

Designing a Conceptual Model for the Development of Health Tourism in the Country: A Grounded Theory Approach

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Abstract

Introduction: The health tourism industry is regarded as one of the most lucrative and competitive sectors in the world. In recent years, this industry has experienced significant growth, particularly in developing countries. Research indicates that, despite various studies in the field of health tourism, there is no comprehensive model that accurately delineates all dimensions and components of this domain. Therefore, it is essential to design a comprehensive model of health tourism and the influencing factors on it, as well as to develop strategies derived from these factors. This research was conducted with the aim of designing a model for the development of health tourism using a qualitative approach based on grounded theory. A model that examines this industry from various dimensions and provides strategies for its development.

Methods: In terms of purpose, this research is fundamental, and in terms of nature, it falls under the category of qualitative research (Grounded Theory). Regarding the results, it is part of exploratory studies. The statistical population under study consists of eleven experts, including senior managers and specialists from health tourism centers in Tehran. The tool for collecting research data is interviews, and the selection of research participants was conducted using the purposeful sampling method. For data analysis, the method of content analysis was employed, based on open coding, axial coding, and selective coding.

Results: Based on the results obtained, the development of health tourism in the country is influenced by causal conditions (quality of healthcare services, cost, credibility of medical services, health accommodation services, tourism services, and transportation), contextual reasons (natural, social, legal, and political factors), intervening factors (organizational, insurance affairs, banking affairs, and informal and underground activities), a central category (health tourism development), strategies (advertising, government support for the private sector, health tourism training, HIS development, consultation and relationship development, infrastructure development, and creating tourist loyalty and trust), and consequences (improving the quality of life, economic development, promotion of community culture, and environmental development). The results indicate that the research model is at an acceptable level.

Conclusion: It is expected that the conceptual model presented in this research will serve as a suitable roadmap for the development of the country's health tourism industry.

Keywords: Health Tourism, Qualitative Research, Grounded Theory, Content Analysis.

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Introduction

The tourism industry is one of the largest growing industries in the world ^{1,2} and can increase GDP, income, and economic growth ^{3,4}. Health tourism is one of the most important sectors of the tourism industry, which accounting for a large number of tourists in recent years ⁵. Health tourism refers to national and international trips of people for the purpose of recovery and treatment ⁶ and it is a type of tourism activity that improves people's physical and mental health ⁷⁻¹⁰. It includes services such as medical

and physical improvement through hydrotherapy, herbal treatments, and massage; rehabilitation, support programs, and disease treatment methods such as plastic surgery, endocrine surgery, eye surgery and cardiovascular surgery ⁶. In general, health tourism is divided into three branches: medical tourism, wellness tourism and preventive tourism ¹¹. Health tourism has enormous potential for development ^{9,12,13}, and many countries use it as a tool to revive the tourism industry and promote

economic growth ^{14,15}. According to a report by the World Health Organization, this industry has experienced an average annual growth of 7.5 percent until 2022, which is significantly higher than the predicted rate (of 6.4 percent)¹⁶.

Despite the significant development and growth of the health tourism industry worldwide, Iran has not fully capitalized on its advantages, such as the high quality of medical services, excellent records, the presence of expert and distinguished doctors, low prices for medical and therapeutic services, and numerous natural attractions¹⁷⁻²⁴. It has not yet been able to establish its position compared to other competitors ²⁵⁻²⁷. One of the main issues causing the lag in this industry in Iran is the insufficient applied research in this field and the absence of a coherent model that comprehensively examines all the effective and influential dimensions in the development of this industry. In this study, we aim to design a model for the development of health tourism in Iran, identifying its elements and components based on perspectives received from various experts and professionals in the health tourism industry. We also investigate the relationships between the effective components. Therefore, the main research question is: What is the conceptual model of health tourism development? What are the main components and dimensions that constitute this model?

Methods

This research is applied in terms of purpose and exploratory in terms of approach. The research method is qualitative and based on grounded theory, utilizing the Strauss and Corbin approach, which focuses on identifying conditions, causal conditions, the central phenomenon, intervening conditions, strategies, consequences, and their relationships. The statistical population of this research includes all top managers, experts, and other knowledgeable individuals in the field of health tourism in the metropolitan area of Tehran. The sampling method in this research is systematic sampling combined with the snowball sampling method, and sampling continues until theoretical saturation is achieved, meaning that no new data is added to the existing data. In this study, theoretical saturation was achieved after eleven interviews. In this study, 11 interviews were conducted, with an average interview duration ranging from 50 to 90 minutes. Table 1 presents the demographic characteristics of the samples in this section.

For the qualitative analysis of interviews, the content analysis method based on open coding, axial coding, selective coding, and grounded theory was used. For this purpose, each important phrase or sentence in the

interviews was assigned a concept, referred to as open coding. In the next step, by contemplating the various dimensions of these concepts and finding the connections and links between them, axial coding was performed. Subsequently, through necessary processes, refined coding concepts were selected, and the dimensions and components of the research and their relationships were identified and depicted in the form of a conceptual research model. Among the discovered dimensions, one of these elements was placed as the central concept, while the other dimensions were included as secondary conditions, background reasons, central concepts, intervening factors, strategies, and consequences in the model.

To examine the validity and reliability in this study, the four criteria of credibility, transferability, dependability, and conformability proposed by Lincoln and Guba were utilized ²⁸. The reliability of the current research tool was assessed using Cohen's Kappa coefficient. Based on this, three experts in the field of health tourism were asked to rate the presented model and its various dimensions in the areas of intervener, context, instrument, outcomes, and strategies, as well as the main issue, on a three-point scale (weak, moderate, strong) and to provide their opinions on the validity of this matter. In the end, the value of the Kappa index obtained from the Kappa test was 0.7995 (above 60%), which is considered a valid agreement. Therefore, based on the test result (0.7995) and a significance level smaller than 0.05, it can be claimed that the model's reliability is confirmed.

Table 1. Characteristics of Interviewees.

| Number of Interviewees | Education | Gender | Specialization |
|------------------------|------------------------|--------|---|
| 3 | Doctorate (Medicine) | Male | Excellent Management in the Field of Health Tourism Strategic Council |
| 2 | Master's degree | female | Hospital Management |
| 2 | Doctorate (Medicine) | female | Health Tourism Specialist |
| 2 | Doctorate (Management) | Male | Tourism Company |
| 2 | Doctorate (Management) | Male | University Faculty |

Results

In this research, the stages of the Grounded Theory approach were carried out in four phases: studying and collecting primary data, conducting semi-structured interviews with experts in the country's health tourism industry, coding data to obtain concepts, components, and dimensions, and identifying new components while establishing and identifying relationships between these components and dimensions. In this regard, three types of coding (open, axial, and selective) were conducted. From the data obtained from the interviewees, 123 concepts (open coding) were extracted, which were then organized in the next step using axial coding into 24 subcategories, including: quality of healthcare services, cost, accreditation of healthcare services, healthcare accommodation services, tourism services, transportation, natural factors, social factors, legal factors, political factors, organizational factors, insurance affairs, banking affairs, informal activities and underground economy, advertising, government support for the private sector, health tourism education, development of health information systems, infrastructure development, building

loyalty and trust of tourists, improving the quality of life, economic development, promoting community culture, and environmental development. Finally, these 24 categories were organized into five main categories (selective coding).

Open coding

In open coding, a researcher approaches concept naming with an open mind and does not impose any restrictions on the number of codes. The aim of open coding is to break down the collected dataset into the smallest possible conceptual components. Open coding consists of three stages. In the first stage, a thorough examination of research information sources is conducted, initial codes are identified, and these codes are subsequently classified into concepts after analysis. These concepts are then categorized into themes. In this research, during the coding stage, a total of 11 interviews were conducted, and 123 descriptive codes were extracted. The open coding resulting from a sample interview is shown in the table below.

Table 2. Sample Open Coding.

| Interview text | Open coding |
|---|--|
| The entry of healthy tourists into a country leads to significant income. As a patient, in addition to using medical services, they utilize hotel services, restaurants, shopping, sightseeing, etc., resulting in substantial revenue for the country's economy. | Income generation and profitability |
| The field of medical tourism holds great currency for the country. | Exchange |
| Medical tourism is considered one of the most important branches of tourism, directly and indirectly leading to employment and the creation of new job opportunities. | Creating employment |
| One of the main consequences of health tourism is that it frees our economy from dependence on specific products such as oil and gas. | Getting rid of the single product economy |
| One of our secondary objectives in health tourism is to be able to develop the local economy. | Development of the local economy |
| In line with the directives of the esteemed leadership, let us move towards establishing a resilient economy. A resilient economy entails having an endogenous economy; that is, having an economy reliant on our own assets. | Endogenous economy Realization of resistant economy |

Central encoding

After performing open coding, in central coding, the main axes in the dataset are determined, and the next stage of coding is carried out around these axes. Theory is constructed under the control of a specific framework. This framework helps to include the relationships of other

layers with the central axis in the following cases: context, causes, intervening factors, strategies, and outcomes. In central coding, the foundations and selected coding bases are refined. Table 3 presents an example of central coding.

Table 3. Sample Axis Coding.

| Open codes | Central codes |
|---|-----------------------------|
| Income generation and profitability | Economic development |
| Exchange | |
| Creating employment | |
| Getting rid of the single product economy | |
| Development of local economy | |
| Endogenous economy | |
| Realization of resistant economy | |

Selective encoding

The first step in selective encoding is to describe the main line of the story. The second step is to relate complementary issues around the central issue using a model. In the next stage, each of the issues must be related to its dimensions. The fourth step is to confirm these relationships using data. The final stage involves completing propositions that require modification or

expansion. In this stage, the propositions are improved and integrated into a coherent, unified theory. Additionally, propositions and concepts that needed revision and enhancement were amended, forming the main components of the country's health tourism development model. These propositions are presented in Table 4.

Table 4. Results of open, axial, and selective coding.

| Themes | Sub-themes | Cods |
|--------------------------|---|--|
| Causal conditions | Quality of healthcare services | Advanced hospitals and medical centers |
| | | Providing a variety of medical services in one center |
| | | Strong specialized clinics |
| | | Strengthening doctors and staff |
| | | Variety of medical and surgical methods and processes |
| | | Up-to-date medical equipment |
| | Costs | Advanced medical devices (scanning, MRI, etc.) |
| | | Cost of medical services |
| | | Cost of tourism services |
| | | Low tariff for medical services |
| | Accreditation of medical services | Low tariff for tourism services |
| | | Verification of service providers |
| | | Compliance of the service provider with global standards in the field of treatment |
| | | Providing standard services to medical tourists |
| | | Medical service approvals |
| | Health accommodation services | International standards |
| | | Accreditation of treatment services, quantity and quality of hotels and residences |
| | | Facilities of hotels and accommodation centers |
| | | Accommodation facilities for the disabled and sick |
| | | Emergency services of hotels and accommodations |
| Tourism services | Food quality | |
| | The quality of restaurants and the type of service | |
| | Development of health tourism companies and agencies | |
| Transportation | Development of travel agencies | |
| | Organization of travel service companies and offices | |
| | Variety of transportation networks (rail, road, air, etc.) | |
| | Quality of transportation networks | |
| | Ease of transportation | |
| | Facilities related to the transportation of patients and the disabled | |

| Themes | Sub-themes | Cods |
|--|---------------------------------------|--|
| Intervening factors | organizational | Lack of coordination among organizations related to health tourism |
| | | Visa service problems |
| | | Different prices in service centers |
| | | Crisis management |
| | Insurance matters | Tourist health insurance |
| | | Contracts with international insurance companies |
| | Banking affairs | Using crypto currency for financial transactions Access to SWIFT |
| | | Ability to pay by credit card |
| | | Support of public and private banks |
| | Unofficial and underground activities | Removal of intermediaries |
| | | Removal of brokers |
| | | Dealing with unauthorized companies |
| Development of facilitating companies | | |
| Contextual conditions | Natural factors | Hot water |
| | | The flowers of Freshen |
| | | salt lake |
| | | Natural healing resources |
| | | Favorable weather |
| | | Mud therapy |
| | | Natural landscapes |
| | social factors | Protecting the privacy of health tourists |
| | | hospitality |
| | | How society treats health tourists |
| | | Health tourist security |
| | legal factors | Legislation in the field of health tourism |
| | | Facilitation of government institutions |
| | | Approval of legal laws supporting health tourism |
| | | Approval of laws governing the collection of medical service fees |
| | | Approval of laws governing the price of services provided |
| | political factors | Dealing with international sanctions and sanctions conditions |
| | | Constructive interaction with international communities |
| Improving regional relations | | |
| Improving the level of competitive ability of Iran in the region | | |
| Establishing sustainable peace in the region | | |
| Political stability | | |

| Themes | Sub-themes | Cods |
|--|---|---|
| Strategies | Advertising | Advertisements on foreign primetime networks with the support of the government |
| | | Advertising in the virtual space of the target countries |
| | | Introducing the capabilities of Iran's medical services through the Ministry of Foreign Affairs |
| | | Using the capacity of Iranian doctors abroad |
| | | Providing free medical services by doctors in the target country to attract health tourists |
| | Government support for the private sector | Gold card, free service for country officials |
| | | Facilitating the activities of the private sector |
| | | Licensing facility |
| | | Export incentives |
| | | Import exemptions |
| | Consultation and relationship development | Support for startups |
| | | Setting up health villages |
| | | Consultation of the Ministry of Foreign Affairs with the officials of the countries |
| | Health tourism training | Signing an international memorandum |
| | | Development of international relations |
| | | Training companies and travel service offices |
| | | Training of hospital administrative staff |
| | | Specialized training of doctors to use modern equipment and techniques |
| | | General education of the people |
| | | Training of cultural ambassadors |
| | | Training health ambassadors |
| | Development of HIS | Familiarity with language and communication skills |
| | | Specialized news agency for medical tourism |
| | | Strengthening the body of knowledge of trustee institutions |
| | | Setting up an integrated and intelligent system |
| | | Development of virtual tours |
| | | Database upgrade |
| Development of websites | | |
| Infrastructure development | Development of medical portals | |
| | Development of health blogs | |
| | Integration of internal and external systems | |
| | Improvement of health infrastructure | |
| | Transportation infrastructure | |
| Creating loyalty and trust of tourists | IT and digital infrastructure of the country | |
| | Improving tourism infrastructure and agencies | |
| | Development of administrative infrastructure | |
| | Travel satisfaction | |
| | Satisfaction with treatment | |
| | Support for health tourists | |
| | Revisit | |

| Themes | Sub-themes | Cods |
|------------------|--------------------------------|--|
| Consequences | Improving the quality of life | Promoting health and community health |
| | | Social welfare |
| | | Improving human livingstandards |
| | Economic development | Income generation and profitability |
| | | Exchange |
| | | Job creation |
| | | Getting rid of the single product economy |
| | | Development of local economy |
| | | Endogenous economic development |
| | Promotion of community culture | Realization of resistance economy |
| | | Cultural confrontation |
| | | Knowing different cultures |
| | Environmental development | Cultural interactions with other countries |
| | | Development of urban green space |
| | | Environmental protection |
| | | Promotion of social responsibility |
| Waste management | | |
| | | Improving environmental considerations |

After encoding the open code, a central and selective axis is established based on the existing relationships among them and the systematic paradigm of the foundational data theory. The central concepts of each section are systematically linked to other related concepts and

relationships within a transparent general framework. Based on this, the present research model is developed, which narrates the model of health tourism development in the country. The research paradigm model is illustrated in Figure 1.

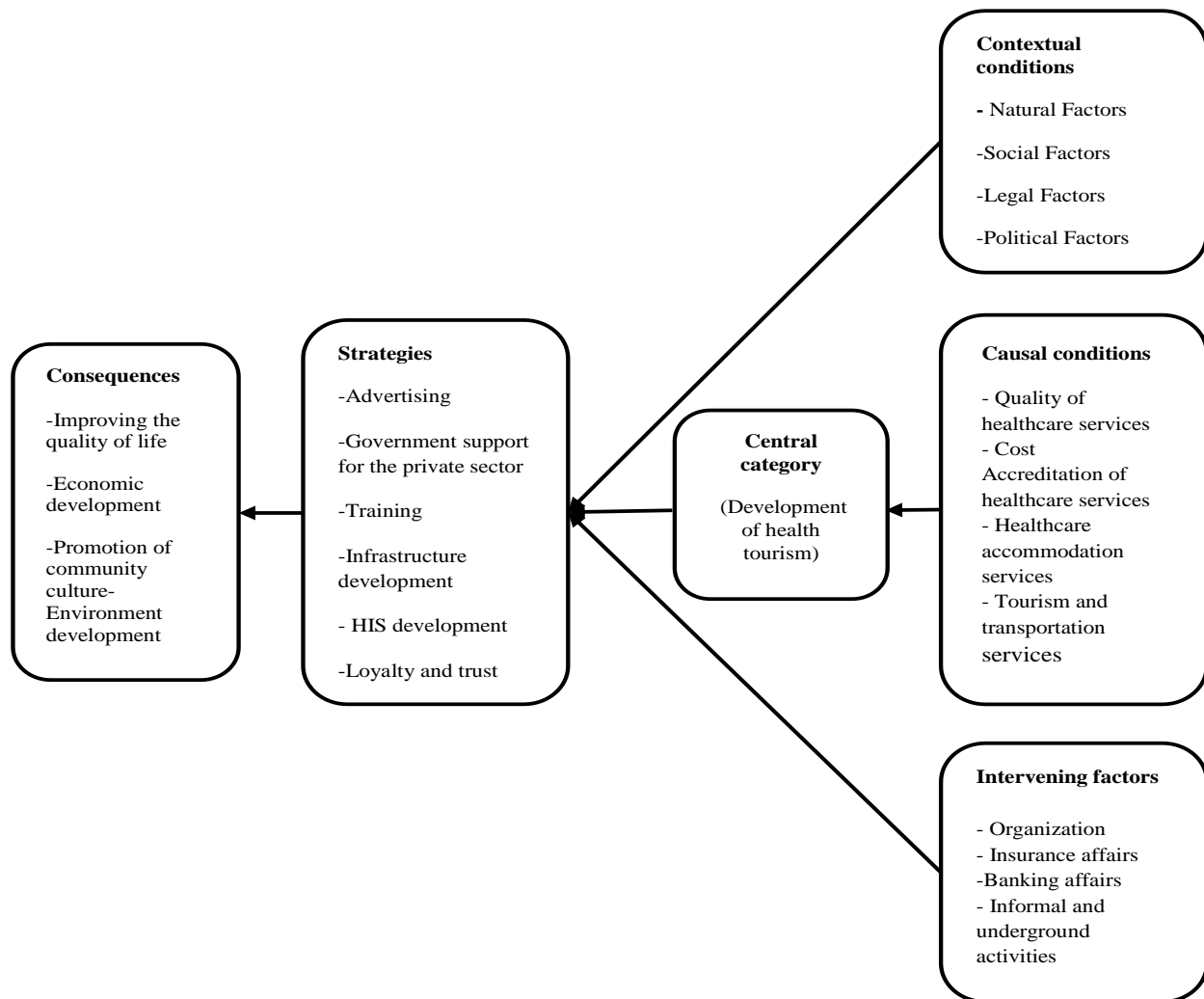


Figure 1. The final model of the coding paradigm development of health tourism in the country (Source: Research Findings).

Discussion

Today, health tourism is a developing industry worldwide with significant financial turnover. This type of tourism is conducted to utilize the natural attractions of the region, such as a desirable climate and mineral waters, as well as medical interventions and surgeries aimed at improving individuals' health²⁹. Health tourism is considered one of the most profitable and vibrant businesses, bringing significant economic returns to countries^{30,31}. The development of health tourism leads to improved international interactions, communications, and relationships between countries. Utilizing it in the global medical market drives the globalization of medical businesses, providing a competitive advantage for a country or tourist destination⁶. The development of the health tourism industry, especially for developing countries facing issues such as unemployment, limited foreign exchange resources, and single-product economies, is of great importance. The economy of Iran heavily relies on revenues from oil exports, and its macroeconomic variables experience severe fluctuations

over time, following global oil prices. For this reason, in order to diversify economic growth resources and foreign exchange revenues, as well as to create new employment opportunities in the country, the development of the health tourism industry in Iran is of great importance. Therefore, this research was conducted with the aim of designing a model for the development of health tourism in Iran. The results of the present study consist of identifying the causal conditions, contextual reasons, intervening factors, strategies, and consequences in the field of health tourism development in the country, which are presented in the form of a paradigm model.

The results show that the causal conditions include six themes: quality of healthcare services, cost and credibility of medical services, health accommodation services, tourism services, and transportation services. The contextual reasons also encompass natural factors, social factors, legal factors, and political factors. In most studies, the quality of healthcare services is the primary concern of medical tourists³², and according to some researchers, the ability to attract tourists in the health

sector and in the international market depends on guaranteed quality³³. This includes hospital standards, international accreditation^{34,35}, advanced medical equipment¹⁸, and the quality of services provided by physicians, specialists, and nurses³⁶. According to Ghosh and Mandal³⁷, in an article titled "Medical Tourism Experience: Conceptualization, Scale Development, and Validation," seven dimensions are presented as influential factors in medical tourism, including quality of treatment, quality of medical services, costs of medical tourism, medical tourism infrastructure, destination attractiveness, destination culture, and ease of access. These factors are consistent with the results of this research. The present study can also be aligned with the research conducted by Ratnasari et al.³⁸. They showed that excellent services, affordable medical costs, and modern medical technology are the most important factors affecting medical tourism in Indonesia and Malaysia. In other themes, the present research has generated new results.

Contextual reasons also include natural, social, legal, and political factors. In the context of Iran, factors such as the economic situation, social factors, and political factors—including issues and the manner of interaction and engagement of the country with international levels, the institutionalization of discourse, and international health services—along with the incorporation of this approach into the legal and governance framework of the country, can be considered the most significant elements influencing the implementation of health tourism policies at a macro level³⁹. Zarei⁴⁰ also refers to political-legal and cultural-social factors as macro-level influences associated with health tourism, which aligns with the findings of this research.

The intervening factors also include four organizational factors: insurance affairs, banking affairs, and informal and underground activities. Strategies also include six themes: advertising, government support for the private sector, health tourism education, development of health information systems, infrastructure development, and creating loyalty and trust among tourists. In alignment with this research, Loghman Estarki and Hakim⁴¹ identified insurance and banking issues as one of the main obstacles to the development of medical tourism in Iran. Bulatovic and Iankova⁴² also mentioned the lack of international medical insurance as one of the main obstacles to the development of medical tourism. According to Vaezi et al.,⁴³ the challenges of health tourism include the underground nature of certain activities to evade taxation and the increase of intermediaries in healthcare services, which aligns with the findings of this research. In previous research, the theme of organizational factors has not been identified as one of the barriers to the development of health tourism,

and the present research exhibits innovation in this dimension.

In this study, the strategies encompassed six themes: advertising, government support for the private sector, training, development of health information systems, infrastructure development, and the establishment of loyalty and trust among tourists. According to Aiwerioghene et al.,⁴⁴ factors such as the improvement of infrastructure, marketing strategies, professionalism in hospital management, operational facilities for medical tourism, and the privatization of the healthcare sector are significant in the development of medical tourism in Nigeria, which aligns with this research. Loghman Estarki and Hakim⁴¹ have also referred to advertising, marketing, and education as strategies for the development of medical tourism, which aligns with this research; however, in other themes, this study has achieved new results.

Finally, if the strategies are implemented, they will have consequences. In this study, the consequences of health tourism development include improvements in quality of life, economic development, promotion of community culture, and environmental development, which align with the findings of Azar and Saedi⁴⁵, who emphasized the economic, cultural-social, and environmental factors in the sustainable development of health tourism. An examination of previous research indicates that each of the past studies has addressed minor aspects of health tourism within various discussions. This research has succeeded in partially expanding and developing previous concepts and creating new concepts within the field of health tourism.

Conclusion

The results obtained from the present research include the identification of causal conditions, contextual reasons, intervening factors, strategies, and consequences of health tourism development, presented in the form of a paradigm model. Therefore, managers in the health tourism industry can utilize the proposed model and leverage the identified themes in this research to examine the gap between the current state and the desired state of the health tourism industry. Subsequently, necessary measures should be implemented to mitigate the barriers within this industry in order to achieve the ultimate objective of its development. Furthermore, managers and policymakers in this industry can use this model as a roadmap for policy formulation and making informed decisions aimed at the development of health tourism.

Based on the results of this study, one of the consequences of health tourism development is economic growth. Therefore, it is suggested that policymakers and those responsible for the development of health tourism

should design comprehensive plans for economic development. These programs can simultaneously advance macro and micro objectives, with the prioritization of goals subject to the conditions of the country. Furthermore, a portion of the capacity of public hospitals may be allocated to the health tourism sector, thus integrating the resulting revenues from this sector into the national economic cycle. On the other hand, the government must facilitate the activities of the private sector in order to both entrust the market to its rightful owners and compel public hospitals to enhance the quality of healthcare services in competition with private hospitals. Cultural promotion for the protection of natural resources and the environment, along with a strategic perspective on issues, constitutes an approach to environmental development that ultimately leads to the advancement of health tourism. Furthermore, it is recommended that environmental planners develop innovative and captivating schemes for the promotion of ecotourism.

One limitation of the current study is that the results obtained from the qualitative research are not generalizable due to their nature. Among the other limitations of this research, we can mention the constraints faced by the researcher in accessing the interviewees, the locality of the conducted analyses, the limited scope of the results and model to the case study, and the dependency of the results and model on the analysis method and path taken by the researcher.

Highlights

What Is Already Known?

It is known that the health tourism industry plays a significant role in the development of the country. The research conducted in the field of health tourism has not comprehensively addressed all aspects of this industry. The models presented in this area can serve as a suitable roadmap for policymakers and stakeholders in the field of health tourism in the country to adopt appropriate policies and strategies for the industry's development.

What Does This Study Add?

In this research, a comprehensive approach is taken to identify the enabling factors and barriers to the development of health tourism. An investigation has been conducted into the strategies and consequences of developing this industry in the country. In addition to designing a model for the development of health tourism in Iran, the present study proposes an evolved methodology for its design. The conceptual model presented in this study can serve as a roadmap for planning and policymaking for stakeholders in this industry. Furthermore, the model proposed in this research will not only help develop health tourism in Iran but also globally.

Authors' Contributions

The author conceptualized and wrote the manuscript

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Conflicts of Interest Disclosures

There is no conflict of interest.

Consent For Publication

Not applicable.

Ethics approval

This study was conducted with secondary data. For this reason, it is not a study that requires an ethic committee. Additionally, no ethical violations were made throughout the study.

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The extent of AI use

None

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