

Original Research Article

Marketing Model of Health Tourism (Case Study: The City of Tehran)*

Ali Bagheri¹, Alireza Roustaa^{2*}, Lotfollah Forozandeh³, Farzad Asayesh⁴

1. Ph.D.Candidate of Marketing, Faculty of Human Sciences, Qods Branch, Islamic Azad University, Tehran, Iran.
2. Assistant Professor, Department of Business Administration, Faculty of Humanities, Qods Branch, Islamic Azad University, Tehran, Iran.
3. Associate Professor, Department of Management, Faculty of Management and Economics, Tarbiat Modares University, Tehran, Iran.
4. Assistant Professor, Department of Business Administration, Faculty of Humanities, Qods Branch, Islamic Azad University, Tehran, Iran.

Recived: 14/03/2023

Accepted: 10/07/2023

Available online: 23/07/2023

Abstract | Health tourism is one of the fastest-growing branches of tourism in the world. Health tourism not only leads to the strengthening of the scientific, political, social, and regional sectors but also has many economic and marketing benefits. Therefore, to increase the economic prosperity of the country and promote the health tourism industry in Iran, and achieve a suitable position among the countries of the region, it is necessary to understand the marketing of health tourism development. The present study examines the marketing model of health tourism in Tehran. The research method is qualitative, applied in terms of purpose, and exploratory and explanatory in terms of approach. The sample of the research consisted of experts in the tourism and health industry, and 12 people were selected as the sample of the research using snowball sampling. In this study, content analysis based on open, axial, and selective coding was used to analyze data from semi-structured interviews based on the principles of grounded theory. The results indicated that to investigate the marketing process of health tourism development in Tehran and the relationships between the identified components and dimensions, a data-driven theory framework was used for modeling, which involved determining the dimensions, components, and concepts. The proposed framework was presented as a conceptual model consisting of 22 components and 7 dimensions. Given the need for mixed marketing elements, especially medical services (product), treatment costs (price), natural factors, and preventive processes, recommendations for health tourism should be diversified for various consumer groups.

Keywords | *Tourism development, Health Tourism, Government Policies, Tehran City.*

Introduction | Nowadays, health tourism is one of the fastest-growing sectors in the global tourism industry. This has led organizations and countries interested in developing tourism to pay attention to this sector of the tourism

industry and plan for its development. Achieving growth and development is the ultimate goal of all human societies, which can be achieved through various methods (Sindhwani et al., 2022). Medical and health tourism is one of the fastest-growing sectors in the global tourism industry, which has led organizations and countries interested in developing tourism to focus on this sector of the tourism industry and plan for its development. Additionally, people are highly enthusiastic about fitness, the use of vitamins and natural resources, pain reduction, stress management, and improving mental,

* This article extracted from of Ph.D. Thesis "Ali Bagheri" entitled "Presenting a Marketing Model for the Development of Health Tourism in Tehran" that under supervision of Dr. "Alireza Roustaa" and Dr. Lotfollah Forozandeh" and in consultation of Dr. "Farzad Asayesh" which has been done at Islamic Azad University, Qods Branch, Faculty of Humanities, Tehran, Iran in 2023.

**Corresponding author: alirezarousta@yahoo.com, +989121906856

physical, and spiritual health. For this reason, natural treatment methods such as the use of hot springs are highly regarded in various parts of the world, and all classes of society, from low-income to high-income, are interested in this type of tourism. Hot springs are desirable places to create tourist accommodations, and by building recreational centers and providing services and facilities in these areas, they can be turned into primary tourist destinations. Tourists can have happy and exciting moments while also achieving relaxation and health benefits (Ganguli & Ebrahim, 2017). In addition, natural attractions and medical tourism treatments are also important due to their economic significance, as the export of medical services is an important principle for strengthening the healthcare network of countries. According to its planning, the Islamic Republic of Iran must provide 30% of the country's healthcare needs through the export of goods, medical services, and medical tourism by the end of the Fourth Development Plan. In addition to the necessity of exporting goods and medical services, medical tourism revenue can be tempting for countries, especially Asian countries that are considering development initiatives (Zhang, Zhang & Xu, 2021). This revenue has led some Asian countries such as Singapore, Thailand, and India to significantly promote their medical services among patients worldwide. There are no specific statistics on financial turnover that is based on medical tourism, but according to World Health Organization statistics, approximately \$50 billion is spent annually on treating patients from the region in American and European countries (Ridderstaat, Singh & DeMicco, 2019). Attracting a percentage of this amount can have significant effects on the tourism economy of Asian countries. Given the current situation, there is a strong need for a specific plan to develop health tourism in Iran, especially in Tehran. Tehran, as the capital of our country, plays a prominent role in medical tourism, and every year, many foreign tourists from countries such as Turkey, Pakistan, Iraq, Azerbaijan, Oman, and Afghanistan travel to Tehran to use medical and healthcare services and visit the tourist attractions of Tehran. Medical tourism is a rapidly growing industry (Ghosh & Mandal, 2019). It is predicted to grow at an annual rate of 15 to 25 percent for the next decade (Noree, Hanefeld & Smith, 2016). Due to this rapid growth and its economic potential, it is highly competitive at the international level (Han & Hyun, 2015). To gain a competitive edge in this chaotic market, understanding marketing and market segmentation is crucial for medical tourism providers (Taheri, Chalmers, Wilson & Arshed, 2021). An effective marketing approach includes a comprehensive examination of patients' needs, identifying hidden needs, and offering new healthcare services that patients have not explicitly requested (Purcare, 2019). Due to the lack of a comprehensive management system for the development

and coordination of relevant departments in medical tourism in Iran, the country has not yet gained the desired credibility in this field on a global scale. Furthermore, even if a centralized management system (policy) is mentioned, the importance of macro planning by researchers in Iran has not been given enough attention. As progress in the medical tourism industry leads to development, it is very important. Many studies have proposed local strategies based on the province, which seems useful in some cases and can help managers. However, in some articles, solutions are presented in a completely general way and are somewhat replicating familiar challenges in previous cases. Another challenge is that Iran's image in mass media is not acceptable enough to attract tourists, and this may be due to the lack of suitable content on hospital websites, and researchers are calling for a regular advertising program. Training and having specialized doctors in healthcare are topics that have been addressed in many studies. Despite the significant development and growth of the medical tourism industry worldwide, the mechanism of medical tourism in Iran is limited. Iran is active in medical tourism due to providing treatment during travel, especially family trips from Persian Gulf countries to Shiraz and Mashhad, which are popular cities in Iran. However, according to the Medical Tourism Index (MTI) report, Iran was not among the 30 evaluated destination countries in 2016 in terms of medical tourism. Among the diverse information and figures, Iran has been reported by IMTJ as the tenth top country in medical tourism in terms of value. Therefore, reducing risks and increasing confidence in health and medical tourism will have a significant impact on attracting tourists. Since different patients have different characteristics and needs, marketing is essential for success in this competitive industry. Tehran offers high-quality medical and treatment facilities, as well as the most equipped hospitals and medical centers, which is why Tehran has become a popular destination for health tourists. Based on the above, the main research question is how the marketing model for health tourism in Tehran is structured.

Theoretical Foundation & Research Background

• Health tourism

Health tourism refers to domestic and international tourism in which individuals seek to improve their health by achieving treatment goals and maintaining their health (Büyükoğkan, Mukul & Kongar, 2021). The World Tourism Organization defines health tourism as the use of services that lead to the improvement or enhancement of an individual's health and well-being through mineral waters, climate, or medical interventions and takes place outside of the individual's place of residence and lasts for more than 24 hours (Dryglas & Salamaga, 2018). Care, prevention, diagnosis, and treatment not only lead to the strengthening of the scientific, political,

social, and regional sectors in any country but also have many economic benefits. In other words, tourism is recognized as a dynamic and promising industry that plays an important and effective role in the economic vitality and sustainable development of any country. Today, attracting foreign tourists has become increasingly competitive among governments, as this industry not only contributes to the promotion of the national economy and foreign exchange earnings but also is perceived as a clean industry free of any pollution (Sheikhi Chaman, 2020). Given the existence of the most active and specialized clinical centers in Iran, brilliant records, the presence of specialized and prominent physicians in the country, and the low cost of medical services, it can be claimed that Iran has high potential capacities. Therefore, health tourism can be considered a source of income and employment that can be used as an approach to economic development within the national realm (Mohammadesmaeil & Kianmehr, 2022). Ricafort (2011) conducted a study on the influential factors in health tourism. He identified 20 influential factors in determining Thai hospitals as a destination for health tourism from the perspective of health tourists. These 20 factors are divided into four structures: price, products, development, and place. Since all factors considered by respondents are essential, they should be taken into account in the development of health tourism. The government is mainly responsible for the ownership and management of infrastructure, non-profit organizations are responsible for supervising tourist attractions, and the private sector is responsible for providing services to tourists (Gholami, Keshtvarz Hesam Abadi, Miladi & Gholami,

2020). If these institutions were more coordinated, medical tourism could be organized in a way that creates sustainable employment, especially for educated youth in the country (Mokhtari & Mohammadzadeh, 2019). Since tourism is a service industry and relies on human resources, its prosperity can reduce the problem of unemployment, especially among educated youth, and breathe new life into the activities of the private sector (Gholami et al., 2020).

• Subcategories of health tourism

Health tourism is one of the types of tourism that is divided into the following four sections in Fig. 1.

- Wellness tourism (welfare or prevention)

Traveling to health villages and areas with mineral and hot springs (spas) for relieving everyday life stresses and revitalization without medical intervention and supervision (in some cases, where the tourist does not have a specific physical illness) is called wellness tourism. Wellness or well-being in this context helps healthy people prevent physical and mental problems and may include diagnostic tests. Tourists or guests (not patients) can learn how to reduce their own stress, change their eating habits, and so on.

- Treatment tourism

The concept of treatment tourism is not a new concept. The first example dates back thousands of years ago when pilgrims from all over the Mediterranean traveled to the house of God to seek healing. This primitive form of treatment tourism is considered the first example (Mohammadi Pour & Rahimi Kia, 2011). Today, treatment and health tourism is one of the fastest-growing sectors in the tourism industry worldwide,

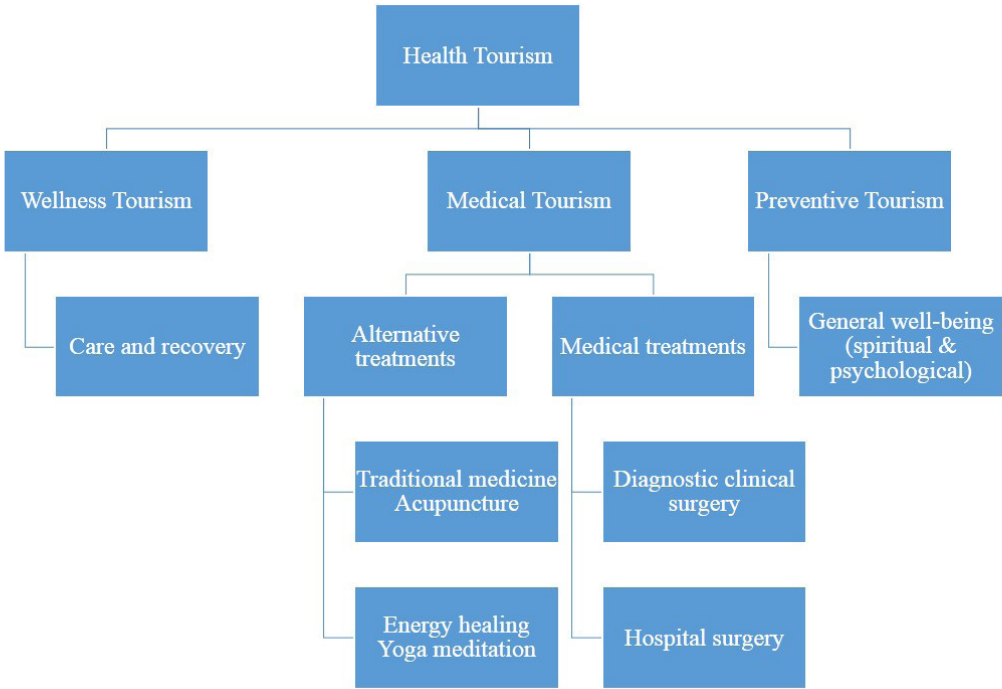


Fig. 1. Types of health tourism. Source: Arabshahi Karizi & Arianfar, 2019.

leading organizations and countries interested in developing tourism to focus on this sector of the tourism industry and plan for it. Industrial life in most of the world's countries has brought with it certain requirements and created needs for people in different societies (Hoseinpour & Riyahi, 2018).

- Preventive tourism

Illness-preventing tourism, which is based on recreation and vacation, considers "travel" as a "right" in the process so that the individual can focus on maintaining and improving their health and well-being and prevent physical and mental illnesses. Tourists travel to different natural and pleasant climates to escape the monotony and pollution of urban environments and experience a superior quality of life at the destination (Sharifi Chalanbar, 2017).

- Medical tourism

Another type of health tourism is when travel is done to treat physical illnesses or undergo a type of surgery under the supervision of physicians in hospitals and medical centers. In this type of health tourism, the patient may need to use spaces and services of medical tourism (such as hot springs) after treatment and recovery. In this case, the patient's tourism may be completed by traveling to places that have these facilities (Izadi et al., 2013).

• Health tourism in Iran

Iran is one of the countries that relies on oil revenues for its income, while it has the potential to increase its foreign exchange earnings through its own opportunities and capabilities in tourism, including medical tourism. Therefore, paying attention to the country's opportunities and challenges in tourism to attract investment and tourists seems essential. Iran has numerous attractions for tourists in historical, religious, natural, and medical fields, with a four-season climate. The low cost of medical treatment at the regional and global scale is one of the positive factors in attracting medical tourists to Iran (Harandi & Mirzaiyaan Khamse, 2017). Tourism is a sector that continually increases its revenue (Batista e Silva et al., 2018). Travel and tourism, which are still evolving, are the world's largest service industries (Weston et al., 2019). This leads to an increase in the gross domestic product of the destination countries, while also contributing significantly to government tax revenue (World Tourism Organization, 2017). Tourism is the third-largest social-economic activity in the European Union, playing a significant role in its gross domestic product and employment (Santos & Cincera, 2018). Iran has 472 hot springs that attract health tourists, with 70 of them having been equipped for investment. Around 4 to 7 percent of foreign tourists visiting Iran are health tourists (Salmani, 2013). Among the main markets for the country's tourism industry are countries bordering the Persian Gulf such as Iraq, Oman, Kuwait, Saudi Arabia, Bahrain, and the United Arab Emirates, some of the common-interest countries such

as Azerbaijan, Turkmenistan, and Tajikistan, neighboring countries, and also Iranian expatriates living abroad. Although some specialized treatments in the country, such as infertility treatment, also attract European and American tourists (Shalbafian, 2015). Health tourism and medical tourism are one of the sectors that can have significant effects on the expansion and development of tourism, including various extensive sectors. Especially now that youth unemployment is one of the major issues in society, health tourism can have a significant impact on the development of the country's social and economic welfare, and its expansion and development is considered one of the most cost-effective ways of employment. However, proper planning is needed to develop health tourism in the country, especially in Tehran. Since Tehran, as the capital of our country, plays a significant role in medical tourism, and every year many foreign tourists from countries such as Turkey, Pakistan, Iraq, Oman, Azerbaijan, and Afghanistan travel to Tehran to use medical services and visit Tehran's tourist attractions. Tehran provides high-quality medical facilities and advanced hospitals and medical centers, making it a popular destination for health tourists. Based on the above, the present study aims to investigate the marketing process of developing health tourism in Tehran, which is of particular importance and necessity.

• Health tourism in Tehran

Tehran is the capital of Iran, located at the foothills of the magnificent and snowy Alborz Mountains. It is the most secular and liberal city in Iran. The city is almost divided into two parts, north and south. The northern parts of Tehran are affluent, modern, nationalist, and more expensive, while the southern parts are more attractive but cheaper. Tehran is the most populous city in Iran with a population of about 14 million. The city of Tehran is almost one mile above sea level and, as a result, cooler than other Middle Eastern cities. The summer temperature in Tehran is about 32 degrees Celsius or 90- 95 degrees Fahrenheit, and the air is very dry. Health tourists in Tehran can find a global information system, tourism websites, pages, advertisements, intermediaries, service providers, and specialized information banks in the health tourism system in Tehran through the internet. Health tourism in Tehran has many advantages:

- Tehran has a large number of hospitals and clinics with suitable facilities.
- Specialist surgeons/physicians/nurses and other medical staff in Tehran are well-trained.
- The rate of HIV and hepatitis virus infections in Iran is very low.
- Prices in Tehran are cheaper compared to other countries.
- Tehran has experienced English-speaking doctors and staff.
- Medical technology in Tehran is modern.
- Patients are well taken care of in hospitals.

Research Methodology

In this study, the marketing process of developing health tourism in Tehran was investigated. The research method is qualitative, applied in terms of purpose, and exploratory-explanatory in terms of approach. The sample of the study includes experts and professionals in the tourism and health industry. Due to the qualitative nature of the research, library resources were primarily used to avoid bias. To this end, databases including national and international studies, and human databases were utilized to collect data. The data was gathered through interviews. For this purpose, a purposive snowball sampling method was employed, where individuals with a high level of expertise in the field of the research were interviewed and asked to introduce other individuals who could also assist the researcher. Thus, based on their expertise, education, experience, and job positions, 12 experts were selected and interviewed. Among university academics, who are active in the fields of marketing management and tourism, a total of 6 professors were selected. The sample consisted of 6 managers and experts, and 6 university professors in total (Table 1). Therefore, a number of experts and professionals in the tourism and health industry were selected as the initial sample, and semi-structured interviews were conducted with them. In this step, by asking interview questions and taking into account the expertise of the individuals, the interviews were initiated and directed. In fact, in this study, data collection continued until theoretical saturation was reached in the subject area, meaning that no new data was collected that differed from the previously collected data. Finally, in this phase, 12 individuals were selected as the research sample for the qualitative section. In general, for the analysis of qualitative

data based on interviews, content analysis was used based on open coding, axial coding, and selective coding, according to the grounded theory. Accordingly, the collected data was interpreted through theoretical coding. Therefore, suitable codes were initially assigned to various parts of the data. These codes were defined in a conceptual form known as open coding. In the next step, the researcher engaged in axial coding by thinking about the various dimensions of these concepts and finding links between them. Additionally, during these coding processes, the researcher collected data on individuals, events, and various situations through theoretical sampling and emerging concepts from the data, which provided a richer picture of the concepts. Finally, the selected codes were refined through selective coding, and through these processes, the theoretical framework of the research was finally developed. Next, after identifying the dimensions and components as well as their relationships, one of the dimensions was selected as the axis category, while the other dimensions and categories were considered as causal conditions, the context in which the phenomenon under study occurs, intervention conditions, strategies, and consequences in the model.

Research Findings

• The qualitative section

In the present study, the four stages of the grounded theory approach were conducted as follows: collecting and studying primary data, conducting semi-structured interviews with experts and professionals in the tourism and health industry, identifying new components and establishing relationships between components and dimensions, and coding the data to obtain concepts, components, and dimensions.

Table 1. Demographic characteristics of participants in the qualitative section. Source: Authors.

Case	Gender	Age	Degree of education	Job experience (years)	Area of expertise	Work Place
Expert 1	Male	55	Masters	12	Management	Tourism Company
Expert 2	Male	49	Masters	18	Tourism management	Tourism Company
Expert 3	Male	50	Masters	17	Management	Tourism Company
Expert 4	Male	51	Masters	16	Economy	Tourism Company
Expert 5	Male	43	Masters	17	Management	Tourism Company
Expert 6	Male	45	Masters	12	Tourism management	Tourism Company
Expert 7	Male	43	Ph.D	12	Tourism management	University faculty member
Expert 8	Male	46	Ph.D	16	Accounting	University faculty member
Expert 9	Male	45	Ph.D	20	Management	University faculty member
Expert 10	Male	48	Ph.D	12	Management	University faculty member
Expert 11	Male	46	Ph.D	18	Governmental management	University faculty member
Expert 12	Male	45	Ph.D	19	Governmental management	University faculty member

Accordingly, three types of coding (open, axial, and selective) were performed. In the next step, after open coding, more than 760 words yielded 160 concepts from the data. Following open coding, axial coding was performed, and the components (factors) of the research were identified. Thus, 22 components were identified, including medical services (product), treatment cost (price), location, promotion (advertising), natural factors, preventive processes, tourist engagement, tourist education (learning), tourist loyalty, tourist behavioral control (travel intention), transportation, accommodation-health services, political-security factors, information systems, economic factors, cultural-tourism factors, macro government policies, economic development, regional and local policies, cultural-social development, environmental development, and political development. After extracting the components, in the selective coding phase, the components were classified into themes (dimensions) (Table 2). After open coding, axial coding is performed. Categories (components) can be obtained through axial coding. After performing axial coding, we identified the components presented in Table 3. In the next step, the components and concepts related to each dimension are explained.

- Mix elements marketing

This dimension includes 6 components of medical services (product), cost of treatment (price), location, promotion, preventive processes, and natural factors.

Medical services (product): In the present study, medical services or products include various medical services, quality of healthcare services, providing different medical services in one center, the level of technology available in Tehran, high level of standards in Tehran, specialists with experience, strong specialized clinics, equipped hospitals, basic medical equipment, MRI, CT scan, powerful medical software, ventilation systems, and up-to-date medical equipment.

Healthcare costs (price): In the present study, healthcare costs or prices include lower medical treatment costs in Tehran compared to other cities and neighboring countries, as well as relative treatment prices.

Location: In the present study, the location includes accessibility routes, determining travel routes, identifying and locating healthcare facilities accurately, and the possibility of access to medical centers.

Promotion (upgrade): In the present study, promotion includes private rooms in hospitals, special services for patients' companions, special services for patients, specialist doctors in all fields, availability of all specialists in Tehran, availability of all specialists in one medical center, marketing, social media marketing, special services for patients' companions, online social interactions, assurance of treatment, scheduling time for patient's appointment, and waiting time for patients.

Preventive processes: In the present study, preventive processes include health villages, suitable weather conditions, and travel activities such as massage, spa, and ...

Natural factors: In the present study, natural factors include hot springs, mineral hot waters, salt lakes, mud volcanos, healing natural resources, suitable climate, therapeutic mud, and natural landscapes.

- The intention of health tourism

This dimension includes 2 components of tourist involvement and tourist education (learning).

Involvement of tourists: Tourists' point of view regarding travel, evaluation of facilities and equipment, evaluation of destination conditions, evaluation of waiting time, acceptance and belief of travel, evaluation of quality of medical services, internal motivation to travel, and accurate selection of tourist destination.

Tourist education (learning): Accurate information about travel costs, acquiring information about tourist destinations, and simulating travel maps through applications.

Attracting health tourists

This dimension includes 2 components of tourists' loyalty and tourist behavioral control (willingness to travel).

Tourist loyalty: Satisfaction with medical treatment, satisfaction with travel, recommending to friends and acquaintances with similar intentions, and revisiting if necessary.

Tourist behavioral control (will to travel): Preparing for an opportunity, planning a trip, preparing resources such as money, tickets, and medical appointment reservations, and coordinating and planning travel factors.

- Infrastructures

This dimension includes 3 components of transportation, information systems, accommodation-health services.

Transportation: Transportation networks, quality and quantity of transportation networks, ease of transportation, availability of transportation systems at the desired time, facilities and conditions for transporting patients and the disabled.

Information systems: Web technology, integration of internal and external network integration systems, information systems, internet status, and information technology infrastructure.

Accommodation-health services: Quality and quantity of hotels, hotel conditions and facilities for patients and the disabled, roadside accommodations, accommodation indicators for patients and companions, hotel and accommodation hygiene conditions, desirable medical health infrastructure, food quality, emergency and medical services at hotels and accommodations, availability of natural and healthy foods, type of restaurant services, food costs, and healthy local foods.

Table 2. Open coding to extract concepts from the data. Source: Authors.

Row	Concepts	Row	Concepts	Row	Concepts	Row	Concepts
1	Cultural confrontation	21	Internal disturbances	41	Cultural-historical works	61	Obtaining information about tourist destinations
2	Gross national product (GNP)	22	Integration of internal and external networks	42	Special services to patients	62	Detailed information on travel costs
3	Political balance	23	Preventing the destruction of historical and ancient places	43	Ancient relics	63	Salt lake
4	Roadside accommodations	24	Healthy local food	44	Guarantee and assurance of treatment	64	Hot mineral waters
5	Change of values	25	Increasing environmental considerations	45	The presence of all specialists in Tehran	65	Relative price of treatment
6	Conditions and facilities of hotels for patients and disabled individuals	26	Internet status	46	Patient waiting time	66	Suitable climate
7	Mutual respect between communities	27	Balance of wealth	47	Ethnic and cultural attractions	67	Downturn
8	Constructive interaction with international communities	28	Information systems	48	Powerful medical software	68	Health villages
9	Creating jobs	29	Web technology	49	Special events	69	Accurate choice of tourist destination
10	Development of urban and suburban green spaces	30	Domestic political actions and reactions	50	Social networks marketing	70	Determining travel routes
11	Emergency and medical services of residences and hotels	31	CT Scan	51	Artificial tourist attractions	71	Constant changes in prices, especially treatment prices
12	Reducing political tensions	32	Ventilation devices	52	Handicrafts	72	Hot water
13	Creating a safe and calm cultural environment	33	Conditions of sanctions	53	Special services to patients' companions	73	Providing resources such as money, tickets, and booking doctor appointments
14	The quantity and quality of hotels	34	Basic medical equipment	54	Crisis Management	74	Quantity and quality of transportation networks
15	Unanimity among policy-making institutions	35	Security threat	55	Religious sensitivities	75	Natural landscapes
16	Knowing different cultures	36	Parks	56	Evaluation of the quality of medical services	76	Facilities related to the transportation of the disabled and patients
17	Systems integration	37	High level of standards in Tehran	57	Travel planning	77	Evaluation of facilities and equipment
18	Private rooms in hospitals	38	Strong specialized clinics	58	Management on the impact of health tourism	78	Holding specialized health tourism workshops and seminars
19	Coordination between tourism organizations	39	Internal motivation to travel	59	Mud volcanos	79	Availability of the transportation system at the desired time
20	Waste management	40	Various medical services	60	Introduction to friends and acquaintances with similar intentions	80	Lower medical costs in Tehran compared to neighboring cities and countries

Rest of Table 2.

Row	Concepts	Row	Concepts	Row	Concepts	Row	Concepts
81	Diversification and development of the local economy	101	International security in the region	121	Historical attractions	141	Accepting and believing in travel
82	Appropriate healthcare infrastructure	102	Feeding costs	122	The level of technology available in Tehran	142	Currency fluctuations
83	Mutual understanding between communities	103	Increasing social responsibilities	123	Specialist doctors in all fields	143	Natural healing resources
84	Direct and indirect employment	104	The importance and priority of health tourism for the government	124	Zoos	144	The unemployment rate
85	Accommodation indicators for patients and companions	105	IT infrastructure	125	Sports works	145	Favorable weather
86	Health conditions of hotels and residences	106	Access to sustainable foreign currency incomes	126	The presence of all specialists in a treatment center	146	Evaluation of destination conditions
87	Infrastructure development	107	Types of restaurant services	127	Well-equipped hospitals	147	Unreasonable increase in prices
88	Environmental Protection	108	Political stability	128	Appointment time for patients	148	Travel activities such as spa, massage and...
89	Reducing political hostages	109	Social solidarity	129	Up-to-date medical equipment	149	Evaluation of tourists regarding travel
90	Construction development	110	Political stability	130	Tangible and intangible cultural works	150	Accurate determination and identification of medical centers
91	Development and learning of different languages	111	ECG machines	131	Simulating travel maps through applications	151	Evaluation of waiting time
92	Increasing the level of security in society	112	Quality of medical services	132	Online social interactions	152	Opportunity preparation
93	Landscaping	113	Internal and external security	133	Cultural and customary factors	153	Travel satisfaction
94	Food quality	114	Reducing the border between religion and politics	134	Visit management	154	Preparation of resources
95	Improving the host's life	115	Terrorist acts	135	Transportation networks	155	Ease of transportation
96	The existence of natural and healthy foods	116	M.R.I	136	Commercial attractions	156	Therapeutic muds
97	Political stability	117	Providing a variety of medical services in one center	137	Satisfaction with treatment	157	Access to medical centers
98	Man-made environmental development	118	Special services to patients' companions	138	Moving patients and disabled people	158	Reducing restrictions such as mandatory hijab in medical centers
99	Kidnapping tourists	119	Marketing	139	Coordination and planning of travel agents	159	Establishing peaceful contact between different ethnicities and nationalities
100	Environmental management	120	Expert and experienced	140	Revisiting if necessary	160	Preservation and revival of tangible and intangible cultural works such as clothing, art, customs, music, handicrafts

Table 3. Extracting dimensions from components. Source: Authors.

Dimensions	Mixed marketing elements	The intention of health tourism	Attracting health tourists	Infrastructures	Environmental factors	Organizational factors	Development of the tourism industry
Components	Medical services (product)	Education of tourists	Tourist behavioral control	Transportation	Political-security factors	Macro government policies	Economic
	Treatment cost (price)	Involvement of tourists	Loyalty of tourists	Accommodation-health services	Economic factors	Regional policies	Sociocultural
	Location	-	-	Information systems	Tourism factors	-	Political
	Promotion	-	-	-	-	-	Environmental
	Preventive processes	-	-	-	-	-	-
	Natural factors	-	-	-	-	-	-

- Environmental factors

This dimension includes 3 components of economic factors, political-security factors, and cultural-tourism factors.

Economic factors: Economic recession, unemployment rate, currency fluctuations, severe price growth, and continuous price changes, especially in medical treatment.

Political-security factors: International security in the region, sanctions, kidnapping of tourists, domestic unrest, internal political actions and reactions, political stability, internal and external security, security threats, and terrorists.

Cultural-tourism factors: Cultural and historical artifacts, ancient artifacts, historical attractions, national and cultural attractions, sports attractions, special events, handicrafts, cultural and traditional factors, tangible and intangible cultural artifacts, religious sensitivities, artificial tourist attractions, commercial attractions, parks, and zoos.

- Organizational factors (tourism policymaking)

This dimension includes 2 components of regional and local policies and macro government policies.

Regional and local policies: Holding specialized workshops and seminars on health tourism, crisis management, visit management, and management of the impact of health tourism.

National government policies: Unity of approach among policy-making institutions, the importance and priority of health tourism for the government, coordination among tourism organizations, and reducing the divide between religion and politics.

- Development of the tourism industry

This dimension includes 4 components of economic development, political development and environmental development, and cultural-social development.

Economic development: Job creation, diversification and development of the local economy, wealth distribution, achieving sustainable foreign exchange earnings, direct and indirect employment, infrastructure development, construction, and production of Gross National Product (GNP).

Political development: Political balance, political stability, raising the level of security in society, mutual understanding between communities, reducing political tensions, mutual respect between communities, reducing political hostage-taking, establishing peaceful contacts between different ethnic groups and nationalities, constructive interaction with international communities.

Environmental development: Development of human-made environment, environmental protection, landscaping, expansion of urban and suburban green space, waste management, increased social responsibility, increased environmental awareness, and environmental management.

Socio-cultural development: Social cohesion, improving the lives of hosts, cultural interactions, changing values, preservation and revitalization of tangible and intangible cultural heritage such as clothing, art, customs, music, and handicrafts, creating a safe and peaceful cultural space, preventing the destruction of historical and ancient sites, understanding diverse cultures, and developing and learning different languages.

After identifying the dimensions, components, and concepts, the grounded theory was used for modeling the marketing process of developing health tourism in Tehran and the relationships between the identified components and dimensions. A proposed conceptual model with 22 components and 7 dimensions was presented in Fig. 2.

• The quantitative section

To test the conceptual model, a questionnaire has been

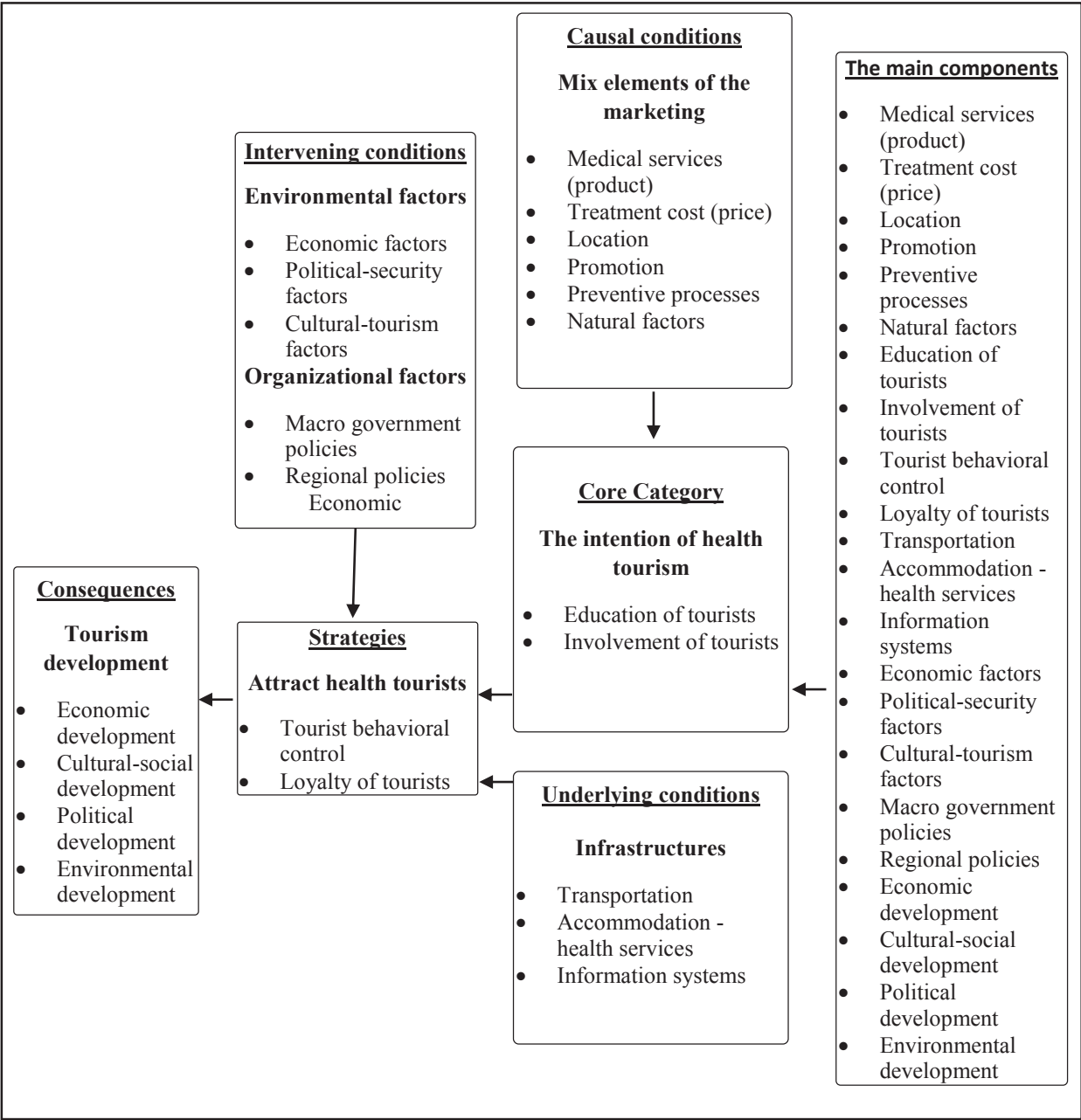


Fig. 2. Proposed conceptual model at the level of dimensions and components. Source: Authors.

prepared to examine the dimensions and components of the model. The questionnaire consists of 41 items and investigates 7 dimensions and 22 components of the research under the causal conditions, core category, underlying conditions, intervening conditions, strategies, and consequences. To improve the validity of the questionnaire, a confirmatory factor analysis was performed on the variables (components) and items (questions) relevant to each form. The overall structure of the researcher-made questionnaire is presented in detail in Table 4. In the qualitative phase of the research, the conceptualizing grounded theory was used to develop a conceptual model consisting of 22 components in 7

different dimensions from within the data. In this section, in order to test the model, dimensions, components, and causal relationships between them, the designed model was developed. For this purpose, the following steps were taken:

- Defining hypotheses for cause and effect relationships between model components

To measure the relationships between dimensions, it is better to measure the causal relations between the components; as a result, confirming these relationships at the component level confirms the causal relationships between the dimensions. However, due to the large number of research components, in this section,

Table 4. The general structure of the researcher-made questionnaire. Source: Authors.

Dimensions	Component (category)	Number of questions
Mixed marketing elements	Medical services (product)	Questions 1 to 3
	price	Questions 4 to 5
	Location	Questions 6 to 7
	Promotion	Questions 8 to 9
The intention of health tourism	Preventive processes	Questions 10 to 11
	Natural factors	Questions 12 to 13
	Education of tourists	Question 14
	Involvement of tourists	Question 15
Attracting health tourists	Will for travel	Question 16
	Loyalty of tourists	Question 17
Infrastructures	Transportation	Questions 18 to 20
	Accommodation - health services	Questions 21 to 22
	Information systems	Questions 23 to 24
Environmental factors	Political-security factors	Questions 25 to 26
	Economic factors	Questions 27 to 28
	Tourism factors	Question 29
Organizational factors	Macro government policies	Questions 30 to 31
	Regional policies	Question 32
Development of the tourism industry	Economic	Questions 33 to 35
	Sociocultural	Questions 36 to 37
	Political	Questions 38 to 39
	Environmental	Questions 40 to 41

hypotheses were defined at the level of the obtained dimensions. Based on the proposed model above, the research hypotheses are as follows:

- Hypothesis 1: Health tourism mixed elements have a significant effect on the intention of health tourism.
- Hypothesis 2: The intention of health tourism has a significant effect on attracting health tourists.
- Hypothesis 3: Environmental factors have a significant effect on attracting health tourists.
- Hypothesis 4: Organizational factors have a significant effect on attracting health tourists.
- Hypothesis 5: Infrastructures have a significant effect on attracting health tourists.
- Hypothesis 6: Attracting health tourists has a significant effect on the development of the tourism industry.

- Demographic characteristics

The demographic characteristics of the research participants include gender, age, education level, and satisfaction with health (medical) tourism, which will be presented in the following. 52.3% of the subjects are

male and 47.7% of the subjects are female. Among the subjects, 12.3% were between 20- 35 years old, 24.6% between 50- 36 years old, 35.4% between 65- 51 years old, and 27.7% between 80- 66 years old. 38.5% of the subjects have a postgraduate degree, 40% of the subjects have a bachelor's degree, 20% have a master's degree, and 1.5% have a doctorate. 7.7% of the subjects are very little, 12.3% low, 30.8% moderately satisfied, and 49.2% very satisfied with health tourism in Tehran (Table 5).

• Descriptive analysis

In this study, the variables of mixed marketing elements, the intention of health tourism, the attraction of health tourists, infrastructure, environmental factors, organizational factors, and the development of the tourism industry were examined. In this section, information such as mean, standard deviation, minimum and maximum scores related to the research variables and their components, which are the result of questionnaire administration, are presented in Table 6.

Testing Research Hypotheses

- Hypothesis 1: Mixed marketing elements have a significant effect on the intention of health tourism. According to the results obtained from the structural equation modeling, the t-value for the path from mixed marketing elements to the intention of health tourism was calculated to be 3.28. Since this value is greater than 1.96, it can be said that the variable of mixed marketing elements has a significant effect on the intention of health tourism. Therefore, the null hypothesis, which suggests that there is no effect of mixed marketing elements on the intention of health tourism, is rejected.
- Hypothesis 2: The intention of health tourism has a significant effect on the attraction of health tourists. According to the results obtained from the structural equation modeling, the t-value for the path from the intention of health tourism to the attraction of health tourists was calculated to be 8.52. Since this value is greater than 1.96, it can be said that the variable of the intention of health tourism has a significant effect on the attraction of health tourists. Therefore, the null hypothesis, which suggests that there is no effect of the

Table 5. Distribution of subjects according to the level of satisfaction with health (medical) tourism. Source: Authors.

Level of satisfaction	Amount	Percentage
Very little	5	7.7
Little	8	12.3
Moderately	20	30.8
Very	32	49.2
Total	65	100

Table 6. Mean, standard deviation, minimum, and maximum research variables. Source: Authors.

Variable	Component	Mean	Standard deviation	Minimum	Maximum
Mixed marketing elements		12.58	1.78	52	65
	Medical services (product)	34.13	0.31	12	15
	Price	8.58	0.24	8	10
	Location	20.9	0.45	9	10
	Promotion (Upgrade)	79.7	0.39	6	10
	Preventive processes	9.03	0.76	8	10
	Natural factors	8.98	0.35	9	10
Intention for tourism		8.14	0.95	7	10
	Education of tourists	4.57	0.39	4	5
	Involvement of tourists	4.10	0.58	3	5
Attracting tourists		9.50	1.04	9	10
	Behavioral control of tourists	5.01	0.44	5	5
	Loyalty of tourists	4.67	0.39	4	5
Infrastructures		33.01	0.61	30	35
	Transportation	14.08	0.29	13	15
	Accommodation - health services	9.23	0.36	9	10
Variable	Information systems	8.77	0.17	8	10
	Component	Mean	Standard deviation	Minimum	Maximum
		65.22	1.9	20	25
	Environmental factors				
	Political-security factors	8.95	0.46	9	10
	Economic factors	8.20	0.42	7	10
	Cultural-tourism factors	4.55	0.88	4	5
		13.47	1.05	11	15
	Organizational factors				
	Macro government policies	8.76	0.64	8	10
Tourism development	Regional policies	4.45	0.59	3	5
		38.31	2.11	33	45
	Economic development	13.21	0.45	11	15
	Sociocultural development	9.20	0.42	8	10
	Political development	7.75	0.58	5	10
	Environmental development	9.11	1.18	9	10

intention of health tourism on the attraction of health tourists, is rejected.

Hypothesis 3: Environmental factors have a significant effect on the attraction of health tourists.

According to the results obtained from the structural equation modeling, the t-value for the path from environmental factors to the attraction of health tourists was calculated to be 5.09. Since this value is greater than 1.96, it can be said that the variable of environmental factors has a significant effect on the attraction of health tourists. Therefore, the null hypothesis, which suggests that there is no effect of environmental factors on the attraction of health tourists, is rejected.

Hypothesis 4: Organizational factors have a significant effect on the attraction of health tourists.

According to the results obtained from the structural equation modeling, the t-value for the path from organizational factors to the attraction of health tourists was calculated to be 4.12. Since this value is greater than 1.96, it can be said that the variable of organizational factors has a significant effect on the attraction of health tourists. Therefore, the null hypothesis, which suggests that there is no effect of organizational factors on the attraction of health tourists, is rejected.

Hypothesis 5: Infrastructure has a significant effect on the attraction of health tourists.

According to the results obtained from the structural

equation modeling, the t-value for the path from infrastructure to the attraction of health tourists was calculated to be 4.34. Since this value is greater than 1.96, it can be said that the variable of infrastructure has a significant effect on the attraction of health tourists. Therefore, the null hypothesis, which suggests that there is no effect of infrastructure on the attraction of health tourists, is rejected.

Hypothesis 6: The attraction of health tourists has a significant effect on the development of the tourism industry.

According to the results obtained from the structural equation modeling, the t-value for the path from the attraction of health tourists to the development of the tourism industry was calculated to be 7.32. Since this value is greater than 1.96, it can be said that the variable of attraction of health tourists has a significant effect on the development of the tourism industry. Therefore, the null hypothesis, which suggests that there is no effect of the attraction of health tourists on the development of the tourism industry, is rejected.

Discussion and Conclusion

Based on the analysis of the conducted interviews, a set of mixed marketing elements were identified as causal conditions that influence the core category, which is the intention to engage in health tourism. Therefore, it can be claimed that the first factor that influences health tourism and controls tourists' behavior includes mixed marketing elements such as medical services (product), treatment cost (price), location, promotion (upgrades), preventive processes, and natural factors. For example, factors such as diverse medical services, providing all medical services in one center, quality of medical treatment, experienced specialists, well-equipped hospitals, relatively affordable treatment costs, easy access to medical centers, providing special services to patients and their companions, the existence of health villages, pleasant climate, mineral hot springs, mud volcanos, salt lakes, and natural healing resources all have an impact on the learning and involvement of tourists. Then, the relative advantage of these factors creates value for the tourist and makes them feel that this trip has more benefits compared to other methods or traveling to other tourist destinations, as it eliminates operational costs and provides timely and accurate information. In this regard, Amiri Nia & Rooshan (2017) showed in a study that dimensions of website and co-creation have a significant impact on attracting tourists, but online marketing has no significant impact on each of the tourism dimensions (acceptance, accommodation, duration, and destination). Abbasi et al. (2018) showed

that old business models cannot compete in today's tourism industry, and attracting more domestic and foreign tourists requires more attention to marketing issues. De Pelsmacker et al. (De Pelsmacker, Van Tilburg & Holthof, 2018) also showed that digital marketing strategies and techniques have an impact on the volume and capacity of online requests, and indirectly on hotel performance. Jiang et al. (Jiang, Wu & Song, 2022) showed in a study that the most important factors affecting the health tourism industry are the per capita health expenditure and the number of domestic health consumers. In addition, Chinese health tourists had a greater tendency to positively accept health tourism services in China. Furthermore, the results of structural equation modeling also showed that the mixed marketing elements variable is effective in creating the intention for health tourism. The intention for health tourism has a significant effect on attracting health tourists. Through the analysis of conducted interviews, the intention for tourism was determined as the basis for attracting health tourists to tourism destinations, especially in Tehran. In most of the interviews, the interviewees emphasized that attracting health tourists requires the intention for tourism. In other words, tourists' learning and evaluation of travel and destination conditions lead to acceptance and belief in travel, internal motivation, and the precise choice of tourism destinations. This subsequently motivates the tourist to plan for the trip, use opportunities and resources, coordinate with travel agents, prepare resources such as money, tickets, and hotel reservations, and prepare a travel plan. If sufficient satisfaction is obtained from medical tourism, it will result in the return (loyalty) of tourists or referral to acquaintances with similar intentions. In this regard, the results of Hashemi Baghi et al.'s (Hashemi Baghi, Shirmohammadi & Shahsavaan, 2018) research showed that integrated marketing communications have a significant and positive effect on brand image and perceived quality, and advanced information technology has a significant and positive effect on brand image, perceived quality, and brand loyalty. The city brand, perceived quality of services, and brand loyalty contribute to the enhancement of the city brand's value, which has a significant impact on attracting health tourists. The results of structural equation modeling also showed that the intention variable for health tourism has an effective impact on attracting health tourists. Environmental factors have a significant impact on attracting health tourists. The analysis of conducted interviews showed that environmental factors, including political-security factors, economic factors, and cultural-tourism factors, are among the most influential intervening factors that

can affect the attraction of health tourists to tourism destinations. The results showed that political-security factors in the region, especially tourism destinations that are severely affected by terrorist actions, the abduction of tourists, regional wars, domestic and regional unrest, and sanctions, lead to political instability and security threats. This issue affects the economic recession, currency fluctuations, unemployment rates, and rampant price growth, and prevents the attraction of tourists. In addition, cultural-tourism factors such as historical monuments, sports facilities, ethnic and cultural attractions, special events, tangible and intangible cultural heritage, commercial attractions, and artificial tourist attractions significantly reduce the number of health tourists in tourism destinations, especially in Tehran. This issue has a significant impact on human resource development and environmental empowerment. For example, religious sensitivities have led to a bolder line between religion and politics and the implementation of strict laws such as mandatory hijab, especially in tourist destinations; this issue is considered one of the most important obstacles to attracting health tourists. In this regard, Askari and Zibaneh (2014) showed in their research that environmental factors are effective in empowering individuals, and among them, attracting public participation and creating a spirit of thinking and study among individual and organizational factors have had the highest and lowest scores based on research findings. Hossein Khani and Aleme Tabriz (2017) showed that among environmental factors, structural and behavioral factors have a significant impact on empowerment, with structural factors having the greatest impact and the impact of behavioral factors being less than other variables. The results of structural equation modeling also showed that the environmental factor variable is effective in attracting health tourists. Organizational factors also have a significant impact on attracting health tourists. According to the results of structural equation modeling, the organizational factor variable is effective in attracting health tourists. The analysis of conducted interviews showed that in addition to environmental factors, organizational factors are also important intervening factors that can affect the attraction of health tourists to tourism destinations. The results showed that macro policies of the government and regional and local policies have a significant impact on attracting health tourists. For example, unity of approach among policy-making institutions, coordination among tourism organizations, the importance and priority of health tourism for the government, reduction of the boundary between religion and politics, holding specialized workshops and seminars

on health tourism, and reducing restrictions such as mandatory hijab are parameters that strongly affect the attraction of health tourists. In this regard, Michael Hall and Jenkins (2003) believe that the type of management and macro policymaking has great importance in tourism development. Infrastructure also has a significant impact on attracting health tourists. To effectively attract health tourists, appropriate infrastructure must be established. The results of this study showed that infrastructure provides the basis for attracting health tourists to Tehran, and destinations should use these criteria for more empowerment, especially in the human and environmental areas, and adopt targeted strategies based on their strengths and weaknesses. The results showed that the development of infrastructure, including transportation systems, accommodation, health services, hospitality services (food and restaurants), and information and communication systems, as a foundational factor, is effective in attracting health tourists to the city of Tehran. For example, by using information technology in informing tourists and providing services, which means the comprehensive use of the potential of the information technology industry for the development of tourism infrastructure, and also through virtual tourism, which means electronic travel and includes the electronicization of tourism resources, human and environmental resources can be empowered and lead to the attraction of more health tourists. In this regard, Kazemi (2006) showed that the lack of appropriate transportation infrastructure and the absence of service and welfare facilities, which means neglecting the tourists, are the biggest obstacle to the development of tourism. Shamsoddini et al. (Shamsoddini, Jomeini, Jamshidi & hesham Pour, 2016) showed through their research that progress and development in advanced societies are primarily dependent on appropriate infrastructure and a high tourism potential. The results of structural equation modeling also showed that the infrastructure variable is effective in attracting health tourists. Attracting health tourists has a significant impact on the development of the tourism industry. The analysis of conducted interviews showed that attracting health tourists through satisfaction with medical travel, returning for medical purposes if necessary, and referring the destination to friends and acquaintances with similar intentions, leads to economic, cultural, social, political, and environmental development in tourist destinations. In fact, the results showed that attracting health tourists leads to the development of tourism and, consequently, sustainable foreign exchange earnings, wealth redistribution, economic development, cultural contacts, improvement

of host life, value changes, preservation and restoration of tangible and intangible cultural heritage, political stability, promotion of security in society, reduction of political tensions, the establishment of peaceful contacts between different nationalities and ethnic groups, human-made environmental development, environmental protection, waste management, and increased social responsibility. Therefore, the tourism industry as the largest social movement has multiple cultural, economic, and political consequences. Thus, the development of tourism and the promotion of its positive consequences require special attention and recognition of the factors affecting the attraction of health tourists. In this regard, Kotler and Armstrong (2019) believe that one of the ways to gain a competitive advantage in the current rapidly changing environment is environmental empowerment and attracting tourists, as environmental empowerment, is a broad and acceptable strategy that

can be continuously used to improve the environment. Heyderi Sareban and Maleki (2015) showed that attracting tourists has played a significant role in job creation, improving the income of locals, preventing price increases of goods, diversifying domestic products, increasing construction, and improving the quantity and quality of handicraft industries, and it has had positive effects on changing clothing styles, changing ceremonies, food consumption patterns, improving education, improving personal and public hygiene, increasing the hygiene of products, and improving external relations with neighboring regions. Ariyanfar and Arabshahi Karizi & Ariyanfar (2019) also showed through their research that health tourism and medical tourism are fields that can play a significant role in the development of tourism. The results of structural equation modeling also showed that the variable of attracting health tourists is effective in the development of the tourism industry.

Reference List

- Amiri Nia, N. & Rooshan, S.A. (2017). Barresi-ye taasir-e abzar-ha-ye eraye dahande-ye khadamat-e electronic be gardeshgaran [Investigating the impact of tools that provide electronic services to tourists]. *Third National Conference on Culture, Tourism and Urban Identit*, Shahid Bahonar University, Kerman, Iran.
- Arabshahi Karizi, A. & Ariyanfar, M. (2019). Gardeshgari-ye salamat va ghabeliat-ha-ye gardeshgari-ye pezeshtki-darmani dar Iran [Health tourism and capabilities of medical tourism in Iran]. *Geografical Journal of Tourism Space*, 3(9), 133-152.
- Askari, M. & Zibandeh, E. (2014). Barresi-ye avamel-e mohiti bar tavanmandsazi-ye farmandehan marzi-ye ostan-ha-ye shomal-e keshvar [Investigation of environmental factors on the empowerment of border commanders in the northern provinces of the country]. *Police Management Studies Quarterly*, 9, 155-170.
- Batista e Silva, F., Herrera, M. M., Rosina, K., Barranco, R. R., Freire, S. & Schiavina, M. (2018). Analysing spatiotemporal patterns of tourism in Europe at high-resolution with conventional and big data sources. *Tourism Management*, 68, 101-115.
- Büyükoçkan, G., Mukul, E. & Kongar, E. (2021). Health tourism strategy selection via SWOT analysis and integrated hesitant fuzzy linguistic AHP-MABAC approach. *Socio-Economic Planning Sciences*, 74, 100929.
- De Pelsmacker, P., Van Tilburg, S. & Holthof, C. (2018). Digital marketing strategies, online reviews and hotel performance. *International Journal of Hospitality Management*, 72, 47-55.
- Dryglas, D. & Salamaga, M. (2018). Segmentation by push motives in health tourism destinations: A case study of Polish spa resorts. *Journal of Destination Marketing & Management*, 9, 234-246.
- Ganguli, S. & Ebrahim, A. H. (2017). A qualitative analysis of Singapore's medical tourism competitiveness. *Tourism Management Perspectives*, 21, 74-84.
- Gholami, M., Keshtvarz Hesam Abadi, A. M., Miladi, S. & Gholami, M. (2020). A systematic review of the factors affecting the growth of medical tourism in Iran. *International Journal of Travel Medicine and Global Health*, 8(1), 1-12.
- Ghosh, T. & Mandal, S. (2019). Medical tourism experience: Conceptualization, scale development, and validation. *Journal of Travel Research*, 58(8), 1288-1301.
- Hall, C.M. & Jenkins, J.M. (2003). *Tourism and public policy* (S.M. Arabi & D. Izadi, Trans.). Tehran: Iran Cultural Studies. [in Persian]
- Han, H. & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, 46, 20-29.
- Harandi, A. & Mirzaiyaan Khamse, P. (2017). Explaining Health Tourism Attraction Model: Using Classic Grounded Theory Strategy. *Journal of Urban Tourism*, 4(1), 87-98.
- Hashemi Baghi, Z., Shirmohammadi, Y. & Shahsavaan, N. (2018). The Integrated marketing communications and Advanced Information Technology on the Value of the Brand for Tourism Tourism. *Journal of Tourism and Development*, 7(1), 14, 1-19.
- Heyderi Sareban, V. & Maleki, A. (2015). Barresi-e asarat-e eghtesadi, ejtemae'i va ravanshenakhti-ye gardeshgari bar tosee-ye manategh-e roustaei-ye shahrestan-e Meshkin Shahr, motale'e-ye moredi: dehestan-e Lahrod [Investigating the economic, social and psychological effects of tourism on the development of rural areas in Meshgin Shahr, a case study; Lahrud village]. *Geografical Journal of Tourism Space*, 4(16), 35-50.
- Hoseinpour, R. & Riyahi, L. (2018). Relationship between Medical Therapy Tourism and the Rate of Tourism Attraction in Ardabil Province. *Journal of Health*, 9(2), 159-171.
- Hossein Khani, N. & Aleme Tabriz, A. (2017). Barresi-ye naghsh-e avamel-e mohiti, sakhtari va raftari bar farayand-e janeshiparvari-ye sazman az tarigh-e taasir bar tavanmandsazi-ye amalkard-e manabe'-e ensani be onvan-e motaghayer-e mianji [Examining the role of environmental, structural and behavioral factors on the succession process of the organization through the influence on

the empowerment of human resources performance as a mediating variable]. *3rd International Conference on Industrial Engineering and Management*, University Moghadas Ardabili, Ardabil, Iran.

- Izadi, M., Saadat, S. H., Ayoubian, A., Dehaghi, Z. H., Karbasi, M. R. & Jalali, A. R. (2013). Health tourism in Iran; identifying obstacles for development of this industry. *International Journal of Travel Medicine and Global Health*, 1(2), 89-94.
- Jiang, L., Wu, H. & Song, Y. (2022). Diversified demand for health tourism matters: From a perspective of the intra-industry trade. *Social Science & Medicine*, 293, 114630.
- Kazemi, M. (2006). Tourism management. Tehran: SAMT.
- Kotler, Ph. & Armstrong, G. (2019). *Principles of Marketing* (B. Forouzandeh, Tarns.). Tehran: Amookhteh. [in Persian]
- Mohammadesmaeil, S. & Kianmehr, S. (2022). *Identification and Ranking of Value Creation Indicators in Health Tourism in Iran (by a mixed exploratory approach)*. Authorea Preprints.
- Mohammadi Pour, F. & Rahimi Kia, A. (2011). Tourism Darmaani: Padideh-haye dar Haale Zohour dar Moraaghebat-haye Behdaashti Darmaani [Medical Tourism: An Emerging Phenomenon In Health Care]. *Conference on the use of natural geography in environmental planning*. Islamic Azad University, Khorramabad Branch, Khorramabad, Lorestan, Iran.
- Mokhtari, K. & Mohammadzadeh, M. (2019). Medical Tourism Opportunities: Iran as a Destination Country for Azerbaijani Medical Tourists. *Journal of World Sociopolitical Studies*, 3(4), 789-837.
- Noree, T., Hanefeld, J. & Smith, R. (2016). Medical tourism in Thailand: a cross-sectional study. *Bulletin of the World Health Organization*, 94(1), 30.
- Purcarea, E. V. L. (2019). The impact of marketing strategies in healthcare systems. *Journal of Medicine and Life*, 12(2), 93.
- Ricafort, K. M. F. (2011). *A study of influencing factors that lead Medical tourists to choose Thailand Hospitals as medical tourism destination* (Unpublished Master Thesis). School of Business and Technology of Webster University, Thailand.
- Ridderstaat, J., Singh, D. & DeMicco, F. (2019). The impact of major tourist markets on health tourism spending in the United States. *Journal of Destination Marketing & Management*, 11, 270-280.
- Salmani, L. (2013). *Medical tourism trade in health services*.

Tehran: Royan Pajoh.

- Santos, A. & Cincera, M. (2018). Tourism demand, low cost carriers and European institutions: The case of Brussels. *Journal of Transport Geography*, 73, 163-171.
- Shalbafian, A. (2015). *Gardeshgari Salamat dar Roykardi Jame'e* [Health Tourism In A Comprehensive Approach]. Tehran: Mahkaame.
- Sharifi Chalanbar, K. (2017). *Identification And Ranking Of Obstacles To The Development Of Medical Tourism In Gilan Province* (Unpublished Master Dissertation for Master's Degree in Tourism Management, Planning and Development). Faculty of Literature and Human Sciences, Department of Management and Economics, Mohaghegh Ardabili University.
- Shamsoddini, A., Jomeini, D., Jamshidi, A. & Hesham Pour, M. (2016). An Analysis of Developing the Tourism Infrastructure in Kermanshah Using Synthetic Models. *Geographical Journal of Tourism Space*, 5(18), 1-20.
- Sheikhi Chaman, Mohammadreza. (2020). Naghshe Gardeshgari Salamat dar Ronagh-bakhshi be Eghtesade Slamat-e Iran [The Role Of Health Tourism In Boosting Iran's Health Economy]. *Health Management Quarterly*, 23 (2), 9-10.
- Sindhwani, R., Afridi, S., Kumar, A., Banaitis, A., Luthra, S. & Singh, P. L. (2022). Can industry 5.0 revolutionize the wave of resilience and social value creation? A multi-criteria framework to analyze enablers. *Technology in Society*, 68, 101887.
- Taheri, B., Chalmers, D., Wilson, J. & Arshed, N. (2021). Would you really recommend it? Antecedents of word-of-mouth in medical tourism. *Tourism Management*, 83, 104209.
- Weston, R., Guia, J., Mihhahic, T., Prats, L., Blasco, D. & Ferrer-Roca, N. (2019). *Research for TRAN committee-European tourism: recent developments and future challenges*, European Parliament. Brussels: European Parliament, Policy Department for Structural and Cohesion Policies.
- World Tourism Organization (UNWTO). (2017). *World Tourism Barometer*, UNWTO: Madrid. Volume 15.
- Zhang, Q., Zhang, H. & Xu, H. (2021). Health tourism destinations as therapeutic landscapes: Understanding the health perceptions of senior seasonal migrants. *Social Science & Medicine*, 279, 113951.

COPYRIGHTS

Copyright for this article is retained by the authors with publication rights granted to Tourism of Culture journal. This is an open access article distributed under the terms and conditions of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>).



HOW TO CITE THIS ARTICLE

Bagheri, A., Roustae, A., Forozandeh, L. & Asayesh, F. (2023). Marketing Model of Health Tourism (Case Study: The City of Tehran). *Tourism of Culture*, 4(13), 44-59.

DOI: 10.22034/TOC.2023.389929.1114

URL: https://www.toc-sj.com/article_176263_en.html

