture-building as a prerequisite for transitioning to telework, Stoian et al. (2022) stress the importance of established procedures and subcultures. However, these studies largely focus on the COVID-19-driven telework transition, not on long-term strategic adaptation. In contrast, our study provides a model designed not to create a new culture, but to optimize and reinforce existing structures in response to sectoral needs.

In addition, Yorulmaz and Baykal (2024) emphasize the need to create a telework culture but do not address leadership roles. Stoian et al. (2022), on the other hand, only touch on leadership superficially and rely largely on theoretical inference. In contrast to these two studies, Van Wart et al. (2019) offer a theoretical model highlighting the critical role of e-leadership in telework environments. Our research on medical tourism intermediaries provides empirical support for Van Wart et al.'s propositions by emphasizing the leader's role in ensuring clear communication, motivating employees, and fostering a culture of trust.

In this respect, our study differs from previous research by placing e-leadership at the core of effective telework management, aligning directly with Van Wart et al. (2019) while extending the practical understanding of leadership in sector-specific contexts.

Moreover, our findings suggest that ensuring employee autonomy and enabling flexible leave arrangements support work-life balance, addressing one of the key challenges noted by Van Wart et al. (2019) and Stoian et al. (2022). Social isolation, another concern in remote settings (Nakrošienė et al., 2019), is mitigated through occasional in-person gatherings and low power-distance practices. Feedback loops and reporting mechanisms, while essential, should be carefully managed to avoid information overload and leader burnout (Tseng et al., 2019; Liu et al., 2022).

Contreras et al. (2020) similarly underscore the importance of e-leadership and trust-building, while Nakrošienė et al. (2019) highlight managerial support and employee empowerment during crises as key telework success factors. These insights are reflected in our findings. Notably, while other studies emphasize whether telework is a suitable option, our research begins with the premise that telework is an operational necessity—focusing instead on how it can be optimized.

Most studies that aim to explore the holistic structure of telework have treated task management rather superficially. However, clearly defining roles and responsibilities is central to effective management control systems (Merchant & Van der Stede, 2017). Müller et al. (2022) also point to the relationship between task clarity, flexibility, and job performance. Our findings echo these insights by highlighting task scheduling, prioritization, and tracking as core elements of the working model.

Consistent with the literature, our findings emphasize the importance of technological infrastructure (Yorulmaz & Baykal, 2024; Stoian et al., 2022; Gohoungodji et al., 2023). In addition to software, however, our study draws attention to the need for hardware, including transport vehicles, which enable staff to maintain in-person contact with clients when needed.

4.4 The Impact of Research Results on Different Stakeholders

Medical tourism intermediaries are positioned at the center of a complex supply chain involving multiple stakeholders, including patients, medical providers, transportation and accommodation services, visa consultants, and insurance firms (Karadayı-Usta & SerdarAsan, 2020). Research emphasizes that the sector's success depends heavily on the quality of cooperation among these actors (Kamassi et al., 2020). Moreover, growing digitalization has made intermediaries' distribution roles more intricate (Kontis & Skoultsos, 2022).

The high-mobility telework model revealed by our research aligns with these realities. Its features—such as time and location flexibility, structured task management, and integrated communication—help ensure synchronization across stakeholders (Medhekar & Haq, 2015). Lack of coordination, as prior research warns, could jeopardize the sector's overall functionality (Tsekouropoulos et al., 2024).

4.5 Cultural Context and National Specificity

Beyond sectoral applicability, cultural context also influences telework viability. According to Hofstede's (2011) cultural dimensions, Türkiye exhibits high power distance and uncertainty avoidance, and low individualism, traits traditionally considered incompatible with telework (Adamovic, 2022). These traits foster expectations of constant managerial oversight and structured work environments (Raghuram & Fang, 2014).

Our findings highlight practices, such as clear communication, leader support, reduced power hierarchies, and autonomy, that compensate for these cultural limitations. Moreover, trust-building, fair treatment, and a sense of employee inclusion help mitigate the challenges of collectivism and high uncertainty avoidance (Venaik & Brewer, 2010).

While the model may apply well to culturally similar countries (e.g., in Asia), adaptations may be necessary in more individualistic, low power-distance societies. Magnier-Watanabe (2025), for instance, shows that ideal office-remote work balance differs between Japan and the U.S. However, Hofstede's framework is not entirely predictive. Finland and Singapore, both high in collectivism, show high telework adoption due to strong digital infrastructures (Wang & Boell, 2021). Economic development and digital skills also mediate telework adaptation (Bălăcescu et al., 2021). Thus, any model must be contextually tailored to cultural, technological, and economic conditions.

4.6 Emerging Technological Trends

Ongoing advancements in information and communication technologies are rapidly transforming the health tourism sector (Nouhaila et al., 2024). Future trends include the integration of Artificial Intelligence, the Metaverse, gamification, and virtual reality tools for managing accommodation, communication, and security (Akalın & Demirbaş, 2024; Hassan & Bellos, 2022). Kontis & Skoultsos (2022) discuss the rise of e-intermediaries, while other studies predict that blockchain may eliminate the need for intermediaries by facilitating direct, transparent transactions (Tyan et al., 2021; Rejeb et al., 2020).

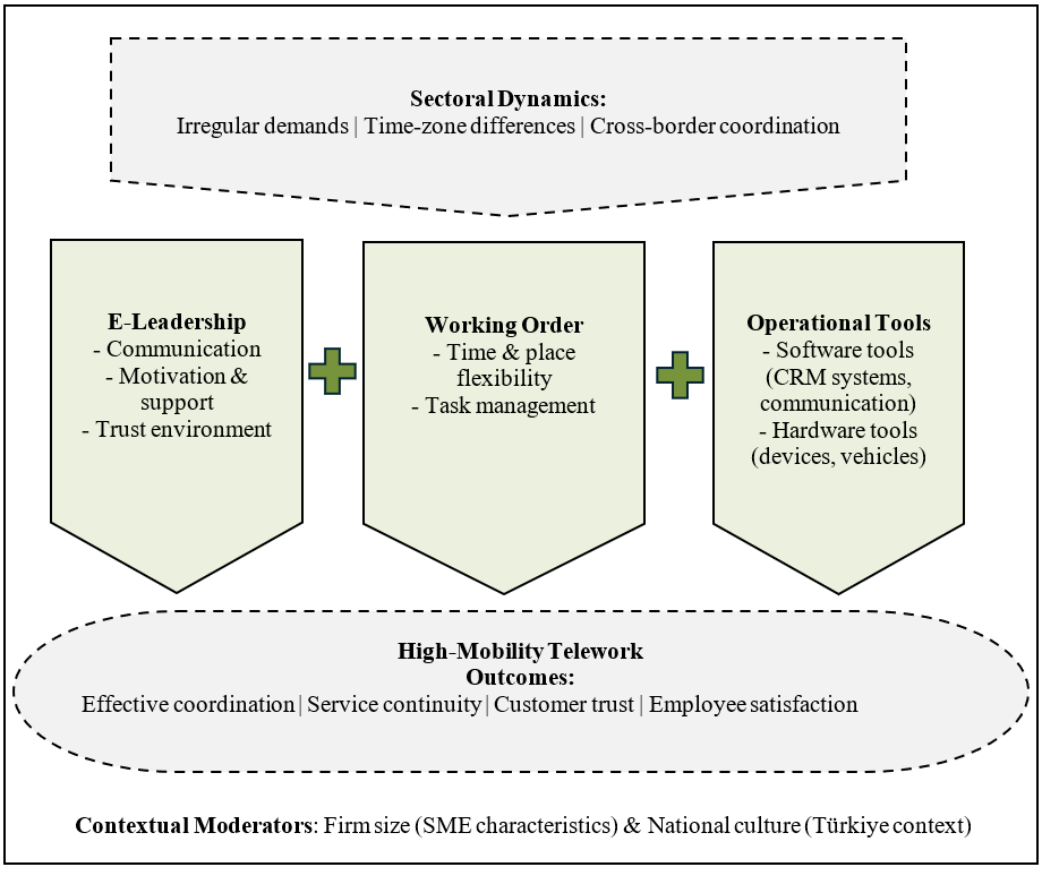
Yet having accurate data alone is not sufficient. As illustrated by the metaphors "the shortest route is not always the best" or "knowing ingredients doesn't make one a baker," technology must be accompanied by interpretive guidance and personalized service. Health tourism intermediaries can play a vital role by building integrated platforms that link disparate systems across the supply chain (Boroujeni et al., 2020). Such platforms enable real-time tracking and communication, but also raise cybersecurity concerns, highlighting the need to embed digital security protocols into future business models.

CONCLUSION

To remain competitive and sustainable in the dynamic landscape of the medical tourism industry, healthcare intermediary companies must first establish an appropriate working model as a strategic management tool. High-mobility telework is a form of work that offers the flexibility required to respond to industry-specific challenges. The findings of this study reveal that the successful implementation of such a model depends on a three-dimensional structure comprising e-leadership, working order, and operation tools.

The conceptual model summarized in Figure 6 provides a visual synthesis of the study's main findings, depicting how telework functions as a holistic management system tailored to the medical tourism industry. This representation can serve as a reference framework for managers and researchers aiming to design or evaluate telework systems in other service sectors characterized by cross-border interaction and irregular customer demands.

Figure 6: **Conceptual model of high-mobility telework in healthcare intermediaries**



Beyond the specific context of the medical tourism industry, the proposed high-mobility telework framework may also offer valuable insights for other service-based sectors characterized by similar operational dynamics. Sectors such as travel agencies, international logistics, consultancy, and digital service providers share comparable features, including geographically dispersed clients, irregular service demands, and the necessity for continuous cross-border communication. For these industries, adopting a work model that integrates e-leadership, flexible working structures, and effective task management could enhance both

operational efficiency and employee responsiveness. However, the potential transferability of the model depends on contextual conditions such as the degree of digital infrastructure, regulatory flexibility, and the industry's reliance on real-time service delivery. Thus, while the framework is developed within the medical tourism context, its underlying principles may be adapted and extended to other sectors that require high mobility, technological interdependence, and uninterrupted customer engagement.

Theoretical Contribution

This study makes several theoretical contributions to the currently limited body of research on intermediary healthcare companies within the medical tourism industry. First, it introduces a comprehensive telework model tailored to sectoral needs, thereby addressing a theoretical gap in the literature on the management of telework from an organizational perspective. In doing so, the study validates and extends several theoretical frameworks.

The first paradigm is the Dynamic Capabilities Theory, which focuses on the competitive advantage of firms in uncertain and dynamic environmental conditions, such as medical tourism, and provides a strong foundation for this study. The theory defines dynamic capabilities as "the firm's ability to integrate, build, and reconfigure internal and external competencies to address rapidly changing environments" (Teece et al., 1997, p. 516). Unlike the Resource Based Theory (Barney, 1991), which suggests that firms' competitive advantage comes from their rare, valuable, and hard-to-imitate internal resources, it suggests that non-tradable "soft" assets such as values, experience, and skills cannot be acquired as a resource; they must be built (Teece et al., 1997, p. 528). Our findings, which present a holistic telework model for medical tourism intermediaries to adapt to dynamic environments, suggest that the dimensions of the working order that can be provided with operational tools and specific procedures can be obtained as resources. However, our results contribute to the theory with the e-leadership category, subcategories, and codes that they reveal for the construction of soft leadership elements that cannot be obtained as resources.

Another paradigm is Social Exchange Theory, which aims to understand the nature of the relationship between the business and the employee. The theory proposes two dimensions of exchange between the company and the employee, "*economic*" and "*social*" (Blau, 1964). The basic assumption of the theory is that mutual love and trust are provided through social rewards rather than economic gain for the employee. While social exchange processes are negatively affected by the decrease in leader-member interaction and perceived organizational support due to the virtual interaction created by telework (Kuruzovich et al., 2021), the motivation and trust-building factors revealed by our findings improve the understanding of the provision of social exchange for telework.

According to the E-Leadership theory, which argues that existing leadership theories are not sufficient to explain telework based on information and communication technologies, leadership requirements in traditional and virtual environments are different, and leaders should blend technologies and traditional communication in telework-type studies (Van Wart et al., 2017; 2019). Our research findings present a holistic working model with an exploratory approach, supporting and developing the E-Leadership Theory that needs to be tested. As a result of the research, while the communication, motivation and trust-building dimensions discovered for e-leadership are presented to support the theory, the theory is expanded with communication and operational tools, which are the hardware requirements for high-mobility telework-oriented contexts in the context of medical tourism, in addition to the software required for the execution of the work.

Finally, the results of our research are integrated with the Theory of Planned Behavior, which is used to predict consumer behavior and is also frequently used in the tourism context. This paradigm shows that companies' lack of attention and communication to tourists significantly negatively affects tourists' revisit intentions (Khan et al., 2017). The time and place flexibility in the model revealed by our research results, as well as the features of punctuality, after-sales services, and meeting irregular and unexpected customer demands, bridge the gap between understanding the effects of the types of work of medical tourism intermediaries on tourists' behavior.

Practical Implications

For success in telework applications, e-leadership must be carried out, which includes communication, motivation, and creating an environment of trust as the leader's duties. In addition, a working order that includes mobile and flexible working hours and good task management should be provided regarding working time and place. Finally, software and hardware operation tools should not be neglected.

The leader must communicate accurately and directly with the employees, which must be clear and precise to avoid misunderstandings. In addition to the necessity of providing information flow for strong communication, the leader must also prevent irrelevant communication that will not cause communication poisoning to the employee. Establishing strong communication with employees requires developing friendly relations and keeping power distances low. This can be achieved by the leader constructing the company as a horizontal organization. It is also a strong argument to organize social events outside work to reduce power distance and establish close relationships.

Ensuring employee motivation has come to the fore as a necessity that falls within the leader's responsibility. The leader must determine a good reward and promotion policy and establish a soft system to monitor employee performance. In addition, the leader's support for the employees to take responsibility, supporting the employees in possible crises, standing behind them as a problem-solving authority, and involving them in critical decision-making processes within the company have come to the fore as leadership characteristics that increase employee motivation.

Research results indicate the necessity of providing a trustworthy environment in high-mobility telework applications. The primary responsibility here belongs to the leader. The leader should make the employee feel trusted by providing free choice. However, to prevent idleness, it has to be like velvet handcuffs, metaphorically speaking. In addition, to create an environment of trust, the leader must distribute tasks, resources, and relationships fairly and make this felt.

The results highlight the necessity of working independently of time and place to keep up with the industry dynamics. Employees' working hours must be arranged to meet these requirements. International work and, in addition, working in an industry that may involve irregular demands, such as healthcare, often require working outside the established working order in terms of time and place. However, employees should be provided flexible holiday opportunities to eliminate this situation that may create a disadvantage.

Another difficulty that arises from not working on a classical working schedule in a particular office is that task management and follow-up must be done within the framework of a proper system. In cases where employees are physically distant from each other, and it is often not possible to gather them within the same working hours, a clear definition of tasks, clarification of action steps to be followed, tracking developments, and delegating tasks when necessary are essential issues for high-mobility telework efficiency. In addition, employees must be provided with software and hardware operation tools.

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

This study has several limitations that should be acknowledged to guide future research. The study was conducted in İstanbul, Türkiye, which represents the country's primary medical tourism hub but may not fully capture the diversity of other regional contexts. Therefore, the findings should be interpreted within this geographically bounded context. Future studies could extend the geographic coverage to include different regions of Türkiye or conduct cross-national research to compare telework dynamics and management practices in various cultural and institutional environments.

In addition, the research findings were derived from businesses with employee counts ranging from 32 to 74, many of which fall within the SME category. While this structure reflects the characteristics of most healthcare intermediaries operating in the sector, firms of larger scale may exhibit different patterns of telework adoption, leadership organization, and technology use. Future studies could therefore diversify firm size composition and examine how organizational scale affects telework structures, managerial control systems, and performance outcomes.

The cultural context of Türkiye, marked by relatively high power distance and collectivism, may also influence leadership behavior, employee autonomy, and communication patterns in telework. Although this study discussed cultural implications, future research could explore the proposed model in different cultural and economic settings, assessing how variations in digital literacy, hierarchy, and trust norms affect the applicability of high-mobility telework models.

Another limitation concerns the reliance on self-reported qualitative data collected from managers. The views expressed may be influenced by response bias or managerial perspectives that differ from employees' experiences. Future studies could address this limitation by incorporating employee interviews or surveys and employing mixed-method approaches to strengthen methodological triangulation and enhance validity.

Additionally, since this research relied on a qualitative exploratory design, future work could employ mixed-method or longitudinal approaches to validate and expand upon the proposed framework quantitatively. Finally, potential response bias and self-reporting tendencies inherent in interview-based research should be acknowledged; triangulation with observational or secondary data sources could strengthen the robustness and generalizability of future findings.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In preparing this paper, the author used ChatGPT 5.0 to improve the readability and language of the manuscript. Following the use of this tool/service, the author has reviewed and edited the content as necessary and takes full responsibility for the content of the published article.

REFERENCES

Adamovic, M. (2022). How does employee cultural background influence the effects of telework on job stress? The roles of power distance, individualism, and beliefs about telework. *International Journal of Information Management*, *62*, 102437. https://doi.org/10.1016/j.ijinfomgt.2021.102437

Akalın, B., & Demirbaş, M. B. (2024). Sağlık turizminde web 5.0'a doğru gelişmeler: Sistematik derleme. *Sağlık ve Sosyal Refah Araştırmaları Dergisi*, *6*(1), 48-65. https://doi.org/10.55050/sarad.1321744

Aladağ Bayrak, Ö., & Dalkıran, G. B. (2020). Sağlık turizminde aracı kurumların web sitelerine yönelik bir değerlendirme: Türkiye örneği. *Balkan & Near Eastern Journal of Social Sciences (BNEJSS)*, *6*, 171-180.

Asmussen, K. E., Mondal, A., Batur, I., Dirks, A., Pendyala, R. M., & Bhat, C. R. (2024). An investigation of individual-level telework arrangements in the COVID-era. *Transportation Research Part A: Policy and Practice*, *179*, 103888. https://doi.org/10.1016/j.tra.2023.103888

Athalage, K. C. (2024). The impact of hybrid working on employee way of life and the need to reshape the employee value proposition. [Unpublished Doctoral dissertation]. United Arab Emirates University.

Bălăcescu, A., Pătraşcu, A., & Păunescu, L. M. (2021). Adaptability to teleworking in European countries. *Amfiteatru Economic*, *23*(58), 683-699. https://doi.org/10.24818/EA/2021/58/683

Baltacı, A. (2019). Nitel araştırma süreci: Nitel bir araştırma nasıl yapılır? Ahi Evran Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 5(2), 368–388. https://doi.org/10.31592/aeusbed.598299

Barney, J. B. (1991). Firm resources and sustained competitive advantage. *Journal of Management, 17*, 99–120. https://doi.org/10.1177/014920639101700108

Bedón, A., Pujol, F. A., Ramírez, T., Mora, H., & Pujol, M. (2024). The importance of teleworking and its implications for industry 5.0: A case study. *IEEE Access*, *12*, 80529-80548. https://doi.org/10.1109/ACCESS.2024.3410370

Blau, P. M. (1964). Exchange and power in social life. New York: Wiley.

Boroujeni, H. Z., Taghva, M. R., Mahmoudzadeh, S. M., & Maleki, R. (2020). Infrastructure management of medical tourism facilitator firms in Iran. *Journal of Health Administration*, *23*(4), 20-32.

Braçe, O., Garrido-Cumbrera, M., & García-Marín, R. (2023). Approaches to health tourism from the geography. Definition and study field. *Cuadernos de Turismo*, *51*, 429-432. https://doi.org/10.6018/turismo.571521

Burton, E., Edwards, D. J., Roberts, C., Chileshe, N., & Lai, J. H. (2021). Delineating the implications of dispersing teams and teleworking in an Agile UK construction sector. *Sustainability*, *13*(17), 9981. https://doi.org/10.3390/su13179981n

Carrasco-Garrido, C., De-Pablos-Heredero, C., & Rodríguez-Sánchez, J. L. (2023). Exploring hybrid telework: A bibliometric analysis. *Heliyon*, *9*(12). https://doi.org/10.1016/j.heliyon.2023.e22472

Castrejón, E. A., Fernández, A. M. L., Pérez, H. X. R., & Aragón, G. D. (2023). Digital consumer behavior and medical tourism: A regional analysis in Mexico. *Contaduría y Administración*, *68*(4), 241-260. http://dx.doi.org/10.22201/fca.24488410e.2023.4968

Chaulagain, S., Pizam, A., & Wang, Y. (2020). An integrated behavioral model for medical tourism: An American perspective. *Journal of Travel Research, 60*, 761–778. https://doi.org/10.1177/0047287520907681

Columbia University Mailman School of Public Health. (n.d.). *Content Analysis.* Retrieved February 11, 2025, from https://www.publichealth.columbia.edu/research/population-health-methods/content-analysis

Constantin, F., & Kavoura, A. (2022). Digital entrepreneurship via sustainable online communication of dentistry profession, Oradea, Romania: A longitudinal analysis. *Sustainability*, *14*(2), 802. https://doi.org/10.3390/su14020802

Contreras, F., Baykal, E., & Abid, G. (2020). E-leadership and teleworking in times of COVID-19 and beyond: What we know and where do we go. *Frontiers in Psychology*, *11*, 590271. https://doi.org/10.3389/fpsyg.2020.590271

Creswell, J. W. (2013). Beş yaklaşıma göre nitel araştırma ve araştırma deseni (M. Bütün & S. B. Demir, Prev.). Ankara: Siyasal Kitabevi.

Creswell, J. W., & Plano Clark, V. L. (2020). Karma yöntem araştırmaları tasarımı ve yürütülmesi (Y. Dede & S. B. Demir, Prev.). Ankara: Anı Yayıncılık.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist, 35*(2), 236–264. https://doi.org/10.1177/0011000006287390

Daba, R. M. A., Maghfuri, S. A. W., Alameer, A. N. M., Hakami, E. A. A., Hafzi, L. A. H., Al-Absi, J. M. M., … Alotaibi, F. A. R. (2024). Medical secretaries as healthcare intermediaries: Balancing administrative tasks and patient support. Journal of International Crisis and Risk Communication Research, 7(S10), 233.

Dabaghi, H., Saieda Ardakani, S., & Tabataba'i-Nasab, S. M. (2022). Customer experience management in medical tourism (case study: Iranian hospital's medical tourists). *Journal of Islamic Marketing*, *13*(1), 198-226. https://doi.org/10.1108/JIMA-04-2020-0092

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, *40*(4), 314-321. https://doi.org/10.1111/j.1365-2929.2006.02418.x

Dingel, J. I. & Neiman, B. (2020). How many jobs can be done at home?. *Journal of Public Economics, 189*, 104235. https://doi.org/10.1016/j.jpubeco.2020.104235

Dunn, M., Munoz, I., & Jarrahi, M. H. (2023). Dynamics of flexible work and digital platforms: Task and spatial flexibility in the platform economy. *Digital Business*, *3*(1), 100052. https://doi.org/10.1016/j.digbus.2022.100052

Eppich, W.J., Gormley, G.J., & Teunissen, P.W. (2019). In-Depth Interviews. In: Nestel, D., Hui, J., Kunkler, K., Scerbo, M., Calhoun, A. (eds) *Healthcare Simulation Research* (pp. 85-91). Springer, Cham. https://doi.org/10.1007/978-3-030-26837-4_12

Eti, S., & Yorulmaz, H. (2025). Yönetim araçları seçiminde sektör analizi ve çok kriterli karar verme teknikleri kullanımı: Hibrit entropi-topsis metodu ile sağlık turizmi aracı işletmelerine yönelik bir uygulama. *Kahramanmaraş Sütçü İmam Üniversitesi Mühendislik Bilimleri Dergisi*, *28*(1), 230-244. https://doi.org/10.17780/ksujes.1539509

Fraij, J., & Aburumman, N. (2021). How does telework act as a solution to the public sector in the time of pandemic. *Journal of Intelligence Studies in Business*, *9*(17), 13-24.

Gohoungodji, P., N'Dri, A. B., & Matos, A. L. B. (2023). What makes telework work? Evidence of success factors across two decades of empirical research: A systematic and critical review. *The International Journal of Human Resource Management*, *34*(3), 605-649. https://doi.org/10.1080/09585192.2022.2112259

Grünbaum, N. N. (2007). Identification of ambiguity in the case study research typology: what is a unit of analysis?. *Qualitative Market Research: An International Journal*, *10*(1), 78-97. https://doi.org/10.1108/13522750710720413

Guest, G., Bunce, A. & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. https://doi.org/10.1177/1525822X05279903

Haider, M., & Anwar, A. I. (2023). The prevalence of telework under Covid-19 in Canada. *Information Technology & People*, *36*(1), 196-223. https://doi.org/10.1108/ITP-08-2021-0585

Hassan, A. F., Karim, A. M., & Hameed, J. (2022). Hybrid model for remote work practice in the post pandemic era: Prospects and challenges. *International Journal of Academic Research in Business and Social Sciences*, *12*, 1920-1926. http://dx.doi.org/10.6007/IJARBSS/v12-i12/15988

Hassan, V., & Bellos, G. (2022). COVID-19: Reshaping medical tourism through artificial intelligence (AI) and robotics. *Athens Journal of Tourism*, *9*(2), 77-98. https://doi.org/10.30958/ajt.9-2-2

Helmy, E. (2011). Benchmarking the Egyptian medical tourism sector against international best practices: An exploratory study. *Tourismos*, *6*(2), 293-311.

Herrera, J., De las Heras-Rosas, C., Rodríguez-Fernández, M., & Ciruela-Lorenzo, A. M. (2022). Teleworking: The link between worker, family and company. *Systems*, *10*(5), 134. https://doi.org/10.3390/systems10050134

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, *2*(1), 8. https://doi.org/10.9707/2307-0919.1014

Hyett, N., Kenny, A. & Dickson-Swift, V. (2014). Methodology or method? A critical review of qualitative case study reports. *International Journal of Qualitative Studies on Health and Well-Being*, *9*(1), 23606. https://doi.org/10.3402/qhw.v9.23606

International Labour Organization (2020). *COVID-19: Guidance for labour statistics data collection; Defining and measuring remote work, telework, work at home and homebased work*. https://ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_747075.pdf

Joffe, H. (2011). Thematic analysis. In D. Harper & A. R. Thompson (Eds.), Qualitative methods in mental health and psychotherapy: A guide for students and practitioners (pp. 209–223). Chichester, UK: Wiley. https://doi.org/10.1002/9781119973249.ch15

Jones, A. M., Fan, J., Thomas-Olson, L., Zhang, W., & McLeod, C. B. (2023). Continuation of telework in the post-pandemic era: Healthcare employees' preference and determinants. *Healthcare Management Forum, 36*(4), 256-262. https://doi.org/10.1177/08404704231170733

Kamassi, A., Abd Manaf, N. H., & Omar, A. (2020). The identity and role of stakeholders in the medical tourism industry: state of the art. *Tourism Review*, *75*(3), 559-574. https://doi.org/10.1108/TR-01-2019-0031

Kandampully, J. & Solnet, D. (2015). *Service Management: Principles for Hospitality and Tourism*, IA: Kendall Hunt Publishing.

Karadayi-Usta, S., & SerdarAsan, S. (2020). A conceptual model of medical tourism service supply chain. *Journal of Industrial Engineering and Management*, 13(2), 246-265. https://doi.org/10.3926/jiem.3008

Khan, M. J., Chelliah, S., Haron, M. S., & Ahmed, S. (2017). Role of travel motivations, perceived risks and travel constraints on destination image and visit intention in medical tourism: Theoretical model. *Sultan Qaboos University Medical Journal, 17*(1), e11. https://doi.org/10.18295/squmj.2016.17.01.003

Kho, T. G. (2021). A framework of medical tourism as a niche trade item: A system approach. *Journal of Korea Trade*, *25*(2), 1-21. https://doi.org/10.35611/jkt.2021.25.2.1

Kim, T., Mullins, L. B., & Yoon, T. (2021). Supervision of telework: A key to organizational performance. *The American Review of Public Administration*, *51*(4), 263-277. https://doi.org/10.1177/0275074021992058

Kitagawa, R., Kuroda, S., Okudaira, H., & Owan, H. (2021). Working from home and productivity under the COVID-19 pandemic: Using survey data of four manufacturing firms. *PloS One*, *16*(12), e0261761. https://doi.org/10.1371/journal.pone.0261761

Kontis, A. P., & Skoultsos, S. (2022). Digital evolution in tourism marketing channels: Greek tourism industry and Online Travel Agencies. *European Journal of Tourism Research*, *30*, 3004-3004. https://doi.org/10.54055/ejtr.v30i.2591

Kotey, B., & Koomson, I. (2021). Firm size differences in financial returns from flexible work arrangements (FWAs). *Small Business Economics*, *56*(1), 65-81. https://doi.org/10.1007/s11187-019-00201-5

Kuruzovich, J., Golden, T. D., Goodarzi, S., & Venkatesh, V. (2021). Telecommuting and job outcomes: A moderated mediation model of system use, software quality, and social exchange. *Information & management*, *58*(3), 103431. https://doi.org/10.1016/j.im.2021.103431

Leavy, P. (2017). *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based, and Community-Based Participatory Research Approaches*. New York, NY, USA: The Guilfod Press. https://doi.org/10.1111/fcsr.12276

Liu, Y., Xu, N., Yuan, Q., & Tian, Z. (2022). The relationship between feedback quality, perceived organizational support, and sense of belongingness among conscientious teleworkers. *Frontiers in Psychology, 13*, 806443. https://doi.org/10.3389/fpsyg.2022.806443

Macnamara, J. (2010). Public relations and the social: How practitioners are using, or abusing, social media. *Asia Pacific Public Relations Journal, 11*.

Magnier-Watanabe, R. (2025). Telework experience, frequency, and knowledge management during COVID-19 in Japan and the United States. *Journal of Workplace Learning*, *37*(1), 59-77. https://doi.org/10.1108/JWL-02-2024-0050

Medhekar, A., & Haq, F. (2018). Halal branding for medical tourism: Case of Indian hospitals. In Khosrow-Pour, M. (Ed.), *Digital Marketing and Consumer Engagement: Concepts, Methodologies, Tools, and Applications* (pp. 1190-1212). IGI Global Scientific Publishing. https://doi.org/10.4018/978-1-5225-5187-4.ch061

Merchant, K. A., & Van der Stede, W. A. (2017). *Management Control Systems: Performance Measurement, Evaluation and Incentives*. Harlow: FT Prentice Hall.

Milasi, S., González-Vázquez, I., & Fernández-Macías, E. (2021). Telework before the COVID-19 pandemic: Trends and drivers of differences across the EU (OECD Productivity Working Papers No. 21). OECD Publishing.

Miles, M. B., & Huberman, A. M. (2016). Genişletilmiş bir kaynak kitap: Nitel veri analizi (S. A. Altun & A. Ersoy, Prev.). Ankara: Pegem Akademi.

Müller, T., Schuberth, F., Bergsiek, M., & Henseler, J. (2022). How can the transition from office to telework be managed? The impact of tasks and workplace suitability on collaboration and work performance. *Frontiers in Psychology*, *13*, 987530. https://doi.org/10.3389/fpsyg.2022.987530

Nakrošienė, A., Bučiūnienė, I., & Goštautaitė, B. (2019). Working from home: characteristics and outcomes of telework. *International Journal of Manpower*, *40*(1), 87-101. https://doi.org/10.1108/IJM-07-2017-0172

Nouhaila, B. K., Aarabe, M., & Alla, L. (2024). The impact of digitalisation on the customer experience in medical tourism: A systematic review. In Talukder, M. B., Kumar, S., & Tyagi, P. K. (Eds.), *Impact of AI and Tech-Driven Solutions in Hospitality and Tourism* (pp. 408-428), IGI Global Scientific Publishing. https://doi.org/10.4018/979-8-3693-6755-1.ch020

Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work, 1*(3), 261–283. https://doi.org/10.1177/1473325002001003636

Patton, M. Q. (2015). *Variety of qualitative inquiry frameworks: Paradigmatic, philosophical, and theoretical orientations. qualitative research and evaluation methods. 4th ed.* Thousand Oaks: SAGE Publications.

Raghuram, S., & Fang, D. (2014). Telecommuting and the role of supervisory power in China. *Asia Pacific Journal of Management*, *31*, 523-547. https://doi.org/10.1007/s10490-013-9360-x

Rejeb, A., Keogh, J.G. & Treiblmaier, H. (2020). The impact of blockchain on medical tourism. In: Lang, K.R., et al. (Eds.), *Smart Business: Technology and Data Enabled Innovative Business Models and Practices* (pp. 29-40). Springer: Cham. https://doi.org/10.1007/978-3-030-67781-7_4

Rigby, D., Bilodeau, B., & Ronan, K. (2023). Management tools & trends 2023. Bain & Company. https://www.bain.com/insights/management-tools-and-trends-2023/

Sarantopoulos, I., Katsoni, V., & Geitona, M. (2014). Medical tourism and the role of e-medical tourism intermediaries in Greece. *Tourismos*, *9*(2), 129-145. https://doi.org/10.26215/tourismos.v9i2.412

Simeli, I., Tsekouropoulos, G., Vasileiou, A., & Hoxha, G. (2023). Benefits and challenges of teleworking for a sustainable future: Knowledge gained through experience in the era of COVID-19. *Sustainability*, *15*(15), 11794. https://doi.org/10.3390/su151511794

Stoian, C. A., Caraiani, C., Anica-Popa, I. F., Dascalu, C., & Lungu, C. I. (2022). Telework systematic model design for the future of work. *Sustainability*, *14*(12), 7146. https://doi.org/10.3390/su14127146

Tang, C. F., & Lau, E. (2017). Modelling the demand for inbound medical tourism: The case of Malaysia. *International Journal of Tourism Research, 19*(5), 584–593. https://doi.org/10.1002/jtr.2131

Tang, N., Zheng, X., & Chen, C. (2017). Managing Chinese diverse workforce: Toward a theory of organizational inclusion. *Nankai Business Review International, 8*(1), 39–56. https://doi.org/10.1108/NBRI-03-2016-0010

Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal*, *18*(7), 509-533. https://doi.org/10.1002/(SICI)1097-0266(199708)18:7<509::AID-SMJ882>3.0.CO;2-Z

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357. https://doi.org/10.1093/intqhc/mzm042

Tsekouropoulos, G., Vasileiou, A., Hoxha, G., Dimitriadis, A., & Zervas, I. (2024). Sustainable approaches to medical tourism: strategies for central Macedonia/ Greece. *Sustainability*, *16*(1), 121. https://doi.org/10.3390/su16010121

Tseng, S. T., Levy, P. E., Young, S. H. A., Thibodeau, R. K., & Zhang, X. (2019). Frequent feedback in modern organizations: Panacea or fad?. In Steelman, L. and Williams, J.R. (Eds), *Feedback at Work, Springer* (pp. 53-73), Cham. https://doi.org/10.1007/978-3-030-30915-2_4

Turk, E. & Arı, Y. (2024). The role of health tourism travel agencies in health tourism. *Bulletin of the International University of Tourism and Hospitality, 3*(5), 6-14. https://www.doi.org/10.62867/3007-0848.2024-3/5.01

Turkish Statistical Institute. (2025). Tourism Statistics, Quarter IV: October-December and Annual, 2024. https://data.tuik.gov.tr/Bulten/Index?p=Tourism-Statistics-Quarter-IV:-October-December-and-Annual,-2024-53660

Turner, L. (2011). Canadian medical tourism companies that have exited the marketplace: Content analysis of websites used to market transnational medical travel. *Globalization and Health*, *7*, 1-16. https://doi.org/10.1186/1744-8603-7-40

Turner, L. (2012). Canada's turbulent medical tourism industry, *Canadian Family Physicians, 58*(2), 371-373.

Tyan, I., Guevara-Plaza, A., & Yagüe, M. I. (2021). The benefits of blockchain technology for medical tourism. *Sustainability*, *13*(22), 12448. https://doi.org/10.3390/su132212448

Van Wart, M., Roman, A., Wang, X., & Liu, C. (2017). Integrating ICT adoption issues into (e-) leadership theory. *Telematics and Informatics*, *34*(5), 527-537. https://doi.org/10.1016/j.tele.2016.11.003

Van Wart, M., Roman, A., Wang, X., & Liu, C. (2019). Operationalizing the definition of e-leadership: identifying the elements of e-leadership. *International Review of Administrative Sciences*, *85*(1), 80-97. https://doi.org/10.1177/0020852316681446

Venaik, S., & Brewer, P. (2010). Avoiding uncertainty in Hofstede and GLOBE. *Journal of International Business Studies*, *41*(8), 1294-1315. https://doi.org/10.1057/jibs.2009.96

Wang, Y., & Boell, S. (2021). Telework Uptake and COVID: Will it be back to normal?-A preliminary international comparison. *ACIS 2021 Proceedings*, 74.

Yıldırım, A., & Şimşek, H. (2011). *Sosyal Bilimlerde Nitel Araştırma Yöntemleri* [Qualitative research methods in the social sciences]. Ankara: Seçkin Yayıncılık.

Yin, R. K. (2003). *Case Study Research – Design and Methods*, 3rd ed., Newbury Park, CA: Sage.

Yorulmaz H., & Baykal E. (2024). Telework as a dynamic capability of firms: A qualitative research and narratives. *Upravlenets / The Manager, 15*(1), 2–14. https://doi.org/10.29141/2218-5003-2024-15-1-1.

Yorulmaz, H., & Eti, S. (2024). Building telework capability in the new business era for SMEs, using spherical fuzzy AHP methodology for prioritizing the actions. *Future Business Journal*, *10*(1), 1-11. https://doi.org/10.1186/s43093-024-00299-4

Zhong, X., & Chan, C. S. (2024). Opportunities, challenges and implications of medical tourism development in Hong Kong. *International Journal of Tourism Research*, *26*(1), e2615. https://doi.org/10.1002/jtr.2615

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