



## The Conceptualization of a Policy package for Development of Medical Tourism in Iran

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### Abstract

**Background and Objective:** Medical tourism is of great importance to the economy and society. Due to its high capacity to create foreign exchange earnings, job creation, high competitive advantage through the export of health services and helping a country to engage constructively with the region, the international system and gain strategic position. Iran has the potential to become one of the leading countries in the field of medical tourism. The main purpose of the research is to propose the procedure for developing the health tourism.

**Materials** organizations. Based on the conceptualization results, a four-layer model was developed based on four main questions of the research, whose core is policy objectives. Then, the features of the policy and its tools are identified, and then the involved entities and the main actors are involved in the design, explanation, development and implementation of policies.

**Results:** Results showed that economic drive and medical tourism experience is one the major factors that have driven them to be actively promoting medical tourism industries. Each policy needs were forecasted and targets were defined in the process of formulating the health policies. The policies were then implemented accordingly.

**Conclusion:** The four-layer model, according to interviews, could lead to the development of policy-making in medical tourism in the country. On the basis of this, at the end of the application, proposals are presented based on each dimension.

**Keywords:** Medical tourism, Medical tourism policy, Conceptual model.

### Background and Objective

Iran, as a developing country that has just joined the jirga of countries with medical tourism, has made important advances in various fields of medicine such as plastic surgery, liver and kidney, infertility and radiology techniques, and for various reasons, and It has the right conditions to become an important pole in the field. This has many reasons. One of these reasons is the geographical location of Iran, which is located in the neighborhood of the 15 developing countries, and in terms of health care lower than Iran, it is exposing the country to a treatment trip of nearly 200 million people<sup>1</sup>. Another reason is the exchange rate fluctuation. The value of the Iranian rial has been decreasing steadily over the last four years, so Iran's health care has reached one third of the previous price. For example, the cost of open heart surgery in Turkey is \$ 18,000, in the United Kingdom it is \$ 40,000, and in Iran it is only \$ 10-16 thousand in private centers<sup>2</sup>. The third reason is Iran's skilled and literate workforce in healthcare and healthcare compared to other destinations of medical tourism destinations in the Middle East.

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The fourth reason could be the revised visa rules for medical tourists. The evidences of this reform of the law can be considered as a visa waiver in relations between Iran and 70 countries, which, of course, is not specific to medical tourism, but it naturally encompasses it<sup>3</sup>.

For these reasons, Iran has the potential to become one of the leading countries in the field of medical tourism. The government has taken steps in the field of medical tourism, but these measures have not addressed all aspects of medical tourism advancement. For this purpose, it is necessary to set up a policy package that addresses all aspects of the development of Iranian medical tourism<sup>4</sup>. Therefore, the conceptualization of the policy package must first be made. The conceptualization of the policy package requires addressing the issue of policy mix. Combining a policy line from an economic point of view and precisely from the views of Nobel Laureate Robert Mandel in the 1960s entered the social sciences and politics and aimed at discovering the interaction between different policies / tools for achieving the (ultimate) or Some results have been specific. The cost of therapeutic and surgical procedures in Iran is about 20 to 25 percent similar in Britain and the United States, and this is a high competitive advantage for the Islamic Republic of Iran in the field of international trade in medical tourism<sup>5</sup>.

However, the industry in Iran has a number of weaknesses in various fields, or more precisely, in the mainstream and supportive policies<sup>6</sup>. Having JCI certification to validate health centers is one of the most important components of choosing health tourism destinations by patients, and as a result, different countries are trying to prepare more medical centers in accordance with international standards in order to obtain this certificate<sup>7</sup>. However, so far none of the treatment centers in our country have been awarded this certificate. However, many factors have contributed to this; however, the

absence of such approvals is a disadvantage for health tourism in our country<sup>8</sup>. Lack of multi-storey hotels, the lack of appropriate road infrastructure and domestic and international flight restrictions, lack of appropriate international tourism promotion and the ineffectiveness of the information system for the identification of medical tourism capabilities, lack of policy and program The development of medical tourism, the limitation of insurance support for foreign patients, the lack of registration, control and survey of medical tourists, the absence of high standard residential centers near medical centers are among the most important problems in Iranian medical tourism<sup>9</sup>.

Considering this, the main issue of this study is the conceptualization of the policy package for the development of Iranian medical tourism in such a way that it can achieve the desired goals. The importance of paying attention to this issue is that previous studies in this area focused more on the main policy, the hospitals and the medical staff and related products. However, the extent of the impact of medical tourism on various fields is different, and the conceptualization of the policy package and, consequently, the policy mix is much broader than what has been mentioned so far, and many areas Includes cultural, insurance, hotel, marketing and foreign policy, and so on. In the research of Badulescu, D. (2014), the purpose of their research is to identify policy tools for implementing the national tourism policy in Iran<sup>10</sup>. Research findings indicate that tourism policy tools are divided into three categories of regulatory, cognitive, and normative tools, with regard to the roles that governments play in tourism, and that the government can make tourism sustainable by using these tools<sup>11</sup>. In the quantitative section, the scale was designed by researchers to confirm or reject the hypotheses that has the necessary content validity and a reliable coefficient of alpha Cronbach. With regard to the components identified in this concept, it can be concluded that the

identification of tourism policy tools is a solution that governments can use to stimulate tourism development<sup>12</sup>. Finally, according to the materials mentioned in the research process and in the response To the question posed, the authors state that the main focus of government activities in tourism is the use of tourism policy tools, which during the research concluded that tourism policy tools are in 3 dimensions and 12 components that the government of Iran Can use their policies to enforce their policies<sup>13</sup>.

Howlett, Micheal. (1998). investigated the status of health tourism policy in economic and social development based on resistance strategies. In this research, the combination of qualitative methods of thematic analysis and interpretive structural modeling has been used. Through the coding of interviews and written documents, the method of analyzing the subject through the codification of 10 common themes (social justice, discourse, indigenous model, endogenous, macro policy, stabilization of market share, entrepreneurship, knowledge-based, outsourcing, People-centered). Finally, these themes were ranked after the intended stages in interpretive structural modeling and paired communication in four levels of the most dependent and, at the same time, the most important themes to the most independent themes<sup>14</sup>.

In his research, Howlett, Micheal. (2011) identified ways to develop medical tourism in Iran as well as appropriate policies and tools for implementing those strategies. The research has been carried out in two stages. In the first stage (qualitative), by means of the method analysis, appropriate strategies and measures are considered, and in the second stage (quantitatively), using statistical tests, confirming the strategies and ranking their importance, policy measures and tools in terms of effectiveness and Feasibility evaluated. The results showed that for the development of medical tourism in Iran, there are 20 strategies and 37 effective and feasible

policy actions that need to be addressed in three general areas: "reforming the administrative and policy framework", "the chain of medical tourism services" and "communication with target markets" »Follow up. In a study conducted by Liu in 2012, he examined the "Medical Tourism Policy Network in Taiwan". In this paper, the national policy network in Taiwan has been analyzed and analyzed, using data and interviews, to map its policy actions in the field of medical tourism<sup>15</sup>. He found that medical tourism in Taiwan was an industry in which hospitals and government were involved, and more cooperation should be made between actors involved in the industry in Taiwan. They also believe that medical tourism is a complex and multifaceted category that does not rely solely on advanced equipment and technology, but that the Taiwan government should provide the necessary infrastructure and environment for international tourists<sup>16</sup>.

Louie has tried to illustrate the gaps and weaknesses in the organization of the questionnaire and interviews with people involved in medical tourism. He believes that many stakeholders in this area, like hospital staff, are relatively dissatisfied with some of the government's policy plans for medical tourism, and suggests that, given the current situation in the Taiwanese government, steps should be taken to address these disasters. Kern & Howlett (2009), in a comparative study of Indian and Iranian capacities in medical tourism, has compared the medical tourism between Iran and India and their capacities and abilities. They believe that, given the high abilities of Iran in various medical disciplines, treatment of high-risk diseases for cosmetic surgeries along with natural attractions and tourism such as hot springs, Iran can become one of the hubs of medical tourism. As a result, it seems that by developing and designing appropriate strategies for the development of medical tourism in Iran, there will be work to

coordinate between the institutions and organizations involved in Iran in order to implement appropriate programs. Iran in the field of medical tourism with a set of positive points can rank in the region in the region<sup>17</sup>. After comparing Iran and India, it seems that Iran has similarities with India in medical tourism and can bring tourists to Iran by importing the private sector to the medical tourism and advertising that these international organizations offer. Kern et al. (2017), in a study entitled "The requirements for the development of medical tourism in the countries of destination: reviewing and revising the existing framework by examining the Jamaican case study", believe that medical tourism is currently the strategy of many hospitals and organizations Around the globe to increase growth and investment. The authors describe South Asia as the best example of medical tourism development<sup>18</sup>. The main contribution of the research is to evaluate the factors effects of medical tourism development. The government has taken steps in the field of medical tourism, but these measures have not addressed all aspects of medical tourism advancement. For this purpose, it is necessary to set up a policy package that addresses all aspects of the development of Iranian medical tourism. Therefore, the main issue of this study was to explain what parts of the package of medical tourism policies in the country should be? The same studies were carried out and the theoretical framework was prepared. Then, in the form of interpretive philosophy, the qualitative method was selected based on the inductive approach. Also, thematic analysis technique was used to analyze the data. According to the present research, in the following, the concepts and theories as well as internal and external research related to the subject of research are discussed and then a model derived from the literature is presented. In the next step, the methodology of the research is mentioned. Further, the findings of the interviews and the conceptualization

carried out in the form of the final model of the research are presented. In the end, discussions and conclusions are presented with functional suggestions.

## Methods

The present study was philosophical, interpretive, because the researcher, based on the recognition of the concept of the package of medical tourism policies in the country. The purpose of the research was to develop knowledge about this concept. In terms of conceptualization, it was a method of induction in which an expert model has been developed to identify a specialist in the field of medical tourism policy. In this research, according to the approach of the researcher, interviewed by experts and experts, a qualitative method has been used to create knowledge about the conceptualization of the policy package and to interview it to collect and analyze the observations and analyze the theme for analysis. Data analysis was used.

The community of experts in this study consisted of the officials and experts in the field of policy-making in the field of medical tourism. In this research, the interview continued until the stage of data saturation. This means that the researcher continued the interviews until the new concept and code of interview was obtained. The method of selecting people was also based on the snowball technique. Finally, 9 interviews were conducted by the researcher.

In order to confirm the validity of the data collection method, the following were considered:

- 1) Validity of collected data
  - 1-1. Long-term conflict with research topic, literature and interviewees
  - 1-2. Review codes extracted by contributors
  - 1-3. Review and approve coding by other professionals
- 2) Transferability: By providing accurate and detailed information about the location and time of service of individuals as well as their

general characteristics, they have been helping readers better reflect the context in which data is collected and the process is extracted. .

3) Reliability and Verifiability: In the research, all interviews were first recorded by the researcher and two researcher-researchers. A written explanation of the interviews was then prepared.

Data Analysis: The data collection tool was also a questionnaire form and there were procedural stability in the questions.

## Results

In this study, 9 interviews were conducted. A total of 766 phrases were extracted from interviews. During the re-examination, the researcher removed 42 sentences and extracted 724 primary codes. Then, the new codes extracted from each interview were counted as a total of 641 new codes were counted.

Following the questions, the researcher developed the interview protocol and raised questions from the interviewees who were in the field of medical tourism in the country, until they reached the saturation of the data. Then, the results were determined in response to each question after three stages of coding (from initial to conceptual and categorical coding), which are presented below each of the questions and answers provided. First question: What are the objectives of the medical tourism policy in the country? Several interviews were conducted to identify and list the objectives of the medical tourism policy package in the country, and finally, after three stages of coding, it became clear that the goals of the package of medical tourism policies in the country are? (Table 1).

**Table 1.** The Purpose of the Country's Medical Tourism Policy (Source: Researcher's Findings)

Primary codes	Concepts	Categories
Income generation and profitability Excellence Economic Development Health economics development Emancipation of the economy from oil and gas Development of the internal economy Realization of Resistance Economics	Economic goals of medical tourism	Policy Package goals for medical tourism in the country
Confronting international sanctions and sanctions Development of international relations Establishing lasting peace in the region International agreements Promoting the Competitive Capacity of Iran in the Area Creating trust through service quality, honesty, respect for principles Axial development	Political Purposes of Medical Tourism	
Creating emotional and cultural affiliation Cultural exchanges with other countries	Cultural goals of medical tourism	
Providing standard services to health tourists Improving the health of the country Satisfaction of patients and their needs Promoting the health of neighboring countries	Improving the quality of life in medical tourism	

Liu (2012), argue that policy packages incorporate policy goals that are considered as strategic goals defined by policy actors that are not fixed, coherent, or always hierarchical, but

are often a spectrum of goals that exist They change over time and are often in conflict, as well as tools or practices, are tools for achieving policy goals. Accordingly, the first

step in the conceptualization of the package is the policy setting of the policy objectives. Therefore, according to the questions, different goals were presented by the interviewees. Finally, it was determined that four main goals are in the development of medical tourism in the country<sup>19</sup>. These goals may be long-term or short-term goals that are considered by the main policy actors at different stages of design and development of the policy and its implementation. Realizing these goals can be a desirable and desirable outcome for the medical tourism policy package, provided that the fields and tools for achieving these goals are provided. In order to achieve any of the goals set out in the policy package, a tool must

be identified to identify the means for realizing the goals in the future. But before that, the characteristics of the package of medical tourism policies in the country were determined according to the interviewees. Second question: What are the characteristics of the medical tourism package in the country? The answer to this question was also clarified through interviews and several stages of coding and refining for the researcher. So, based on the results, it became clear what features of the tourism policy package are? These features are classified according to the analysis made in Section 9, which is briefly summarized in the following (Table 2):

**Table 2.** The category of features of the country's medical tourism policy (Source: Researcher's findings)

Primary codes	Concepts	Categories
The variety of decision-making institutions A variety of viewing angles in decision making due to the variety in specialty Variety of decision makers and trustees Participation of decision-makers Using the capacity of different policy makers and facilitators Co-operation of institutions Strengthening the tourism supply chain Supporting the ministries from each other Communication between the Ministry of Health of the two countries by the State Department Interaction between organizations	Integrity and partnership	Features of the country's medical tourism policy package
Coordination between institutions in decision making Convergence between institutions and institutions Activities of trustees in their field of expertise Activities of trustees in their field of expertise apportion duties Unity of decision making and command Management and coordination between institutions Coordination between the various elements in the field of tourism Determine the trustee institution	Coordination and alignment	
Supervising the Good Practice of Medical Tourism Activities System look Establishing procedural unity Unity of policy making	Stability	
Consensus of custodial institutions Consensus in the formulation of basic rules Accreditation to circulars based on culture and customer requirements	Credit	
Coordination of mechanisms Coordination and alignment between authoritative institutions to identify tools	Integration of tools	
Define Greater Goals	Compatibility Goals	

Primary codes	Concepts	Categories
Define operational objectives Adaptation of goals to operational objectives		
Coordinate and accurate planning Policy separation from implementation Clever selection of target markets	Accuracy	
To improve the look of the authorities for medical tourism Correct the security look to the tourist Review activities and remove unnecessary items	Modifiability	
Sustainable look at medical tourism Industrial look into the field of medical tourism	Change the look	

Once policy objectives are specified, the policy package features must be specified in order to determine the coherence and policy capability. An appropriate policy package should have features such as the coherence of the elements in a strong and weak form. Thus, when there is not simply a conflict between the elements of a combination or a policy packet, it is a weak combination, meaning that it does not harm the stated objectives in its minimal sense. But if there is synergy or synergy between the elements of the policy mix, such a package is strong. In addition to the coherence and coherence of policy element elements, an appropriate policy mix should also be credible, consistent and comprehensive. This means, first, that it covers a wide range of political, economic, and operational feasibility objectives. Second, the combination of a stable policy is capable of adapting to changing conditions, and political changes or technological changes can not harm them. In the following, the breadth and complexity of the policy mix. All of these ultimately affect their effectiveness and effectiveness. After encoding, the package features of the medical tourism policy of the country in 9 categories identified that each package of medical tourism policies in the country should have these features. These

features, in aggregate, enhance the position and position of policy implementation. The absence of any of these features can lead to a disadvantage in the design, development, and implementation of it, and the coherence between objectives and tools can not be achieved. Defined features for the medical tourism policy package in the country include integrity and participation, coordination and alignment, stability and credibility, coherence of tools, consistency of goals, accuracy and modifiability, and changing managers' view of the issue of medical tourism in the country. After identifying the characteristics of the package of medical tourism policies in the country, the main elements of the package of medical tourism policy were identified.

Question 3: What actors are involved in the evolution and interaction of the tourism policy package?

In order to identify the actors of the package of medical tourism policies in the country, coding has been done and the results showed that the four main actors groups in the design, development and implementation of the package of medical tourism policy of the country based on collected data and interviews with The experts are present in the (Table 3) for these actors

**Table 3.** Categories of Actors in the Country's Medical Tourism Policy (Source: Researcher's Findings)

Primary codes	Concepts	Sub Categories	Main Categories
Ministry of Foreign Affairs Ministry of the Interior Ministry of Information	Ministries	Governmental institutions in medical tourism	<b>The directors (actors) of the medical tourism</b>

Primary codes	Concepts	Sub Categories	Main Categories
Ministry of Health			policy package
Cultural Heritage Organization Government Banks Social Security Insurance Agency embassies	Government-controlled organizations		
Medical Tourism Management Board	Medical Tourism Coordinator		
Expediency Council	Suburban institutions	NGOs in Medical Tourism	
Parliament Supreme Council for Cultural Revolution Organization of Culture and Communication Municipality Nongovernmental security institution TV and Radio	Government-level institutions		
Chamber of Commerce Medical System	Specialized networks		
Private insurance companies Private banks Tourist services companies Private Hospitals	Private sector	Private sector active in medical tourism	
Hospital Association Marketing Development Association Association of Travel Agencies Health Development Association Red Crescent	Associations and popular organizations	Popular institutions in medical tourism	

Lunt et al. (2013), argue that the design and implementation of a policy packet without regard for the main actors and the relationships between them is impossible because the complex communication network and the extensive relationships between actors play a crucial role in shaping the nature and context to accomplish it. In their view, players should be identified for the implementation of a tourism policy package so that they can identify the actors involved by identifying these actors. Hence, in interviews, interviewees were questioned about actors in the field of medical tourism policy, and it was finally determined that four groups of actors involved in the package of medical tourism policies were involved in policing and

implementation. First, government institutions are in medical tourism, which are somehow considered to be the main custodians (20). Because the Ministries of Health and Foreign Affairs are in this section, on the other hand, the Tourism and Cultural Heritage Organization is also considered as one of the pillars of policy-making and implementation of medical tourism policies. The dimension for development of the tourism are considered six main factors as: Treatment Quality, Medical Tourism Expenses, Medical Tourism Infrastructure, Destination Appeal, Destination Culture, Ease of Access. The average variance extracted (AVE) for each dimension was also higher than the recommended level of 0.50 (see Table 6)

Table 4. Composite Reliability and AVE of the Dimensions.

Scale	Dimension	Reliability	AVE	Mean	SD
Medical Tourism Experience	Treatment Quality	0.952	0.894	3.09	1.24
	Medical Service Quality	0.958	0.821	3.23	1.23
	Medical Tourism Expenses	0.961	0.806	3.46	1.22
	Medical Tourism Infrastructure	0.957	0.819	3.35	1.28



Scale	Dimension	Reliability	AVE	Mean	SD
	Destination Appeal	0.954	0.808	3.36	1.23
	Destination Culture	0.942	0.801	3.20	1.26
	Ease of Access	0.961	0.843	3.47	1.25

Other actors of non-governmental organizations include public institutions, quasi-governmental institutions and specialized networks whose task is to provide more policy and participation in the implementation and protection of policies. In the other part, there is an important actor and that is the private sector. The private sector can play an important role as a field actor and actor in the field of the implementation of medical tourism policies. The private sector, including private hospitals, agencies and tourism companies, financial organizations, etc., is more active in the implementation of the medical tourism policies, but better policies can be expected. At the end, popular institutions include the Semans and Associations, which are important actors in the field of policy implementation, policy criticism, development of activities and field and executive support. Thus, the packets of the medical tourism policy package were also identified. Considering the status and relationships between the actors and their power and their connections, the role of the

effectiveness and effectiveness of the actors can be determined and a network of actors in order of their priorities in their role in the package of medical tourism policy in the country. It helps to better understand and prioritize actors of higher priority, and determines that whatever their position may be, there may be a gap in the design and implementation of the package of medical tourism policies in the country. After identifying the actors, the tools were identified in the package of medical tourism policies in the country. These tools make casting the goals possible.

Question 4: What are the appropriate tools in the policy package for the development of Iranian medical tourism?

Finally, in order to identify the appropriate tools for realizing the objectives of the package of medical tourism policies in the country, coding was carried out and the results showed that there are some basic and secondary tools for realizing the goals (Table 4).

**Table 4.** The category of country medical tourism policy tool (Source: Researcher findings)

Concepts	Sub Categories	Main Categories
Legislation Government support of the development of medical tourism Control and monitoring Creating trust among medical tourists	Right to recipe	Policy Package Tool
Medical Tourism Training Marketing	Information	
Quality of medical services in medical tourism Accreditation to health care Supply Chain Medical Tourism	Organizational Tool	
Insurance affiliates of medical tourists Banking Medical Tourists	financial department	

Mahdavi (2013), argue that the policy package is in fact a combination of policy tools for the implementation of one or more policy

objectives, in order to minimize unforeseen consequences and improve the effectiveness of individual policy measures<sup>21</sup>. Nauwelaers et

al. (2014), Generally describes the policy package as the combination of a variety of legal, technical, structural and process tools that formulate a policy packet in "engagement." In fact, the tool plays an important role in the policy package, and in the package of the country's medical tourism policy, after the designation of the actors, the tool for the implementation of the tourism policies was also identified. This tool increases the power of execution in the policy package. Whatever the implementation of the tool and its variety, the way to achieve goals by the cast is also possible. This tool was identified in four sections according to interviews and categories<sup>22</sup>. First is a tool called the right to command. The right to recruitment includes tools in which legislative and regulatory features exist, and tools have a more formal and circular nature. Part of the tool is also information. This means by increasing the information of medical tourism and marketing, the possibility of development of activities and implementation of policies to actors of medical tourism in the country. A series of tools are also government agencies. Organizations whose duty is to increase the quality of health care services in the form of increasing standards and accreditation to health care, as well as organizations such as the customs of the country and other sectors active in the supply chain of devices, equipment, parts and other medical supplies in this section. At the end of the discussion, the financial tourism industry includes insurance and banking affairs, which is an important and vital tool for the implementation and achievement of medical tourism goals. A combination of different tools allows policy makers to take important and different steps in line with the objectives of the policy and, with a set of them, to pave the way for achieving the goals set. After identifying the package of tourism policy packages in four sections, the model has been designed which has led to the conceptualization of the package of medical tourism policies in the country. Based on the

conceptualization, a four-layer model was created based on four main questions of the research, whose core is policy objectives. Then, the features of the policy and its tools are identified, and then the involved entities and the main actors are involved in the design, explanation, development and implementation of policies. The four-layer model, according to interviews, could lead to the development of policy-making in medical tourism in the country.

## Discussion

Medical tourism occurs when people decide to travel abroad with the primary aim of medical treatment. Despite this remarkable size and growth, empirical insights into constructs that explore the experience and perceptions of medical tourists regarding a large range of services received at medical destinations remain scant. This article attempts to fill the gap in medical tourism literature by conceptualizing a construct medical tourism experience, which measures the post-consumption experience of medical tourists regarding their entire travel, medical treatment, and holiday-making activities.

Medical tourism is a growing phenomenon in the 21st century, which is one of the fastest growing markets in the tourism market. In recent years, patients from other countries are going to travel for the purpose of treatment at a lower cost and higher quality than their own country. Although the search for medical treatment has been one of the main reasons for traveling abroad for centuries, it has taken a long time to make medical tourism a profitable industry in the world that has made millions of tourists. Each year, attracting countries that offer quality services to health therapists. According to data from the World Tourism Organization, the amount of medical tourism revenues in the world has reached more than \$ 100 billion by the end of 2012. Although medical tourism is considered a new business for many developing countries, for many of them, such as Thailand, Malaysia, Singapore,

and Iran, it is becoming a profitable industry. Considering that Iran has the potential to become one of the leading countries in the field of medical tourism, the government has taken steps in the field of medical tourism, but these measures have not addressed all aspects of the advancement of medical tourism. For this purpose, it is necessary to set up a policy package that addresses all aspects of the development of Iranian medical tourism. Therefore, the main issue of this study was to explain what parts of the package of medical tourism policies in the country should be? The results showed that a four-dimensional model with specified components can be considered as the package of medical tourism policy in the country, through which different sections of the operational policy will be addressed. Peters and Linder (1991), in their research, identified ways to develop medical tourism in Iran, as well as appropriate policies and tools for implementing those strategies. The research has been carried out in two stages. In the first stage (qualitative), by means of the method analysis, appropriate strategies and measures are considered, and in the second stage (quantitatively), using statistical tests, confirming the strategies and ranking their importance, policy measures and tools in terms of effectiveness and Feasibility evaluated. The results showed that for the development of medical tourism in Iran, there are 20 strategies and 37 effective and feasible policy actions that need to be addressed in three general areas: "reforming the administrative and policy framework", "the chain of medical tourism services" and "communication with target markets" »Follow up. Both research topics are in the same direction and their goal is to reform the policy for the development of medical tourism in the country. In terms of the method used, both studies used thematic analysis for analyzing qualitative data. The main difference is in looking at the issue. In the present study, a comprehensive approach to presenting policy packages including goals, features, tools and

actors has been addressed to the issue of developing medical tourism in the country, but in the research of Nauwelaers et al. (2014), policy tools for policy implementation have been studied<sup>23</sup>.

United Nations World Tourism Organization. (2006), in a study to identify the requirements of medical tourism policy in Iran. The results of this study showed that the factors of regulation, supply of services and human resources have a positive and significant effect on the choice of Iran as destination country by medical tourists, respectively. While the government and funding sources do not affect the selection of tourists<sup>24</sup>. Based on the results of the study, it is recommended that policies be taken to improve the quality of the provision of services to international medical tourists, and that medical centers will meet international standards in service delivery.

From the point of view of both researches, they have been focusing on medical tourism, but the research approach is different. This is because in the research of Nick raftar et al. (2017) a conceptual model based on the research of Mahdavi (2013) has been selected and has been analyzed and analyzed using statistical techniques. But in the current research, a packet of lines a mesh is presented.

## Conclusion

In the following, suggestions are presented based on the results.

- It is suggested that policymakers and custodians promote the development of medical tourism in the country, have a proper classification of long-term and long-term goals and short and short term economic goals. Given the current state of the country, some of the urgent need for a shortage of foreign currency in the country could be the arrival of medical tourists from Iraq, and this could be a priority for the country's short-term microfinance.
- It is suggested that the goals set by policy makers are prioritized for implementation and

identifies what areas and prerequisites are needed to achieve goals for each goal in order to prioritize them.

- It is suggested that the managers of the development of medical tourism in the country, in order to develop economic goals, will design comprehensive plans in order to realize the resistance economy in the country. This program can parallel the objectives of macro and wisdom and depending on the country's conditions, the priorities of the objectives change.

- Given the presence of various institutions and organizations in the field of medical tourism, there is a need for the participation and use of inter-institutional capacities, which it is proposed that these capacities be identified and planned for maximum utilization of capacities.

- It is proposed that an institution as the trustee of the development of medical tourism in the country be identified, whose task is to legislate, regulate and establish coordination between the main institutions and actors. This institution can be similar to the current council, called the Medical Tourism Steering Council, or an institution with more responsibilities and authority that can also have legislative and regulatory responsibilities.

- One of the government's solutions to achieving goals is to use legislative and regulatory power. The government can create the necessary capacities in the body of ministries and other government agencies and institutions, which suggests that the government should transfer part of this duty to the medical tourism authority Make

- The identification of actors has been undertaken to identify and address the roles of each institution in policymaking and policy implementation. Intelligence agencies, security institutions and military institutions in the country are powerful, and due to the current state of the country, part of all activities now have a political and security smell. Hence the identification of boundaries

and responsibilities and inter-institutional interventions is important. Because it may explain a policy, regardless of the role of an institution, and when policies are implemented, there are serious obstacles to the implementation of that policy.

### Authorship contributions

All the authors wrote, conceived and revised the manuscript.

### Conflict of interest

None of the authors of this paper have relationship with the participants that could inappropriately influence the content or direction of the paper.

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