

Identifying and prioritizing the factors relating to Tehran's medical tourism

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Abstract

The purpose of this study is to identify and prioritize the significant factors relating to Tehran's medical tourism. The study has employed the descriptive research as its research type. The population of this study consisted of all nurses and high leveled- nurses of Tehran's hospitals. Among them, three hospitals were selected for the current research (i.e. Bahman hospital, Day hospital and Heart hospital). The results show that high medical skills, Iran huge mineral spa capabilities, four season climate, low cost accommodation and Iran's natural & historical attractions are confirmed as Iran's medical tourism strengths. However entertainment facilities is the most important medical tourism weaknesses and transportation infrastructure is the Iran's least important medical tourism weaknesses. Also the results show all of the S.W.O.T factors are significantly important in Tehran's medical tourism.

Keywords: Tehran, Hospitals, medical tourism, S.W.O.T

Introduction

Health tourism is an organized travel from one's living place to another place which takes place so as to preserve recovery and to access to the person's physical and psychological health again (Carrera & Bridges, 2008). Travel as an element of treatment and regaining power is one of the most important goals of medical treatment. The activities of leisure time will increase, depending on the patient's health status. (Harahsheh, 2002 ; Caballero & Mugomba, 2006)

Since the current financial status and life problems are as the main factors leading to high level of life stress, health tourism is a choice for those who decide to avoid their daily stressful lives, giving more consideration to their health and welfare. (vajirakachorn, 2004).

Early medical tourism was totally for wealthy people from less developed countries, -where they did not have skills or not having access to treatments- to the more developed countries. However in recent years this trend has changed. Many people from developed countries are travelling to developing countries for medical treatments. (Herrick, 2007 ; Rosensweig, 2008). Medical tourism is said to have grown explosively since the late 1990s with thousands of patients moving to countries such as India, Thailand and Mexico, in search of medical care usually deemed too expensive, inadequate or unavailable at home. (Goodrich & Goodrich 1987).

This change is the consequence of inflated costs of medical fees as well as the development of medical skills in Lesser Developed countries. The travelers are seeking low cost medical treatment in foreign countries with high medical skills and services. That's why Asia has emerged as a new destination for medical tourists.it offers high quality world –standard medical treatment at only 20% of the cost of treatments in US and UK. Increasing competition among Asian countries has begun to attract health tourists. (Herrick, 2007).

Literature Review

There has been a long history for upper social classes to travel to Mediterranean destinations for spas, minerals baths and innovative therapies to seek a better climate to improve their overall health (Gray & Poland, 2008). After the development of western clinical medicines, wealthy people from developing countries have long been travelling to developed countries (such as USA, European countries) for high quality medical care (Herrick, 2007).

The traditional model of medical tourism, supported by the development of transportation, was the flow of patients from less developed nations towards more developed nations, where treatments quality would be more advanced and better. But the current medical tourism model shows that the flow of patients are in both directions especially from developed countries to developing countries. (Horowitz & Rosensweig, 2008).

The increasing number of medical tourists and facilitating the transition of medical tourism model was done just by the development of transportation infrastructure. (Burkett, 2008) safe, fast and inexpensive travelling around the world has caused the middle class travelling from wealthy developed countries to developing countries in search of affordable and available medical services (Cohen, 2008). The new model of medical tourism illustrates the medical tourism occurring in two ways, both from developed to developing countries and vice-versa. (Milstein et al, 2006 & Mac Ready, 2007). The growth of new medical tourism in recent years is due to many reasons such as high costs for medical treatments in developed countries, long waiting lists, relative affordability of international air travel and favorable economic exchange rates, the ageing of affluent post-war baby-boom generation and the rise of internet. (Connell, 2006). For example in the US and Europe a large segment of population can't afford the high cost of private medical system and national medical services are under severe pressure which are unable to respond to the demand for medical treatment timely, causing long waiting lines. (Kher, 2006; Lilakul, 2005). The middle income countries of Asia, Latin America Eastern Europe and the Mediterranean fringe have had the most growth in medical tourism. These countries have a high quality of medical services, good infrastructures and facilities are attractive to tourists. (Connell, 2011).

There are many underlying reasons that make medical cities as popular hubs for the health services. 1) favorable health care infrastructures, climate, entertainment facilities, positive service quality of health care personnel, reasonable cost for accommodation, transportation and medical fees make the medical cities compatible as international health care destinations. (Thwaites, & Williams, 2006). India, Malaysia, Bulgaria, Cuba are moving in this globalized industry very aggressively. (Ritchie, & Crouch, 2000).

Today there are a variety of treatments obtainable in the medical tourism market. The most common treatments today are dentistry, cardiac surgery, cosmetic surgery, cardiology, bariatric surgery, orthopedic surgery and reproductive system treatment. (Horowitz, & Rosensweig, & Janes, 2007).

The list below shows the countries offering medical tourism: India, Bolivia, Brazil, Cuba, Costa Rica, Hungary, Malaysia, Lithuania, Poland, Israel, Jordan, Thailand, Belgium, Singapore. (Danell, & Mugomba, 2006). Hungary and Poland are specialized in dental care, South Africa with plastic surgery and Thailand in sex change operations and cosmetic surgery. (Connell, 2006).

Since the medical destinations differ by cost and the treatments, the tourists can't plan their medical tourism experience by themselves, that's why the recent medical tourism companies have emerged to arrange the whole medical trip. (Reddy, York & Brannon, 2010). The growth of medical tourism has been accompanied & reciprocated by the rise of medical tourism companies: medical travel agencies or virtual brokers. (Sobo, Herlihy, & Bicker, 2011). Indeed MTCs work like specialized travel agents (Herrick, 2007), some with branches in different countries and with

affiliations to hospitals, hotels and airlines (Cormany & Baloglu, Turner, 2011). Some MTCs take a more or less global perspective on the provision of medical tourism, but most MTCs limit themselves or are limited to particular markets, destinations and procedures where they claim specialist knowledge, can claim to vouch for reputation and experience. (Peters & Sauer, 2011). One of the most crucial factors is the service quality provided by the destination country in medical tourism industry, because medical tourists focus greatly on this issue. (Parasuraman, Zeithaml, & Berry, 1994). Medical companies can improve service quality lowering distribution costs and enhancing the service provided. (Hjalager, 1997).

Since quality improvement and its potentiality in travel and tourism services are very difficult to implement, it is determined as a critical issue for competitive success. (Hjalager, 1997). The intense competition cause service quality and special offers to develop. For example some medical tourism hospitals offer pickup service from airport, an interpreter and some suggestions about leisure and holiday plan after the surgery. (Won, 2007).

Variety of factors has formed the tourist decision –making such as the list below (Nielsen, 2001):

1) psychological 2) social 3) economic 4) rational elements 5) irrational elements 6) information available 7) previous experience 8) word of mouth.

Medical tourism is one of the sectors which is highly influenced by media since many medical tourism products are accessed through internet. (Nielsen, 2001). When it comes to decisions involving large sum of money or containing risk, people tend to use the source of perceived expertise. (Nielsen, 2001). The internet is an affective outlet that provides both information from authorized organization and informal information such as word of mouth. Medical tourists intend to find psychological security and it will influence their decision-making process. (Nielsen, 2001).

In medical tourism if any country can provide quality health care services at low cost, it will definitely attract the world. It is because there are 3 characteristic which separate tourism industry from manufacturing such as : 1-intangibility (product not be exhibited) 2- perish ability (simultaneous production and consumption of services) 3- inseparability (Buhalis, & Law, 2008 ; Thwaites, & Williams, 2006; Baum ,2007).

In service industry such as medical tourism, customers evaluate quality based on the behavior and skills of the employees. Customers take the behavior of service providers as key factor to judge the nature of the service. (Goodwin, & Ross, 1990) . Well skilled workers provide quality service and that's why they are loyal to the company and require less supervision .so their customers are also loyal and satisfied. (Schlesinger, & Heskett, 1991).

The discourses of marketing medical tourism have taken on diverse themes that emphasizes the ambience & even opulence of care. Marketing has had the considerable task of convincing patients to abandon uncertainty & fear, even xenophobia, trust overseas hospitals & health workers in different cultural contexts, at a time of personal uncertainty & even crisis. (Ormond, 2008; Turner, 2007).

In tourism industry, customer or tourist attitude (one's evaluation of feelings and tendencies toward an object) towards any destination is very important for its success.(Kotler, & Bowen , 2003). Tourists attitudes lasts over time that's why It is very crucial for any business to develop positive customer attitudes toward the product or service or medical tourist destination. (Fazio, & Zanna ,1981).

Price of any product or service is a key element to determine the level of satisfaction of any customer. It should not exceed the expectation of customers. (Hosseini, 2010). In the sector of tourism, a destination can be attractive to its tourists only when the costs of getting services are reasonable. Cost affects tourist choice and satisfaction.(Baum &Hagen ,1999). Therefore in medical

tourism, cost of medical services or fees, cost of accommodation, cost of food and transportation are vital issues for measuring the attractiveness of a destination (Baum & Hagen, 1999).

In this research, based on S.W.O.T analysis, we focused on identifying and prioritizing the factors relating to Tehran's medical tourism.

Methodology

This study has employed the descriptive research as it's research type, the data collecting tool for this research was questionnaire. The primary (questionnaire) and secondary (library) sources have been used as data collecting method. The population of this study consisted of all nurses and high leveled- nurses of the hospitals of Tehran. Among them, three of all hospitals in Tehran such as Bahman hospital, Day hospital and Heart hospital, based on cluster sampling method, were selected. Based on random sampling method, 100 high leveled- nurses were selected to answer the questions, which were written in the standard form, of which 100 questionnaire were completed.

Data analysis

In terms of the paper objective to identify and prioritize the factors relating to Tehran's medical tourism, Friedman and the One-Sample T Tests were used as the statistical tests.

The study results are shown in Table 1 in details.

1.Regarding Tehran's medical tourism, what are the significant strengths? (Table 1)

For this part of research one sample t test is used. T test determines the significance difference between one variable mean and the fixed value which is called Test value. For the present study , according to 6 choice Likert in questionnaire the maximum and minimum average are 5 and 0 .if rated component is at least 50% of the total scores ,it will be the desirable component. Number 2.5 is considered as a part in which, gaining scores higher than 2.5 are the desirable condition. This test's hypothesis are given below:

H0: the average of answers has no significant difference with the theoretical mean . ($\mu \leq 2.5$)

H1: the average of answers has significant difference with the theoretical mean. ($\mu > 2.5$)

Table 1. One-sample t test results

result	Confidence interval		significance level	t	Standard deviation	average	Medical tourism strengths
	upper	lower					
Rejected	0.127	-0.407	0.3	-1.041	1.3448	2.360	Low cost treatment
Confirmed	0.88	0.34	0	4.477	1.3625	3.110	High medical skills
Confirmed	1.013	0.567	0	7.042	1.1218	3.290	Iran huge mineral spa capabilities
Confirmed	1.844	1.376	0	13.647	1.1798	4.110	Four season climate
Confirmed	0.742	0.118	0.007	2.736	1.5716	2.930	Low cost accommodation
rejected	0.442	-0.062	0.137	1.497	1.2689	2.690	Different available
Confirmed	1.801	1.259	.000	11.195	1.3667	4.030	Iran's natural & historical attractions

The results show that in the opinion of high –leveled nurses, the variables such as high medical skills ,huge mineral spa capabilities ,four season's climate, low cost accommodation ,natural & historical attractions are confirmed as Tehran's medical tourism strengths, in Iran.(sig level is lower than 0.05 & t is higher than 1.96). But the variables of low cost treatment and different available treatment method are not considered as medical tourism strengths (the sig level is higher than 0.05 & t is lower than 1.96).

2. *How Tehran's medical tourism strengths, could be ranked?* (Table 2)

We have applied the grading analysis of Friedman test to rank the strengths of Tehran's medical tourism. The results are given in Table 2 .

H0: the variable ratings are identical.

H1: there is a significant difference between the mean minimum scores of two variables.

According to the result of Spss in Table 2 , the significant value is lower than 0.01 and is close to 0 ,and it is lower than the standard significant level ($\alpha - 5\%$).so H1 in the significant level of 95% is confirmed .therefore there is a significant difference between the variables rating with the significant level of 95%.and the rating are not identical. Based on the result of this test, the variable of Iran's natural & historical attractions has the highest average rating and it is as the most important medical tourism strengths. And the variable of low cost treatment has the lowest average rating. According to the table above, each variable with high average rating, is more important strength.

Table 2 . Average ratings in Friedman test

Chi square result	Significance level	Chi square	Average rating	Medical tourism strengths
Existence of Significant difference	0.000	141.228	2.80	Low cost treatment
			3.76	High medical skills
			3.88	Iran huge mineral spa capabilities
			5.31	Four season climate
			3.73	Low cost accommodation
			3.18	Different available treatment method
			5.36	Natural & historical attractions

3 *Regarding Tehran's medical tourism, what are the significant weaknesses?* (Table 3)

H0: the average of answers has no significant difference with the theoretical mean .($\mu \geq 2.5$)

H1:the average of answers has significant difference with the theoretical mean. ($\mu < 2.5$)

The result of Table 3, t test show that in the opinion of the participants in present study none of the variables above are the medical tourism weaknesses in Iran (sig level is lower than 0.05 & T is higher than -1.96).

4 *How Tehran's medical tourism weaknesses, could be ranked?* (Table 4)

According to the result of Spss in Table 4, the significant value is lower than 0.01 and is close to 0 .it is lower than the standard significance level ($\alpha -5\%$). So H1 in the confidence interval of 95% is confirmed .as a result there is a significant difference between the variables rating in the confidence interval of 95% and the ratings are not identical. The variable of entertainment facilities had the lowest average rating and it is the most important medical tourism weaknesses .and the variable of transportation infrastructure had the highest average rating. According to Table 4 each variable with lower average rating ,is the most important weakness.

Table 3- One Sample T test results

Result	Confidence interval		Significance level	t	Standard deviation	Mean	Medical tourism weaknesses
	Upper	lower					
confirmed	-0.168	-0.63	0.001	-3.434	1.1561	2.101	Transportation infrastructure in Iran
confirmed	-0.092	-0.528	0.006	-2.823	1.0982	2.19	Healthcare infrastructure
confirmed	-0.63	-1.13	0	-6.976	1.2616	1.62	Entertainment facilities
confirmed	-0.422	-0.918	0	-5.37	1.2477	1.83	Lack of information about Iran's treatment Capabilities in international era
confirmed	-0.605	-1.035	0	-7.583	1.0813	1.68	Standard level of service, human resource & equipment in Iran compared to developed Countries

Table 4- Average rating in Friedman test

Chi square result	Significance level	Chi square	Average rating	Medical tourism weaknesses
Existence of Significant difference	0.000	28.679	3.35	Transportation infrastructures in Iran
			3.38	Healthcare infrastructure
			2.54	Entertainment facilities
			2.99	Lack of information about Iran's treatment Capabilities in international era
			2.74	Standard level of service ,human resource & equipment in Iran

Table 5- result of One-Sample T test

Result	Confidence interval		Sig level	t	Standard deviation	Mean	Medical tourism opportunities
	Upper	Lower					
rejected	-.468	-.892	.000	-6.372	1.0672	1.820	1-activities of leisure time will increase, depending on the patients's health status
rejected	.121	-.361	.325	-.990	1.2126	2.380	2-Health tourism is a choice for those to decide to avoid their Stressful lives, giving more consideration to their health & welfare
rejected	.015	-.375	.070	-1.830	.9835	2.320	3-Health tourism market trend in developing countries compared to inflated medical tourism cost in developed countries

5 Regarding Tehran's medical tourism, what are the significant opportunities? (Table 5)

H0: the average of answers has no significant difference with the theoretical mean .($\mu \leq 2.5$)

H1: the average of answers has significant difference with the theoretical mean. ($\mu > 2.5$).

The results of this test show that none variables in Table 5, regarding Tehran's medical tourism strengths, are significantly important (the significance level is lower than 0.05 & t is higher than 1.96).

Table 6- result of One-sample t test

Result	Confidence interval		Significance level	t	Standard deviation	Mean	Medical tourism threats
	Upper	Lower					
rejected	0.163	-0.323	0.515	-0.654	1.2242	2.420	1-Increased competition Among Asian countries
rejected	-0.07	-0.57	0.013	-2.543	1.2583	2.180	2-Legal restrictions Visa process
rejected	-0.064	-0.616	0.016	-2.445	1.3906	2.160	3-Low cost treatment in foreign Countries with high skills
rejected	0.305	-0.185	0.628	0.486	1.2335	2.560	4-Limitations pf HR capabilities in IT
rejected	-0.012	-0.488	0.04	-2.082	1.2008	2.250	5-Limitation of HR in technology
rejected	-0.293	-0.787	0	-4.332	1.2466	1.960	6-Limitation of HR in language skills
rejected	0.034	-0.494	0.087	-1.726	1.3322	2.270	7-High quality world standard regarding medical treatment in developed countries
rejected	0.198	-0.338	0.605	-0.518	1.3503	2.430	8-safe travelling network transportation within western countries
rejected	0.224	-0.324	0.718	-0.362	1.3808	2.450	9-fast travelling network transportation within western countries
rejected	0.15	-0.43	0.34	-0.959	1.4600	2.360	10-inexpensive travelling network transportation within western countries
rejected	-0.007	-0.533	0.044	-2.038	1.3246	2.230	11-economic exchange rate
rejected	0.567	-0.047	0.096	1.683	1.5448	2.760	12-war occurred in some middle east countries
rejected	-0.103	-0.617	0.007	-2.78	1.2951	2.140	13-marketing system in medical tourism
rejected	0.22	-0.32	0.714	-0.368	1.3587	2.450	14-negative tourist's attitude toward a destination
rejected	-0.119	-0.681	0.006	-2.821	1.4178	2.100	15-having no cultural interactions with tourists

6 Regarding Tehran's medical tourism, what are the significant threats? (Table 6)

H0- the average of answers has no significant difference with the theoretical mean ($\mu \geq 2.5$).

H1- the average of answers has significant difference with the theoretical mean. ($\mu < 2.5$)

The results of this test show that none variables in Table 6, regarding Tehran's medical tourism threats, are significantly important (significance level is lower than 0.05 & t is higher than 1.96).

7 How much is the importance of Tehran's medical tourism threats? (Table 7)

For the present study, according to 6 choice Likert in questionnaire, the maximum and minimum average are 100 and 0. If rated component is at least 50% of the total scores, it will be the desirable component. Number 2.5 is considered as a part in which, gaining scores higher than 2.5 will be in the desirable condition. This test's hypothesis are given below:

H0-- the average of answers has no significant difference with the theoretical mean ($\mu \leq 50$).

H1- the average of answers has significant difference with the theoretical mean ($\mu > 50$).

The results of this test in Table 7 show that all variables, regarding Tehran's medical tourism threats, are significantly important, Therefore they have been confirmed (the significance level is lower than 0.05 & t is higher than 1.96).

Table 7. Result of One-Sample t test

result	Confidence interval		Significance level	t	Standard deviation	average	Medical tourism strengths
	upper	lower					
rejected	21.588	11.112	0	6.193	26.3988	66.35	Low cost treatment
confirmed	27.808	17.792	0	9.033	25.2395	72.8	High medical skills
confirmed	23.796	14.704	0	8.402	22.9115	69.25	Iran huge mineral spa capabilities
confirmed	30.104	21.796	0	12.396	20.9339	75.95	Four season climate
confirmed	21.911	12.189	0	6.96	24.4959	67.05	Low cost accommodation
rejected	21.162	10.938	0	6.23	25.764	66.05	Different available treatment method
confirmed	39.925	32.775	0	20.173	18.0187	86.35	Iran's natural & historical attractions

8 How much is the importance of Tehran's medical tourism threats? (Table 8)

The results of this test in Table 8 show that all variables, regarding Tehran's medical tourism threats, are significantly important. Therefore they have been confirmed (Significance level is lower than 0.05 & t is higher than 1.96).

9 how much is the importance of Tehran's medical tourism Opportunities? (Table 9)

The results of this test in Table 9 show that all variables, regarding Tehran's medical tourism opportunities, are significantly important. Therefore they have been confirmed (Significance level is lower than 0.05 & t is higher than 1.96).

Table 8- result of One-Sample t test

result	Confidence interval		Significance level	t	SD	average	Medical tourism weaknesses
	Upper	Lower					
confirmed	11.861	1.039	.020	2.365	27.2687	56.450	Transportation infrastructure in Iran
onfirmed	16.146	5.354	.000	3.953	27.1953	60.750	Healthcare infrastructures
confirmed	9.203	-2.303	.237	1.190	28.9958	53.450	Entertainment facilities
confirmed	9.733	-2.173	.211	1.260	30.0042	53.780	Lack of info about Iran's treatment capabilities In international era
confirmed	9.513	-2.613	.262	1.129	30.5562	53.450	Standard level of service, human resource & Equipment in iran

Table 9- result of One-Sample t test

Result	Confidence interval		Significance Level	t	SD	average	Medical tourism opportunities
	Upper	Lower					
confirmed	17.827	6.073	.000	4.035	29.6179	61.950	1-activities of leisure time will increase, depending on the patients's health status
confirmed	25.412	13.588	.000	6.545	29.7931	69.500	2-Health tourism is a choice for those to decide to avoid their Stressful lives, giving more consideration to their health & welfare
confirmed	20.175	11.425	.000	7.165	22.0504	65.800	3-Health tourism market trend in developing countries compared to inflated medical tourism cost in developed countries

10 how much is the importance of Tehran's medical tourism Opportunities? (Table 10)

The results of this test in Table 10 show that all variables, regarding Tehran's medical tourism opportunities, are significantly important. Therefore they have been confirmed (Significance level is lower than 0.05 & t is higher than 1.96).

Table 10- result of One-Sample t test

Result	Confidence interval		Significance Level	T	SD	average	Medical tourism threats
	Upper	Lower					
confirmed	22.302	11.798	0	6.442	26.468	67.05	1-Increased competition Among Asian countries
confirmed	14.987	3.513	0.002	3.199	28.9145	59.25	2-Legal restrictions Visa process
confirmed	21.793	10.707	0	5.817	27.9373	66.25	3-Low cost treatment in foreign Countries with high skills
confirmed	21.936	11.564	0	6.409	26.1346	66.75	4-Limitations pf HR capabilities in IT
confirmed	21.084	11.016	0	6.327	25.3689	66.05	5-Limitation of HR in technology
confirmed	18.682	6.698	0	4.202	30.1976	62.69	6-Limitation of HR in language skills
confirmed	22.944	12.396	0	6.648	26.5787	67.67	7-High quality world standard regarding medical treatment in developed countries
confirmed	26.924	18.376	0	10.517	21.5376	72.65	8-safe travelling network transportation within western countries
confirmed	26.03	17.17	0	9.675	22.3254	71.6	9-fast travelling network transportation within western countries
confirmed	22.947	13.053	0	7.219	24.9343	68	10-inexpensive travelling network transportation within western countries
confirmed	23.78	12.82	0	6.626	27.6177	68.3	11-economic exchange rate
confirmed	25.521	14.279	0	7.025	28.3287	69.9	12-war occurred in some middle east countries
confirmed	18.787	7.413	0	4.57	28.6637	63.1	13-marketing system in medical tourism
confirmed	20.605	9.895	0	5.65	26.9902	65.25	14-negative tourist's attitude toward a destination
confirmed	21.284	10.716	0	6.009	26.6288	66	15-having no cultural interactions with tourists

Conclusion

The variables of medical tourism strengths in Iran are given as: low cost treatment, high medical skills, Iran huge mineral spa capabilities, four season climate, Iran's low cost accommodation, different available treatment method & Iran's natural and historical attractions. One –Sample t statistical analysis test was used to identify the medical tourism strengths in Tehran-Iran. The result show that high medical skills, Iran huge mineral spa capabilities, four season climate, low cost accommodation and Iran's natural & historical attractions are confirmed as the medical tourism strengths in Iran but low cost treatment and different available treatment method are not considered as the Iran's medical tourism strengths. In order to prioritize the medical tourism strengths in Tehran- Iran we Friedman Test was used. It can be concluded that Tehran's natural and historical attractions is the most important medical tourism strength and the variable of low cost treatment is the least important in the table of strengths. One –sample t test was used to measure the importance of medical tourism strengths in Iran. According to this test all of the variables of medical tourism strengths in Iran had the significant importance.

The variables of medical tourism weaknesses in Iran are given as transportation infrastructure in Iran, healthcare infrastructures, entertainment facilities, lack of information about Tehran's treatment capabilities in international era, standard level of service, human resource & equipment in Iran compared to developed countries. One-sample t test was used to identify medical tourism weaknesses in Iran and we have concluded that none of the variables are considered as the medical tourism weaknesses in Tehran-Iran. Another test which we have applied to prioritize the medical tourism weaknesses is Friedman test which has shown that variable of entertainment facilities is the most important medical tourism weaknesses and variable of transportation infrastructure is the least important medical tourism weaknesses in Iran. To measure the importance of medical tourism weaknesses in Iran, the One –Sample t test has been used in this research. according to the result of this test all of the variables of medical tourism weaknesses mentioned above, have the significant importance.

The variables of medical tourism opportunities in Iran are such as activities of leisure time will increase depending on the patient's health status, health tourism is a choice for those to decide to avoid their stressful lives giving more consideration to their health and welfare, health tourism market trend in developing countries compared to inflated medical tourism cost in developed countries. We have applied One-sample t test to identify the opportunities of medical tourism, and the result showed that none of the variables mentioned above are considered as the medical tourism opportunities in Iran. In order to measure the importance of these opportunities, one-sample t test has been used in this research, and we concluded that all of the variables of medical tourism opportunities have the significant importance.

The variables of medical tourism threats in Iran are such as increased competition among Asian countries, legal restrictions via process, low cost treatment in foreign countries with high skills, limitations of human resource capabilities in IT, limitations of HR in technology, limitations of HR in language skills, high quality world standard regarding medical treatment in developed countries, safe ,fast & inexpensive travelling network transportation within western countries, economic exchange rate, war occurred in some middle east countries, marketing system in medical tourism, negative tourist attitude toward a destination, having no cultural interactions with tourists. To identify these threats, One-Sample t test results showed that none of the threats mentioned above, are considered as the medical tourism threats in Tehran- Iran. finally one –sample t test was used to measure the importance of medical tourism threats in Tehran-Iran . Based on the results, all of the medical tourism threats mentioned above, are significantly important.

Recommendations and suggestions for further research

- 1- Fewer studies provided data on the economic impacts of MT and country estimates are rarely based on facts or analysis. Most fail to differentiate health expenditure from travel and tourism expenditure, consider the duration of stay of MTS in destinations and may or may not include patient's relatives and friends.
- 2- Few studies have been undertaken about what proportion of MTS engages in standard tourism. most MTS engage in China, India and Jordan engage in some form of tourism such as sight-seeing, shopping and enjoying local culture (Alsharif et al., 2010).
- 3- Real rates of success and failure are immeasurable, there is no means of recording this , and no guidelines against which to measure success rates , especially in such areas as cosmetic surgery where disappointments and failures may be more frequent.

References

- Alsharif, M., Labonté, R., & Zuxun, L. (2010). Patients beyond borders: a study of medical tourists in four countries. *Global Social Policy*.
- Baum, T.(2007). Human resources in tourism: still waiting for change. *Tourism Manage*.
- Baum ,T., & Hagen , L. (1999).Responses to seasonality : the experiences of peripheral destination : *Int J . Tour Res*,1: 299-312 .
- Buhalis , D. ,& Law , R. (2008). Progress in information technology and tourism management, 20 years on and 10 years after the internet –the state of e-tourism research. *Tourism Manage*.
- Burkett, L.(2008). medical tourism: concerns, benefits and American legal prospective, the journal of legal medicine ,28: 223-245
- Caballero, S., & Mugomba, C.(2006). Medical tourism & it's entrepreneurial opportunities : A conceptual framework .for entry to the industry [dissertation]. Sweden :Goteborg university.
- Carrera, P., & Bridges , J.(2008). Health and medical tourism : what they mean and imply for health care systems? In: Merz, F. editor .New York : Hanser Verlag
- Cohen, E.(2008). medical tourism in Thailand .AU-GSB e- journal, 1 (1) : 24-37
- Connell, J.(2006). medical tourism : sea ,sun, sand and ...surgery .*tourism management* .27, 1903-11000
- Connell, J.(2011) . Medical tourism, oxfordshare UK, CABI
- Cormany, D., & Baloglu, S. (2011). Medical travel facilitator websites: an exploratory study of web page contents and services offered to the prospective medical tourist. *Tourism Management*, 32, 709e716.
- Danell, S.C.,& Mugomba , C. (2006). Medical tourism and it's entrepreneurial opportunities –a conceptual framework for the entry into the industry. Dissertation of master degree. Goteborge university.
- Fazio ,R.H. ,& Zanna , M.P.(1981). Direct experience and attitude –bahavior consistency. *Advance Exp Soc Psycho*.
- Goodwin ,C., & Ross, I.(1990). Consumer evaluations of responses to complaints : what's fair and why ? *J Cons Market*.
- Goodrich, J., & Goodrich, G. (1987). Health-care tourism e an exploratory study. *Tourism Management*, 8, 217e222.
- Gray ,H., & Poland , S. (2008). Medical tourism : crossing borders to access health care .kennedy Inst Ethics ,J.
- Harahsheh, S.(2002).curative tourism in Jordan & it's potential development.[dissertation]. Bournemouth: Bourne mouth university.

- Herrick, M. D.(2007). medical tourism : Global competition in health care , Dallas: National center for policy Analysis.
- Hjalager , A.M.(1997).Innovation patterns in sustainable tourism : an analytical typology. *Tourism Manage .*
- Horowitz, M.D., & Rosensweig ,J.A.(2008). Medical tourism vs . traditional medical travel : a table of two models. *International medical travel journals.*
- Horowitz, M.D., & Rosensweig ,J.A.& Jones ,C.A.(2007). Medical tourism : Globalization of the healthcare marketplace. *Medscape general medicine .*
- Hosseini , H.(2010). Strategies to contain the high and rising costs of health : will they increase existing health care disparities and are they ethical ? *Humanomics.*
- Kher ,U.(2006). "Outsourcing your heart " , *Time* , July 31.
- Kotler, P.& Keller ,K.L.,(2006). *Marketing management .12th ed .Prentice Hall*
- Kotler , P., & Bowen, M. (2003). *Marketing for hospitality and tourism. 3rd ed Pearson Education Inc, New Jersey.*
- Lilakul , P.H. (2005) : " 60 minutes Appearances Triggers flood of interest " , *The Nation . 16 May*
- MacReady, N.(2007). Developing countries court medical tourists. *The Lancet*
- Milstein , A.(2006). America's new refugees- seeking affordable surgery offshore. *New England Journal of medicine.*
- Nielsen, C.(2001).tourism and media, *Hospitality Press Pty Ltd .*
- Ormond, M. (2008). 'First World Treatments at Third World Prices': the real cost of medical tourism. In R. Anand, & S. Gupta (Eds.), *Medical tourism: Responding to the Cross-Border Pursuit of Healthcare in Malaysia* (pp. 69e77). Hyderabad: Icfai University Press.
- Parasuraman ,A.,& Zeithaml , V.A. , & Berry ,L.L.(1994). Reassessment of expectation as a comparison standard in measuring service quality : implications for future research. *J market*
- Peters, C., & Sauer, K. (2011). A survey of medical tourism service providers. *Journal of Marketing Development and Competitiveness*, 5(3), 117e126
- Reddy, S.G.,& York ,V.K., & Brannon , L.A . (2010), travel for treatment : student's perspective on medical tourism .*International journal of tourism research .12,510-522*
- Ritchie ,J.R., & Crouch , G.I.(2000). The competitive destination : A sustainability perspective. *Tourism manage.*
- Schlesinger , L.A., & Heskett ,J .(1991). The service driven service company ,*Harvard Bus Rev.*
- Sobo, E., Herlihy, E., & Bicker, M. (2011). Selling medical travel to US patient-consumers: the cultural appeal of website marketing messages. *Anthropology and Medicine*, 18, 119e136.
- Thwaites , E., & Williams , C. (2006). Service recovery: a naturalistic decision-making approach. *Manage Serv Qual*
- Turner, L. (2011). Canadian medical tourism companies that have exited the marketplace: content analysis of websites used to market transnational medical travel. *Globalization and Health*, 7(40).
- Turner, L. (2007b). 'First World Health Care at Third World Prices': globalization, bioethics and medical tourism. *BioSocieties*, 2, 303e325.
- Vajirakachorn, T.(2004). Implementation of an effective health tourism development plan of Thailand [dissertation].Thailand university of Wisconsin.
- Won, Y.H .(2007).medical tourism and medical tourism networking based on the medicine industry , *Economy Focus*, Apr .2007(written : Korean)