

## Proposing a Model to Improve the Competitiveness of Iran's medical tourism industry



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### Abstract

Medical tourism, as a flourishing and profitable industry, has attracted the attention of many countries. The purpose of the present research was to propose a model to improve the competitiveness of Iran's medical tourism industry. In terms of philosophical foundations, the present study was interpretive. It is applied and developmental in nature. It was also inductive and followed a qualitative approach. The data collection method was a semi-structured interview following a review of the related literature. The research population comprised 110 hospitals formally permitted to treat foreigners. The sample consisted of 10 interviewees selected in a convenience sampling method. The data collection continued until data saturation. The collected data were analyzed in MAXQDA2020. Having coded the transcribed interviews, the authors extracted 175 keywords (Memo). After standardization, the codes were divided into 15 main categories and 77 sub-categories, which included: government support, standardization of medical services, development of medical tourism, quality of medical services, cost of medical services, hospital facilities and equipment, branding, marketing, advertising, culture, and so forth. As the findings showed, Iran is not yet prepared for the globalization and competitiveness of the healthcare services it provides. In the first place, attention to and satisfaction of domestic needs seem to be essential along with a scientific and technological development, standardization, advertisement and marketing of health services.

**Keywords:** model, competitiveness, medical tourism, industry, Iran.

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### Introduction

Globalization has led many economies to reconsider their international competitiveness in business especially with greater exposure to international marketing. Moreover, global competition has increased the potential for the emergence of newly transformed markets <sup>1</sup>. The World Tourism Organization (WTO) recognized tourism as an effective measure that goes beyond vacations, including traveling and staying in places outside one's usual place of living for a period of less than one year for business purposes, leisure or other purposes <sup>2</sup>.

The healthcare industry or medical industry is among the largest industries in the world. The modern health care industry is divided into several sectors and is of a great importance in terms of income and employment to many

national economies. Different goods and services are provided by these industries to treat patients. The healthcare industry consists of different actors including hospitals, doctors, nurses, medical equipment manufacturers, diagnostic laboratories, clinical trials, telemedicine, medical tourism and health insurance. In general, the concept of health tourism includes medical tourism <sup>3</sup>.

During the past two decades, the demand for healthcare services has increased and changes have occurred to this industry. The reasons for the changes are: longer life expectancy, intention for a healthier life and the need for development, all the major drivers of health tourism in advanced countries <sup>4</sup>. Medical tourism is an offshoot of health tourism, and is often introduced as a

new form of tourism in which tourists travel to a foreign country to receive medical services while also sightseeing in the target country. Medical tourism directly results from the globalization of medical services<sup>5</sup>.

Medical and health tourism can be divided into two categories, the first one being medical tourism which entails the treatment of diseases, heart surgery, dental and plastic surgery, fertility, cancer treatment, etc. The second one seems to be less of medical nature and more focused on health tourism such as spa, alternative healing methods, fitness tourism, use of local medicines, etc.<sup>3</sup>. Medical tourism is wide-ranging, including alternative procedures, specialized complex surgeries such as heart valve surgery, as well as dental and cosmetic surgeries<sup>5</sup>. Muller and Kaufman (2001) distinguished between medical tourism, health tourism and health care tourism<sup>2</sup>.

These authors considered health tourism as an effort to prevent diseases, while medical tourism includes efforts to restore health. Health care tourism includes efforts to prevent diseases and restore health<sup>6</sup>. Overall, medical tourism relies on motivations concerning leisure, rest, and relaxation, maintaining, and enhancing health<sup>6</sup>. The need to respond to demand for medical procedures outside the source country is strengthened by the defects in the local market. It, thus, increases international travel after agreements made between insurance companies and particular patients who, in many cases, seek medical treatment without legal and physical knowledge<sup>7</sup>. Many governments, international agencies, health service providers and policymakers consider medical tourism a competitive solution to problems facing the global health system that promote economic development for the service-providing regions<sup>6</sup>.

The top tourist destination countries include emerging countries in Asia (India, Malaysia, Singapore, Thailand and recently, Korea), South Africa, Latin America (Brazil, Costa Rica, Mexico, Cuba) and the Middle East (especially the United Arab Emirates). In Europe these include Hungary, Poland and recently Turkey<sup>3</sup>. The Asian countries of India, Thailand, Singapore, South Korea, and Malaysia attract a total number of 1.3 million medical tourists from all over the world annually. This number is growing every year. Among the main centers of medical tourism in the Middle East are Dubai, Bahrain and Lebanon. The United Arab Emirates will also soon establish a medical tourism industry in the region. As estimated, in the next few years, the countries in the Persian Gulf region will pay more than 60 billion dollars for medical treatment abroad instead of 12 billion dollars today<sup>8</sup>.

Recently, medical tourism has become one of the fastest growing areas of tourism industry in a number of

emerging blocs such as Latin America, Eastern Europe, South African countries and even Dubai. An increasing number of countries from emerging blocs, with the hope of attracting patients from neighboring countries and western countries, have actively introduced themselves as medical travel destinations by promising high quality services, advanced technology and competitive prices. As the healthcare costs increase, patients in the developed world seek medical treatment in developing countries, and medical tourism becomes a growing phenomenon. Medical tourism is one of the fastest growing industries, especially in Asian economies estimated at 20% per year<sup>6</sup>. Heung et al. (2011) contended that Asian countries compete with each other in alternative therapies, low prices, quality of services, international accreditation and physical attractions. Having competitive knowledge of Korea can also attract more medical tourists because they prefer low costs, shorter wait lists, tourism and vacation, advanced medical technology and faster medical services<sup>9</sup>. India benefits from globalization and outsourcing. Influenced by Western-style therapeutic measures and renewed technology, India also emphasizes low cost and quick treatment in its advertisements<sup>3</sup>.

The most important factors affecting India's success in medical tourism may include skilled labor, low cost, use of the latest medical technologies, standard quality of medical services, and facile and widespread use of the English language<sup>6</sup>. Thailand leads Asia's medical tourism market and attracts approximately 1.2 million foreign tourists from the UAE, Qatar, Oman and Japan. One advantage of medical tourism in Thailand is the lower cost of medical care in this country<sup>6</sup>.

The main reasons for nominating Turkey as a medical destination are: accredited JCI medical centers, well-equipped hospitals, high-quality services and health technologies, competitive prices, hospitality and culture, geographical location, tourism standards, traditional attractions, natural and historical tourism<sup>3</sup>. The main components of therapeutic tourism competition in Singapore are: 1) active tourism sector 2) strategic planning 3) public and private partnerships 4) marketing and brand strategies 5) technology and innovation 6) accreditation and governance 7) innovative human capital<sup>1</sup>.

Concerning medical tourism, Iran continuously attempts to take advantage of the available opportunities in the international market of health services due to its favorable geographical location, low cost of services, suitable equipment and qualified doctors. Despite Iran's great medical achievements in recent years, such as applying modern medical sciences to treat diseases using stem cells, treat spinal cord injuries, heart surgeries, etc.,

it has failed to attract medical tourism among Asian countries <sup>10</sup>.

Among the reasons for the above-mentioned issue are health tourism information system, problems in policymaking and management, role of brokers as intermediaries between patients and treatment centers, patient dissatisfaction, absence of post-treatment care, absence of insurance laws in accordance with international standards and marketing programs, lack of doctors, nurses and manpower, lack of human expertise, rapid change of modern technologies, ineffective laws to prohibit medical crimes, and external condition of treatment centers and hospitals <sup>11</sup>.

Several features distinguish Iran's medical tourism, including its geographical position in the Middle East, cultural and historical commonalities with neighboring countries, specialized and sub-specialized centers, efficient human resources, skills, reputation of doctors and paramedics, attractive cultural, historical, natural tourism, transportation system (air, sea, railway and land), lower costs compared to other countries, accreditation centers and clinical governance to measure and control quality, traditional medicine, supplements, the status of the country's disease map which shows Iran is passing from old diseases (such as sleeping sickness) to new diseases (such as cardiovascular diseases, cancers, accidents and emerging diseases), specialized equipment, knowledge and manpower, and specialized and sub-specialized centers in both types of diseases. So far, no research has been conducted to explore all aspects of competitiveness in the medical tourism industry as a model for the target community. Thus, the present research aimed to propose a model for the competitiveness of the medical tourism industry in the country so that we can identify the factors affecting competitiveness with other countries to improve the state of medical tourism.

## Material and methods

The present study has philosophical foundations. Also, as it involved psychological interviews, it is considered interpretive. In terms of orientation, it is considered applied. In terms of approach, it has adopted an inductive approach to research, and is also qualitative in type. In data collection, it involved library research in the first step and field research in the second. Its strategy was survey-based, and it can also be considered a case study. A non-random sampling method was used purposively, and the data collection was grounded theory using semi-structured interviews and literature review. The data collection continued until theoretical data saturation. The study population included 110 hospitals officially permitted to

treat foreign patients. The data collection instrument was a researcher-made survey used to collect qualitative data from 10 interviewees analyzed in MAXQDA2020 for key word and code extraction. At first, a first-level coding was done with an emphasis on overt and covert content, including recording and extracting the interview, transcribing the interview content and adding key sentences to the software, and then defining codes for them. In the next step, the researcher attempted to reduce the number of codes. Those which were conceptually similar or close to each other were reduced to one category and the main concepts were identified. Depending on the relationship between the subcategories, many subcategories were organized in other categories and in the process of coding; the codes were repeatedly controlled by the researcher. The relationship between the categories was explored and the main categories emerged.

The validity of research was substantiated through adequate presence in the environment and exposure to data, long exposure to the context of research, consideration of different aspects, approval of content by the participants, exchange of opinions with professors, analysis of negative cases, search for contradictory evidence, researcher reliability, adequacy of references, member-check and close contact with the setting of study. With a maximum variety of participants in terms of age, sex, job, marital status and different educational levels, the present research attempted to make sure of the transferability of findings for evaluation and judgment by others. The validity of research was also confirmed by the professors. The library research, interview and the coding process were carried out under the supervision of the professors, who finally reviewed and confirmed the corrections and revisions.

## Results

Among 10 interviewees, 6 were male and 4 female. Having analyzed the data and finished the coding process, the findings were divided into 14 codes. The foremost theme was related to the costs, which were expressed at two levels, one related to diagnostic, health-related, educational and therapeutic services, and the second related to accommodation, visa, hotel and transportation. They were mostly nonmedical. In coding, both medical and non-medical costs were coded as costs. [Table 1](#) shows some examples extracted from the interviews related to both dimensions of costs and their coding.

**Table 1:** Open coding of extracted data

Statement	Initial open code	Level of costs	Code#
Most patients who visit a hospital, apart from the diagnosis, should pay for the certainty of diagnosis and treatment. For example, they should pay for diagnostic services, which include the costs of laboratory services and MRA, CT scan, and radiology services.	Costs of diagnostic services	First level or diagnostic and medical costs	2
In addition to the cost of diagnosis, the patient should also pay for traveling and also pay for leisure time.	Costs of travel	Second level or non-medical costs	3
Medical costs, including the cost of diagnosis, treatment or surgery, nursing and rehabilitation services, accommodation and hotel expenses, as well as visa expenses, help medical tourists select the destination country, usually the one with a lower cost of the country of their origin. If the quality of medical services is higher, more patients will be encouraged to be treated in domestic hospitals.	Costs of diagnosis, treatment, rehabilitation, accommodation and visa issuance	Medical and non-medical costs	91
Moreover, these patients also have to pay for accommodation. Most hospitals have dormitories for patients' companions, and some have made prior arrangements with hotels.	Costs of accommodation, dormitory, hotel, etc.	Non-medical costs	5

[Table 2](#) shows the frequency of main categories and sub-categories and the extracted codes. In this table, the government support category had 10 sub-categories. Standardization of hospital services had 6 sub-categories. Medical tourism development had 3 sub-categories. Hospital service quality had 10 sub-categories. Hospital facilities had 7 sub-categories. Marketing, branding and advertising had 5 sub-categories. Costs had 8 sub-categories. Culture had 4 sub-categories. Information system, monitoring and accountability had 5 sub-categories. Barriers had 5 sub-categories. Patient satisfaction had 3 sub-categories. Inter-organizational cooperation had 5 sub-categories. Security had 1 sub-category and insurance had 5 sub-categories.

**Table 2:** Distribution of main categories and sub-categorie

Category	Sub-category	f.	Code
<b>Government support</b>	The Ministry of Health investment in education and research system	1	1
	Government support including political support, legislation, policy and investment	3	6,158,112
	Amendment of laws in advertising, branding and marketing	2	42 & 30
	Mounting platforms and the required systems to develop international service centers and integrated marketing	6	33, 26, 44, 45, 46, 114
	Macro-level policy makers' focus on strengths	1	35
	Offering incentives to companies providing services to patients	1	57
	Founding specialized and sub-specialized clinics in the countries of origin	4	70, 173, 53, 43
	Offering incentives to stay in Iran	1	73
	Implementing the policies of the Ministry of Health	1	76
	Fast issuance of treatment visa with minimum cost and time	3	113, 136, 157
<b>Standardization of health services</b>	Compliance with international standards in patient attraction	1	3
	Standardization of diagnostic services, equipment and human resources	3	4, 153, 108
	Anesthesia care and drug management should be in accordance with global standards.	2	59, 62
	Compliance of manpower and equipment with global standards per bed	1	96
	Attention to the standardization of the quality of private and public sector services and compliance with national and international standards	1	138
	Up-to-date higher education and research system in accordance with international standards	1	152
<b>Development of tourism therapy</b>	Consulting health researchers in traditional medicine and modern medicine	3	2, 91, 129
	Using natural attractions to attract medical tourists	1	128
	Construction of specialized and sub-specialized hospitals in provinces with a high capacity to attract medical tourists	1	48

Category	Sub-category	f.	Code
<b>Development of tourism therapy</b>	Updating the education and research system	1	5
	Evaluation of the quality of services using the percentage of successful and unsuccessful surgeries, the rate of infection control and prevalence, follow-ups after the hospital operation	4	13, 12, 66, 83
	Attention to the quality of housekeeping, cleaning and public health services	5	15, 14, 64, 101, 150
	Validation by international organizations for regular assessment and evaluation of medical services	5	82, 78, 28, 52, 86
	Accurate assessment of patient's condition due to legal post-medical considerations	2	60, 62
	Correct diagnosis and prescription	1	84
	Modern equipment in the operating room and diagnostic centers such as radiology (CT scan and MRA) (laboratory)	1	85
	Sufficient number of beds in hospital	2	87
	Variety of specialized services	1	88
	Minimum waiting time	1	89
<b>Hospital facilities</b>	Making recreational plans for patients and their companions	5	7, 106, 121, 65, 54
	Provision of pharmaceutical services and medical consumable supplies by the hospital	1	9
	Facilities and physical space in accordance with international standards	4	11, 145, 123, 105
	Providing phone, face-to-face and remote consultation services to increase patients' access to doctors	2	55, 10
	Electronic doctor-patient appointments	2	125, 61
	Using advanced knowledge and technology to treat diseases via telemedicine technology and evidence-based medicine	4	81, 80, 95, 79
	Proficiency of the medical staff in foreign languages or employing an interpreter	4	124, 172, 107, 8
	Using the hospital website in different languages and displaying doctors' resumes	3	142, 68, 103
<b>Marketing-branding-advertisement</b>	Conducting research on market, marketing and branding	3	25, 31, 109
	Developing a positive mental image in patients' mind	2	34, 36
	Extensive international advertisement	3	132
	Advertisement using different media such as television, satellite and various journals and magazines	7	133, 155, 141, 143, 16, 23, 17
	Introduction of traditional medical alternatives as complementary medicine	1	153
<b>Costs</b>	low costs of accommodation for patients by making prior arrangements with hotels or building dormitories	3	19, 22, 164
	Attention to economic factors, including financial issues and the price that the patient should pay for the diagnosis and the assurance of the treatment	5	21, 160, 161, 148, 77
	Cost-effective medical services	1	37
	Unambiguous costs of medical services	2	38, 171
	Availability of medical costs to patients	3	39, 40, 93
	Stability of prices and currency fluctuations due to political, economic and security conditions	1	122
	Additional costs of diagnosis and laboratory and radiology services	3	159, 163, 175
	Deciding on the type of payment to hospital in <i>Rial</i> or foreign currency	1	170
<b>Culture</b>	Attention to non-medical needs of patients and their companions, including familiarity with culture, language, customs and historical and natural treasures	1	20
	Hospital staff's behavior towards patients	2	102, 63
	Cooperation of natives to improve cultural and social conditions	1	115
	Recognition of cultural differences and respecting patients' preferences and opinions	1	174

Category	Sub-category	f.	Code
<b>Information system, monitoring, and accountability</b>	Equipping hospitals with information and accountability systems such as automation, MES, and HAS intranet	4	58, 24, 144, 162
	Efficient information system and statistical system at the macro level	3	51, 75, 90
	Provision of relevant and useful information to patients about medical procedures, side effects, patient rights	1	104
	Strong regulatory system to preserve patients' rights and prevent medical errors	2	116, 139
	Using different modes of communication with patients through the internet, email, phone calls, etc.	1	140
<b>Barriers</b>	Ignoring marketing and advertising in the treatment process	1	27
	Removal of prohibitory rules to stop medical services and medicine advertisement	4	29, 41, 49, 97
	Facilitating rules of immigration to the country	1	72
	Absence of laws to protect patients and their companions during accidents	1	167
	Contradictory rules and regulations	1	168
<b>Patient satisfaction</b>	Satisfaction of patients visiting the country	12	32, 74
	Perception of the quality of services and the level of patient satisfaction with these services expressed by themselves	1	147
	Providing comfortable facilities outside the hospital for patients and their companions in cooperation with other organizations	1	47
<b>Interorganizational cooperation</b>	Appropriate facilities such as air emergency and the possibility of requesting helicopters if necessary	1	98
	Assimilation of private and public sector tariffs	1	100
	Cooperation of organizations to provide services to guest patients visiting the country for health services	1	119
	Cooperation of private and public sectors	1	137
	Cooperation of international organizations	1	154
<b>Security</b>	Attention to the safety of patients and their companions	3	135, 117, 156
<b>Insurance</b>	Medical insurance for patients and their companions during hospitalization	4	120, 118, 99, 34
	Improved and stable economic conditions	1	130
	Positive political attitude towards the country	2	149, 131
	Stability of the country's overall condition, including political, social, economic, cultural and security matters	1	165

Table 3 shows the different levels of the main categories. This table shows the relationship between the categories and the competitiveness level of medical tourism at all three levels.

**Table 3:** Multi-levels of the main categories

Main category	Level of hospital	National level	International level
Costs	√	√	×
Quality of hospital services	√	√	√
Government support	√	√	√
Standardization of services	√	√	×
Development of medical tourism	√	√	√
Hospital facilities	√	×	×

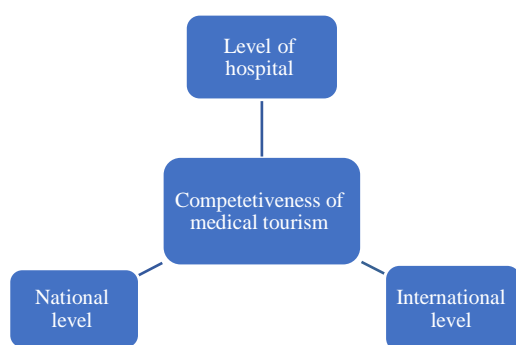
Main category	Level of hospital	National level	International level
Culture	√	√	
Marketing, branding and advertisement	√	√	√
Information system, monitoring and accountability	√	√	×
Barriers	√	√	×
Patient satisfaction	√	√	√
Interorganizational cooperation	√	√	√
Security	√	√	√
Insurance	√	√	×
Overall state of the country	×	√	√

## Discussion

As the present research aimed to propose a model to improve the competitiveness of Iran's medical tourism industry, after semi-structured interviews, 175 keywords or memos were extracted from the manuscripts, of which 14 main categories and 77 sub-categories were extracted. After open coding and removing duplicates, the sub-categories were extracted.

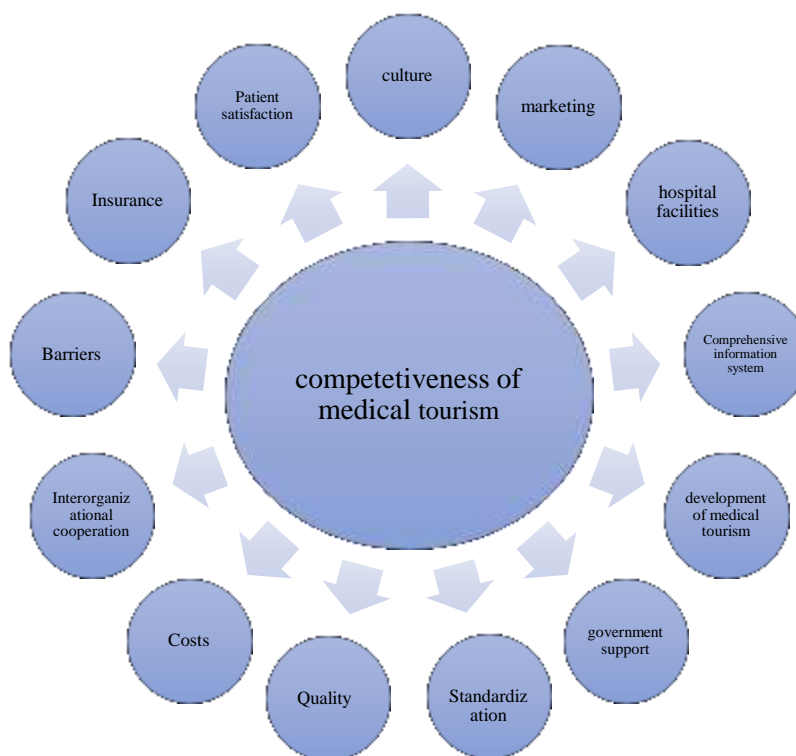
The contextual model of this research is shown below at three levels.

As shown in [Figure 1](#), the initial research model consists of three levels. [Table 3](#) shows the leveling of each factor related to competitiveness. These factors show each category can be used at the hospital level, both at the national and international levels to be effective in competitiveness; therefore, taking into account [Figure 1](#) and [Table 1](#), the final model of the research is as follows.



**Figure 1.** Levels of competitiveness in Iran's medical tourism industry

According to [Figure 2](#) and [Table 3](#), 14 major categories were explored at three levels. In the proposed model, certain barriers can reduce competitiveness. These barriers are mainly due to contradictory rules and regulations, and the consequent lack of marketing and advertising of medical services. Kim S, Lee J, Jung J (2012), in their analysis of medical tourism in Korea, showed that the problems were an inefficient promotion system, a lack of a centralized administrative support system, a lack of distinctive strategies to compete other countries, insufficient medical tourism professionals and the inefficient legal system. Moreover, the results of this study showed certain threats including the competition of other countries by providing medical tourism, the emergence of new competitors in East Asia, unexpected global crises and international hostility against Korea <sup>7</sup>.



**Figure 2:** Proposed research model based on the interview results and categorization

Novikova et al. (2013), in their analysis of Russian tourism, showed that the most important factors were, respectively, the lack of international recognition, lack of adequate advertising and information about medical and health equipment, infrastructure problems, lack of effective government support, the unenviable international reputation of Russian doctors and the poor international reputation of medical institutions, the increase in competition in this sector with newly emerging unrivalled competitors and the loss of interest in the Russian medical system from neighboring countries<sup>12</sup>. Kılavuz (2018) in his evaluation of Turkey, showed that according to the Heckscher-Ohlin model, the international differences in the skills of manpower and natural capital make differences in production and increase the competitive power. Turkey is a country with a high competition in this market which hopes to increase the market volume, because their medical tourism centers have relatively better service quality, well-equipped hospitals, geographical location and a large comparative cost advantage. Quantitative findings showed that Turkey's competitiveness in medical tourism was high<sup>3</sup>.

Ganguli and Ebrahim (2017) analyzed the competitiveness of Singapore's medical tourism. This research showed that the integration of diversification strategies to develop medical tourism with sound government policies and progressive management practices lead to significant positive results in the mutual success of tourism, health care and other economic sectors of Singapore. This study provided strategic insights into sustainable improvements in public and private sectors of competing countries through efficient management and intelligent use of resources inside and outside the medical tourism sector<sup>1</sup>.

Villoruša et al. (2019) showed that a total of 80.2% of healthcare institutions provided services to non-resident patients the previous year, while 19.8% did so regularly. Institutions mostly used websites for advertising their services. Only a few institutions had hired a marketing specialist or had a strategy to attract non-resident patients. Heads of institutions mentioned a number of internal and external barriers in the study, including staff shortages, low motivation, limited language skills, inadequate facilities, insufficient government support to promote the export of health services, the social environment, and problems in the health system<sup>13</sup>. Chambers and McIntosh (2008) showed that English-speaking Caribbean countries cannot hope to compete successfully in the global medical tourism market with many developing countries in Asia. Nor can they even compete with other Caribbean countries such as Cuba for the low cost, expert staff,

ability of medical technology, investment in medical centers or even competition in natural resources such as the sunshine, seaside and beach. Instead, to gain a competitive advantage, countries in the region must, on the one hand, recognize and develop their unique resources and competencies in medical tourism, and on the other hand, respond to the postmodern tourist demand to use experiences and act accordingly<sup>14</sup>.

Using Porter's model, Momeni et al. (2017) showed that in industrial conditions, there are 8 sub-categories including political and ideological attitudes, similarities in language, culture, limitations in communication skills and tourist attractions. In terms of demand, the categories include the reputation of doctors and waiting time for medical treatment. In structure strategy and competition, there are 7 sub-categories including the lack of hospitals approved by JCI, the ability to set the price of medical and tourism services, the system of non-scientific advertising and improving medical tourism infrastructure in neighboring countries<sup>2</sup>. Mario Alberto De la Puente Pacheco (2018) recommended tax-free zones, expanding clusters of medical services and strengthening strategic alliances with international operators for the proposed model of competitiveness of medical tourism in Colombia<sup>15</sup>.

## Conclusion

Iran is still in its infancy in moving towards globalization and competitiveness of healthcare services. Firstly, it is essential to assess and satisfy domestic needs and, secondly, the scientific and technological development, standardization, and advertising and marketing services should be developed. The results obtained at three levels of hospital (provincial), national and international, can be considered effective in delineating Iran's health and treatment capabilities compared to other countries in the world. These should not be considered as a weakness of our country's health and treatment system. We should not be blind to the capabilities of other international competitors of Iran, those which have made large investments in this field. We should not be surprised by the rapid growth of technology. We can benefit from the special geographical position of our country, the ability to treat various diseases and the critical condition of some countries in the region, disregarding competitiveness. Medical tourism in Iran can lead to a significant financial loss and backwardness of the country in comparison to the rivals. We should not withdraw from the competition in medical tourism.



## Suggestions

- It is suggested that the competitiveness of medical tourism between the private sector and the public sector be evaluated separately and the existing gap be filled.
- It is suggested that the reasons for the lack of attention and backwardness of the country's medical tourism sector be investigated in comparison with the competing countries.
- It is suggested that the models and strategic plans of the leading countries in the competitiveness of medical tourism be studied with the existing national models and programs in Iran to improve this sector.

## Conflict of interest

The author or authors declare that they have no conflict of interest with respect to the author or publication of this article.

## Highlights

### What Is Already Known?

- Innovative integration of tourism with healthcare creates strategic synergies.
- Public and private stakeholders must collaborate for successful medical tourism.
- Factors influencing the tourism competitiveness are examined from the business perspective.

### What Does This Study Add?

- Medical tourism competitiveness is investigated through Iran's experience.
- A comprehensive model is developed for improving the competitiveness of medical tourism industry
- Focused on the competitiveness of medical tourism in a developing country context
- The data were analyzed using ground theory approach

## Authors' Contributions

Seid Mohammed Reza Mirahmadi and Hasan Ghorbani contributed to the design and implementation of the research and Afshin Esfandnya to the analysis of the results and to the writing of the manuscript. Authors have read and approved the final version of the manuscript.

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## Consent For Publication

Authors give their consent for the publication of identifiable details, which can include photograph(s) and/or videos and/or case history and/or details within the text ("Material") to be published in The International Journal of Travel Medicine and Global Health (IJTMGH)

## Ethics approval

All subjects gave their informed consent for inclusion before they participated in the study.

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