



Factors Affecting Medical Tourism Destination Selection: A Mix Methods Study in a Developing Country

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Abstract

Background: Health tourism is an important and growing industry in the world. Iran has long been one of the active centers of health tourism in the middle east region. Due to the important role of the medical tourism industry in the global economy, this study aimed to determine factors affecting and challenges on medical tourism.

Methods: A mixed methods (quantitative and qualitative) study was carried out in the southeast of Iran, where has a border with Afghanistan and Pakistan countries. All patients who were referred to Sistan and Baluchistan province hospitals (six hospitals) between 2010 - 2018 were selected with the census method. In the qualitative phase, a semi-structured interview had done on 17 experts specialized in health tourism in 2019. All interviews were recorded and written daily. Finally, the data were analyzed by the content analysis method.

Results: About 349 health tourists had referred to the selected hospitals from 2010 to 2018, of which 213 (61%) patients were male and 234 persons (39%) were married. The majority of the patients belonged to Afghanistan (190 patients, 54.4%). Four main themes affect the development of the medical tourism industry included human resource, specialized services, facilities, and infrastructure services and security conditions.

Conclusions: Despite the high capacity of health tourism in the southeast of Iran, a few health tourists used the hospital services. Planning and policy-making must be done correctly in the field of infrastructure, medical equipment, marketing, and advertising. Also, attention should be paid to transportation infrastructure for easy access to these centers, as well as training capable and specialized medical staff in various medical centers.

Keywords: Evaluation, Development Barriers, Health Tourism.

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Introduction

Tourism is vital for the success of many economies around the world. There are several benefits of tourism on host destinations. Tourism boosts the revenue of the economy, creates thousands of jobs, develops the infrastructures of a country, and plants a sense of cultural exchange between foreigners and citizens. Health tourism is one of the new areas of tourism, which today is a more worthwhile and economical industry in the world. Many governments are also interested in obtaining the economic benefits of the industry, and increasing competition has begun among different countries to attract health tourists, especially developing Asian countries.¹

Health tourism is an organized trip from one place to another to maintain and improve the physical and mental health of the person. Today, tourism has become so important in the economic and social development of countries that economists call it invisible exports. Experts predict that the tourism industry will become the most profitable industry in the world by 2035.²

In recent years, both developed and developing countries have paid double attention to health tourism and its subsidiaries due to their capabilities and competitive advantages, and this field of tourism has shown rapid growth among all types of tourism.³ Over the last decade, Asia has been the fastest-growing tourism region in the world. Tourism is one of the most important sectors in a large number of Asia countries. Among Asian countries, Iran has more potential in the field of health tourism and especially medical tourism due to the low cost of medicine compared to European and American countries, low cost of accommodation compared to the Persian Gulf region, religious commonalities, proximity to the Arab market, similarity of culture and dialect with some neighboring countries and natural potentials such as climate diversity as a four-season country, sludge therapy, sand therapy, mud volcanos and in the field of hydrotherapy, the existence of more than 1000 mineral water springs and other natural attractions.⁴ In addition, Iran has many ecotourism, historical and cultural attractions, and suitable climatic conditions to attract tourists. The Arab countries of the Persian Gulf, as well as Afghanistan, Turkmenistan, and Turkey choose Iran as one of their main destinations because of proximity and medical equipment, and well-known physicians.⁵

Despite the high potential for health tourism in Iran, however, many challenges hinder the use of these capacities. In this regard, Panahi et al., in a study in the northwest of Iran found that a high percentage of hospital personnel (43.3%) were not familiar with health tourism.⁶

Sistan and Baluchistan (SB) is the second-largest province and located in the east of Iran, and due to its significant geographical position, which has the most land and sea borders of Iran, with its natural attractions, has great potential in attracting tourism. This province can be used as a special tourist area with excellent natural features such as the pleasant climate of the Oman Sea coast, sandy beaches, hot and cold

mineral waters, and natural active mud volcanos, however, effective advertising to introduce these tourist areas has not been done well.⁷

Considering the effect of the tourism industry on the economy of communities, one of the ways of quantitative and qualitative development of geographical regions is to identify these regions in terms of potentials and then planning to exploit these potentials for development.^{8,9}

Considering the potential natural of Sistan and Baluchistan province and lack of study on medical tourism in this region; therefore, this study aimed to determine the status of health tourism in the province and explaining factors affecting and challenges of health tourism. Implications of this study result in useful information to health managers for better and more effective planning to better quality medical services and increase the profitability of medical centers.

Materials and Methods

A mixed-method (quantitative and qualitative) study was carried out in the southeast of Iran, where has a border with Afghanistan and Pakistan countries. In the quantitative phase after approving the project in the research and Ethics Committee of Zahedan university of medical sciences (ZAUMS), the researcher referred to six selected hospital (Bouali, Imam Ali (AS), Khatam, and Al-Zahra in the center of the province, two hospitals from the north and south of the province). For data collection, the data of the quantitative research section were collected. In this regard, the list of all foreigners who had been referred to the hospitals from 2010 to 2018 was received. Both the hospital information system (HIS) and medical documents and records were used. A standard checklist was used for data gathering. Also, patients' medical records were investigated to extract and record data related to hospital income from providing services in 2018.

In the qualitative phase, 17 experts who had sufficient experience in the field of tourism and policy-making were included in the study by purposive sampling with the greatest diversity from all hospitals and tourism managers of the province. The inclusion criteria to the research and interview process were having experience and knowledge in the field of health tourism, willingness to talk, and cooperation in research. Also, unwillingness to cooperate was determined as exclusion criteria. The sample size in the present study was similar to qualitative studies until data saturation.

The data collection tool was a semi-structured interview guide as the main method of data collection. The interviews started with open-ended and general questions "What do you think about the status of health tourism in SB province" and then the researcher-led the interview based on the answers of the participants and the interview guide. The researcher encouraged participants to freely describe their experiences. Using this method, the researcher ensured that he received all the required information and participants were free in expressing their words. If the interviewee was referring to a question other than the interview guide questions, those

questions were written down and asked in other interviews.

Before conducting the interview, the researcher made the necessary arrangements with the participants and planned the interviews. The interviews were conducted in a quiet room. Before the interview, the objectives of the study were explained to the individuals and a voice recorder was used with the consent of the interviewees to record the information, and all interviews were recorded.

The duration of the interviews varied from 45 to 60 minutes, it should be noted that all ethical considerations, including obtaining informed consent from participants, anonymity, and the optionality of leaving the research were considered.

Simultaneous with data collection, the data analysis process was performed manually. The audio of the interviews was listened to several times, then the initial codes were extracted and classified into more abstract classes based on semantic and conceptual similarities, and finally, the main classes, which were more general and conceptual, were extracted. Data analysis of the present data was performed by the conventional content analysis method. Data saturation was gained with 17 interviews. To legitimize and validate the findings and analyzes, credibility criteria in the qualitative stage were used by the members' review method. In this context, all the themes were extracted and the interpretations made and the representativeness of the interpretations and themes were reviewed in a two-way process between the researcher and several authors. To ensure transferability, an attempt was made to explain the details of the main and secondary concepts and themes, as well as the targeted sampling and the measures taken to reach the experts and the barriers ahead.

In the quantitative phase, SPSS software version 21 was used to analyze the data. The data were entered into the software and descriptive statistics such as frequency, percentage, and average were used to describe. To obtain the relationship between the variable of service usage and type of service, t-test, and one-way ANOVA were used. For data analysis in the qualitative phase, use of content analysis approach.

This study was approved by the Ethics Committee of ZAUMS (code: IR.ZAUMS.REC.1398.041).

Results

In the study, about 349 health tourists had been referred to the hospitals in SB province from 2010 to 2018 to receive medical services, of which 213 (61%) patients were male and 234 patients (39%) were married. The majority of the patients belonged to Afghanistan (190 patients, 54.4%). All demographic variables are shown in table 1.

The majority of the patients are male 213(61%) most of referred from Afghanistan country 190 (54.4%).

The number of foreign patients referred to hospitals in SB province has increased every year and the maximum number of patients referred is related to 2017.

To examine the relationship between different age groups and clinical, Paraclinical, and hoteling services provided to foreign patients referred to hospitals in SB province, one-way analysis of variance (one-way ANOVA) was used.

In this qualitative study, the age of the participants was between 30 to 40 years old. Demographic information of the participants is detailed in table 5.

After data analysis, the study findings were categorized into four main themes and 13 sub-themes and presented in table 2. The four themes were including manpower, specialized services, infrastructure, and welfare facilities, and political and security conditions) which are detailed in table 6.

Manpower is the most important asset of any organization and is the most important pillar in attracting and satisfying health tourists.

According to the interviewees, lack of specialized manpower is the most important challenge for the health tourism industry. Someone said in this regard: "Even in terms of national standards, we have a severe shortage of manpower to meet the medical needs of the people of our country; in fact, we have a critical shortage of manpower". (Participant 1)

Table 1. Distribution of demographic characteristics of medical tourist in the southeast of Iran.

Demographic information	Frequency	Percentage (%)
Gender		
- Man	213	61
- Female	136	39
Country		
- Korea	4	1.1
- Afghanistan	190	54.4
- India	6	1.7
- Pakistan	141	40.4
- Tajikistan	5	1.4
- China	2	0.6
- Qatar	1	0.6
Marital status		
- Single	115	33
- Married	234	67

Table 2. Frequency of foreign patients referred to hospitals in SB province by the year

Year	Frequency of referring patients (n)	Percentage (%)
2010	11	3.1
2011	3	0.8
2012	2	0.5
2013	37	10.7
2014	44	12.7
2015	47	13.5
2016	84	24.0
2017	121	34.7
Sum	349	100

Table 3. The rate of using clinical, Paraclinical, and hotel services based on the year of receiving hospital services

Type of service used	Year								Sum
	2010	2011	2012	2013	2014	2015	2016	2017	
Clinical services	67	29	18	520	447	538	947	1093	3659
Paraclinical services	120	18	12	271	365	317	741	1014	2858
Hotel services	8	13	2	44	109	109	135	217	637
Sum	195	60	32	835	921	964	1823	2324	7154

Table 4. The results of independent t-test to examine the relationship between the use of hospital services and the gender of outpatients

Group	Number	Mean	Standard deviation	Pvalue	Test statistics (F)
Men	213	23.28	22.6	2.4	0.016
Women	136	12.4	12.4		

Table 5. Demographic characteristics of the health and tourism managers in Iran in 2020

	Variable	Frequency	Percent
Gender	Male	12	70.5
	Female	5	29.5
Age	20-30	5	29.4
	30-40	6	35.3
	More than 40	6	35.3
Organizational post	University principal	5	29.5
	Hospital manager	5	29.5
	Tourism manager	7	41.1
Education	Graduate	5	29.5
	Masters	9	52.9
	Ph.D.	3	17.6
Working experience	Less than 5 years	4	23.5
	6 to 10 years	6	35.3
	Over 10 years	7	41.2

Table 6. Challenges of medical tourism in southeastern Iran in 2020

Theme	Class	Sub-class
Manpower	Lack of manpower	Lack of manpower capacity with the number of hospital beds Low number of manpower
	Lack of use of existing manpower capacity	Insufficient potential of tourism forces Skills of specialists with a high scientific level Use of capable force in non-specialist affairs
	Professional training	Inadequate skill of hospital staff in a foreign language Improper treatment of staff and non-compliance with patient rights Proper education to the patient in his own language
	Providing specialized services	Providing subspecialty services in some areas Variety of health services
Specialized services	Increasing access and providing new services	Having modern and up-to-date services Software and hardware upgrades in health tourism Establishment of special hospitals or clinics in border areas Strengthening active medical centers in the field of medical tourism
	Time	Extending the time to enter the country to reach medical centers Increasing the waiting time to receive services
	Treatment costs	Appropriate cost of treatment according to the tariff Lack of insurance support for foreigners Very low utilization of tourist areas
Infrastructure and welfare facilities	Environmental factors	Low quality road traffic Problems with car fuel supply Weakness in providing infrastructure services Low quality flights
		Unsafe roads in the province Lack of activity in the field of tourism compared to other provinces
	Sociological factors	Poor documentation of statistics and activities performed Lack of proper amenities based on tourist income Lack of facilities based on tourist capacity Low volume of tourist arrivals in the province
	Inter-sectoral cooperation and use of private sector capacity	Limited use of private sector capacity Foreign patient attraction by brokers Lack of specialized medical travel agencies to treat a specific disease
	Proper training and information	Ineffective and parallel measures Limitations on advertising infrastructure Lack of proper planning for health tourism
Political and security conditions	Security issues	Rumors and negative publicity about the province Low security in some areas of the province Building trust in service quality
	Legal and judicial arrangements	Facilitating tourist entry at border crossings Time-consuming conditions for obtaining a medical visa Need to do a lot of administrative process Political conditions with other countries

One participant also commented on the lack of experienced staff and suggested a solution to this challenge:

"Some places, such as Chabahar, are among the sectors that have worked in the field of health tourism, but unfortunately they have no experienced staff. It is better to consult with other cities so that other specialists can come to this city for a short time and do medical treatment." (Participant 6).

Empowering staff and being able to communicate well with foreign patients to attract tourists was an important issue, one participant noted: "Hospital staff should know foreign languages such as Arabic, English and even Urdu normally (for neighboring countries), it will be as effective in attracting tourists as the art of communication." (Participant 2).

"Training at different levels is important for hospital staff and employing staff only in the health tourism sector to have the ability to communicate and interact more," said one participant on the need for training in manpower. (Participant 4).

Specialized services and facilities are a set of actions that a person will face when going to medical centers and this main class is explained in 4 sub-classes (providing specialized services, increasing access and providing new services, time, treatment costs).

The use of advanced medical equipment in accordance with modern science was one of the topics useful to attract tourists, because without up-to-date equipment, this industry cannot prosper. According to them, there are enough facilities, but the health tourist does not visit in sufficient numbers, the interviewees believed that:

"Facilities are equipped and infrastructure is ready, only the Ministry of foreign affairs should solve the problem of tourist traffic. If this happens, apart from the skills of more local doctors, specialists from other cities will also come and the people of the province will benefit." (Participant 5).

More access to software and hardware services and the use of remote methods was another topic that participants commented on:

“To do very positive things like health tourism, we need to upgrade hardware (manpower and up-to-date equipment) and software (remote medical and training software).” (Participant 1).

Another person said about the lack of remote systems for foreign tourists: “Even in the province, we do not have a system for scheduling tourism so that they can take turns from their country and refer on the appointed date.” (Participant 15).

Loss of time and not receiving health services at the right time were other challenges in this area from the interviewees' point of view. In this regard, one of the participants stated: “Whoever is delayed at the airport, will return from there, so the infrastructure is below zero”. (Participant 14).

A participant also stated in this regard: “Sometimes we see that the people of our country wait for hours or days to receive health services, and the tourist does not come again when he sees these conditions.” (Participant 13).

The most important motivating factor for most patients is the issue of costs, lack of specific tariffs, increase in tariffs for non-Iranians and lack of insurance coverage are some of the well-known challenges in this area: “Lack of insurance coverage and high treatment costs for non-Iranians make them receive the services in other countries.” (Participant 8).

A participant also said about the issues related to financial exchanges: “The most important problem of a foreign tourist in traveling to Iran is the financial issues that have caused them not to use their credit cards. Many of these tourists travel to the country without knowing it, which causes serious problems for them.” (Participant 9).

The meaning of infrastructure services and facilities are the measures that will be taken to provide faster access to medical centers and this main class is described in 4 sub-classes (environmental factors, accommodation and welfare facilities, and services, sociological factors of cross-sectorial cooperation, and use of capacity of the private sector, appropriate training and information).

Lack of proper road and hospital infrastructure, lack of operation of tourist areas, car fuel problems in the province were some of the environmental challenges mentioned in the interviews: “The province's services and infrastructure require years of attention and culturalization. The issue of foreign flights and low quality of land traffic are also important.” (Participant 12).

A participant said about industry and employment boost: “When a tourist enters a destination for treatment, he likes to see other sectors, which, in addition to the health industry, also boosts the economy and employment.” (Participant 14).

Weaknesses in providing welfare, accommodation, and limited services in some seasons (such as Nowruz and summer holidays) to tourists were the main issues in this province: “In the peak season of the trip, we encounter a shortage of accommodation units. Even these limited number has no appropriate quality and standard.” (Participant 12).

SB is one of the provinces of Iran that has historical and natural attractions. In this province, due to its fame based on

the ocean beaches of Chabahar and Kavir, mud volcanos have always been the focus of many domestic and foreign tourists. However, some of these areas are still untouched due to a lack of care. The province has many natural and untouched attractions, and in the real sense, they also have a lot of infrastructure in terms of tourism that needs to be addressed. Certainly, attraction is useful for the patient. (Participant 5).

From the participants' point of view, investing and using the capacity of the private sector to promote health tourism is essential. They said: “Using the capacity of the private sector to promote health tourism is one way to finance investors as another way to raise financial resources.” (Participant 13).

According to the findings, it is inferred that the participants criticized the lack of advertising and information about the medical facilities of this province: “We use the capacity of the Internet, cyberspace and foreign media to advertise and introduce our medical equipment and facilities.” (Participant 14).

Security is one of the main priorities for patients and their companions both in the hospital and on the road, so the political situation should create an environment that does not pose a threat to the security of tourists. A participant said about the false propaganda about the security of the province: “For some areas, negative advertisements in cyberspace and other media have caused tourists and even the people of the country not to have a good view on choosing this province as a tourist destination.” (Participant 8).

Lack of clear and specific strategies for obtaining medical visas was one of the important barriers to health tourism. According to the participants, organizations must cooperate and formulate necessary strategies and provide relevant action to attract more foreign patients. Interviewees criticized that: “The only issue is the medical visa because it takes a lot of time from foreigners. If the ministry of foreign affairs works in this field, things will be done efficiently and as soon as possible.” (Participant 6).

Discussion

The results of the study showed that only 349 foreign patients were referred to hospitals in SB province from 2011 to 2017 and the majority of them belonged to the border country of Afghanistan (54.4%). It seems that the border and the existence of cultural commonalities have caused more visits to Afghanistan's tourism. In general, the customs of linguistic and religious commonalities and culture are a priority for tourists from neighboring countries and will have more power in attracting tourists.

According to the results, it was found that laboratory, radiology, ECG and ultrasound, and MRI and doctor's visit, consultant, receiving medication, operating room medications were the most used services by the patients. Fouladi et al. declared that the most common reason for foreign tourists visiting was the treatment of disease, improving health, cosmetic surgery, and check-ups and that internal and infectious wards had the most visits.¹⁰ Gholami et al. also stated in their study that most patients from Oman go to Shiraz for ophthalmological services.¹¹ Referral to these different wards of hospitals in SB province shows high capability and delicacy to meet the needs of clients, but the reason for fewer

foreign tourists visiting Zahedan ophthalmology hospital as the largest ophthalmology center in southeastern Iran. It has more reviews, planning, and advertising.

The main affecting factors on medical tourism are manpower, specialized services, infrastructural and welfare facilities, and political and security conditions.

According to the findings, the shortage of specialized and expert physicians and personnel was the main challenge in Iran. Also, for increasing the quality of services it is needed to train personnel regarding the profession and ethical issues. The findings of this study are consistent with the results of Khodayari et al., who emphasized the effective role of development and empowerment of human resources and foreign language teaching to medical and administrative staff in the development of health tourism.¹² Also, the findings of this study are in line with Hemmati's findings which showed that physicians and medical staff of hospitals in the northeast of Iran had high scientific potential, but there are still weaknesses in terms of manpower training and the ability to communicate effectively with foreign patients.¹³ Azizi et al., also concluded that weakness in language for communication with patients, lack of a suitable program to attract tourists and lack of manpower, dissatisfaction of tourists in previous visits were the weaknesses of development of this industry in Yazd province center of Iran. Providing high-quality health services requires manpower and lack of specialized manpower is one of the problems.¹⁴

It is notable that many patients refer to the hospital because of the reputation of the hospital and physician, so it is needed that hospital managers attempt to strengthen their medical staff. According to results, weakness in specialized services is another challenge to medical tourism. Chawlaine et al., in Florida also mentioned that the patient and his family want to use the best and most equipped facilities to treat their disease so that the patients can regain their health. In addition, specialized personnel, modern equipment, newly built hospital, etc. will help attract tourists. High skills of the physician and appropriate advertising, and welfare facilities will increase the motivations to choose a medical center.¹⁵

It seems that tourists pay attention to the specialized facilities when choosing the destination country. If these facilities are provided, in today's competitive market, it is considered as an advantage for the destination countries.

In the field of software and offline systems, appropriate time in providing services are known as effective and influential factors in the development of health tourism. There are problems and shortcomings in selected hospitals. In confirmation of the findings, Nemati et al., also introduced new limitations such as software weakness, low quality of communication services, inability to identify patients before referral and follow-up after treatment, lack of patient response system, lack of offline queue management system both for patients inside the country and foreign tourists, lack of electronic health record system for access from abroad, and the possibility of offline fee payment, are among the conditions effective in increasing patient satisfaction. The long admission and discharge process honors the client and saves patients' waiting time.¹⁶

According to the findings, it is suggested to use new marketing methods to attract medical tourists to introduce medical facilities.

In terms of infrastructure and welfare facilities, SB province is facing serious challenges in terms of the low quality of foreign flights and land traffic. Also, by not exploiting tourism areas, the capacity of indirect health interventions such as hot springs, mud volcanoes, sand therapy, and sunbathing cannot be used. Adams et al., in their research, found that environmental factors such as international flights, urban and suburban transport, are effective factors in the development of health tourism.¹⁷ A study conducted by Sanchez et al., in Mexico on strategies for attracting medical tourism concluded that the development of basic and therapeutic infrastructure, international accreditation for health care providers, and effective marketing, establishing a hospital-based on population and community needs plays a major role in the development of health tourism.¹⁸

The establishment of numerous and accessible medical centers for patients, improvement of roads, proper utilization of pristine and untouched areas will help to improve and grow health tourism in this province.

Despite the situation of the southeast of Iran in entering medical tourist, however, the region suffers from welfare facilities and sociological factors, these findings were in line with the results of Taheri et al. which pointed to the prominent role of natural, historical, and cultural factors of health tourism destination which is one of the main motivations of health tourism today.¹⁹

SB province, due to its natural, historical, and cultural factors, has special advantages in the development of health tourism, and effective steps can be taken in this field and attract people with different interests. Proper use of all the various attractions can make SB province a host of different types of tourism and by keeping tourists healthy and encouraging them to see other attractions, the existence and introduction of pristine nature will increase the length of stay and motivate more trips and realize potential capacities for tourism development in the province.

Preparing and presenting domestic and foreign advertisements and showing the hardware and manpower capabilities in the development of health tourism is very effective and by recognizing the motivations of foreign tourists and with appropriate advertisements and using written, visual and audio advertisements, increase tourist's knowledge about medical centers and provide conditions for attracting more health tourists. Christine et al., and Ray et al., in 2019, on the need for effective information and publicity, noted that the success in medical tourism depends on the ability to inform patients about treatment procedures and facilities, tourism opportunities, travel arrangements and medical tourist destinations, and medical promotion involving a wide range of marketing tools such as banners, flyers, and websites.^{20,21}

In the political-security dimension and legal and judicial arrangements, the results of this study showed that due to negative publicity in various media, foreign tourists and even people in other provinces do not have a good view on choosing

SB for their tourist destination. Asadi et al., (2017) in their research showed that security is one of the most effective factors for the development of health tourism, ensuring the security of tourists. This can be attributed to the sensitivity of patients and their fragile morale in the event of a security problem and also to treatment in a safe and quiet environment.²² Golshiri Esfahani et al., (2015) showed that health tourists are safe in the country. However, the southeast of the country has the lowest level of security in the country for health tourists that this can be attributed to the presence and activity of criminals and terrorists in the province with a focus on the Pakistan border and wide distribution of narcotics due to its proximity to Afghanistan as the largest producer of opium in the world.²³

In a study, Saki suggested that police should be deployed in these centers around the clock so that tourists feel more secure.²⁴

Today, security is considered the most important and underlying principle in formulating tourism development strategies in the world. So that there is a relationship between tourism, stability, development and security, and tourism thrives in a region where the government of that country ensures the security of tourists.

The lack of a clear strategy for obtaining medical visas is a serious challenge in accepting health tourists in the country and the province.

Abdolvand et al., also concluded that for Iran to become a tourism hub in the region, there are still many serious problems, including the difficulty and length of the visa issuance process during treatment, lengthy administrative processes, etc., which are the most important weakness of this sector.²⁵

According to this finding, the role of the government and competent organizations in facilitating the entry and exit of tourists and issuing visas, and extending medical visas is very important.

In general, it seems necessary for those in charge of health tourism in SB province to attract more tourists and promote this industry, while trying to maintain and improve the quality of medical services to honor the client, improve communication capabilities, and increase service quality and also offer competitive prices with other countries in the region.

Despite the high capacity of SB in the field of health tourism, it is possible to attract more tourists by gaining the trust of tourists in the field of health. For this, in the field of infrastructure, medical equipment, marketing, and advertising, introducing medical facilities in the cities of the province, both natural and artificial to tourists, paying attention to transportation infrastructure for easy access to these centers, as well as training capable and specialized medical staff in various medical centers, proper planning, and policy-making should be done, which would be possible with the cooperation of the relevant authorities and the government. It is worth mentioning that the method presented in this study helps managers to have a comprehensive and accurate view to decide on top executive priorities in various fields. This research can be generalized by

considering other factors and the relationships between them and implement more policies.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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