



ORIGINAL ARTICLE

## Investigating the Challenges of Medical tourism Development in Affiliated Centers of Iran University of Medical Sciences (IUMS)

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### ABSTRACT

**Background:** This study was conducted with the aim of investigating the challenges of health tourism development in affiliated centers of Iran University of Medical Sciences (IUMS).

**Methods:** This was a qualitative, descriptive, and applied study. The statistical population included all the stakeholders of health tourism at IUMS. The information was obtained through purposeful sampling until data saturation was reached. 20 experts in health tourism at the IUMS were interviewed. Experts confirmed the validity of form and content and coding was done (1), and the final result was presented.

**Results:** 4 general categories were identified as the challenges of health tourism development in IUMS. They included political, social and economic conditions (communication at the global level and economic development), structural and internal organizational conditions (bureaucratic and administrative, supervisory and communication processes), participation (bureaucratic processes, effective communication between government departments and drafting of strategies and operational plans), and promotion (developing a strategic and coherent plan in the development of marketing and services at the global level and advertising).

**Conclusion:** While identifying the driving factors and obstacles, It is necessary to develop medical tourism, pay attention to the political, social and economic, structural and intra-organizational conditions, attract participation and improve the existing situation and design services, which are among the challenges of medical tourism development at the Iran University of Medical Sciences.

**Keywords:** Health tourism, development, challenges, Iran University of Medical Sciences

### Introduction

Health tourism is a combination of health and tourism services, which has recently been boosted by economic, social, and travelling for treatment and the increased demand for improving physical and mental health (2); it is classified into medical, cosmetic tourism, surgery and health groups (3, 4). People travel in search of health, and global income from health tourism is increasing. Medical tourism is the economic backbone in developed countries (5). The most recent growth has been in the developing countries of Latin America, Eastern

Europe, South and Southeast Asia, and the Middle East (6). Asia accounts for a large part of the international health tourism market, and many countries such as Thailand, India, Malaysia and Singapore are known as the leading destinations for healthcare seekers (3, 7, 8). The development of medical tourism improves access to health services, economic development in the destination country, and the quality of healthcare provision. (9).

In Iran, in order to solve the problems caused by

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dependence on oil exports, it is necessary to invest the products and services that have foreign exchange income. (10). According to the capacity of medical tourism and reducing dependence on oil industry, Iran University of Medical Sciences (IUMS) under the supervision of the Ministry of Health has specialized and super-specialized hospitals with the appropriate capacity to accept foreign patients. Despite the fact that the tourism industry in Iran has a lot of potentials, it faces challenges such as extensive sanctions. (11). Health tourism is complex, dynamic and unstructured. Various factors are influential in the development of medical tourism industry which influence each other and have multiple relationships (12). In Iran, there are policy challenges in health tourism in the economic, social, cultural, political and administrative sectors; paying attention to the political challenges and administration has special importance in formulating policies. (13) Thus, this research aims to investigate the challenges of developing health tourism to identify obstacles and create conceptual foundations, take effective action in order to solve them and facilitate the development of the above industry in the affiliated centers of IUMS.

**Materials and Methods**

This research has been practical from an objective point of view, and aimed to investigate the challenges of the international health field regarding educational and therapeutic centers active in health tourism at IUMS to improve the current situation. This was a qualitative, descriptive, and applied study. The statistical population included all the stakeholders of health tourism at IUMS through a survey during interviews with health tourism activists.

Because the existing conditions have been investigated in terms of the method of collecting data, a descriptive and applied method was used; considering that data were collected through a survey during interviews with health tourism activists, it was a survey type. Regarding the complexity of the topic of international health, its multi-dimensional nature, and the concepts discussed and explored from experts' point of view, an attempt has been made to discover the hidden dimensions of this matter.

The process of the research is presented in Table 1.

**Table 1.** The steps of qualitative research

<b>First step: background check and preparation of qualitative research</b>	<b>Second step: How to conduct qualitative research</b>
1-Surveying the theoretical background, models and concepts in the field of international health 2-Critical analysis and evaluation of research related to the field of international health	1- Defining the community of academic experts (informing people of the challenges of the international health field in educational and treatment centers active in the field of health tourism) 2- Selecting the sample in a targeted way 3- Conducting a semi-structured interview with the selected sample in order to identify the challenges of the international health field 4- Analysis of interview data using the qualitative content analysis method 5-Identifying the main components of international health challenges

**Research process**

To study the challenges of international health field in educational and therapeutic centers active in the field of health tourism, qualitative content analysis was used as the first step in identifying the subject under study. The necessity of content analysis in this research was due to the fact that the challenges require more than objective observation through questionnaires and based on the subjectivity of people for the subjective

interpretation of the content, and the texts have been examined.

- 1- The statistical community included experts and activists in the field of international health with a history of activity and experience in relation to health tourism.
- 2- Sample size in the qualitative research stage: content analysis was conducted in a semi-structured way in order to know the opinion of the

experts in the field. The number of interviews was not known in advance, but the process of interviewing experts continued until identifying and describing as clearly as possible the hidden aspects and components of the phenomenon of the health tourism category and achieving theoretical saturation. Saturation means a state in which the researcher mentally comes to the conclusion that new data and information do not provide more knowledge as it is the compilation of categories (14). Therefore, the number and type of interviews determine the size of the statistical sample. After each interview, data were coded and analyzed so that along with the identification of the dimensions raised by the experts, these dimensions would be followed up in the next interview. The interview continued until the findings were repeated, and no more information was obtained from the new interviews regarding the compilation of categories.

Interviews and surveys were conducted face-to-face with a prior appointment. Before starting the interview, a summary of the research plan and study objectives were explained to the subjects. To record qualitative data, verbal consent was also

obtained at the beginning of the interview. Then, the questions were designed and asked. To complete data, notes were taken during the meetings and interviews with 20 experts. In this research, the interviews were conducted individually, and the average duration of each interview was between 30 minutes.

For to Investigate the challenges of the international health field in educational and therapeutic centers active in the field of health tourism the following steps were performed:

After contacting the academic and research experts, an abstract of the research plan along with the goals and interview questions were provided to them. They were asked to express their opinions. (Guidelines for semi-structured interviews with academic experts are given in Table 2).

First, the interview framework was designed to record the responses of the interviewees. The process continued until the identification and clear description of the challenges in international health in Iranian universities reached theoretical saturation.

**Table 2.** Guide to the interviewees

The main question	Sub-questions
What do experts and activists in the field of health tourism think regarding the challenges of the international health field in active educational and treatment centers?	-If possible, explain the concepts of health tourism and its current status in IUMS. - What are the reasons for choosing our country as a destination for treatment by health tourism applicants? - In your opinion, what are the strengths and weaknesses in the field of international health in the medical and educational centers of Iranian universities? - What are the challenges in the field of international health in IUMS? - What has been the impact of political and economic events in the region on international health at IUMS? What solutions do you suggest to improve the current situation?

**Qualitative data analysis method**

To reanalyze the data obtained from the semi-structured interview with experts, the systematic coding method was used in five main steps; 1: data review and detailed study, 2: organization, 3: classification, 4: coding, and 5: announcement of the result.

**Coding the data from interviews**

**Open coding**

Open coding was done based on Strauss' opinion, which was a part of the analysis specific to naming and categorization of the phenomenon through a detailed examination of the data related to the object; through Strauss' opinion, the identified concepts and their features and dimensions were discovered (1). In other words, in this type of coding, the concepts in the interviews and documents were classified based on their relationship with similar topics, and by

summarizing the information obtained from the interviews, the classification was done.

The participants should be selected from the interviews. These points made up the code. But, a more careful analysis of the identified and extracted codes showed that many of them, although expressed with different terms and interpretations, had the same meaning. Therefore,

these codes were aggregated and reduced to the number of codes as the final product in the open coding stage. In Table 3, the summary of the results of the data obtained from the open-coded interviews is presented. The use of 1 indicates that the interviewee mentioned the desired code in the interview process, and zero means that the desired code was not mentioned in that interview. In the next step, axial coding was done.

**Table 3.** Interviews in which the relevant code is mentioned about the challenges of health tourism development in Iran University of Medical Sciences

Raw	codes (concepts)	Interviews in which the relevant code is mentioned about the challenges of health tourism development in Iran University of Medical Sciences	
		People who mentioned the code	People who have not mentioned the code
1	Good quality of service	17	3
2	The price is right	16	4
3	Having skilled and capable doctors	13	7
4	Problems with issuing visas for the entry of patients	7	13
5	Problems with marketing and promotion of services	11	9
6	political changes	15	5
7	New Corona disease	14	6
8	Establishment of representation in target countries	4	16
9	Cultural similarities	6	14
10	Convenient travel facilities	10	10
11	Further monitoring of the service delivery process	8	12
12	Activities of unlicensed centers for accepting international patients	4	16
13	Tariff violations	9	11
14	Depreciation of the Iranian currency	10	10
15	The presence of medical centers with modern medical equipment	10	10
16	Low-quality hoteling and welfare services	13	7
17	Inadequate mastery of the staff in the language of international patients	4	16
18	The existence of strong competitors in the region	10	10
19	Administrative bureaucracy for the issuance of international patient activity licenses (IPD) of medical centers	7	13

20	The presence of brokers and intermediaries	9	11
21	Problems with supplying medicinal items and equipment	9	11
22	Increase advertising and marketing promotion to attract foreign patients	12	8
23	Upgrading hotel facilities and amenities	16	4
24	Facilitate visa issuance	11	9
25	Interaction problems between the department and the ministries of health, heritage and foreign affairs	13	7
26	Strengthening the interaction between the department and the ministries of health, heritage and foreign affairs	12	8
27	The problem of developing integrated and coordinated laws in the field of health tourism	11	9
28	Creating an atmosphere of Iran-phobia and negative propaganda by some countries	11	9
29	Revision of laws and guidelines related to international health	11	9
30	Lack of incentive mechanisms such as tax exemption for centers active in the field of health tourism	8	12
31	Creating incentive methods for health tourism activists	10	10
32	Holding an international health training course	19	1
33	Deficiencies in the documentation of international patients' files	16	4
34	Problems with how to pay doctors	17	3
35	Problems with registering foreign patients' profiles in the systems of the Ministry of Health	20	0
36	Ambiguity in the tariff of international health services	12	8
37	Follow-up problems after international patient treatment	10	10
38	Legal challenges of providing services to international patients	11	9
39	Interaction problems with health tourism facilitator companies	13	7

The present research was carried with the code of ethics IR.IUMS.REC.1401.044, and the financial and spiritual support of the respected officials of Iran University of Medical Sciences.

**Results**

**Axial coding of data**

The purpose of axial coding in the present study was to create a relationship between the generated

Categories (in the open coding stage) to facilitate theorizing process. The basis of communication in axial coding is an expansion of one of the categories and the other categories with the main category. The process of relating categories to sub-categories and linking categories at the level of features and dimensions was done (1).The result of coding is presented in table 4 and the main and subcategories of the research are identified.

**Table 4.** The results of core coding of challenges in health tourism at University Of Medical Sciences IUMS

Classification resulting from open coding	Core category (components)	Main category (dimensions)
-Political developments and internal problems in the region And some neighboring countries -COVID-19 - Creating negative propaganda by some countries	Global communication challenges	Political, economic and social
-Inflation and devaluation of Iranian currency -The existence of strong competitors in the region -Currency exchange problems, supply of medical items and equipment due to sanctions	Economic challenges	
-Problems with issuing visa for entry of patients -Administrative bureaucracy for issuance of international patient activity licenses (IPD) for medical centers -Restrictions on holding an international health training course	The problem of bureaucratic processes	Structural and internal organization
-The average status of monitoring service delivery process -Deficiencies in the documentation of international patients' files -Legal challenges of providing services to international patients -Activities of unlicensed centers for accepting international patients -Tariff violations -Low-quality hoteling and welfare services -The presence of brokers and intermediaries -Problems with the method of paying doctors -Problems with registering foreign patients' profiles in the systems of the Ministry of Health -Ambiguity in the tariff of international health services -Numerous and sometimes contradictory laws and guidelines related to international health	Regulatory problems	
-Follow-up problems after international patient treatment -Inadequate mastery of the staff in the language of international patients	Communication problems	
-Interaction problems between the department ward of heath tourism and the ministries of health, cultural heritage and other organizations. -Failure to formulate integrated and coordinated laws in the field of health tourism	Problems of effective inter-governmental communication	
-Lack of incentive mechanisms such as tax exemption for centers active in health tourism -Interaction problems with facilitator companies in the field of health tourism	Appropriate and practical strategic and operational problem	
-Problems of marketing services to attract foreign patients -Limited agencies in target countries	coherent programmatic and strategic challenges	Promotion

Based on the axial coding, the dimensions and components were as follows:

-Political, economic and social categories were the main dimensions of health tourism challenges at IUMS

-Structural and intra-organizational category was the main dimension of health tourism challenges at IUMS

- Participation category, the main dimension of health tourism challenges in IUMS

-The issue of promoting the main dimensions of health tourism challenges in IUMS

**Selective coding**

Based on the purpose of this research, the structural and intra-organizational category was selected from the main dimensions of health

tourism challenges in IUMS. Global and economic communication includes political, economic and social conditions and bureaucratic, supervisory and communication processes including structural and organizational conditions and the lack of effective intergovernmental communication, appropriate and practical strategic and operational plans including participation.

Regarding demographic information of the participants in the research there were 9 men (45%) and 11 women (55%), the highest frequency of educational level was related to the bachelor's group with 9 people (45%), the highest frequency of age was related to the age group of 41-50 with 11 people (55%) and the highest frequency of work experience was related to the group with 11-15 years of experience which had 6 people (30%) (Table 5).

**Table 5.** Demographic information of the participants

Variable	Group	Number	Percentage of frequency
Gender	Male	9	45%
	Female	11	55%
Education degree	Bachelor's degree	9	45%
	Master's degree	5	25%
	Ph.D.	6	30%
age	25-30	1	5%
	31-35	2	10%
	36-40	4	20%
	41-50	11	55%
	51-60	2	10%
Work experience of the participants	1-5	1	5%
	6-10	4	20%
	11-15	6	30%
	16-20	2	10%
	21-25	4	20%
	26-30	3	15%

**Political, social and economic conditions**

Among the challenges related to political, social and economic conditions including the method of operating at the global level with regard to the political developments and internal problems of some neighboring countries and the region, COVID-19 pandemic and considering the current

conditions of COVID-19, the national vaccination program and the restrictions considered for the entry of foreign clients- a strategic program at the macro-level of the country.

The challenge of devaluation of the country's currency is due to the cheaper cost of providing services, on the one hand, as an incentive for

foreign patients and tourists to enter, and on the other, it has had a decreasing effect on the income of affiliated medical centers.

Moreover the cruel sanctions imposed on Iran in recent years, caused problems related to currency exchange and payment of services received by foreign clients and restrictions on the supply of imported medicine and medical equipment; therefore, it is regulators and legislators of the country's public administration system about of above challenges.

### **Structural and internal organization aspect**

Based on the opinions of the respondents, the problems of issuing visas for applicants to receive medical services were also related to the structural dimension, which needs to be given special attention by the respected managers of the relevant ministries.

According to the instructions issued by the Ministry of Health, since 2013, volunteer medical centers are required to obtain IPD activity permit from Tourism Department of the Ministry of Health in order to provide diagnostic, care and treatment services. The evaluation of the applicant centers to check and extend conditions according to the regulations by the Ministry of Health to issue or limit the license, involves time and sometimes repeated visits. Furthermore, the guidelines for issuing or extending the activity of facilitating companies in order to refer foreign patients for diagnostic, care and treatment services to selected medical centers is considered.

In examining the structural and internal organization dimensions, one of the major challenges was monitoring the method of providing services and implementing the requirements of the regulations issued by the Ministry of Health in the current situation; this was due to the breadth and multiplicity of services and the number of medical centers and the limitation of expert staff.

In headquarters, the status of monitoring in subordinate centers is at the average level, and

according to the participants, there were problems such as deficiencies in the documentation of international patients' files, ambiguities in legal cases regarding providing services to international patients, activities of unlicensed centers for accepting international patients, tariff violations, low-quality hoteling and welfare services, the presence of brokers, the method of paying doctors' fees, cases of patients registered in the systems of the Ministry of Health, the competitiveness of international health service tariffs. The need to upgrade the infrastructure in international health is evident, and it is necessary to pay special attention to the current situation.

On the one hand, in examining communication problems from structural and internal organizational dimensions, the challenge of follow-up after treatment and the insufficient mastery of some employees in the language of international patients was important; it was necessary to create mechanisms to follow up the treatment process of patients after discharge from the center should take place in the country of the foreign patient. Also, considering the importance of communication in attracting non-Iranian patient, it was necessary to hold training courses for staff to learn the dominant languages of foreign clients, to be fluent in foreign languages used under the supervision of medical center officials.

### **Participation**

The problems of efficient inter-departmental communication are one of the challenges between decision-making institutions and inter-organizational interaction; they are serious obstacles that need special attention by the decision-makers of the country to facilitate the necessary coordination for effective management.

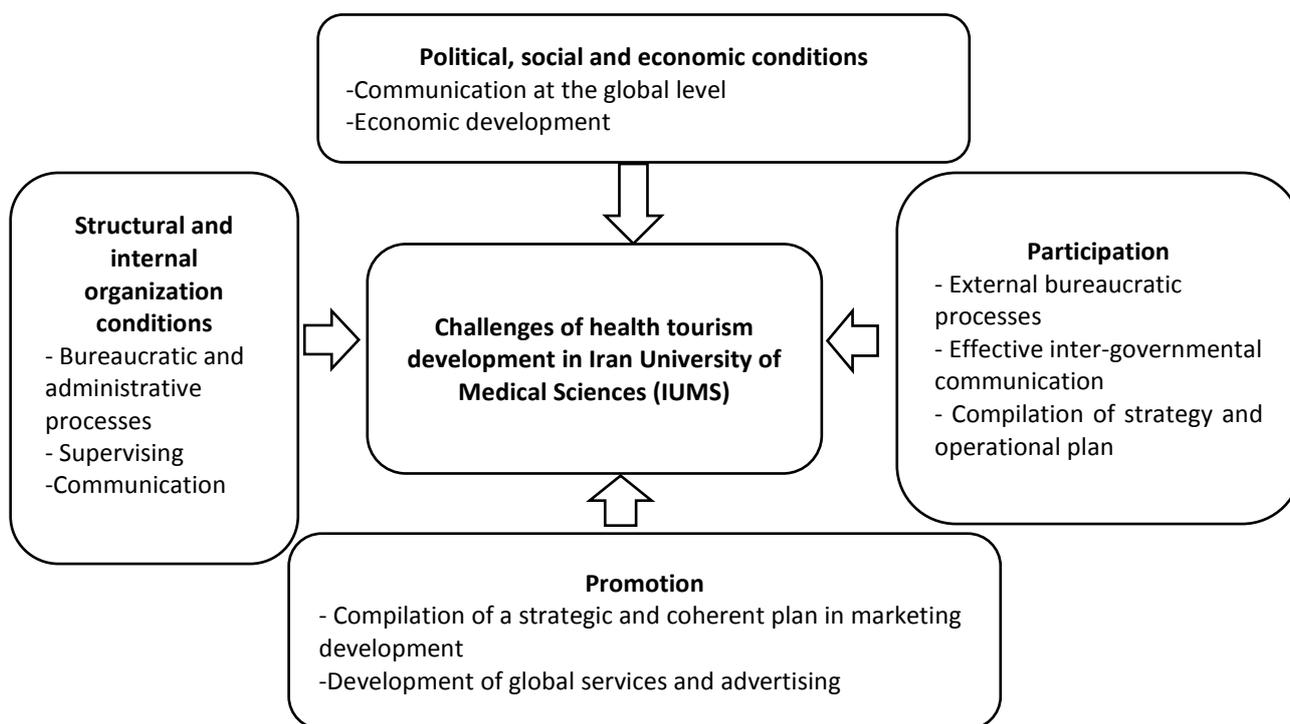
On the one hand, the support and incentive mechanisms for institutions active in international health, companies that facilitate health tourism services, such as tax exemptions, and create facilities with specialized and super-specialized capacities, are serious matters that need attention for the development of medical tourism.

**Promotion**

The followings were among the challenges of development in tourism industry: strategic weaknesses regarding marketing in order to provide institutions with specialized and super-specialized capacities to attract foreign patients, the lack of representation in the target countries, especially in neighboring countries, due to cultural and religious affinities. Health is the primary focus maintained by strengthening the necessary

infrastructure, participating in international exhibitions and presenting the capacities of the centers in person and through virtual tours, consulting with health clinics of the target countries, compiling brochures, posters and clips, and introducing the centers and promoting marketing.

According to the stated topics, the proposed challenges of health tourism development in IUMS are summarized in Figure 1.



**Figure 1.** Challenges of health tourism development in IUMS

**Discussion**

Based on the studies conducted and the results of the current research based on the importance of paying attention to the dimensions of political, social and economic conditions (communication at the global level and economic development), structural and internal organizational (bureaucratic and administrative, supervisory and communication processes, promotion (drafting of a strategic plan and coherent in the development of marketing and the development of services at the global level and advertising) and participation (bureaucratic processes, effective communication

between government departments and the formulation of strategies and operational plans) it is necessary to take fundamental measures to develop activities in the field of international health in IUMS.

Of the main challenges of health tourism development are economic, social, and unstable conditions in the Middle East, and the permanent sanctions imposed on our country, causing serious problems for foreign clients in exchanging currency and using international insurances. It should be noted that with decline in the value of the Rial and the cost-effectiveness of the services,

some foreign patients are inclined to seek care and treatment services. In the study by Karroubi and Abbasi, issues such as management instability, coherent policy-making, challenges of the international macro-environment and inter-organizational cooperation were introduced as causal and background factors affecting the implementation of the health tourism policy (15); this was in line with the present study.

Regarding the challenges in the structural and internal dimensions (bureaucratic and administrative, supervisory and communication processes), it is necessary for the honorable officials of the Ministry of Health to take measures while creating the necessary facilities and incentive mechanisms for diagnostic treatment centers and companies. Facilitator of tourism activities in international health, notification of minimum and maximum tariffs for services of international patients to prevent tariff violations, developing necessary guidelines for providing care, treatment, and welfare services and hoteling at international level, the existing situation improves. In Nasiripour and Salmani's study, the lack of health insurance coverage, transparent costs, and medical packages, hotels, translators, and transportation were among the problems of health tourism (16); this was in line with the current research.

In line with promotion (developing a strategic and coherent plan to improve marketing and providing services at the global level), the results of Jabarii's research indicated that marketing efforts towards attracting foreign patients in Iran are weak, which was consistent with the results of the present study (17). Although there is a large market and customers with different social and demographic characteristics, it is necessary to keep pace by adopting various advertising measures and government policies, synchronizing documents with legal standards, promoting health tourism products, and supporting measures and Brand needs attention (18). The previous study by Najafipour et al. (19) in the proposed model of health tourism in Iran demonstrated that promotion factors, procedures and participation, evidence and

signs, cost package of medical services, attention to medical and cultural characteristics, sensitivities, and the staff in international health were of high importance (19).

In line with the present study, policymakers should also pay special attention to promotion and related issues in order to properly identify the capacities of having active centers at the global level (20).

With regard to participation (bureaucratic processes, effective communication between government departments, and the development of strategies and operational plans), in the previous study by the researcher, participation was considered one of the main dimensions of health tourism (19). In Shalbafian's research, effective strategies for the development of medical tourism included tariffs and pricing systems for services in medical centers, facilities for arranging medical visas, investment incentives, supervision by the Ministry of Health, accreditation of medical centers, and use of recreational centers. It is important to inform medical centers in medical tourism and hold training courses for employees; this was in agreement with the present study (21). The findings by Vaezi et al. also indicated that the challenges of policy-making in economic, social and cultural, political and administrative sectors, among which to improve the position of health tourism, paying attention to political and administrative challenges in the policy making is more important, which is consistent with the present study (13).

### Conclusion

For the development of health tourism industry at macro-level, and accordingly, at IUMS, it is necessary to know the challenges in the political, economic and social, structural and intra-organizational dimensions, participation and promotion well and benefit from the experiences. The potential capacities in international health, appropriate solutions to speed up the improvement of the processes, and the quantitative and qualitative conditions were determined and selected. It is possible to speed up promotion of

health tourism industry and create benefits for related units in public and private sectors of the country, including IUMS through the followings: adopting strategic decisions and appropriate policy, improving processes and infrastructures, removing obstacles, creating a suitable platform, and sharing efforts at the intra-sectorial and inter-sectorial level, It is hoped that the quantitative and qualitative development of service provision in the field of international health will take place with the participation of intra-departmental and inter-departmental efforts of managers.

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### Conflict of interests

The authors declared no conflict of interests.

### Authors' contribution

Najafipour Moghadam F, Farzaneh H, and Tavakoli N conducted the research, developed the concept and designed the study, Najafipour Moghadam F and Farzaneh H analyzed and interpreted the data and edited the manuscript. All authors read and approved the final manuscript.

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