Management Strategies and Engineering Sciences 2024; 6(5):112-120

Designing a Comprehensive Model for Health Tourism with a Commercial Orientation

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Received: 2024-09-02 **Reviewed:** 2024-10-01 **Revised:** 2024-10-25 **Accepted:** 2024-11-12 **Published:** 2024-12-30

Abstract

Tourism has become a method of conducting business worldwide, and health tourism, driven by individuals' need for medical treatment, can also contribute to commercialization efforts. This dissertation aims to design a comprehensive model for health tourism with a commercial orientation. The research employs a mixed-methods approach (qualitative-quantitative). In the qualitative phase, grounded theory was utilized with MAXQDA14 software to identify the indicators related to health tourism with a commercial orientation. Participants in the qualitative phase included informed experts with notable insights and publications in the research domain. Based on the theoretical saturation criterion, 16 participants were purposefully selected. In the quantitative phase, a developmental-applied method was employed. The statistical population for the quantitative phase comprised all healthcare professionals and specialist physicians in six selected public and private hospitals. The total statistical population consisted of 1,406 individuals (based on hospital websites). Cochran's formula was applied to determine the sample size for the quantitative phase, resulting in 306 individuals selected through stratified random sampling. The findings culminated in a paradigmatic model comprising six variables: foundational and constitutive factors, phenomenon, developmental factors, strategic factors, limiting factors, and outcomes. In the quantitative phase, among the components, organizational factors exhibited the highest impact (coefficient = 0.889), while healthcare costs had the least impact (coefficient = 0.718). Ultimately, the final model demonstrated that developmental factors had the greatest influence on strategies (coefficient = 0.918), followed by the main phenomenon's impact on strategies (coefficient = 0.917), foundational factors on the phenomenon (coefficient = 0.914), intervening factors on strategies (coefficient = 0.888), and strategies on outcomes (coefficient = 0.619).

Keywords: *Tourism, health tourism, commercial orientation*

How to cite this article:

Chatrouz A, Azad N, Naami A. (2024). Designing a Comprehensive Model for Health Tourism with a Commercial Orientation. Management Strategies and Engineering Sciences, 6(5), 112-120.

1. Introduction

Health tourism, as one of the various forms of tourism, has gained significant attention in many countries, especially in recent years. In Iran, health tourism has been a focal point in speeches by relevant authorities and through the organization of seminars in this field. Officials believe that Iran, due to its natural resources and diverse, pristine environments in certain regions, has the potential to attract a larger share of tourists seeking medical treatment and health improvement [1]. Over the past few years, the number of patients traveling abroad for healthcare services has increased significantly [2]. Currently, this industry is growing, with countries vying for their share. Nations with extensive and advanced healthcare infrastructure—such as hospitals, clinics, and medical centers equipped with state-of-the-art technology and staffed by physicians, specialists, and surgeons knowledgeable in the latest medical advancements—are primary destinations for medical travel [3].

As the traditional economy transitions to a competitive landscape, the survival of organizations and markets hinges on identifying and attracting new customers while retaining existing ones [4]. This is achievable through the effective use of marketing strategies. Tourism is an information-based activity, meaning tourism locations and products rely heavily on their promotion, description, and presentation [5]. In 2006, the health tourism market in the Middle East was valued at $1.24 billion, with an average annual growth rate of 7.4% until 2011. By 2019, revenue reached $3 billion through the influx of 1.1 million health tourists, making it one of the most attractive and profitable global markets [6].

According to the World Health Organization, approximately $50 billion is spent annually on healthcare for regional patients in European and American countries. Capturing even a small percentage of this sum could significantly boost Iran's health tourism economy. Despite this, Iran's share of the health tourism market is between $400 million and $500 million annually, representing only 0.5% of the global market—a remarkably low figure given the country's potential [7, 8].

Several factors indicate the rapid growth of the service sector in recent decades. One such booming service market is health tourism, which involves various service domains [9]. However, the lack of an effective infrastructure to promote and attract health tourists has limited Iran's market share. According to the Vision 2025 plan, Iran aims to attract approximately 20 million foreign tourists annually, 6–10% of whom would travel for medical treatment and natural attractions. Leveraging low costs and high-quality medical services, Iran intends to capitalize on existing opportunities but faces fundamental challenges in achieving this goal [10].

Iran is already among the global leaders in fields such as stem cell research and spinal cord injury treatment. It is also competitive in areas such as infertility treatment, interventional radiology, and kidney and liver transplants. Adding to these qualitative advantages is the cost-effectiveness of many services. Recognizing these benefits, the Fourth Development Plan has mandated the Ministry of Health to increase revenues from health tourism [11]. Lower healthcare costs compared to other countries are among the factors that can attract international health tourists.

Experts believe that Iran's rich medical history, unique medical centers compared to neighboring countries, low treatment costs, and potential for tourism attractions provide a favorable environment for investment in the health tourism industry, provided there is proper planning to outpace competitors. Furthermore, Iran has numerous locations that attract tourists seeking relaxation or treatment for skin conditions, such as the hot springs in Sarein (Ardabil Province) and Larijan. The country's mountains, lakes (e.g., Lake Urmia), mineral hot springs, and waterfalls (e.g., Margoon near Shiraz) present significant potential. Currently, 472 hot springs across Iran welcome health tourists, and 4–7% of incoming tourists are health tourists [12].

Article 87 of the Fourth Development Plan tasks the Ministry of Health with achieving optimal conditions in international services. However, this responsibility does not fall solely on the public sector. According to the law, excess hospital capacities should be utilized for medical tourism. Iran's target markets for health tourism primarily include Iraq and Afghanistan, followed by Persian Gulf countries, Central Asia, and expatriate Iranians. Iran's recognized physicians and natural assets, such as hot springs and desert sunshine, make it a notable destination. However, health tourism infrastructure in Iran remains underdeveloped, and despite the country's advanced medical expertise, a comprehensive plan for health tourism growth has yet to be implemented. Health tourism in Iran is still largely viewed through a traditional lens rather than as an industry [13].

Globally, health tourism is one of the fastest-growing segments of the tourism industry. It is considered economically attractive, generates employment, promotes cultural exchange, and even creates political advantages. Health tourism, as part of the broader tourism industry,

includes hotels and international patient recruitment companies that form the core of the market. As this industry becomes more competitive, key players will distinguish themselves through their ability to attract international medical travelers.

In the context of marketing within this industry, patients as customers must be properly identified, and appropriate arrangements—such as hospitalization, hotel accommodations, and visa services—must be made. Iran, known for its affordable and high-quality surgeries (e.g., heart, eye, kidney, liver, and bone marrow transplants), is a primary destination for patients in the region. For instance, there is substantial demand for kidney and liver transplants from neighboring countries, often resulting in waiting lists. Similarly, infertility treatments attract many patients from Persian Gulf countries to Iran. Currently, approximately 20 hospitals in Tehran and several in cities like Isfahan, Shiraz, Tabriz, Bandar Abbas, Arak, and Mashhad actively engage in health tourism, allocating parts of their facilities to international patients [14].

Health tourism has led the Ministry of Cultural Heritage, Tourism, and Handicrafts to prioritize this growing and competitive market by forming a health tourism committee and providing special support. Iran benefits from all three types of health tourism—medical, wellness, and therapeutic—an advantage not commonly found among competitors. This can significantly enhance the value of service packages offered to tourists [15]. However, the absence of a comprehensive health tourism system means no precise data exists on the number of international patients treated in Iran or those visiting hot springs. Developing commercial strategies is a central factor in succeeding in the health tourism industry. Leading countries succeed by leveraging strong commercial strategies and effective marketing to meet the needs of health tourists. Addressing this requires strategies that are flexible and responsive to dynamic environments [13, 15, 16].

When businesses face unforeseen threats or opportunities, strategies serve as a "compass" guiding them through turbulent environments. Transitioning from a traditional economy to a competitive one requires identifying new customers and retaining existing ones [17]. This is achievable through effective commercial strategies. Tourism, as an information-based activity, relies heavily on the promotion and presentation of locations and products [18]. Digital transformation has rapidly altered business landscapes, influencing strategies from episodic to continuous development during design and implementation phases. Large organizations increasingly prioritize sustainable strategies for long-term development.

In recent years, health tourism has gained significant attention as a growing industry worldwide, with many developing countries, including Iran, aiming to leverage its potential. Omidi et al. (2022) emphasize the need for agility in marketing capabilities in response to environmental challenges, utilizing qualitative approaches to identify key marketing factors in health tourism [15]. Thelen and Yoo (2023) investigate the role of national image and cosmopolitanism in influencing patients' willingness to travel abroad for surgery, illustrating that global citizenship significantly affects the perception of health tourism [19]. Similarly, Sulaiman et al. (2023) discuss the role of community-based tourism villages in enhancing local well-being, noting that sustainable agricultural and health tourism initiatives require collaborative efforts from various stakeholders, including government and business entities [20]. These studies contribute to the growing body of literature on health tourism, highlighting key factors such as service integration, marketing agility, and the socio-economic impacts on local communities.

Aligned with the Vision 2025 plan, Iran aims to attract 20 million foreign tourists by the end of 2025. Given its low costs and high-quality medical services, Iran seeks to capitalize on available opportunities but faces significant challenges. Therefore, alongside macro-level planning and investment in health tourism, developing and implementing comprehensive models is essential.

2. Methodology

This study adopts a mixed-methods approach (quantitative and qualitative). In the qualitative phase, the initial components were identified using semi-structured interviews and the grounded theory method. The participants in this phase included experts in tourism and business management as well as individuals knowledgeable in health tourism and commercialization, who had specialized expertise or authored articles and books in the field. The inclusion criteria for the study were as follows: experts with at least three years of experience in academic institutions (both public and private universities) with a Ph.D. in health tourism, commercialization, or related topics; and hospital managers or deputies and tourism center administrators with a minimum of a master’s degree. The sampling method was purposeful. According to Tashakkori and Teddlie (2003, p. 96), in this sampling method, cases are selected non-

randomly and in a fully targeted manner. In the qualitative phase, 16 experts participated in the study. Grounded theory was employed to identify factors influencing health tourism with a commercial orientation.

For the quantitative phase, data were collected using a structured questionnaire comprising 208 items measured on a 5-point Likert scale, ranging from "very high" to "very low." The statistical population for this phase included 1,406 physicians and healthcare staff, as determined from hospital websites. The Cochran formula was used to calculate the sample size, resulting in 306 participants selected through stratified random sampling.

The average interview duration was 84 minutes. After transcribing the interviews, data were analyzed using the grounded theory method concurrently with data collection. The process involved transcribing the recorded interviews, sending extracted codes to the interviewees for validation, and repeatedly reviewing the data to become fully immersed. Initial codes were identified and grouped into categories, which were later merged to form themes. To ensure data accuracy, prolonged engagement and in-depth interaction with the data were employed. Additionally, two independent researchers participated in the data analysis alongside the primary researchers. They reviewed the transcripts to confirm coding and category formation. Participants were revisited for feedback to enhance confirmability. Maximizing sample diversity and conducting extended interviews were other strategies used to increase data credibility. Subcategories and codes were identified from the initial interviews, and data reduction continued across all analytical units (codes) until themes emerged. Interviews were conducted until theoretical data saturation was achieved. Qualitative content analysis was performed using MAXQDA12 software.

For structural equation modeling, Smart PLS3 software was used, and SPSS25 software was employed to validate the model. Ethical considerations in this study included obtaining informed consent, maintaining the confidentiality of participants' identities, and ensuring integrity in transcribing interview content.

3. Findings and Results

The opinions of the research participants revealed that health tourism with a commercial orientation encompasses 20 dimensions, 43 components, and 204 indicators within six factors of the paradigmatic model (causal conditions, strategic factors, contextual factors, intervening factors, and outcomes).

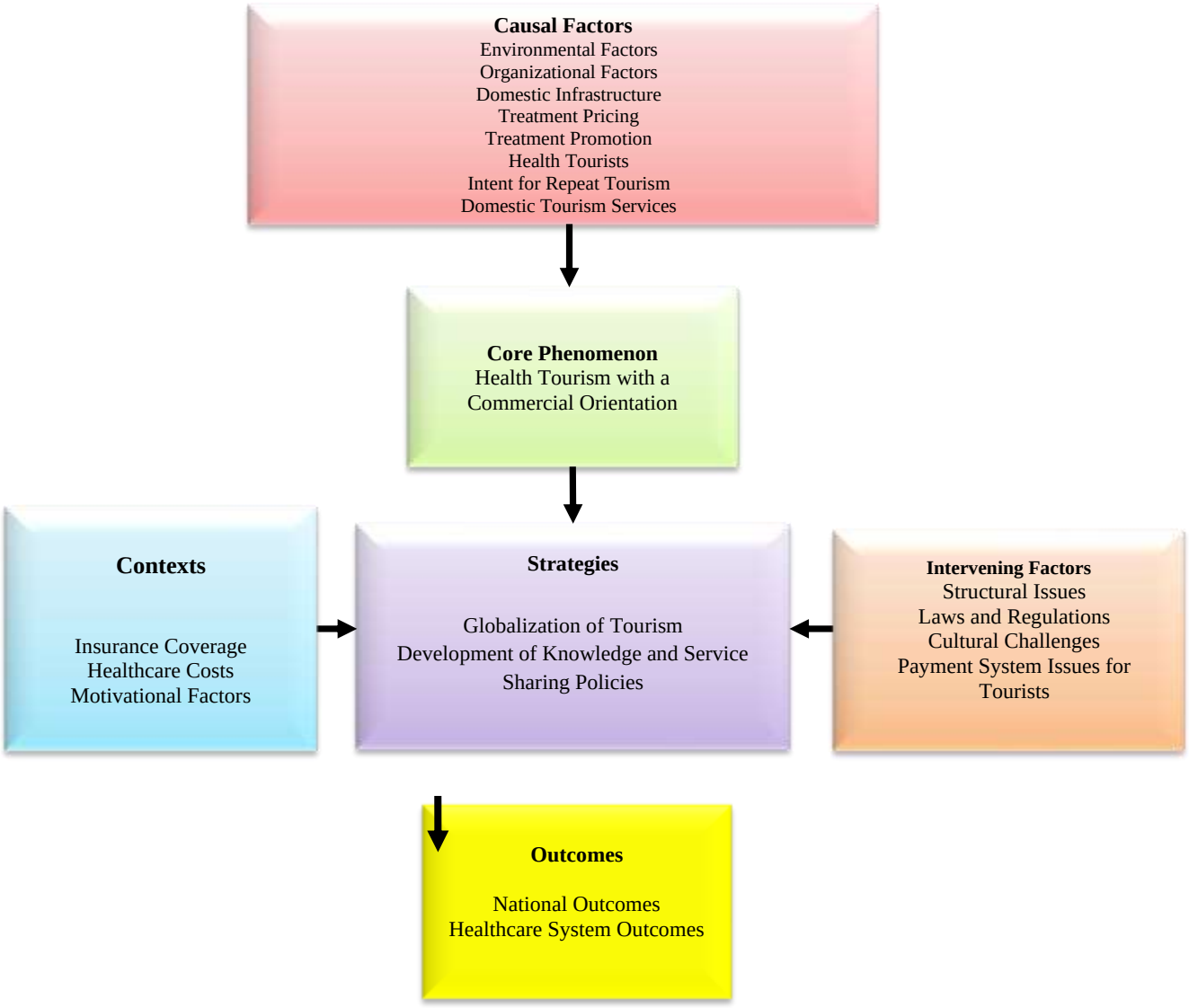

Figure 1. Model of Factors Influencing Health Tourism with a Strategic Commercial Orientation

In the next stage, a questionnaire was distributed to the primary sample of 306 participants, and the results were analyzed using structural equation modeling.

Table 1. Validation of the Quantitative Fit of Components in the Health Tourism Model with a Commercial Orientation

Components	Cronbach's Alpha	AVE	CR
Causal Conditions	0.72	0.605	0.783
Main Phenomenon	0.757	0.722	0.852
Strategic Factors	0.701	0.559	0.786
Intervening Factors	0.734	0.670	0.899
Contextual Factors	0.802	0.710	0.992
Outcomes	0.891	0.721	0.956

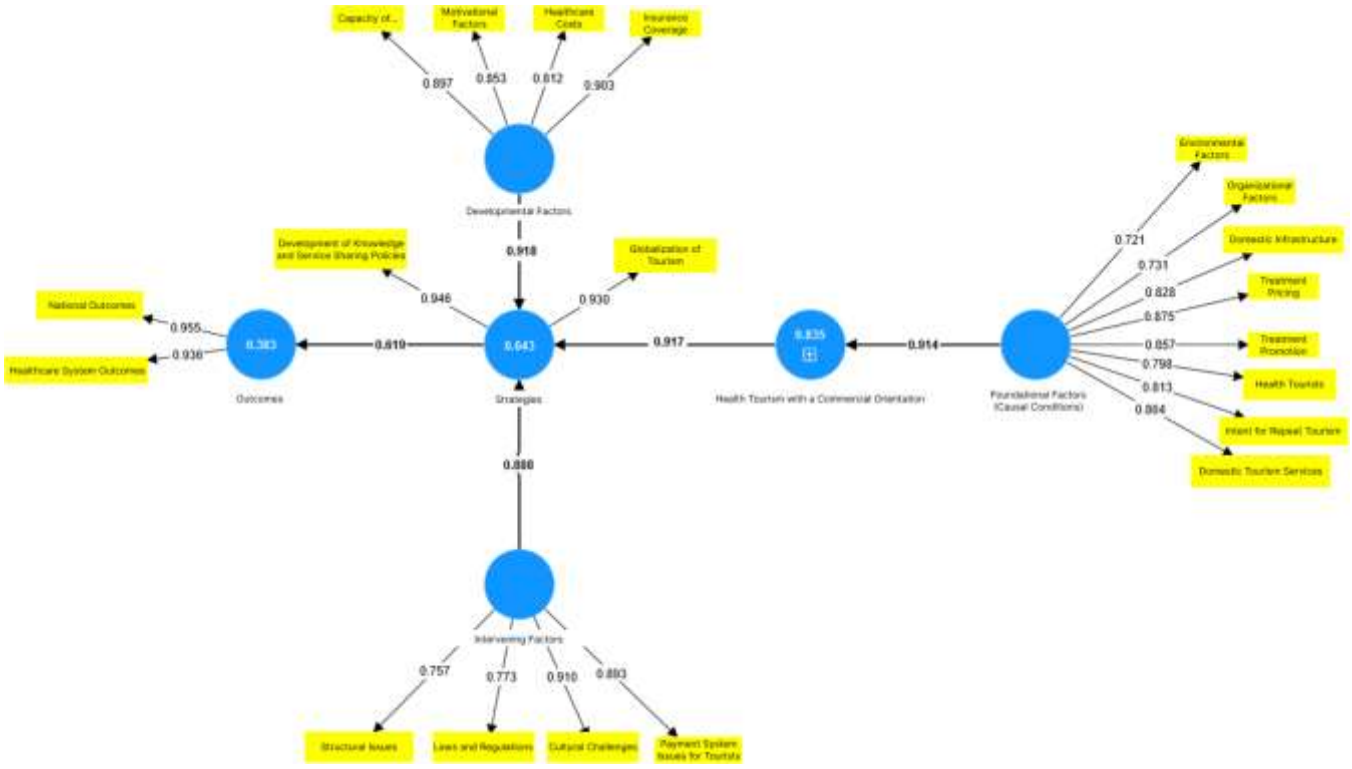

Figure 2. Factor Loadings and Determination Coefficients for the Comprehensive Health Tourism Model with a Commercial Orientation

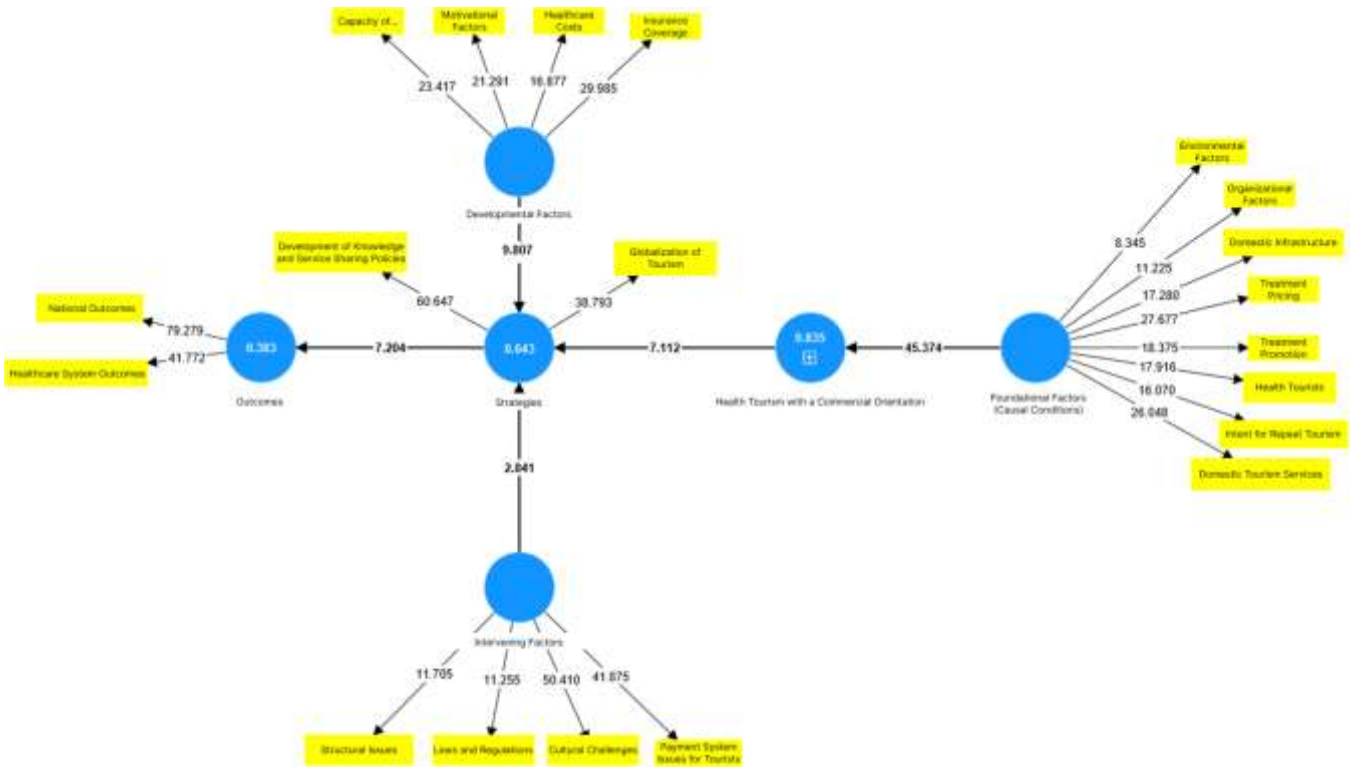

Figure 3. Significance Coefficients for the Comprehensive Health Tourism Model with a Commercial Orientation

Next, the R^2 value must exceed 0.3 for the model to have sufficient validity. Based on calculations, the R^2 value was 0.756, confirming the model's validity.

In the final step, the quantitative validity of the model in structural equations was assessed using the GOF (Goodness of Fit) index. This value must also exceed 0.3 to confirm the model's validity. Calculations indicated that the GOF value for the model was 0.672, affirming its validity.

The initial model was designed as a two-dimensional matrix and presented to experts (interview participants). A questionnaire with six Likert-scale questions across various dimensions was developed, and experts were asked to evaluate the accuracy of the findings.

Table 2. Results of the One-Sample t-Test for Evaluating the Appropriateness of the Proposed Model (Expected Mean = 3)

No.	Dimension	Question	Mean	SD	t	df	Sig.
1	Alignment	Were the concepts derived from the reviewed data?	3.68	1.251	9.45	29	0.000
2	Comprehensibility	Are the concepts identifiable and systematically interconnected?	3.84	1.225	11.90	29	0.000
3		Have the categories been well-formulated?	3.66	1.338	8.62	29	0.000
4	Generalizability	Has the theory been explained to account for varying conditions?	3.80	1.257	11.05	29	0.000
5		Have broader conditions that might affect the phenomenon been described?	3.70	1.185	10.27	29	0.000
6	Control	Do the theoretical findings seem significant?	3.64	0.885	12.64	29	0.000

To establish the internal validity of the initial proposed model, expert opinions were collected via a questionnaire designed to assess the model.

Given that the questionnaire employed a five-point Likert scale, the decision-making baseline was set at a mean score of 3. As indicated by the results presented in Table 2:

1. **Alignment**: In terms of alignment, the calculated t-value (9.45) is significant at the 0.01 level. A comparison of the mean score for this element of the model (3.68) with the expected mean shows that the model's alignment is valid in the view of the experts and is confirmed with 99% confidence.
2. **Comprehensibility**: Regarding the model's comprehensibility, the calculated t-value (11.82) is significant at the 0.01 level. Comparing the mean score of this element of the model (3.75) with the expected mean indicates that the model's comprehensibility is valid from the experts' perspective, confirmed at the 99% confidence level. For the comprehensibility questions, the calculated t-value for both items is significant at the 0.01 level, and the observed mean in each question exceeds the expected mean of 3. Therefore, experts consider the model to be comprehensible.
3. **Generalizability**: In terms of the model's generalizability, the calculated t-value (11.82) is significant at the 0.01 level. A comparison of the mean score of this element (3.75) with the expected mean shows that the model's generalizability is valid in the experts' opinion and is confirmed with 99% confidence. For the generalizability questions, the calculated t-value for both items is significant at the 0.01 level, and the observed mean for each exceeds the expected mean of 3. Therefore, experts view the model as generalizable.
4. **Control**: With respect to control within the model, the calculated t-value (12.64) is significant at the 0.01 level. Comparing the mean score of this element (3.64) with the expected mean demonstrates that the model is considered controllable by experts, confirmed with 99% confidence. For the control questions, the calculated t-value for both items is significant at the 0.01 level, and the observed mean in each item surpasses the expected mean of 3. Hence, experts deem the model controllable.

As illustrated in Table 2, the calculated t-value in all components indicates that, with 19 degrees of freedom and an alpha level of 0.01, the obtained values exceed the critical t-value. Therefore, the null hypothesis, stating no difference between the observed means and the population mean (3), is rejected. It is thus evident that there is a significant difference between the observed means and the population mean (3). Consequently, the research model is deemed highly valid by experts and is confirmed with 99% confidence.

4. Discussion and Conclusion

Health tourism is a new form of the tourism industry that has grown increasingly in recent years. It is an economic activity based on service trade, showcasing the link between the healthcare and tourism sectors. One of the most important topics in this field, which must be addressed, is health tourism marketing and the utilization of competitive

advantages. Today, health tourism is an area in which developing countries possess significant competitive advantages. For this reason, many developing countries, particularly in Asia, are actively marketing and attracting health tourists in a competitive environment. Thus, the study of health tourism with a commercial orientation is of great importance. In this context, examining the concept of health tourism with a commercial orientation as the core of the healthcare sector becomes crucial. To achieve this goal, it is first necessary to identify the dimensions and components of health tourism, followed by appropriate management and planning to enhance and promote health tourism with a commercial orientation, thereby improving the quality of services within healthcare organizations.

As mentioned, studying health tourism with a commercial orientation is highly significant. In this dissertation, after clarifying the general concept of health tourism, the focus was placed on examining it within the healthcare sector with an emphasis on commercial orientations and their application. The main focus of this research is on investigating the challenges faced by managers, policymakers, and researchers in the field of health tourism with a commercial orientation. In this regard, the study examines how health tourism with a commercial orientation is implemented.

One of the challenges in the field of humanities in most non-Western societies, particularly in our country, is the lack of indigenous theories based on the society's management system. Several reasons exist for our inaccessibility to indigenous theories, one of which is the research methodology employed. In our current society, most research is conducted using quantitative methods rooted in the positivist paradigm. We believe that if research were conducted qualitatively, leading to a deeper understanding of phenomena and individuals, it would provide the opportunity for researchers and the scientific community in our country to develop indigenous theories.

One of the innovative aspects of this research is the method used in the model construction, namely the qualitative method and theory development approach. Most models that have been developed in this field have distanced themselves from qualitative approaches, shifting toward quantitative methods. The use of MAXQDA software can also be seen as the incorporation of cutting-edge technology in developing the theory of this research.

Since health tourism became an important topic in the field of management and organizations, various approaches and perspectives have been presented by scholars in this field regarding health tourism, leading to the development of various models and definitions of health tourism. The methods used to design these models have included both quantitative and qualitative approaches, with research in this area increasingly moving toward quantitative methods. In this study, we accept the scientific findings and models developed in Western contexts, but we also recognize that these theories are based on the understanding of health tourism within the cultural contexts of those countries, not grounded in decisions related to Iranian culture and indigenous factors. Thus, we have added parts to these theories that align with indigenous cultural elements.

Furthermore, in terms of commercial orientation, considering the case study in this research (public and private hospitals), which has specific sensitivities, these functions should be tailored to the internal activities of these organizations, contributing to innovation in this study. Health tourism with a commercial orientation, due to its novelty in Western culture, was designed based on their needs; however, this dissertation focuses on localizing these functions and understanding the case study's context.

The aim of this research was to propose changes in managerial and tourism policies, which were carried out using qualitative methods and exploratory factor analysis. The results showed that 20 dimensions, 43 components, and 204 indicators in the paradigmatic model for health tourism with a commercial orientation are validated. In the second part, the influential and affected factors were determined using the DEMATEL method, identifying dimensions such as insurance coverage, healthcare costs, environmental factors, motivational factors, treatment pricing, structural issues, national outcomes, domestic infrastructure, health tourists, policy development, knowledge and service sharing, healthcare system outcomes, globalization of tourism, intent for repeat tourism, organizational factors, etc., with varying degrees of influence and impact.

The results of this study showed that organizational factors (coefficient = 0.889), health tourists (coefficient = 0.881), laws and regulations (coefficient = 0.877), insurance coverage (coefficient = 0.875), treatment promotion (coefficient = 0.867), globalization of tourism (coefficient = 0.860), domestic tourism services (coefficient = 0.857), cultural challenges (coefficient = 0.848), structural issues and treatment pricing (coefficient = 0.846), motivational factors (coefficient = 0.842), policy development in knowledge and service sharing (coefficient = 0.832), intent for repeat tourism (coefficient = 0.824), healthcare capacity and hospital services (coefficient = 0.816), payment system

issues for tourists (coefficient = 0.813), environmental factors (coefficient = 0.809), domestic infrastructure (coefficient = 0.795), healthcare system outcomes (coefficient = 0.785), national outcomes (coefficient = 0.757), and healthcare costs (coefficient = 0.718) are ranked in priority from first to nineteenth.

Regarding the findings of this study, some researchers have reached similar results. For example, Omidi et al. (2022) indicated that a country's domestic infrastructure can influence the attraction of tourists, including health tourists; thus, the domestic infrastructure factor is significant [15]. Khoshandam and Rostami (2022) found that a country's healthcare capacity can affect the attraction of health tourists and strengthen the commercial structure [16]. Since no researcher has directly referenced the factors identified in this study, the prioritization in their articles cannot be considered consistent with this research.

Authors' Contributions

Authors equally contributed to this article.

Acknowledgments

Authors thank all participants who participate in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

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