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Global successful experiences of the health tourism brand and presentation of a native model

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ABSTRACT

The current study aims to benchmark the global successful experiences of health tourism branding and presenting its native pattern. This study is analytical-descriptive in nature and practical approach in terms of the target sought. The questionnaire was designed to measure the effective variables on health tourism branding. A researcher-made questionnaire, whose dimensions and indicators were based on the literature and research background, was used to measure the dependent variable of the research. Acer brand value questionnaire was used for assessing the dependent variable of the research. The statistical population of this research is the professors of the medical sciences universities and tourism and marketing management group and the directors and assistants of the Cultural Heritage, Handicrafts and Tourism Organization of Fars and Bushehr provinces that regarding the lack of access to all members of the research community, sampling was done by available sampling. Finally, 87 valid questionnaires were obtained. After examining the research model using the path analysis method, the findings showed that all paths between the research variables were confirmed at 95% confidence level and were significant. This means that policy making, infrastructure, marketing, communication and information, medicine and health have a positive and significant impact on health tourism branding. However, the findings indicated that the highest path coefficient for the relationship between the infrastructure and branding of health tourism is 0.365.

KEYWORDS: benchmarking, successful experience, branding, health tourism, pattern

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Experiencias exitosas globales de la marca de turismo de salud y presentación de un modelo nativo

RESUMEN

El presente estudio tiene como objetivo comparar las experiencias exitosas globales de la marca de turismo de salud y presentar su patrón nativo. Este estudio es de naturaleza analítica-descriptiva y enfoque práctico en términos del objetivo buscado. El cuestionario fue diseñado para medir las variables efectivas en la marca de turismo de salud. Se utilizó un cuestionario realizado por un investigador, cuyas dimensiones e indicadores se basaron en la literatura y los antecedentes de la investigación, para medir la variable dependiente de la investigación. El cuestionario de valor de marca Acer se utilizó para evaluar la variable dependiente de la investigación. La población estadística de esta investigación son los profesores de las universidades de ciencias médicas y el grupo de gestión de turismo y marketing y los directores y asistentes de la Organización del Patrimonio Cultural, Artesanía y Turismo de las provincias de Fars y Bushehr que, en relación con la falta de acceso a todos los miembros de la comunidad de investigación, el muestreo se realizó mediante muestreo disponible. Finalmente, se obtuvieron 87 cuestionarios válidos. Después de examinar el modelo de investigación utilizando el método de análisis de ruta, los resultados mostraron que todas las rutas entre las variables de investigación se confirmaron con un nivel de confianza del 95% y fueron significativas. Esto significa que la formulación de políticas, la infraestructura, el marketing, la comunicación y la información, la medicina y la salud tienen un impacto positivo y significativo en la marca del turismo de salud. Sin embargo, los resultados indicaron que el coeficiente de ruta más alto para la relación entre la infraestructura y la marca del turismo de salud es 0.365.

PALABRAS CLAVE: evaluación comparativa, experiencia exitosa, marca, turismo de salud, patrón

Introduction

Tourism is one of the most dynamic and the fastest growing industries in the world. The United Nations recognized the industry as one of the main means of economic development, employment and a source of higher income. In developed countries, tourism generates income diversification and reduces incoherence in the economy, while in developing countries; the industry has an opportunity to export in a faster method than traditional methods (Vetitnev et al, 2016). On the other hand, one of the most important sectors of tourism, which has become one of the largest and most profitable parts of the world's economy, is the health tourism category.

In fact, this industry has affected the flow of capital, income and balance and investment, which, has driven the movement and transfer the capital and help the growth

of countries that have recognized the importance of this industry more than any other economic and industrial activity in the world. It has been estimated that every health traveler is three times as likely as a regular tourist (Reisman, 2010). The topic of health has always been important from the very beginning of humanity (Karime et al., 2018; Hanawi et al., 2020; Algahtani, 2020). Health travelers can travel from their permanent place of residence to a destination, in order to obtain their physical and mental health and wellbeing. By the year 2020, mental disorders and drug use will overtake physical problems and become the main causes of disability around the world (Baghini et al., 2020). In this context, the globalization of healthcare means patients crossing borders with treatment being the main objective. Today healthcare is regarded as a global phenomenon. In recent years, many countries have experienced significant changes and reforms in their health system (Hamzehkhani et al., 2020).

The establishment of multinational hospitals, the competitiveness of global healthcare prices, the internationalization of standards, and the convergence of the level of specialized technologies, are all signs of global health development (Cooke, 2013). Also, people traveling to other countries for health-related issues, are mainly affected by the changes made in consumer values, increasing neurological stress and workload, Population aging, high costs of treatment and healthcare in developed countries, new attitudes toward mental and psychological activities, lack of effective insurance, secrecy (anonymity), lack of facilities in the country of origin, possibility of cure and treatment with the benefit of holidays (Kazemi, 2008).

In spite of the importance of health tourism in creating a sustainable income, very few studies have been carried out in the field of health tourism and its branding in Iran. This is despite the fact that, when compared with the countries of the region, Iran has huge health and medical related capabilities, such as skilled manpower and medical equipment and facilities. For that. We should also consider the national objective of Iran in maintaining a brand image as the main hub of health tourism in the region, based on the goals of developing its 20-year landscape at 1404 horizon. Therefore, this research seeks to resolve the research gap in this area through the use of successful global experiences in order to provide a suitable pattern and model for that matter.

1. Theoretical fundamentals and research background

1.1. The Concept of Health Tourism

Health tourism is one of the most important branches of the tourism industry, with high economic and social turnover, in which people travel to health and medical care destinations to be provided with unique medical services and facilities. As this has had civic organizations in more qualified and talented countries focus their attention on this sector of the tourism industry and involve durable and efficient domestic policies act to their favor. The term "health tourism" was introduced by Goodrich in 1987, and then began to spread to universities in the United States and England.

The definitions circling this concept somewhat vary. Resiman (2010) quoted by the global organization tourism defines health as a type of tourism whose purpose is to retrieve, promote, and reach the physical and mental health of the person for more than 24 hours and less than one year. Dursun & Cemal (2010) state that health tourism is a kind of travel that is also responsible for health and medical care in addition to entertainment, leisure and comfort. Connell et al (2006) point out that health tourism is a journey organized from the person's living environment to another place to maintain, improve and regain physical and mental health of the individual. Tourism experts categorize health according to the type and function of the tourist's desired service into three categories: Health tourism that is tourist's travel to areas with attractions and natural services (such as spa springs) for refreshment and not for treatment. Therapeutic tourism, however, is to travel to consume natural resources (such as spa springs), rather for treatment or for restoration, and of course under the supervision of a physician. In the context of medical tourism, which is another type of health tourism, a traveler (patient) travels to medical centers for the use of special medical services, such as all sorts of surgeries and therapies (Garrod, 2003).

1.2.Study of successful health tourism experiences

Today, many developing countries regard health tourism as a gold mine and are keenly looking for the growth and development of this industry in their country, (Awadzi & Panda 2006). For example, the quality of health services in Singapore is highly appreciated. Safety, trustworthy services, with advanced research and international credibility in the field of medicine, has made it a leading Asian center in health tourism

developments. India, on the other hand, is one of the most popular destinations for cardiac surgery and hip bone graft surgery for the international medical tourists. In other areas of national health and wellbeing, India is also recognized as a global leader in services provided for this section of tourists. The main reasons for this country's success include skilled hospital staffing, new technologies, health care quality, diverse medical packages offered, lack of waiting time, public fluency in English, and broad access to information through the Internet. In this country, the government has also shared its role through the Ministry of Health and Welfare of the Family and the Ministry of Tourism and has a headquarters and strategic role in infrastructure preparation and human resource development (Saravana and Krishna, 2015).

Malaysia is another successful country in attracting medical tourists. One of the reasons for Malaysia's success in attracting medical tourists is the low payroll, the skill of the workforce, the connection with English language, access to alternative therapies, the attractive natural environment, and the health and technology facilities (Sri and Bakar,2011). Also, medical tourism is a growing part of Thailand's industry. The cost of treatment in Thai hospitals is very low in comparison with the United States, while care and nursing are offered at a high level. On the other hand, Mexico has become one of the most popular destinations for American health tourists in recent years. This country, due to its vicinity and the relatively low medical costs relative to the United States, has been regarded as a noticed destination to Americans and Canadians. Gastric surgery, eye examinations and checking are the basic medical services provided for tourists. According to studies, medical expenses in Mexico are between 13% and 31% lower than in the United States (Ricafort, 2011).

2. Research background

Han and Sean Hyun (2015) concluded that there was a significant relationship between perceived qualities, satisfaction and trust in staff and medical clinics, and affected the intention to return to the clinic and destination country in medical tourism. Meanwhile, satisfaction and trust are important mediators. In a research, the most important factors affecting the development of the health tourism industry are, respectively, the development of public infrastructure, human resources development, information and marketing system development, and product development strategy (Noori

et al, 2011). Ricafort (2011) has selected 20 factors influencing the topic from the tourists' point of view and ultimately prioritizes the influential factors. The results of the research show that among these factors, "professional doctors" has the highest score. Haribabu et al (2010) conducted their research focusing on competitive challenges in medical tourism in Singapore. The results show that Singapore has a high level of competitive ability and has been able to attract many tourists in the health tourism business. A study in Hong Kong that identified the factors influencing the development of health tourism was that the laws, regulations, government support, costs and medical needs of the local community were among the most important factors affecting the development of health tourism (Heung et al, 2010). Another study has suggested that factors such as demographic changes in advanced countries, along with increased problems with their health care system, such as the long waiting line of patients, high cost of health services and the lack of an effective insurance system, have led the flow of patients from these countries out of National borders for receiving high quality and low cost health services (Beth, 2010).

3. Introduction of Indices and Conceptual Model of the Research

After examining the same research, the dimensions and indicators that affect health tourism branding are presented in the following table:

Table 1: Dimensions and Indicators Effective on Branding Health Tourism Excerpts from the Background of the Research

Authors	Component (Indicator)	Factor (dimension)	Row
Ma (2008), Ranjan Debata et al (2013)	Supporting the private sector to invest in health tourism	Policy making	1
Kumar (2009)	Developing up-to-date standards and regulations in the field of health tourism		2
Ma (2008), Ranjan Debata et al (2013)	Design and development of policies related to health tourism		3
Ranjan Debata et al (2013), Connell (2006)	Establishing coordination and cooperation between all organizations and establishment related to health and tourism		4
Nagarajan(2004)	Long-term planning to attract health tourists		5
Heung et al (2010) , Ranjan Debata et al (2013), Mohamad et al	Creation and development of health-related infrastructure		1

(2012)		Infrastructure	
Mohamad et al (2012)	Development of modern medical and therapeutic technologies		2
Vetitnev et al (2016),Altin et al (2011), Mohamad et al (2012)	Create and develop cheap resorts for patient entourage		3
Nagarajan(2004)	Designing and developing a coherent marketing strategy in the field of health tourism	Marketing	1
Kumar (2009)	Use of up-to-date and efficient promotional techniques in the field of health tourism		2
Kumar (2009)	Design and development of distribution and sale channels for international health and medical services		3
Ranjan Debata et al (2013), Kumar (2009)	Study and study of health tourism market		4
Chen et (2012), Kumar (2009)	Needs assessment of potential customers in the field of health tourism		5
Ma (2008)	International cooperation in health care	Communication and information	1
Mohamad et al (2012)	Creating a system for registration, control and documentation of health tourists		2
Connell (2006), Carrera & Bridges (2006)	The existence of an appropriate and efficient notification system for the identification of medical and therapeutic capabilities		3
Kumar (2009)	Proper use of cyberspace capacity		4
Connell (2006)	Establishing an inter-channel for the exchange of information and communication among all the organizations and organizations active in the field of health tourism		5
Ranjan Debata et al (2013), Carrera & Bridges (2006)	Cost of treatment	Medical and therapeutic	1
Ma (2008), Ranjan Debata et al (2013)	Medical coverage of the destination country		2
Ma (2008),Altin et al (2011)	Availability of suitable medical facilities		3
Carrera & Bridges (2006)	There are specialist doctors with international certificates		4
Altin et al (2011), Carrera & Bridges (2006)	Applying fluent foreign language skills in the field of treatment		5
Ranjan Debata et al (2013), Altin et al (2011)	Quality of health care offered at health centers		6
Carrera & Bridges (2006)	Getting important healthcare quality approvals by health centers		7

After identifying the dimensions for each of these indicators, the conceptual model of the research is as follows. In the model, the five dimensions of policy, infrastructure, marketing, communication and information, and medical and therapeutic services are regarded as the independent variables and branding health tourism is the dependent variable, which is measured using the Acer Model (1996). It includes five dimensions of brand loyalty, brand perceived quality, brand association, brand awareness, and willingness to accept brand extension.

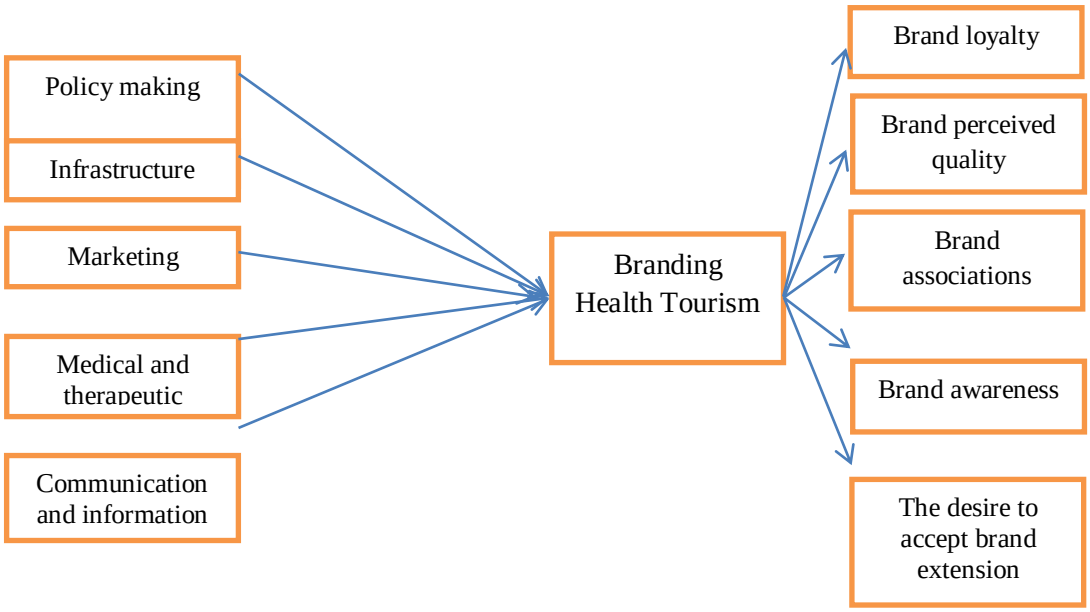

Figure1. Conceptual model of research

4. Research Methodology

This study is analytical-descriptive in terms of nature and practical in terms of target. Questionnaires were also used as the tool to collect data. In order to measure the variables affecting health tourism branding, a researcher made questionnaire whose dimensions and indicators are based on literature and research background (Table 1), and used to measure the dependent variable of the research is the Acer Brand Value Questionnaire, which is typically a 32-question and 5-dimensional questionnaire. Also, the two questionnaires have a Likert spectrum of 5 options (strongly agree to completely opposed).

On the other hand, for evaluating the validity of the researcher-made questionnaire, the factor analysis method was based on the opinions of the experts and the Cronbach's

alpha coefficient was used to assess the reliability of the questionnaire statements. Also, SPSS software version 19 was used for data analysis and PLS software was used for modeling structural equations and studying relationships of variables in the research model. The results related to validity (using factor analysis method) and reliability (using Cronbach's alpha method) are presented in the following two tables which indicate validity (due to the increase of each factor load of the components from the value of 0.5 in each dimension it is specified) and the stability (due to the larger coefficient of alpha of all of the structures of 0.7).

The statistical community of this research are the professors of medical sciences universities and tourism and marketing management group, and finally the directors and assistants of the Cultural Heritage, Handicrafts and Tourism Organization of Fars and Bushehr provinces. Due to the lack of access to all members of the research community, sampling was done by available sampling. Finally, 87 valid questionnaires were obtained.

Table 2: Results of Validity Study Using Factor Analysis

Load factor	Component (Indicator)	Factor (dimension)	Row
0.775	Supporting the private sector to invest in health tourism	Policy making	1
0.712	Developing up-to-date standards and regulations in the field of health tourism		2
0.743	Design and development of policies related to health tourism		3
0.645	Establishing coordination and cooperation between all organizations and establishment related to health and tourism		4
0.785	Long-term planning to attract health tourists		5
0.726	Creation and development of health-related infrastructure	Infrastructure	1
0.823	Development of modern medical and therapeutic technologies		2
0.792	Create and develop cheap resorts for patient entourage		3
0.675	Designing and developing a coherent marketing strategy in the field of health tourism	Marketing	1
0.785	Use of up-to-date and efficient promotional techniques in the field of health tourism		2
0.686	Design and development of distribution and sale channels for international health and medical services		3
0.788	Study of health tourism market		4
0.629	Needs assessment of potential customers in the field of health tourism		5
0.805	International cooperation in health care	Communication and	1
0.687	Creating a system for registration, control and documentation of health tourists		2

0.567	The existence of an appropriate and efficient notification system for the identification of medical and therapeutic capabilities	information	3
0.655	Proper use of cyberspace capacity		4
0.715	Creating a cross-channel for the exchange of information and communications between all devices and organs		5
0.823	Cost of treatment	Medical and therapeutic	1
0.733	Medical coverage of the destination country		2
0.749	Availability of suitable medical facilities		3
0.685	Existence of specialist doctors with international certificates		4
0.845	Applying fluent foreign language skills in the field of treatment		5
0.769	Quality of health care offered at health centers		6
0.625	Getting important healthcare quality approvals by health centers		7

Table3: Reliability test using Cronbach's alpha coefficient

Dimensions of the questionnaire	Number of questions	Reliability test using Cronbach's alpha coefficient	Result
Policy making	5	0.82	Confirmed
Infrastructure	3	0.86	confirmed
Marketing	5	0.79	confirmed
Communication and information	5	0.81	confirmed
Medical and therapeutic	7	0.8	confirmed
Whole questionnaire	25	0.77	confirmed

5. Research findings

5.1. Normality test

|The Kolmogorov-Smirnov test was used to investigate the normality of the distribution of research data related to the questions. Two questionnaires (researcher-made questionnaire and Acer brand value questionnaire) were used. The results are listed in the table below.

Table 4: Results of Kolmogorov-Smirnov test

parameters		Questionnaire questions Researcher made	Brand equity questionnaire questions
(Number of respondents)		87	87
(Normal parameters)	(Average)	3.587	3.187
	(Standard deviation)	0.5240	.6007

(The biggest differences)	(Absolute value)	.087	.090
	(Positive)	.087	.090
	(Negative)	-.047	-.044
Z (Kolmogorov-Smirnov statistics)		1.313	1.256
(The significance level)		0.102	.085

The results of the above table indicate that the data related to the research questionnaires follow the significance level of 0.05 of the normal distribution due to larger ones.

5.2. Testing the status of existing research variables

After determining the distribution of the research data, to evaluate the status of the research variables, a one-way T test (with regards to the normal distribution of data) was used with a cut-off point of 3, as described in the following table.

Table5: Unilateral T test for variables in the research model (independent and dependent)

Test Value = 3					
Variables	**Number**	**Average**	**The t statistics**	Degrees of freedom	The significance level
Policy making	87	4.1026	7.413	86	.000
Infrastructure	87	3.8579	7.523	86	.000
marketing	87	3.7135	7.868	86	.000
Communication and information	87	3.4194	6.149	86	.000
Medical and therapeutic	87	3.7613	4.318	86	.000
Branding Health Tourism	87	3.3341	8.172	86	.000

The results of the above table show that all six variables that make up the research model are significant at 95% confidence level, while the highest average is related to the policy variables and the infrastructure.

5.3. Testing the research model

In this research, based on the conceptual model of the research, five assumptions were considered. To investigate these assumptions, the structural equation model was used with the help of PLS software. The results of the test of path coefficients t are described below. It should also be noted that, based on a rule of thumb, values higher than 0.2 in the

above sample indicate a significant relationship, but in order to achieve a more accurate result, bootstrapping test in the form of t-test coefficients was conducted.

Figure 2: Chart path coefficients

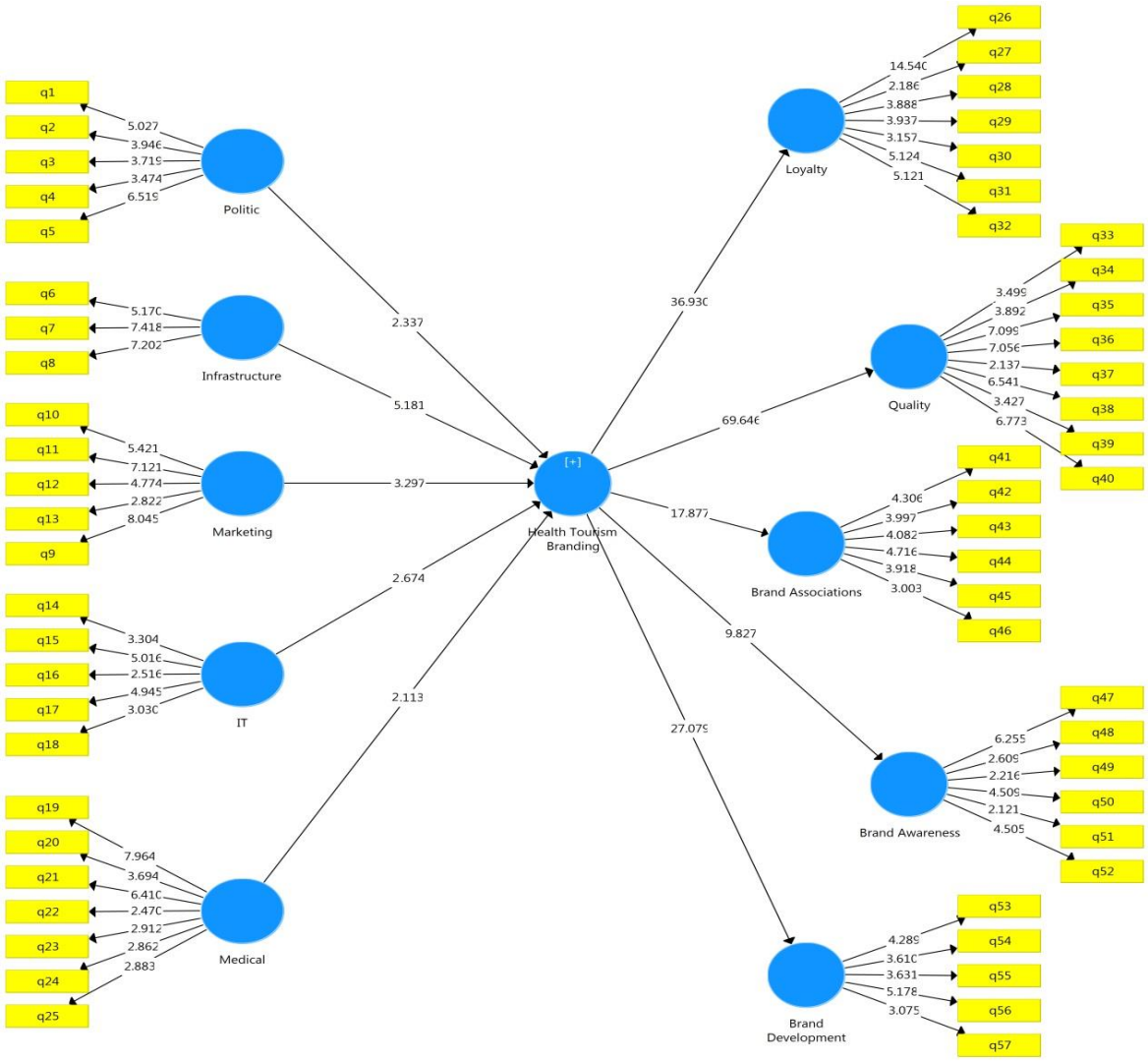

Figure3: Chart of coefficients t

Based on the results of the above table, it should be noted that, according to the values of the t statistic that is greater than 1.96 (at 95% confidence level), all the paths between the variables are approved and also with regards to the significant values (amounts smaller than 0.05) all values are obtained and therefore, it can be stated that all five main paths of the research model (from independent to dependent variables) are approved at 95% confidence level. Also, the highest path coefficient is related to the relationship between infrastructure and branding of health tourism with a value of 365%. According to the above results, it should be mentioned that the direct effect of 5 independent variables of the research model on the dependent variable of the model, i.e. branding of health tourism, is 0.278, 0.336, 0.220, 0.239 and 0.110, which is an indication of the ability of this model in improving the health tourism branding variance.

Table 6: Path Test Results

Scientific path		statictics t	Standard path coefficient) β(	Significance level	Test result
from	to				
Policy making	Branding Health Tourism	2.337	0.278	0.0012	confirmed
Infrastructure	Branding Health Tourism	5.181	0.365	0.0012	confirmed
Marketing	Branding Health Tourism	3.297	0.202	0.0012	confirmed
Communication and information	Branding Health Tourism	2.674	0.239	0.0012	confirmed
Medical and therapeutic	Branding Health Tourism	2.113	0.110	0.0012	confirmed

On the other hand, regarding the fit test and the quality of the structural model of the research model, we can cite the following two indicators:

1. The root mean of the standard squared residuals (SRMR)

According to Hensler et al. (Henseler, Ringle, & Sarstedt, 2015), in relation to this fitting scale, values of less than 0.8 represent good fit, which according to the calculated data, the SRMR value for the standard state (real data) is 124/0 and for the estimated mode (Bootstrap sample data) is 0.99, which is much less than 0.8.

2. The root mean of the remaining covariance squares (RSM)

This scale follows the logic fitting to the SRMR, but refers to covariance. The benchmark introduced in 1989 (Fifer, 1989) has set the threshold value of 0.20 for the proposal. That is, a value less than 12/0 represents a good fit of the model and higher levels of proportionality. The value obtained in this study is 0.11 which indicates the acceptable fit of the model.

Conclusion

This research was conducted with the aim of benchmarking the successful global health tourism branding and providing its native model based on a quantitative research strategy. After examining the research model using the path analysis method, the findings showed that all the paths between the research variables were confirmed at 95% confidence level and therefore, all the assumptions of the research were confirmed. This means that the variables of policy, infrastructure, marketing, communication and information, medicine and health have a positive and significant impact on health tourism branding. However, the findings indicated that the highest path coefficient for the relationship between the

infrastructure and branding of health tourism is 365%. Therefore, the focus on this factor and its components should be prioritized among other responsible factors in relation to other factors. On the other hand, the study of the effect of the variables of the research model indicates that this model has a good effect on health tourism branding variance. The findings are based on the research of Han and Sin Hyun (2015), Ricaford (2011), HariBabu et al. (2010), Beth (2010), Garrod (2003), each determining the factors affecting the branding of health tourism which are compatible and consistent. In discussing the above findings, it can be said that the discussion on health tourism is multifaceted, and in order for a successful and appropriate model to be presented in this area, it is necessary to have different segments active in the fields of treatment, marketing, politics, communication and national sovereignty. According to the findings of this research, two factors of infrastructure and policy making were considered more important and of high priority, which require special attention. Hopefully, the model presented in this study would be a platform for all those who pursue an activity in this prominent sector of the tourism industry.

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