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**Research Article**

# Assessment of Readiness for Attracting Medical Tourists in the Hospital Setting: A Survey in Western Iran

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**Abstract**

**Background**: Efficient utilization of hospital beds is a key priority for healthcare systems today. Leveraging the potential of medical tourism can serve as a significant strategy in this regard.

**Objectives**: The purpose of this study was to assess the readiness of hospitals in Ilam city to attract medical tourists.

**Methods**: This descriptive cross-sectional study was conducted among educational and private hospitals in the center of Ilam province in 2023. Data were collected using a standard checklist designed to evaluate the International Patient Department (IPD), comprising 66 questions across five domains. The checklist was completed through observation, interviews, and a review of available documents. Data analysis was conducted using frequency and percentage distribution tables, means, and standard deviations in Excel software.

**Results**: The highest readiness score for obtaining a license to establish an International Patient Department was achieved by Kowsar Private Hospital, with a score of 198. The lowest score was recorded at Razi Public Hospital, with a score of 119. Overall, none of the hospitals studied reached the cutoff score of 227 (65%).

**Conclusions**: The results indicate that all the hospitals studied are currently in an unacceptable state of readiness to attract medical tourists. Establishing International Patient Departments should be a top priority for improving hospital efficiency and fostering the growth of medical tourism.

*Keywords*: Hospital; Medical Tourism; International Patients Department; Ilam

## 1. Background

In recent decades, the tourism industry has experienced significant growth, becoming one of the largest and fastest-growing sectors in the global economy. Many developing countries have embraced tourism as a source of income and job creation (1). An important branch of this industry is medical tourism, which involves patients traveling across international borders to access medical services in healthcare facilities within destination countries (2). Factors driving patients to seek medical care abroad include long waiting times, high treatment costs, a shortage of healthcare professionals, and inadequate advanced equipment in their home countries (3). It is estimated that each medical tourist generates three times the revenue of an ordinary tourist. Currently, medical tourism is a 100$ billion global industry, and with an annual growth rate of 25%, it has attracted significant interest from investors (4). By 2025, it is projected that the revenue from this sector will reach 182$ billion (5).

Medical tourism also has the potential to become a significant revenue-generating sector for Iran. It offers several benefits for Iran's oil-dependent economy, such as increased income from health service exports, greater foreign currency revenue, prevention of brain drain, enhanced employment opportunities for healthcare workers, and human resource development (5). According to the latest World Tourism Organization report, Iran's revenue from travel and tourism in 2021 amounted to 48.1$ billion, contributing substantially to the country's GDP (6).

Varzi et al. evaluated health tourists' satisfaction with the services provided by hospitals affiliated with Lorestan University of Medical Sciences in 2015. Among the studied hospitals, Poldokhtar Imam Khomeini Hospital achieved the highest satisfaction level of 68% across various aspects, including hoteling, discharge, paramedi-

cal services, nursing, medical care, and admission. In contrast, Kuhdasht Imam Khomeini Hospital reported the lowest satisfaction level at 53%. The overall satisfaction across all hospitals was 61% (7). Similarly, a study by Pashaei Asl reported that the overall satisfaction rate of medical tourists visiting hospitals in Tabriz was 46%, indicating a moderate level of satisfaction (8).

In many developing countries, 50% to 80% of total healthcare expenditures are allocated to hospitals, even though their efficiency is often less than 50% (9). Given the low bed occupancy rates in many public hospitals, allocating a portion of these beds to an International Patient Department (IPD) could enhance their utilization. An IPD is a dedicated hospital unit that coordinates diagnostic and treatment services for foreign patients. In 2015, the Ministry of Health and Medical Education, as the governing authority for medical tourism, issued regulations for the operation of IPDs in hospitals. Hospitals meeting specific criteria related to human resources, processes, medical and non-medical infrastructure, satisfaction, respect for international patients' beliefs, and the necessary prerequisites for accepting international patients can receive a license to operate an IPD (10).

In recent years, various studies in Iran have evaluated the readiness of hospitals to attract medical tourists. According to Shaarbafchi Zadeh et al.'s 2018 study conducted in Esfahan (11), none of the assessed hospitals met the acceptable standards set by the Ministry of Health. Similarly, Noori Hekmat et al.'s 2013 study, also conducted in Esfahan (12), found that half of the hospitals studied did not fulfill the required conditions outlined by the Ministry of Health.

Ilam province, located in western Iran, is a border region with significant potential for medical tourism. Its geographical proximity to Iraq, facilitated by visa-free travel during the Arbaeen pilgrimage, positions it as an attractive destination for many Iraqi patients. Furthermore, Ilam boasts relatively modern and newly established public and private hospitals in the city of Ilam. Given the bed occupancy capacity of these hospitals, they can be effectively leveraged for accepting international patients.

According to statistics from the International Patient Department of the Deputy of Treatment at Ilam University of Medical Sciences, 793 foreign patients visited healthcare centers in Ilam province between 2019 and 2023. Additionally, the province offers notable tourism assets, including cultural landmarks, hot springs, and its diverse, four-season natural environment, earning it the nickname "Bride of Zagros." These resources, if properly utilized, could provide a solid foundation for strengthening medical tourism in the province.

## 2. Objectives

The present study aimed to evaluate the preparedness of hospitals affiliated with Ilam University of Medical Sciences to attract medical tourists. This assessment was conducted based on the standards established by the Ministry of Health for the International Patient Department sector.

## 3. Methods

This descriptive cross-sectional study was conducted in 2023 among teaching and private hospitals in the central region of Ilam province. The hospitals included in this study were Imam Khomeini Teaching Hospital, Shahid Mostafa Khomeini Hospital, Razi Hospital, and Kowsar Private Hospital. The public hospitals under study each have more than 200 beds, while the private hospital has more than 100 beds. All hospitals are located in Ilam city. Among these four hospitals, only two have first-level accreditation, and all three public hospitals serve as teaching centers (Table 1).

**Table 1.** Demographic Characteristics of the Studied Hospitals [a]

| Variables | Specialty | Ownership | Number of Approved Beds | Number of Active Beds | Accreditation Degree | Training Status | Hospital Age (y) |
|---|---|---|---|---|---|---|---|
| **H 1** | General | Public | 200 | 186 | First level | Teaching | 40 |
| **H 2** | General | Public | 376 | 150 | First level | Teaching | 1 |
| **H 3** | General | Public | 200 | 111 | Third level | Teaching | 35 |
| **H 4** | General | Private | 102 | 54 | Second level | Non-teaching | 20 |

[a] H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

Data collection was carried out using a standardized checklist designed for assessing IPDs. This checklist, developed by the treatment deputy of the ministry of health and medical education (10), comprises 66 questions across five domains: Human resources, processes, medical and non-medical infrastructure, satisfaction and respect for international patients' beliefs, and initial requirements for international patient acceptance. Each question was scored as yes (2 points), partially (1 point), or no (0 points), with an importance coefficient ranging from 1 to 8 assigned to each question. After applying the coefficients and calculating the total scores, hospitals scoring less than 226 (65%) were deemed unacceptable in terms of health tourism readiness. Scores ranging from 227 to 279 (65% to 80%) were considered conditionally approved by the university, while scores above 280 (more than 80%) were classified as acceptable and approved.

Following the necessary permissions, the researcher visited the hospitals to complete the checklist through observation, interviews with relevant staff (including hospital managers, nursing managers, quality improvement officers, health information system staff, recruitment officers, etc.), and a review of available documents. To ensure accuracy, the evaluation process was supported by the university's International Patient Department coordinator, who had received relevant training, as well as quality improvement experts from the hospitals. This collaborative approach allowed for a comprehensive assessment of each hospital.

The evaluations for all hospitals were conducted on the same day, with prior coordination to ensure consistency. Data analysis was performed using frequency and percentage distribution tables, means, and standard deviations, with Excel software utilized for statistical calculations.

## 4. Results

The scores for each hospital, categorized by the five evaluation dimensions, are shown in Figure 1.

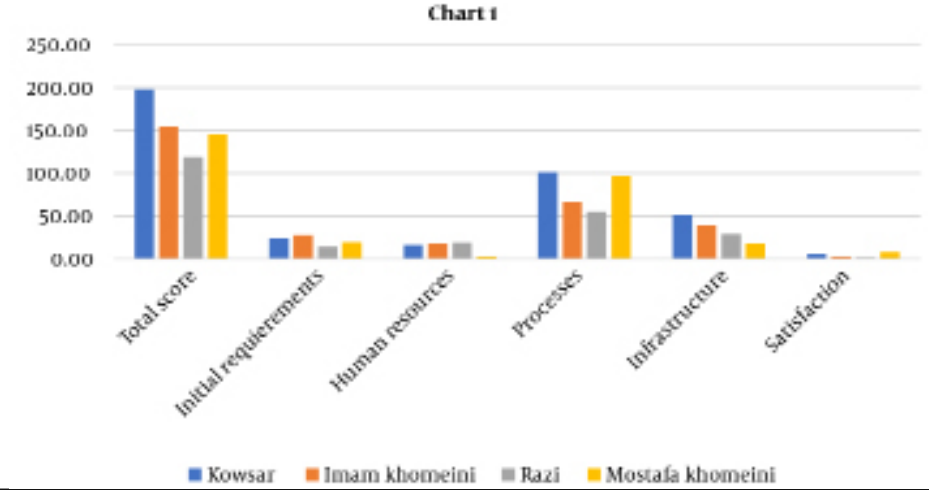


Figure 1. Score of each hospital, broken down by the five dimensions

In the domain of initial requirements for international patient acceptance, Imam Khomeini Hospital achieved the highest score of 28 out of a possible 32 points, while Razi Hospital received the lowest score of 14. A notable finding was that most of the studied hospitals failed to meet the requirement of having a valid contract between the physician and the hospital (Table 2).

**Table 2.** Scores of Initial Requirements for International Patient Acceptance Domain Separated by Studied Hospitals [a]

| Items | Score with Applied Coefficient | | | | Maximum Attainable Score |
|---|---|---|---|---|---|
| | Hospital 1 | Hospital 2 | Hospital 3 | Hospital 4 | |
| **1. Alignment of international patient department services with the institution's legal permit and license** | 8 | 0 | 0 | 8 | 8 |
| **2. The presence of an IPD expert with at least a bachelor's degree in a relevant healthcare services field** | 4 | 4 | 4 | 0 | 4 |
| **3. Presence of an IPD physician with at least a general medical degree** | 4 | 2 | 0 | 4 | 4 |
| **4. Possessing a medical practitioner license to practice in the city where the medical institution is established** | 8 | 8 | 8 | 8 | 8 |
| **5. Having a valid contract between the physician and the hospital** | 0 | 0 | 4 | 0 | 4 |
| **6. Presence of an IPD nurse with at least a bachelor's nursing degree** | 4 | 0 | 4 | 4 | 4 |
| **Total score** | 28 | 14 | 20 | 24 | 32 |

[z] Abbreviations: IPD, International Patient Department.

[a] H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

As indicated in Table 3, Razi Hospital scored the highest in the human resources domain with 19 out of 40 points, whereas Mostafa Khomeini Hospital demonstrated the lowest compliance, scoring only 3 points. None of the hospitals met the criteria for having the IPD team complete Ministry of Health-approved health tourism courses or receive training on legal issues.

rated by Studied Hospitals a

**Table 3**. Scores of the Human Resources Domain Sepa

| Items | Score with Applied Coefficient | | | | Maximum Attainable Score |
|---|---|---|---|---|---|
| | Hospital 1 | Hospital 2 | Hospital 3 | Hospital 4 | |
| **1. The IPD team's ability to effectively communicate in both English and the patient's primary language** | 6 | 12 | 0 | 12 | 12 |
| **2. Having at least three years of nursing experience for an IPD nurse** | 2 | 1 | 2 | 2 | 2 |
| **3. Have the IPD team completed health tourism courses (Ministry of Health courses or courses approved by the Ministry of Health)?** | 0 | 0 | 0 | 0 | 8 |
| **4. Using the strategic planning approach by executive managers** | 2 | 2 | 1 | 2 | 2 |
| **5. Have instructional classes been arranged for the team?** | 4 | 0 | 0 | 0 | 4 |
| **6.Have the IPD team trained legal issues?** | 0 | 0 | 0 | 0 | 4 |
| **7. Does the IPD manager provide suitable working conditions for the staff?** | 4 | 4 | 0 | 0 | 8 |
| **Total score** | 18 | 19 | 3 | 16 | 40 |

[z] Abbreviations: IPD, International Patient Department.

[a] H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

The assessment of medical and non-medical infrastructure (Table 4) revealed that Kowsar Hospital and Mostafa Khomeini Hospital scored the highest and lowest, with 51 and 18 out of 68 points, respectively. Notably, none of the hospitals had a dedicated website for international patients, a critical component of patient communication and accessibility.

**Table 4**. Scores of the Infrastructure Domain Separated by Studied Hospitals a

| Items | Score with Applied Coefficient | | | | Maximum Attainable Score |
|---|---|---|---|---|---|
| | Hospital 1 | Hospital 2 | Hospital 3 | Hospital 4 | |
| **1. Facilitating transportation for patients within the city or at the airport** | 0 | 1 | 1 | 1 | 2 |
| **2. Having a website for international patients** | 0 | 0 | 0 | 0 | 16 |
| **3. The English signs and guideboards should be available in all areas where international patients frequently visit.** | 10 | 10 | 0 | 10 | 10 |
| **4. The existence of an independent unit for international patients department** | 4 | 0 | 0 | 4 | 4 |
| **5. Having a suitable waiting area for patients before admission** | 1 | 0 | 1 | 2 | 2 |
| **6. Availability of a toilet in the patient's room** | 2 | 2 | 1 | 2 | 2 |

| | | | | | |
|---|---|---|---|---|---|
| **7. Adequate cooling and heating, sufficient lighting, and proper ventilation** | 2 | 2 | 1 | 2 | 2 |
| **8. The presence of an elevator and ramps** | 2 | 2 | 1 | 2 | 2 |
| **9. Observance of safety protocols in foreign patient's room** | 4 | 4 | 4 | 4 | 4 |
| **10. Appropriate decoration, design, and furniture** | 1 | 0 | 0 | 2 | 2 |
| **11. Single-bed rooms or a separate ward for international patients** | 4 | 4 | 0 | 4 | 4 |
| **12. appropriate and comfortable clothing, pillows, mattresses, blankets, and quilts with high quality** | 1 | 0 | 1 | 2 | 2 |
| **13. Nurse summoning system** | 4 | 0 | 8 | 8 | 8 |
| **14. The existence of amenities such as Wi-Fi, computers, refrigerators, TV, internal and external phone lines** | 4 | 4 | 0 | 8 | 8 |
| **Total score** | 39 | 29 | 18 | 51 | 68 |

[a] H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

In the process domain, Kowsar Hospital obtained the highest score of 101 out of 186 points, while Razi Hospital scored the lowest at 55 (Table 5). None of the hospitals implemented follow-up procedures for discharged patients to ensure recovery through their home country's physician or healthcare facilities. Additionally, no hospital adhered to regulations requiring informed consent forms translated into the patient's native language for high-risk interventions.

**Table 5.** Scres of the Process Domain Separated by Studied Hospitals a

| Items | Score with Applied Coefficient | | | | Maximum Attainable Score |
|---|---|---|---|---|---|
| | Hospital 1 | Hospital 2 | Hospital 3 | Hospital 4 | |
| **1. Issuance of Notification and Job Description for the IPD Specialist** | 2 | 2 | 2 | 0 | 2 |
| **2. Reception of the international patient by the IPD specialist upon arrival** | 2 | 1 | 0 | 2 | 2 |
| **3. Providing initial explanations to the international patient by the IPD specialist** | 1 | 1 | 1 | 2 | 2 |
| **4. Conducting the admission process in coordination with the IPD specialist** | 0 | 0 | 0 | 4 | 8 |
| **5. Conducting the discharge process in coordination with the IPD specialist** | 0 | 8 | 0 | 4 | 8 |
| **6. Issuance of Notification and Job Description for the IPD Physician** | 2 | 1 | 0 | 2 | 2 |
| **7. Evaluating the patient's condition by the IPD physician immediately upon entering the ward (within a maximum of one hour)** | 0 | 1 | 2 | 0 | 2 |
| **8. Following up with the patient regarding diagnostic and treatment matters by the IPD physician** | 0 | 1 | 1 | 0 | 2 |
| **9. Providing necessary information and clarifying the rights of patient by the IPD physician** | 0 | 2 | 2 | 0 | 4 |
| **10. Reviewing IHR standards during the admission of international patients by the IPD physician** | 0 | 1 | 1 | 0 | 2 |
| **11. IPD physician supervision over the registration of international patient information in the health tourism system** | 0 | 2 | 0 | 0 | 4 |
| **12. Issuance of Notification for the IPD Nurse** | 2 | 0 | 2 | 2 | 2 |

| | | | | | |
|---|---|---|---|---|---|
| **13. Assessment of the patient's condition by the IPD nurse upon entering the ward** | 0 | 1 | 2 | 0 | 2 |
| **14. Existence of follow-up procedures for patients from discharge until complete recovery through communication with the physician or medical facilities in the patient's home country** | 0 | 0 | 0 | 0 | 8 |
| **15. Standardized satisfaction survey for international patients** | 0 | 0 | 4 | 0 | 8 |
| **16. Providing a medication prescription upon discharge in accordance with pharmaceutical standards** | 0 | 2 | 2 | 4 | 4 |
| **17. Obtaining informed consent from patients through translated forms in their native language** | 0 | 0 | 0 | 0 | 4 |
| **18. Training during discharge, following standards, and utilizing pre-prepared forms** | 0 | 0 | 2 | 0 | 4 |
| **19. Collecting international patient statistics for process improvement by IPD team** | 12 | 6 | 6 | 12 | 12 |
| **20. Existence of a process for refunding medical expenses to the patient in case of cancellation or discontinuation of treatment** | 0 | 0 | 8 | 0 | 8 |
| **21. Leaving the hospital with personal consent under laws and regulations** | 0 | 0 | 2 | 0 | 4 |
| **22. Availability of appointment scheduling process and timely access for international patients** | 0 | 0 | 8 | 0 | 8 |
| **23. Completeness of patient records and use of standard diagnostic codes) ICD10) in data registration** | 2 | 2 | 2 | 4 | 4 |
| **24. Development of specific service packages for service delivery** | 0 | 0 | 4 | 8 | 8 |
| **25. Well-documented and transparent processes for fee collection** | 0 | 0 | 8 | 8 | 8 |
| **26. Establishment of the mortality committee within a maximum of 24 hours in the event of a patient's death** | 0 | 2 | 4 | 4 | 4 |
| **27. Are the quality improvement indicators clearly defined?** | 0 | 0 | 0 | 1 | 2 |
| **28. Safe referral in specific cases to other reputable and legally licensed centers** | 0 | 0 | 4 | 0 | 4 |
| **29. The existence of a specific process for the selection and training of IPD team members** | 4 | 0 | 0 | 0 | 8 |
| **30. Process for ensuring the security of patients and their companions** | 0 | 0 | 2 | 0 | 2 |
| **31. Complete registration of the information of the physician and IPD specialist and physicians in the health tourism system** | 8 | 4 | 4 | 8 | 8 |
| **32. Recording patient information in the health tourism system by the IPD specialist** | 16 | 8 | 8 | 16 | 16 |
| **33. Consistency of information recorded in the system with patient records** | 16 | 8 | 16 | 16 | 16 |
| **34. Changing patient bedding and clothing at least once a day** | 0 | 2 | 0 | 4 | 4 |
| **Total score** | 67 | 55 | 97 | 101 | 186 |

z Abbreviations: IPD, International Patient Department.

a H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

Regarding satisfaction and respect for international patients' beliefs, Mostafa Khomeini Hospital scored the highest (8 out of 16 points), and Razi Hospital scored the lowest (2 points). Across all hospitals, the highest compliance was observed in respecting patient privacy (Table 6).

**Table 6**. Scores of the Satisfaction and Respect for International Patients' Beliefs Domain Separated by Studied Hospitals a

| Items | Score with Applied Coefficient | | | | Maximum Attainable Score |
|---|---|---|---|---|---|
| | Hospital 1 | Hospital 2 | Hospital 3 | Hospital 4 | |
| **1. Following-up on the patient by IPD after discharge through the patient or their family (via telephone calls, email, etc.)** | 0 | 0 | 0 | 2 | 4 |
| **2. Providing a summary of the medical record and a detailed list of services and consumable equipment upon patient's request** | 0 | 0 | 4 | 0 | 4 |
| **3. Anticipating the process of service delivery in the home country in case of complications for patient satisfaction** | 0 | 0 | 0 | 0 | 4 |
| **4. Facilities in line with religious beliefs** | 1 | 0 | 2 | 2 | 2 |
| **5. Respecting patient privacy** | 2 | 2 | 2 | 2 | 2 |
| **Total score** | 3 | 2 | 8 | 6 | 16 |

z Abbreviations: IPD, International Patient Department.

a H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

In total, the overall scores for the hospitals were as follows: Kowsar Hospital scored 198, Imam Khomeini Hospital scored 155, Mostafa Khomeini Hospital scored 146, and Razi Hospital scored 119. These results indicate that none of the hospitals met the minimum acceptable score of 227 (65%) required for readiness in attracting medical tourists. Thus, all four hospitals are currently in an unacceptable state for medical tourism readiness under current conditions (Table 7).

**Table 7**. Compliance Levels of Different Dimensions of International Patient Department Evaluation, Separated by Hospitals Under Study a

| Domains and Hospital | Human Resources (%) | Processes (%) | Initial Requirements for International Patient Acceptance (%) | Medical and Non-Medical Infrastructure (%) | Satisfaction and Respect for International Patients' Beliefs (%) | Total Score; No. (%) |
|---|---|---|---|---|---|---|
| **Hospital 1** | 45 | 36 | 87.5 | 57 | 18.75 | 155 (45.3) |
| **Hospital 2** | 47.5 | 30 | 43.75 | 42.6 | 12.5 | 119 (34.7) |
| **Hospital 3** | 7.5 | 52 | 62.5 | 26.5 | 50 | 146 (42.6) |
| **Hospital 4** | 40 | 54.3 | 75 | 75 | 37.5 | 198 (57.8) |

[a] H1: Imam Khomeini Hospital; H2: Razi Hospital; H3: Mostafa Khomeini Hospital; H4: Kowsar Hospital.

## 5. Discussion

The results indicate that all the hospitals studied are in an unacceptable state of readiness for attracting medical tourism under the current conditions. This finding aligns with Shaarbafchi Zadeh et al.'s research (11), which assessed the readiness of single-specialty hospitals affiliated with Isfahan University of Medical Sciences to attract medical tourists and found them similarly unprepared. Likewise, in Noori Hekmat et al.'s study (12) involving hospitals affiliated with Isfahan University of Medical Sciences, only half were deemed acceptable according to the medical tourism standards established by the Ministry of Health.

In the present evaluation of hospitals in Ilam, while a relatively favorable situation was observed in the domain of satisfaction and respect for international patients' beliefs, significant shortcomings were identified in meeting the initial requirements for accepting international patients. In contrast, studies conducted by Keshavarz et al. (13) in hospitals affiliated with Qazvin University of Medical Sciences, Khodayari et al. (14) in hospitals affiliated with Iran University of Medical Sciences, and Zarei et al. (15) in selected hospitals of Shahid Beheshti University of Medical Sciences found these hospitals to be relatively well-prepared to attract medical tourists based on Joint Commission International standards. Similarly, Sadeghkhani et al. (16) reported that half of the hospitals studied in Shiraz had an acceptable status based on global criteria. These discrepancies in findings can be attributed to differences in the tools used to assess hospitals' readiness and the varying accreditation levels of the hospitals examined.

A critical requirement for establishing an International Patient Department (IPD) is having a sufficient number of skilled personnel who are trained in providing services to international patients. In the hospitals evaluated, IPDs were not prioritized as a strategy for improving hospital bed efficiency, partly due to a lack of commitment among

senior management. Consequently, the indicators related to human resources were not in an acceptable state.

Adopting a practical approach to IPD development as a key strategy within the province's healthcare sector, coupled with the organization of up-to-date and high-quality training programs for IPD teams, could significantly enhance the human resources domain. Such initiatives would strengthen the capacity of hospitals to meet the demands of medical tourism and improve their overall readiness.

Despite holding first-level accreditation, Razi Hospital received the lowest score among the hospitals studied. This finding contrasts with the results of Khodayari et al. (14), where Hasheminejad Hospital, also with excellent first-level accreditation, achieved the highest score. It is worth noting that Razi Hospital, being newly established and not yet fully evaluated by the Ministry of Health, has received a preliminary first-class accreditation from the Deputy of Treatment, which could explain this discrepancy.

In this study, the indicators of satisfaction and respect for the beliefs of international patients received the lowest scores among all the domains evaluated. This reflects a lack of sufficient attention to the satisfaction and beliefs of international patients in the hospitals of Ilam city. The findings align with Zarei and Maleki's study, which identified service quality and patient satisfaction as critical factors in attracting medical tourists in Asia (17).

In the domain of initial requirements for accepting international patients, Imam Khomeini Hospital achieved the highest compliance rate of 87.5%. This may be attributed to the hospital's first-class accreditation, which indicates its relative readiness in this domain.

In the human resources domain, Mostafa Khomeini Hospital scored the lowest with a compliance rate of 7.5%. This inadequate performance is likely due to the absence of training courses provided by the Ministry of Health for the IPD team, including legal issues and proper interaction with international patients. Additionally, the lack of staff proficiency in English and Arabic limits effective communication with international patients. Organizing targeted training courses for the IPD team could address these shortcomings. Supporting this finding, Saki et al. highlighted similar issues in a study examining medical tourists' perspectives on hospital services in Lorestan. Problems such as staff shortages, unprofessional behavior towards patients and their companions, insufficient healthcare personnel skills, and staff unavailability were identified as significant concerns (18), consistent with the present study's results.

Interestingly, Razi Hospital showed the best performance in terms of human resources, with a compliance rate of 47.5%. This may be attributed to the hospital's recent establishment and strategic actions by the Development Deputy, including recruiting personnel from other hospitals and transferring staff from Mostafa Khomeini Hospital to Razi Hospital.

In terms of compliance with medical and non-medical infrastructure requirements, Kowsar Hospital demonstrated the highest level of readiness with a score of 75%, while Mostafa Khomeini Hospital had the lowest level of readiness, scoring only 26.5%. These results highlight significant variability in the preparedness of hospitals within the region to meet the demands of medical tourism.

## 5.1. Conclusions

Overall, none of the studied hospitals achieved a sufficient score to establish an international patient department in their current conditions. However, the private hospital scored higher compared to public hospitals. To improve the readiness of Mostafa Khomeini Hospital, which scored the lowest in the human resources dimension, it is recommended to hire staff proficient in Arabic and English. Additionally, training sessions should be conducted for the IPD staff to enhance their skills in interacting with international patients.

To improve the infrastructure of Mostafa Khomeini Hospital, which currently lacks adequate readiness, a trilingual website (in Persian, English, and Arabic) should be developed. This website would provide international patients with sufficient information about the hospital's various wards, physicians, and service fees in dollars. Furthermore, the hospital should establish a dedicated IPD equipped with specific facilities, such as internet access, computers, refrigerators, televisions, and telephones, tailored to the needs of international inpatients. Private single-bed rooms should also be made available for patients. Additionally, guide signs in English and Arabic should be installed throughout patient navigation areas to facilitate ease of movement.

Razi Hospital scored the lowest in the satisfaction dimension. To enhance its readiness in terms of patient satisfaction, the hospital could implement follow-up procedures after patient discharge, such as making telephone calls or sending emails to check on the patients' post-discharge status.

Given the strategic location of Ilam province and its proximity to Iraq, coupled with visa-free travel between the two countries through the Mehran International Border, cultural similarities, inadequate medical infrastructure in neighboring Iraqi cities, and the relatively favorable conditions of the medical infrastructure in Ilam—particularly in Razi Hospital, which is newly established—there is an urgent need to establish an international patient department in Ilam's hospitals. Addressing this need through a short-term program would enhance the occupancy rate of hospital beds and improve overall efficiency.

## 5.2. Study Limitations

The study has some limitations that should be

acknowledged. Firstly, it was conducted exclusively in the cities of Ilam province, limiting the generalizability of the findings to other regions of the country. Secondly, the research relied on self-reported questionnaires, which may raise concerns about the accuracy and reliability of the responses. Participants might not have provided entirely truthful answers or may have lacked the motivation to respond diligently to the questions, potentially affecting the validity of the results.

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