Providing a Model for Promoting the Health Tourism Industry for Tehran Tourists

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Abstract

The present study was conducted with the aim of developing a model to promote the health tourism industry. The qualitative part of the research was based on grounded theory. Semi-structured interviews were used to collect data, and the data were analyzed using the Strauss and Corbin method and the paradigmatic model. The sampling was done using theoretical sampling and through purposive (judgmental) techniques. According to the systematic model of grounded theory, experts and managers in the field of health tourism, as well as tourists within the tourism industry, were selected as the study population. The results of the data analysis, obtained from interviews during the process of open, axial, and selective coding, led to the creation of a model for promoting the health tourism industry based on grounded theory. Finally, a pattern was identified to provide a model for promoting the health tourism industry. In the quantitative section, due to the unknown population size, the Morgan sampling table was used to select the sample size. Therefore, the sample size was estimated to be 384, and the same number of questionnaires was distributed among tourists using health services in Tehran. Ultimately, 310 completed and valid questionnaires were received. In the quantitative part of the study, in terms of purpose, the research was applied, and in terms of data collection method, it was descriptive and survey-based. Additionally, structural equation modeling (SEM) using Smart PLS software was employed to analyze the data. The quantitative findings of the research show that market attractiveness positively affects the structure and services of health tourism. Furthermore, health tourism services and the structure of health tourism have had a significant impact on value creation. On the other hand, health tourism services and value creation have had a positive effect on health development. Moreover, the results indicated that environmental factors moderate the effect of market attractiveness and structure on the structure of health tourism. The qualitative findings of this study suggest that to promote the health tourism industry, managers should pay close attention to all identified categories and subcategories in this study and possess adequate and sufficient information on each. In addition, this research highlights the need to focus on promoting the health tourism industry. This study contributes to the literature on various aspects and approaches of health tourism and provides future guidelines for researchers. Ultimately, this study leads to implications for the promotion of the health tourism industry and the optimization of this platform.

Keywords: *Tourism, Tourism Industry, Health, Grounded Theory..*

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1. Introduction

Iran is reliant on crude oil exports for its foreign currency revenues, and in order to address the challenges associated with this dependency, it is necessary to invest in the production and export of goods and services that can generate foreign currency revenues. Among several defined products and services, this country possesses potential capabilities that, with investment, can be transformed into actual capacities and used as a source of foreign currency income [1]. The medical industry is one such area. According to Iran's 2025 Vision Plan, it is projected that the country will attract more than 40 million domestic tourists and 20 million foreign tourists annually. Among those who enter countries as tourists, 7% are individuals who travel for treatment and to benefit from natural resources. Iran, with its low costs and high-quality healthcare services, intends to capitalize on these opportunities. However, it faces challenges in exploiting its potential in this regard [2].

The increase in international growth, on the one hand, and the rising interest in tourist destinations, on the other, have led to the emergence of various types of tourism, such as cultural and educational tourism, religious tourism, urban tourism, rural tourism, sports tourism, and health tourism. Among these various tourism sectors, health tourism and its subsectors have gained significant attention due to their competitive capabilities and amenities, showing rapid growth compared to other types of tourism. Health tourism has emerged as a new market in tourism that has increasingly expanded in recent years. It is estimated that each health tourist generates three times the foreign exchange revenue compared to a regular tourist. Moreover, achieving the goals outlined in the fifth and sixth development plans and the Vision Plan underscores the importance of health tourism as a legal obligation [3].

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 medical interventions, natural resources like mineral waters and climate, in a location outside the individual’s place of residence, and for a period exceeding 24 hours. Based on studies in the field of health tourism, this industry can be classified into three types: (1) wellness tourism, which involves traveling to wellness villages and areas with hot springs and mineral waters for relaxation and revitalization without medical intervention; (2) therapeutic tourism, which involves traveling to natural healing resources like mineral waters, salt, and mud for the treatment of certain diseases or recovery under medical supervision; and (3) medical tourism, which involves traveling for the treatment of physical illnesses or surgeries under the supervision of doctors in hospitals and medical centers [2]. On the other hand, the World Health Organization defines health tourism as the travel of individuals from their permanent place of residence to maintain, improve, or achieve mental and physical health for a period of more than 24 hours and less than one year.

Overall, it can be said that health tourism is a type of travel that, in addition to medical care and health services, also includes leisure and relaxation [3]. The development of health tourism is influenced by many factors, including the demographic structure and life expectancy. There is a strong relationship between the age composition of the population and the desire to travel for health maintenance or recovery. In fact, as the population ages, the need for such travels increases. The global population is aging rapidly, with projections indicating that by 2050, the population over the age of 60 will more than double. This growth in the elderly population translates into an expanding market for health tourism. Moreover, since older individuals often have the financial capacity to travel, they are more willing to pay for health-related trips. Additionally, as life expectancy continues to rise, the demand for health tourism is also expected to increase, encouraging individuals to travel for health purposes [4].

In fact, various cities and countries, recognizing the importance of the tourism industry for the development and prosperity of related productive businesses, are seeking to take advantage of the potential opportunities to attract international travelers. Current globalization, aimed at integrating and interacting healthy human resource systems across different domains, requires healthcare services [5]. Thus, healthcare is considered one of the most critical concerns of modern life, as it affects individuals' lives across all levels of society. Since World War II and with the shift from industrialization in Europe, time and financial resources have increasingly been allocated to leisure and revitalization for workers and the middle class, alongside a growing focus on physical and mental health. Furthermore, geographic segmentation and the lack of medical facilities in certain areas have created healthcare challenges for individuals [1]. Consequently, health and hygiene became one of the primary motivations for people to start traveling in pursuit of improving their health, giving rise to the concept of health tourism.

According to statistics, despite having facilities and capabilities in the field of healthcare, Iran has not yet secured a strong position in the health tourism industry due to a lack of awareness and attention to factors that affect its development. Health tourism refers to the travel of individuals from their permanent place of residence for more than 24 hours and less than one year to maintain, improve, or regain physical and mental health. Health tourism is considered one of the dimensions that contribute to the country's sustainable development and economic dynamism [6-8]. Given the cost-effectiveness and high revenue potential of this industry, many developing countries are focusing their attention and planning on this sector. Hydrotherapy, traveling for the use of mineral waters, salts, natural mud, sunny areas, and other natural treatments under medical supervision, is one example. Medical tourism refers to traveling for the treatment of physical illnesses or surgeries under the supervision of doctors in medical centers, which may include the use of natural therapeutic resources [8-12].

Medical tourism is sometimes described as traveling to another country to obtain healthcare (elective surgery, dental treatment, reproductive treatments, organ transplants, medical check-ups, etc.). In addition to health tourism, this may also include visits to mineral springs and traditional treatment methods. The diversity, high quality, and low cost of healthcare services in Iran, given its geographical conditions and location near its borders, are key factors in attracting medical tourists to the country. In addition, Iran's long-standing and rich history of medical knowledge, along with the presence of highly skilled and renowned physicians in various specialties, plays an important role in attracting foreign tourists. Furthermore, a significant number of domestic travelers also move between cities within the country annually to benefit from medical services. Given the cost-effectiveness and profitability of this industry and the strengthening of the country's healthcare infrastructure, many countries are now focusing their attention and planning on developing this sector. Considering the points mentioned, the primary question of this research is: What is the model for promoting the health tourism industry?

2. Methodology

The present research, focusing on health tourism, is an applied study designed to address a specific issue in this field. Moreover, this research is descriptive in nature. In terms of data type, it is a mixed-method study employing a qualitative grounded theory strategy and a quantitative correlational strategy (cause and effect). The qualitative population includes 30 experts and university professors specializing in health tourism. The sampling method used in this section was purposive sampling. In the qualitative phase, sampling continued until theoretical saturation was reached, which occurred with 15 participants. Data were collected using in-depth (unstructured) interviews with distinguished marketing professors, service industry managers, and a few experts. The reason for the unstructured format of the interview questions was to ensure the data collection was random, unbiased, and derived from the experience and knowledge of the interviewees.

To ensure the validity of the qualitative section, the questionnaire questions had to align with previous research, and several experts had to confirm its validity. In this study, 10 tourism industry experts and managers reviewed the questionnaire to ensure content validity, and fundamental revisions were made. Additionally, supervisory and advisory professors made improvements to the questionnaire. Care was taken in the phrasing of questions to avoid unclear, ambiguous, or unknown statements, ensuring that responses were collected clearly and accurately. Furthermore, parallel testing was employed (where at least two individuals conducted the interviews separately but concurrently, and their findings were compared) to assess reliability. To this end, all interview and coding steps were conducted in parallel by two individuals, yielding consistent results. In the qualitative section, in line with the research objectives, data analysis methods were based on grounded theory. For analyzing health tourism indicators, factor analysis was used.

In the quantitative section, the population consisted of tourists (users) of health services, and random sampling was employed for this phase. The sampling method used for the quantitative part was convenience random sampling. Given the large and nearly infinite size of the quantitative population, the sample size for this research was selected based on the Morgan table. As the population size was unknown, the total sample size in the quantitative phase was 384 people, according to the Morgan table. The required information for the quantitative section was collected from various sources as needed. Information related to the research literature was gathered from library resources and scientific databases such as Irandoc, Elsevier, Emerald, IEEE, and search engines like Google, Wikipedia, and Yahoo. Furthermore, internal documents and records from the health tourism industry were reviewed. Nevertheless, the

researcher gathered the necessary data for identifying the important indicators in evaluating health tourism and validating the proposed model through questionnaires and interviews.

For data analysis in the quantitative section, descriptive statistics were used to display demographic information. Additionally, structural equation modeling (SEM) with a partial least squares (PLS) approach and Smart PLS software was used to perform confirmatory factor analysis and assess the model derived from the quantitative section. The content validity of the questionnaire was confirmed through the study of relevant books and articles, the collection of necessary information, and the incorporation of feedback from revisions. The questionnaires were then reviewed by 9 professors and doctoral students, and the content validity for the diagnostic indicators was calculated based on the opinions of 9 evaluators. For 8 evaluators, the minimum acceptable Content Validity Ratio (CVR) was 0.75, and the numerical results for each item ranged between 0.75 and 1. The minimum acceptable value for the Content Validity Index (CVI) was 0.79, and if the CVI of an item was less than 0.79, that item had to be removed. The average CVI for all questionnaire items was 0.97, which is significantly higher than 0.79. To assess the reliability of the questionnaire, Cronbach's alpha was used. For this purpose, 33 questionnaires were distributed and collected as a pre-test. Then, the reliability was calculated using the data from these questionnaires with SPSS software. In structural equation modeling, composite reliability is also used, with values above 0.60 for each construct indicating adequate reliability.

3. Findings

In the initial phase of the study, interviews with industry managers provided an understanding of the subject. Based on this, after coding and categorization, the conceptual model of the research was developed. Additionally, the researcher extracted texts from each interview and conducted coding after each session. Three stages of coding—open, axial, and selective—were performed on the data. To begin with, the data were read line by line, and open codes (the participants' actual words) were extracted. The paradigmatic model of this research was designed based on Strauss and Corbin's paradigmatic framework. Given these factors and conditions, the process of designing and explaining the model for promoting health tourism was established. Explaining the factors contributing to this subject was also a key concern of this research. The paradigmatic model of the research is shown in Figure 1. It is noteworthy that the researcher's proposed components included the creation of health villages, transforming Iran into a health tourism hub, and the strategic value of health tourism, all of which are incorporated into the paradigmatic model.

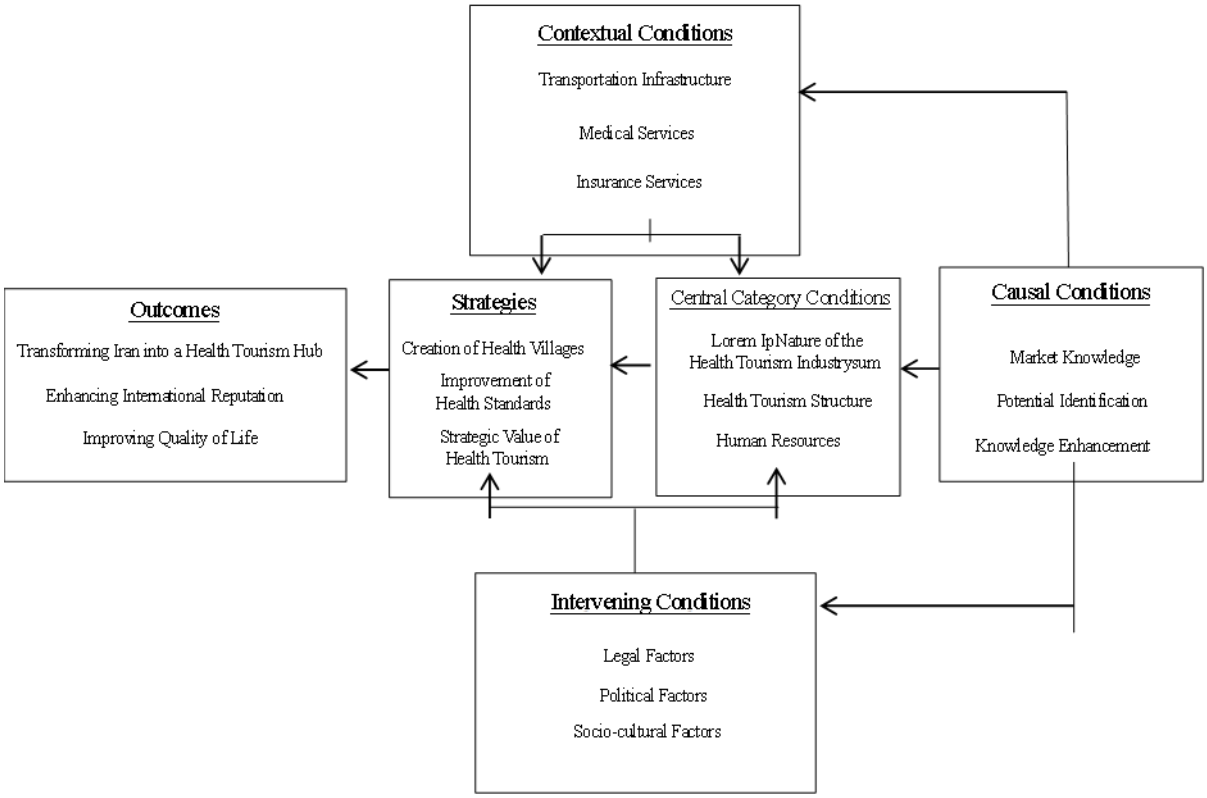

Figure 1. Paradigm Model of the Study

The findings related to the demographic characteristics of respondents are presented in the following tables and figures. Of the 310 research participants, 234 (76%) were male, and 51 (16%) were female. Among the 310 participants, 28 (9%) were under 20 years old, 184 (59%) were between 21 and 30 years old, 67 (21%) were between 31 and 40 years old, 14 (4%) were between 41 and 50 years old, 2 (1%) were between 51 and 60 years old, and 16 (5%) were over 60 years old. Of the 310 participants, 46 (15%) had a high school diploma or lower education, 46 (15%) had an associate degree, 122 (39%) had a bachelor's degree, 78 (25%) had a master's degree, and 14 (4%) had a doctoral degree or higher. Of the 310 participants, 65 (21%) had an income of less than 5 million IRR, 90 (29%) had an income between 5 to 10 million IRR, 73 (24%) had an income between 10 to 15 million IRR, 60 (19%) had an income between 15 to 20 million IRR, and 22 (7%) had an income of more than 20 million IRR.

Before proceeding with hypothesis testing and the conceptual model of the research, it is essential to ensure the accuracy of the measurement models for exogenous and endogenous variables. Based on the significance of the coefficients and parameters obtained from confirmatory factor analysis and structural equation modeling, it was observed that the 79 questionnaire indicators were summarized into 6 constructs: market attractiveness (with 3 dimensions: market knowledge, potential identification, knowledge enhancement), health tourism services (with 3 dimensions: transportation infrastructure, medical services, insurance services), environmental factors (with 3 dimensions: legal, political, and socio-cultural factors), health tourism structure (with 3 dimensions: nature of the health tourism industry, health tourism structure, human resources), value creation (with 3 dimensions: creation of health villages, upgrading health standards, strategic value of health tourism), and health development (with 3 dimensions: transforming Iran into a health tourism hub, enhancing international reputation, improving quality of life). According to the results, the coefficients were significant, and all coefficients were tested at a 5% error level. Values of the significance test (T) greater than 1.96 or smaller than -1.96 indicate significant relationships between indicators and their corresponding latent variables.

To analyze the questionnaire structure and identify the factors composing each construct, factor loadings were used. Factor loadings indicate how much of the variance in the indicators is explained by their corresponding latent variable. According to the results, all factor loadings were greater than 0.4, meaning that all items remained in the model, and there was no reason to remove them. To evaluate convergent validity, the following criteria were calculated, and if the conditions in Table 1 were met, we could claim that construct validity was established.

Table 1. Conditions for Reliability and Construct Validity

Indicator	Acceptable Range
Reliability	CR > 0.7
Convergent Validity	Factor loadings must be significant; standardized factor loadings should be greater than 0.5, and ideally greater than 0.7; CR > AVE; AVE > 0.5

Table 2 shows the indices for convergent validity, reliability, and model fit. Convergent validity indicates that the indicators of each construct ultimately provide an appropriate distinction in measurement compared to other constructs in the model. In simpler terms, each indicator should measure only its own construct, and their combination should clearly differentiate all constructs from each other. Using the Average Variance Extracted (AVE) index, it was determined that all studied constructs had an AVE higher than 0.50. Composite Reliability (CR) and Cronbach's Alpha indices were used to assess the reliability of the questionnaire. All these coefficients were above 0.70, indicating that the measurement instrument is reliable.

Table 2. Indices of Validity, Reliability, and Model Fit

Latent Variables	AVE	CR	R^2	Cronbach's Alpha	GOF
Health Standards Enhancement	0.673	0.891	0.723	0.837	0.669
International Reputation Enhancement	0.625	0.891	0.807	0.844	
Quality of Life Enhancement	0.649	0.903	0.598	0.865	
Value Creation	0.664	0.912	0.733	0.893	
Strategic Value of Health Tourism	0.509	0.801	0.455	0.771	
Health Village Creation	0.665	0.922	0.814	0.898	
Transforming Iran into a Health Tourism Hub	0.649	0.928	0.821	0.910	
Health Development	0.742	0.940	0.806	0.931	
Market Attractiveness	0.574	0.880	-	0.853	
Insurance Services	0.531	0.847	0.468	0.780	
Health Tourism Services	0.685	0.910	0.704	0.892	
Medical Services	0.725	0.913	0.805	0.873	
Knowledge Enhancement	0.627	0.870	0.431	0.806	
Transportation Infrastructure	0.750	0.923	0.783	0.889	
Health Tourism Structure	0.656	0.901	0.712	0.881	
Health Tourism Structure	0.577	0.872	0.600	0.816	
Market Knowledge	0.536	0.852	0.762	0.784	
Potential Identification	0.619	0.866	0.686	0.794	
Political Factors	0.721	0.885	0.704	0.806	
Socio-cultural Factors	0.669	0.858	0.720	0.751	
Legal Factors	0.629	0.835	0.702	0.703	
Environmental Factors	0.709	0.890	-	0.861	
Nature of Health Tourism Industry	0.592	0.877	0.714	0.822	
Human Resources	0.810	0.927	0.652	0.882	

Another test for evaluating the measurement model is the test of its quality. The quality of the measurement model is assessed using the shared validity index (Cv Com). The results of this test showed that for all variables in the study, this index was positive, and the average value of this index was 0.591, indicating good quality and a high measurement model. Another index is the quality of the structural model, or the redundancy index (CV Red) (1-SSE/SSO), known as the Stone-Geisser index for measuring the quality of the structural model. The results showed that endogenous variables had a strong structural model quality. Additionally, the Goodness of Fit (GOF) index was 0.669, which is higher

than 0.40, indicating an appropriate model fit. Simply put, the data in this research aligns well with the factor structure and theoretical framework, reflecting a good alignment between the questions and theoretical constructs.

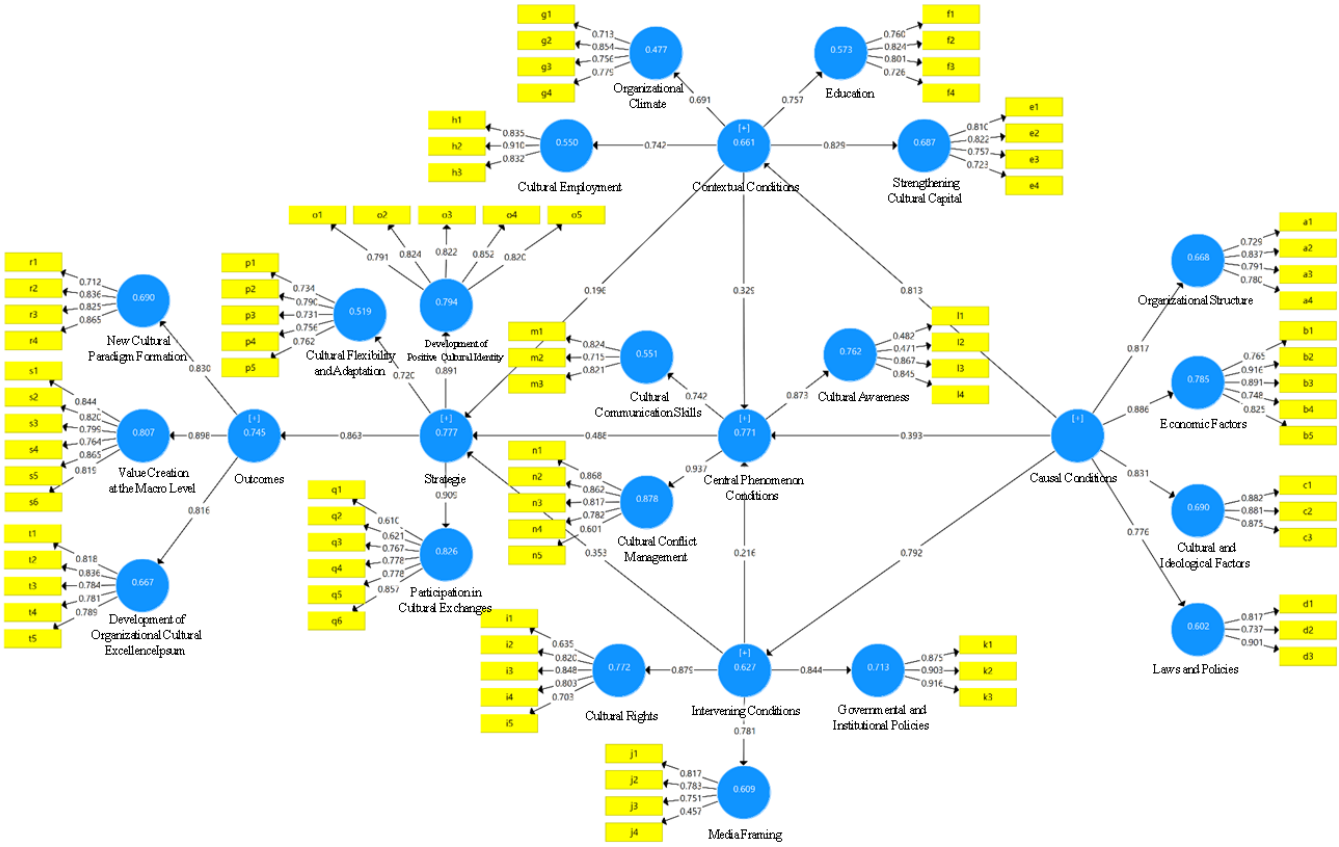

Figure 2. Structural Model of the Research in the Standard State

For hypothesis testing, once it was confirmed that the indicators and dimensions had a significant impact on the factors, the relationships between the variables were examined, and the hypotheses were tested within the structural model (path analysis). After validating the measurement models, the structural or inner model of the study was evaluated. The summary of the results, including path coefficients, t-value statistics, and the acceptance or rejection of hypotheses, is presented in Table 3.

Table 3. Results of Path Coefficients and t-value Statistics for Hypothesis Testing

Hypothesis	Path Coefficient (β)	Critical Ratio (t)	Coefficient of Determination (R^2)	Hypothesis Acceptance or Rejection	Direction of Impact
Market Attractiveness -> Health Tourism Structure	0.416	5.926	0.726	Accepted	+
Health Tourism Services -> Health Tourism Structure	0.374	4.574		Accepted	+
Market Attractiveness -> Health Tourism Services	0.839	43.803	0.703	Accepted	+
Health Tourism Services -> Value Creation	0.265	4.059	0.737	Accepted	+
Health Tourism Structure -> Value Creation	0.426	7.467		Accepted	+
Health Tourism Services -> Health Development	0.595	10.458	0.806	Accepted	+
Value Creation -> Health Development	0.351	5.847		Accepted	+
Environmental Factors -> Market Attractiveness -> Health Tourism Structure	0.125	2.927	0.726	Accepted	+
Environmental Factors -> Health Tourism Structure -> Value Creation	0.162	3.980	0.806	Accepted	+

4. Discussion and Conclusion

The results obtained from the structural equation model coefficients regarding the effect of market attractiveness on the structure of health tourism indicate that the t-value (5.926) for this parameter falls outside the critical range (-1.96 to 1.96) under the 5% error rule. Therefore, it can be stated with 95% confidence that the researcher's hypothesis is confirmed, meaning that market attractiveness has a significant effect on the structure of health tourism, and the hypothesis is accepted. Several studies have reached similar conclusions to this research. Benkler (2014) and Inda et al. (2022) demonstrated that technological infrastructure enhancements, market processes and mechanisms, and internal production strategies are critical factors affecting the ability to develop health tourism.

The results from the structural equation model coefficients regarding the effect of health tourism services on the structure of health tourism show that the t-value (4.574) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, indicating that health tourism services have a significant impact on the structure of health tourism, and the hypothesis is accepted. This result is consistent with the prior findings [1, 6-8, 10, 12].

The results from the structural equation model coefficients concerning the effect of market attractiveness on health tourism services show that the t-value (43.803) for this parameter falls outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is rejected, indicating that market attractiveness does not have a significant effect on health tourism services, and the hypothesis is accepted. This finding aligns with previous research [1, 6-9, 12-14].

The results from the structural equation model coefficients regarding the effect of health tourism services on value creation indicate that the t-value (4.059) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, meaning that health tourism services significantly influence value creation, and the hypothesis is accepted. This result is consistent with the findings prior findings [1, 6-8, 11, 12].

The results from the structural equation model coefficients regarding the effect of the structure of health tourism on value creation indicate that the t-value (7.467) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, meaning that the structure of health tourism significantly influences value creation, and the hypothesis is accepted. This result is in line with the prior [1, 6, 9, 12-16].

The results from the structural equation model coefficients regarding the effect of health tourism services on health development show that the t-value (10.458) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, meaning that health tourism services significantly impact health development, and the hypothesis is accepted. This result is consistent with the prior research findings [3, 6, 7, 9, 13-15].

The results from the structural equation model coefficients regarding the effect of value creation on health development show that the t-value (5.847) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, indicating that value creation significantly influences health development, and the hypothesis is accepted. This result is consistent with the prior findings [3, 6, 7, 9-11, 14, 15].

The results from the structural equation model coefficients regarding the moderating effect of environmental factors on the relationship between market attractiveness and the structure of health tourism show that the t-value (2.927) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, indicating that environmental factors moderate the impact of market attractiveness on the structure of health tourism, and the hypothesis is accepted. This result aligns with prior research findings [1, 3, 7, 10, 14, 15].

The results from the structural equation model coefficients regarding the moderating effect of environmental factors on the relationship between health tourism structure and value creation show that the t-value (3.980) for this parameter is outside the critical range (-1.96 to 1.96). Therefore, it can be stated with 95% confidence that the hypothesis is confirmed, meaning that environmental factors moderate the impact of the health tourism structure on value creation, and the hypothesis is accepted. This result is consistent with the previous findings [1, 3, 6, 7, 10, 14].

Based on these findings and the importance of the mentioned variables, several recommendations are proposed for managers. Enhancing industry sharing can be achieved by implementing strategies to improve resource optimization, infrastructure, and industry collaboration

networks in health and wellness tourism. This will positively impact industry innovation and resource acquisition capabilities. Strengthening innovation capacity should focus on encouraging innovation among small and medium-sized health tourism enterprises, prioritizing digital adaptation and innovation skills. This can significantly improve innovation performance in Iran's health tourism sector.

Managers are advised to integrate innovative practices, such as offering innovative products, support tools, and techniques in nature-based health tourism, to enhance competitiveness and improve tourists' experiences. These practices can drive the growth and sustainability of the industry. Developing innovative health tourism models should focus on product development, marketing, and service support for health preservation tourism models. By integrating traditional medicine with modern practices and improving tourism infrastructure, regions like the province of Yazd can attract diverse tourists and promote sustainable growth in this sector.

Managers should consider implementing strategies that combine traditional Iranian health practices with modern medical approaches to offer unique health tourism products for both domestic and international tourists. Advanced marketing strategies should be developed to highlight Iran's rich cultural heritage, traditional healing practices, and modern healthcare facilities to attract a diverse range of health-conscious tourists.

Authors' Contributions

Authors equally contributed to this article.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

All procedures performed in this study were under the ethical standards.

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