

Pathology of Behaviors in Medical Tourism and Providing an Optimal Pattern of Behavior in the Face of Medical Tourists

Abstract

As one of the country's revenue-generating industries, medical tourism is an integral part of the economy. As the conduct of medical tourism hosts has a considerable influence on the satisfaction of visitors and the growth of this business, the current study aims to establish a model of optimal behavior while interacting with medical tourists. Due to a lack of appropriate behavioral patterns in dealing with medical tourists, medical tourists' dissatisfaction has increased, and Iran has not been able to make progress as expected in this industry, despite the importance of the tourism industry in the global industry and Iran's high capacity to enter it. This research was of applied purpose, and in terms of method, it was qualitative and a single case study. The statistical population of foreign patients had traveled to Urmia during the research period, and they were also specialists in the area and suppliers of medical and lodging services. Interviews were used to collect data until the point of theoretical saturation. The STAR model is the basis of the data analysis technique. After collecting and analyzing interview data using the STAR model, a desirable behavioral model was given. The position section identified two major themes of supportive and inhibiting factors. In the task category, there were two main themes of service provider conduct and upstream activities; in the actions category, there were two major themes of soft actions and hard actions; and in the results area, there were two major themes of positive and negative results.

Keywords: *Tourism, Medical tourism, Desirable pattern, Behavioral pattern*

**Negin Heydarzadeh^{1*},
Amin Faraji²,
Mohammad Ghaffari³,
Hassan zareie matin⁴**

1. College of Aras, University of
Tehran, Tehran, Iran

2. College of Farabi, University of
Tehran, Qom, Iran

*Corresponding Author,

Email:

negin.heidarzade@ut.ac.ir

Introduction / Problem Statement

Knowing how to handle international visitors is essential since short-term visits by foreigners to Iran are one of the most crucial elements in the expansion and development of the tourism industry in our country. There is always a good chance that foreign visitors will promote their host country. By offering enough instruction on how to serve a visitor, we should be happy and generate possibilities for him to revisit our country in the future. Aliakbar Abdolmalaki, head of the tourism and related businesses commission of the Iran Chamber of Commerce, says about the replacement of tourism income instead of oil income, "The Ministry of Cultural Heritage, Handicrafts, and Tourism should address the issue of educating and preparing the public's attitude toward foreign tourists as a first step. When individuals lack the essential training in dealing with foreign visitors, they are more likely to act contrary to the rules for attracting tourists; thus, the new ministry must educate the general population on the normal conduct standards for tourists in various places. In our country, relatively few individuals exhibit conventional conduct for tourists." The treatment of foreign visitors as one of the most successful components of the growth of the tourism sector in Iran has deficiencies that will be remedied only via specialized training and more vigilant oversight, and the tourist will leave the country satisfied (Yaqubzadeh, a member of the faculty of Academic Center for Education, Culture, and Research).

Medical tourism has always existed, but the global aspect of international medical treatment is a relatively young business

with tremendous growth (Hopkins et al., 2010). Hundreds of hospitals and clinics and more than 30 different countries now advertise as medical tourism destinations, whereas just a few institutions and nations did so a few years ago (Saadat Nia and Mehregan, 2014). For decades, individuals have traveled overseas for high-quality health treatment and wellness. Over the past few years, medical tourism has developed significantly (Stephan, 2016). The world's health tourism industry has been subject to global competition. Wealthy patients from developing countries go considerable distances to obtain better medical care in developed countries. Today, many middle-class patients from wealthy nations travel to so-called third-world places for medical treatment (Ghorbankhani et al., 2021). Medical tourism is one of the most profitable industries in the world, but Iran has not made significant progress in this area, even though medical tourism is Turkey's primary source of revenue. Therefore, as a country with potential, Iran should not rely on the oil industry; the tourism industry must be developed. In addition to its numerous unique tourist attractions, Iran's location in a region with poor health and medical care conditions in neighboring countries provides an ideal strategic position (Ahmedpour et al., 2018). Iran is in a place where the north and south waterways connect it to its neighbors. Iran might take advantage of this situation and generate revenue by building international hospitals and utilizing effective advertising since many countries in the nation's eastern neighbors pick Turkey for medical treatment. Additionally, Iraq is considered a significant source of cash

even though there are no adequate medical facilities; we cannot take advantage of this possibility. With the researcher's field study and a survey of specialists in this field, as well as interviews with foreign tourists who indicated unhappiness with several factors, including inappropriate behavior of specific physicians and hospital personnel, getting additional fees for appointments from some office clerks, non-follow-up of treatment by medical service providers, and lack of acceptable accommodation, transportation, and entertainment. It was established that the lack of a proper behavior model in dealing with medical tourists in the nation is the primary cause. As a result, Iraqi patients go to Turkey, even though the quality of medical care is lower than in Iran, and the cost is higher than in Iran. The present study was carried out in Urmia because of its proximity to neighboring countries like Iraq and Azerbaijan and the necessity to generate revenue for this city because of its high unemployment rate. Consequently, this research can give appropriate recommendations to authorities.

Iran has numerous assets, such as experienced physicians, modern equipment, and natural treatment places to attract health tourists, but it also has many flaws and obstacles, such as poor collaboration between institutions responsible for medical tourism and improper planning. In addition to the requirement to export medical goods and services, medical tourism money may be enticing, particularly for Asian nations that wish to advance in the development process (Tavakoli and Sarori, 2015). Given Iran's current capabilities and potential, more emphasis should be placed on health and medical tourism to develop the country's tourist industry. To make a significant contribution to this industry, we need to pave the way for tourism growth by increasing investment efficiency and adhering to long-term and comprehensive strategies. The continuance of the medical tourists' travel depends on how well they are treated in the meantime; therefore, enhancing the behavioral aspects of the hosts may have a considerable influence in this industry. This study aims to identify the optimal behavior pattern for dealing with medical tourists.

Research Objectives and Questions

Pathology of medical tourism behaviors and providing an optimal behavioral pattern in dealing with medical tourists

Theoretical Background

Reviewing the research literature revealed several models, such as the Robbins and STAR, and the researchers decided to employ the STAR model, which is more applicable to the current study.

Health Tourism concepts:

Health tourism has several definitions, some of which are listed below:

a) Provision of health care facilities utilizing the country's natural resources, particularly mineral water and climate

This definition is constrained and restricts the practice of health tourism to the usage of mineral waters and climate:

b) Imran defines health tourism as follows:

People can willingly travel for treatment, rest, and physical health or on a physician's suggestion (Harashe, 2002).

c) According to Tepache, health tourism is any trip to better one's or one's family's health (Ross, 2004).

Plaquet and William developed the definition of health tourism as follows:

Outside the workplace, tourism-related products and services are supplied to promote health through recreational and educational activities.

Compared to prior definitions, the following concept adds a new component to health tourism: the activities of researchers and students in this sector (Harashe, 2002).

Health Tourism

In this study, "health tourism" refers to foreign citizens visiting Iran to receive medical care at facilities that welcome international patients (Harashe, 2002).

Behavior definition: Behavior is every appearance, action, and position that appears from a person in material and spiritual life. This general concept includes all kinds of speech and actions, rational, emotional, reflexive, and emergency manifestations, and every manifestation that arises from a cause and motive (Javadi, 2009, p. 8).

2-2-3. Health Tourism types

1- Health Tourism: Wellness tourism is traveling to healthy villages and locations with mineral and hot springs water (spas) to relieve everyday life's stresses and rejuvenate without medical involvement or supervision and when the tourist does not have a specific physical disease.

2- Therapeutic Tourism: It refers to traveling to use natural healing resources (mineral springs and mud-bath therapy) to treat specific conditions or recuperate under medical observation and intervention.

3- Medical Tourism refers to traveling to treat physical diseases or perform surgery under doctors' supervision in hospitals and medical centers. In this type of health tourism, patients may need to use medical tourism spaces and services such as spas after treatment (Jabari, 2016).

Citizenship Behavior: It is a behavior performed voluntarily and without external motive. This beyond-the-call-of-duty conduct is performed to assist the business and the client without expecting a return (Ebrahimipour, Hassanzadeh, and Nemati, 2011).

Behavior Model

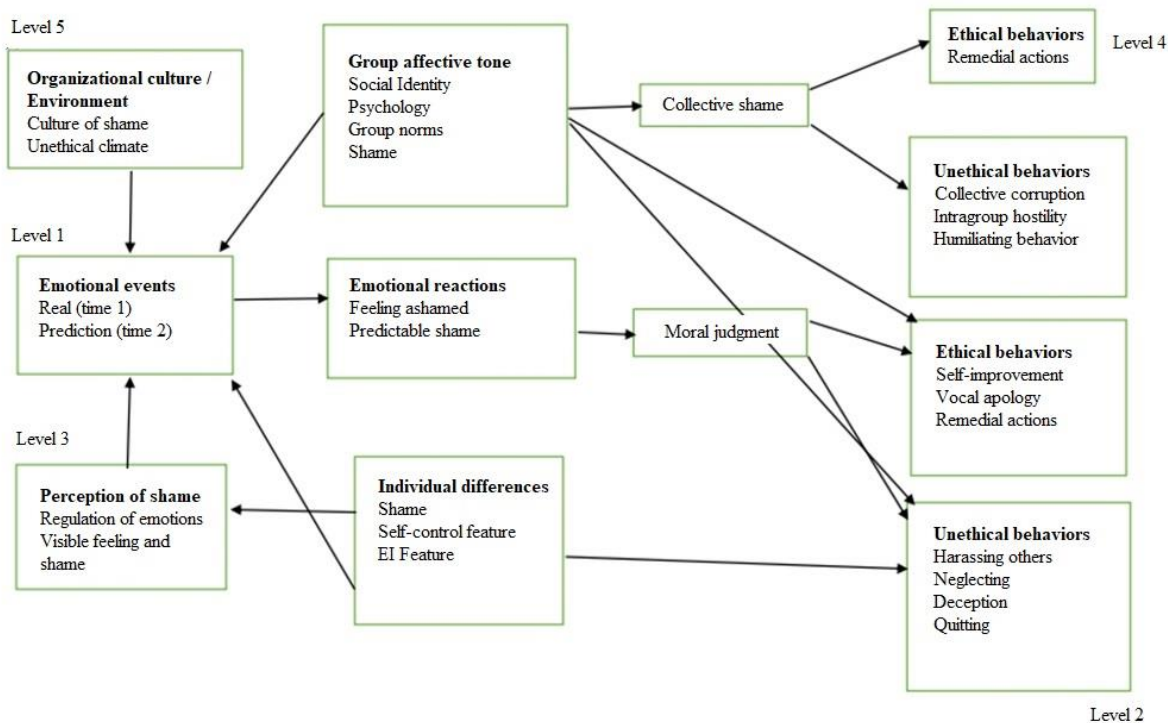
Dominance behavioral model (behavioral pattern D): how a person responds to issues and challenges

Influence behavioral model (behavioral pattern I): how does a person influence others

Steadiness behavioral model (behavioral pattern S or stable):
how a person reacts to changes in the environment

Conscientious behavioral model (behavioral pattern C or task-oriented): how a person reacts to rules

Fig 1 - Behavioral model



(Ghafari et al., 2014)

STAR model

This approach provides a direct process that may be applied to respond to suddenly posed behavioral interview questions (Iran Talent, 2019). The word STAR represents these four words:

Situation: Describe the situation and when it took place.

Task: Explain the task and what the goal was.

Action: Provide details about the action you took to attain this.

Result: Conclude with the result of your action.

Experimental Background

National literature:

A conceptual model for websites that facilitate medical tourism is presented in the research by Abu Hashemi titled "Providing a Model for Medical Tourism Websites." Selected Iranian medical tourism websites are then ranked using multi-indicator decision-making procedures based on the model. The model given is based on the importance and priority of information and services, whose repetition and importance are more significant at the first level than in the subsequent levels, and the prioritizing of information and services is determined by their frequency. These services and information are given to medical tourists at three levels and five broad categories (Abu Hashem Abadi, Farzaneh, December 2014).

Haj Sadr conducted research titled feasibility of creating and promoting medical tourism in Yazd. The primary objective of this study was to examine the viability of establishing and promoting health tourism in Yazd province. Through libraries, document centers, and interviews, quantitative and qualitative research approaches and data gathering strategies were utilized. Due to the region's infrastructure, specialist capacities, and medical and general tourism attractions, there is a potential for the development of health tourism, while general and specialized problems lie ahead (Afkham al-Sadat Haj Sadr, summer 2013).

Motallebi performed a "Medical Tourism Analysis" study utilizing decision-making approaches. This study found five strengths and thirteen flaws as significant variables. According to surveys, despite the high ranking of strengths relative to flaws, the significant number of weaknesses has led to an unfavorable internal environment for Qom's medical tourism. The research approach is a descriptive survey; the tools for data collection are library research and field (Motallebi, 2014).

Reza Abbasi (2015) published a study entitled Analysis on the Motivational Factors Affecting the Choice of Medical Centers in Iran by the Selected Sample of Medical Tourists.

International literature:

Harahsheh, in a 2002 study titled "Natural healing tourism in Jordan and its growth potential," evaluated the challenges tourists confront throughout their stay in this country and their

expectations. This study found that despite various drawbacks and issues with public transportation, cleanliness, prices, accessibility, and the country's rapidly growing health tourism industry, travelers had been satisfied with this service. According to the research, twenty natural treatment centers in Jordan can offer treatment services to tourists, four of which are highly developed, ten of which are average, and six of which are not highly developed (Del La Barre, 2005).

In 2003, Singh also delivered his Ph.D. dissertation on medical tourism in India, outlining India's exceptional future health tourism potential. For this reason, he has stressed future ideas for boosting the health tourism business and luring international travelers to India. This research has built and given a strategy framework for India that might make it a leader in medical tourism internationally. Policies and implementation methods of this strategy should place a high premium on educating the general public and enhancing communication that demonstrates the quality of medical care, decreasing waiting times and costs, and expediting the discharge of sick tourists (Najarian, 2004).

This study aims to determine the motivating elements that influence patients' selection of treatment institutions. The data is collected in two ways: through library research that led to the discovery of beneficial elements and through surveys and interviews with international patients. According to the findings, there is no connection between the availability of adequate lodging facilities and the variables of tourism, the selection of treatment centers, the reputation of the location as a tourist destination, and the combination of treatment holidays (Heng et al., 2010).

This article analyzes medical tourism's history, its economic impact, and tourist motives. In addition, the medical sector and tourist industry study a destination and a discourse analysis of related issues on a broader scale. A grounded theory that may serve as the basis for future research is provided, and research recommendations are proposed in collaboration with managers and policymakers. Examining numerous economic factors, little is known about the precise significance of medical

tourism on the rationale for the library approach. From the sustainability perspective, medical tourism has the potential to become a must-see destination for everybody, offering competitive prices and services. Under supervision, supplementary portions can alleviate the load on significant cultural resources, producing additional cash for conservation and development objectives. Medical tourism makes people remain and spend more money for longer durations (William Cannon Shekarchi, 2015).

In an article titled "Medical tourists from China: an update on motives, hurdles, and needs," qualitative methodologies were employed to identify Chinese perspectives on the motivations, challenges, and requirements of international medical tourists. Is. Different forms of medical tourism are associated with distinct urgency at the first motivation stage, as demonstrated by the findings. Specific incentives include modern technology, a Western medication that is unavailable or of higher quality, a controlled and regulated market, and the quality of treatment. High prices, the risk to one's health, lack of information, lack of companionship, and lack of time are restraining factors. Health insurance, accurate information, and an intermediate agency are related necessities. In addition, implications of the findings for international health care management, travel patients, and future studies are highlighted. However, an earlier study has been mostly on Westerners (the U.S. and Europe) (Xiaoqing Pan & J. Paulo Moreira, 2018). The study "Medical Tourism Case Study: Private Hospital Investment in Turkey" by Ulaş et al. addresses the particular environmental elements of the city that a private hospital should consider when implementing a strategic marketing plan to enter the medical tourism industry.

Qualitative research collected primary data from 2 managers and 12 medical specialists in a case hospital. The results show that government support, infrastructure, and economic factors such as cost, capacity, and orientation of human resources are the main influential factors in developing medical tourism for a private hospital (Dilber Ulaş & Yaprak Anadol).

Table 1 - Part of the research literature that has been reviewed

Row	Title	Authors	Method	Results	References	Purpose
1	Beyond health tourism slogans: revealing the reality of health tourism in Italy	1. ROSAL Bmanna 2. Mauro Cavallone 3. Maria Vincenza Ciasullo 4. Rocco Palumbo	A stereotypical logistic regression model was developed to discover the socio-demographic parameters responsible	The study's conclusions indicate that health tourism in Italy is still in its infancy and that the country needs good management rules to manage its tourism.	Current issues in tourism Published online: August 13, 2019 ISSN:1368_3500	Clarifying the reality of health tourism in Italy

			for the inclination of Italian tourism to combine tourism and health requirements.			
2	Satisfaction and well-being of medical tourists, a case study: Japanese and Korean tourists	1. Hyun Ji Kim 2. Timothy Jolee 3. Tae Gyou Ko	Comparative data from 158 Korean tourists who visited Sayuri, Japan, and 111 Japanese tourists who visited Busan, Korea, were gathered for these library review studies.	According to the results, health tourism seekers perceive SWE health tour participation as more positive than non-seekers. Additionally, the satisfaction level with tourism activities significantly affects the SWE of participants and non-participants.	Journal of travel & tourism marketing Published online: May 26, 2016 ISSN: 1054_8404 PP: 742_756	Investigating the difference in perception between the elderly on health tours and non-seekers of mental well-being
3	Tourism in a specialized sense: an example from Montenegro	Maximilian Benner	Library studies based on the theoretical perspective	This essay presents intelligent specialization as a potential possibility for balcony economists. Therefore, to update tourism development plans and link them to a viewpoint of variety and interdependence with other sectors, as well as to encourage tourism innovation and sustainability.	Issues in Tourism Published online: November 7, 2019, PP 1-4 ISSN:1368_3500	

4	Modeling the factors influencing tourism in the Nigerian medical tourism sector using an interpretive structural modeling approach	Erhauyi Meshach Aiwerioghene Mahavir Singh Puneet Ajmera	Structural studies method	The structural model demonstrates that enhancing the medical tourism industry in Nigeria will result in international accreditation and professional hospital administration. In any prosperous or impoverished country, health care is a crucial foundation. Any nation's government is expected to guarantee that its health care system meets the highest standards.	International journal of healthcare management Published online: October 16, 2019 ISSN: 2047_9719	Identifying factors affecting the medical tourism sector in Nigeria
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Innovation Summary

According to a survey of local and international studies, several facets of medical tourism have been investigated. In this regard, models have been presented. However, there is a deficiency in the behavioral discussion of medical service providers, including behaviors that can improve the quality of all services provided to medical tourists and achieve their satisfaction so that the country's medical tourism industry can progress. Therefore, the current research attempts to examine and offer more extensive and precise characteristics of the desired behavioral pattern in the context of medical tourists.

Methods and Tools

This research was of applied purpose, and in terms of method, it was qualitative and a single case study. According to this study, each social unit is considered a whole. This unit can be an individual, an organization, a family, or even a society. Foreign patients who visited Urmia at the time of the study, as well as medical and accommodation service providers and specialists in this sector, comprised the statistical population (no accurate statistics of the statistical population were recorded, and convenience sampling was used). Interviews were used to collect data until the point of theoretical saturation. The method of data analysis is thematic analysis,

and the model offered is based on the STAR model. The coding was initially gathered through interviews, after which it was coded, and the interviewers' comments were used to derive sub-themes, following secondary coding in the second table, extraction of the main themes and categories, and presentation of the research model in the direction of the STAR model. Health travelers who entered Iran from Iraq for medical treatments in recent months, medical service providers who offered services in hospitals or medical reception offices, and lodging service providers, including international hotel managers, were among the responses. In addition, the third group consists of individuals with opinions, positions, and executive experience in medical tourism who were chosen using snowball sampling and convenience sampling. The selection of thirteen individuals was based on theoretical saturation. By doing this, the interview's continuance was prevented after receiving repeated responses.

Data Analytics

The techniques used in this research are: comparing evidence with existing literature, using replication logic in case of studies, ensuring that concepts are systematically linked and internally coherent, using multiple sources of evidence and

having the primary draft as well as reading existing documents to enhance the validity of the resulting data.

After questioning and coding, two internal evaluation methods were employed to confirm the reliability of the current study. Thus, the interviewee must read the interview with the extracted codes and confirm the correctness or incorrectness of the interviewer's perception. During the external evaluation, specialists were tasked with monitoring the coding procedure

Table 2 - Characteristics of the interviewees

Row	Education	Organizational position
P1	Master's degree in management	Manager of Ana International Hotel
P2	Ph.D. in management	Director of medical tourism, medical sciences
P3	Master's degree in management	Director of the Tourism Department
P4	Ph.D. in management	Receptionist for health tourists of the hospital
P5	Bachelor's degree in management	Travel Agency Manager
P6	Master's degree in management	Head and Deputy Director of Tourism
P7	Master's degree in management	Hotel sales and accommodation marketing manager
P8	Master's degree in management	CEO of the tourism company
P9	PhD	Doctor, director of the university presidency
P10	Ph.D. in management	Plan and program manager at Milad Hospital
P11	Master's degree	Medical tourist
P12	Diploma	Medical tourist
P13	Bachelor's degree	Medical tourist

Findings

The interview questions were semi-structured, and all interviewees had advanced education and organizational positions. Coding was done once the data was gathered using the STAR model. After interview data were collected and analyzed using the STAR model, a desirable behavioral model was offered. The achievements were as follows: in the position of the two main themes of supporting factors, including; environmental capacities and infrastructural conditions, and inhibiting factors include; Lack of supervision and integrity in relevant organizations. In the duty category, the two main themes of the behavior of service providers include;

Table 3 - Secondary coding of the position category

Category	Concept	Main theme	Sub-theme	Source code
Situation	Inhibiting factors	Lack of supervision and integration in relevant organizations	Absence of specialized organizations	P1, P2 P2, P2 P5, P9 P1, P2, P3, P5

and determining the correctness or incorrectness of the interview analysis. For this reason, the coding of the interviews was assessed using the perspectives of two academics with expertise in qualitative analysis. Through these steps, the study method's reliability was confirmed.

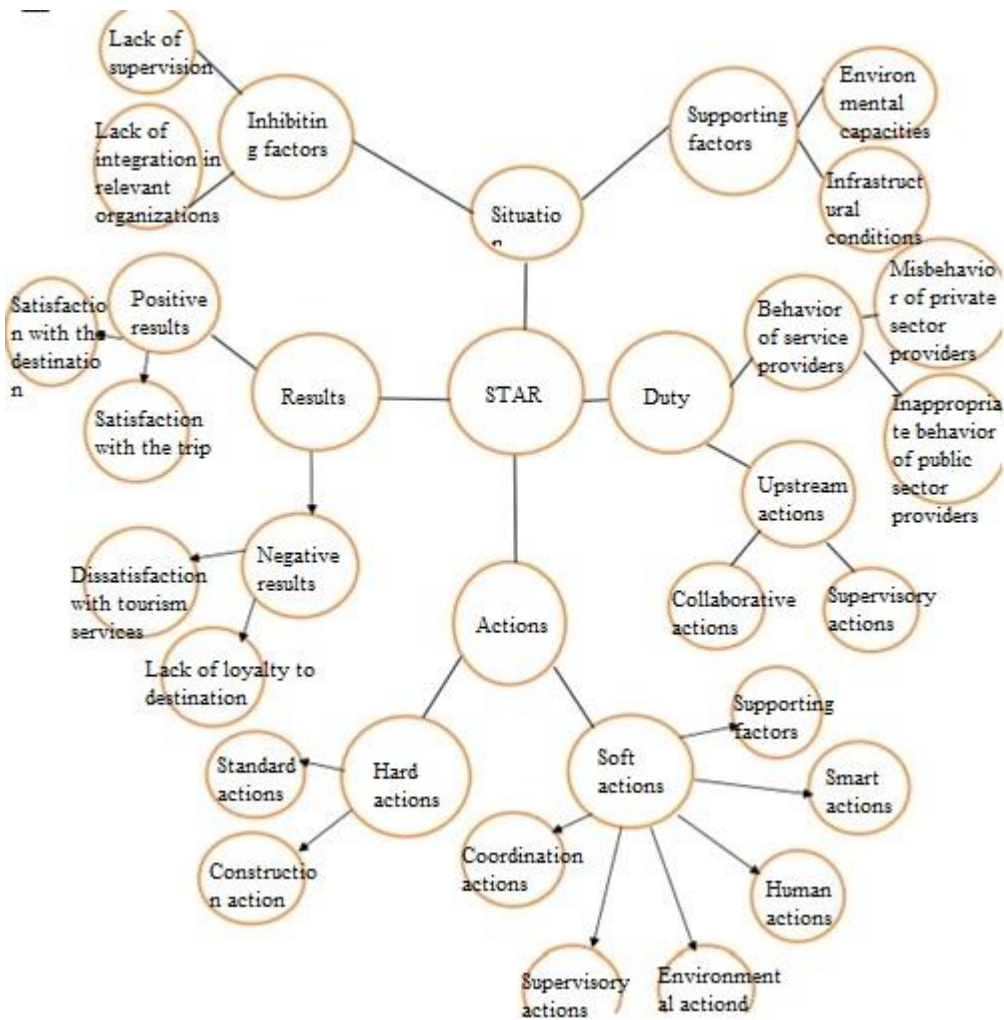
Scope and Territory Studied

The present research was conducted in Urmia.

Inappropriate behaviors of the private sector and public sector service providers and upstream actions, including; Supervisory actions and collaborative actions. In the category of actions, there are two main themes. Soft actions include; Support actions, smart actions, humanitarian actions, environmental actions, coordination actions, and monitoring actions. Strict actions include; Standard actions and construction actions. In the category of results, two main themes of positive results include; Satisfaction with the trip and satisfaction with the destination, and negative results include; Lack of loyalty to the destination and dissatisfaction with tourism services.

			Lack of monitoring of service quality Inconsistency between the Ministry of Health and Cultural Heritage The existence of brokers	
	Supporting factors	Environmental capacities	Low medical service rates The existence of cultural proportions	P6, P11 P12, P13, P4
		Infrastructural conditions	Geographic proximity Existence of facilitating companies Easy access to facilitating companies	P10, P11 P10

Fig 1: Desirable behavioral pattern while interacting with medical tourists



Conclusion

The first question concerned the current state of medical tourism; based on the extracted data, some inhibiting factors were identified, including the lack of adequate monitoring of the quality of services, which has caused medical, accommodation, and tourism services to be of insufficient quality, resulting in health tourists' dissatisfaction. Additionally, unlawful brokers and intermediaries have rendered transparent pricing and comprehensive information unavailable to tourists. We might also cite the lack of honesty in the relevant agencies; for instance, acquiring a license to create a health tourism enterprise has become difficult owing to a lack of collaboration between the Ministry of Health and the Ministry of Cultural Heritage. On the other side, there are supportive environmental variables, such as the cheap cost of medical services resulting from our country's low exchange rate. In addition, medical tourists from Iraq are culturally compatible with Urmia, and most of them have a buddy who speaks the same language, making them simple to recruit and retain. Infrastructural factors also play a role since treatment facilitation firms have increased the allure of medical tourism relative to the past and made it easier to reach these companies.

In the second interview question, the role or responsibility of the service providers was reviewed, and it was noted that the service providers' conduct had a substantial impact on their roles because their irresponsible behavior in both the public and private sectors has produced discontent among tourists and contributed to a decline in their arrival. Other supervisory tasks include upstream actions, like monitoring the tariffs received by hospitals, residences, and others that might result in the clarification of service rates. Additionally, medical facilities without IPD licenses should not be permitted to accept patients because some physicians and paramedics have operated in filthy, unlicensed facilities and created issues that those professionals should handle. Because the success of medical tourism, the engagement of the public and commercial sectors in delivering the most satisfactory services, and the satisfaction of medical tourists are crucial, partnership actions should also be considered.

The third question relates to medical tourism's soft and decisive actions. The difficult actions are included in the standard actions since preparing standard accommodation conditions for tourists and using modern treatment procedures have shown to be highly successful. Furthermore, the building measures are the facilitation of transportation, the formation of

private hospitals, the development of the capacity to take international patients, and the growth of well-equipped hospital hotels. The soft steps implemented, such as protective actions, i.e., removing illegal intermediaries and brokers, followed by comprehensive help for tourists, particularly in acquiring visas, can be quite successful. It is also conceivable to make significant progress in this area by bringing Urmia's medical standards up to global standards and creating a system to attract and satisfy online tourists. Training personnel who interact directly with tourists is also of utmost importance. Humanitarian actions that can be conducted in this area include communicating directly with patients and providing convenient comfort amenities. Enacting legislation is one of the most effective environmental actions that can be taken; bypassing the proper laws, this industry can be structured, and with ideal culture, a suitable platform for its growth may be created.

The fourth and last issue concerns the outcomes of the medical tourism scenario, which yielded favorable and bad outcomes through data collection. One of the most important consequences is the discontent of tourists with the services given, whether owing to a low perception of service delivery or a lack of faith in Iranians due to the absence of transparent rates and areas approved by the public and commercial sectors. It results in a lack of destination loyalty and demotivation among tourists. However, one of the most significant beneficial outcomes is the economic element and cost-effectiveness of medical, housing, and transportation services since medical tourists can receive these services in Iran for less than a tenth of the cost of medical care in their own country.

Recommendations

After the study, the behavioral pattern obtained from the STAR model has presented for medical tourists; the behavioral characteristics of this model distinguish it from other studies in this sector. Because the behavioral dimension was not addressed in previous studies, we attempted to reduce the dissatisfaction caused by numerous inappropriate behaviors by providing behavioral patterns in the face of medical tourists. As a result, our country's medical tourism industry will continue to grow and prosper.

Increasing the number of treatment facilitation companies in Urmia, eliminating illegal middlemen and brokers, expanding government supervision over the tariffs received by hospitals and residences, and integrating the Cultural Heritage Organization and the Ministry of Health are among the practical recommendations of this study. Establishing an online system for recruiting tourists and having service providers perform all zero-to-one hundred jobs, ongoing promotion in the target nations and expansion of the target market, training additional human resources, and modifying the behavior of service providers. As with any study, the

current study contains limitations, the most significant of which are as follows: Since the research period coincided with the Corona outbreak, the number of accessible patients was limited. During the interview, several experts did not have sufficient time to respond to the questions, and it was not easy to contact them. There were difficulties in communicating with international patients due to linguistic barriers.

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Conflict of interest

None.

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Ethics statement

None

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