



Barriers to the development of medical tourism in East Azerbaijan province, Iran: A qualitative study

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ABSTRACT

The purpose of the present study was to determine factors impeding the development of medical tourism in East Azerbaijan province, Iran. The data were derived from interviews with 16 key informants. Data analysis of the study was conducted through employing the software MAXQDA-12. The results show that marketing, international issues, culture, transfer, brokerage, management, and policy problems are the main barriers to the development of medical tourism. It seems that East Azerbaijan province should provide necessary context for the participation and investment of private sector in the field of medical tourism. Further, it should design and implement long and short-term strategies in proportion to the problems raised.

1. Introduction

As a new form of tourism and industry, medical tourism has substantially grown over recent years. Medical tourism may be defined as an economic activity based on integrated services provided by two sectors, i.e. medical and tourism (Heung, Kucukusta, & Song, 2010). Because of the potentials it offers, the market for medical tourism is rapidly expanding, making it intensely competitive on an international scale (Han & Hyun, 2015). Further, medical tourism gives patients access to high quality healthcare at lower costs and with shorter waiting times for treatments. Accordingly, patients seeking medical care are willing to travel from developed countries such as Australia, United Kingdom and USA to developing countries such as Costa Rica, India and Thailand for medical treatment (Yeoh, Othman, & Ahmad, 2013). It is reported that Thailand, Singapore and India have the highest share of medical tourism market in Asia. Also, Latin America is an important destination for medical tourism including countries such as Colombia, Brazil and Mexico as well as the Central Asian (Middle Eastern) countries like Jordan, Turkey and the UAE. Accordingly, Each of the above-mentioned countries is trying to fix its problems and promote global medical tourism (Beladi, Chao, Ee, & Hollas, 2015). The annual global income of medical tourism has grown about 20 percent (Yu & Ko, 2012). In 2014, the income from medical tourism approximated \$55 billion in America where about 11 million patients were referred to other countries for treatment, and every patient spent an equivalent of

\$3500 to \$5000 on each visit (John & Larke, 2016). Statistics on people traveling to other countries to receive medical services are unreliable and as figures presented by different studies they vary from country to country (Álvarez, Chanda, & Smith, 2011). However, the number of patients traveling to other countries is increasing annually and this increase is expected to rise even more sharply in years to come (Crooks, Kingsbury, Snyder, & Johnston, 2010). According to the global income of this industry, Iran has taken a number of measures to increase its share of the market for medical tourism; nevertheless, there is still a series of barriers including international and infrastructural prerequisites for the country's participation in the global market (Momeni, Janati, Imani, Khodayari-Zarnaq, & Arab-Zozani, 2014; Momeni, Varzi, Saki, Khodakaramifard, & Arab, 2017). The aim of the present study was to investigate and describe factors affecting the development of medical tourism in East Azerbaijan province, Iran, regarding the views of key stakeholders in the industry. It first provides a description of the concept of medical tourism development and medical tourism in Iran. The methodology employed in this study is discussed in the next section, followed by a presentation of the framework of barriers to the development of medical tourism.

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2. Literature review

2.1. Medical tourism development

Advances in information and technology, especially in transport, health and medical treatment, have brought about quite a few changes in the nature of transactions and communications among countries whereby interactions among people have increased worldwide (Heung, Kucukusta, & Song, 2011). The process has increased more than ever in the 21st century as a result of globalization. Hence, it has made an increasing number of people travel from developed countries to developing countries for health care. In addition, it has required developing countries to develop medical tourism to increase their share of the market (Fetscherin & Stephano, 2016). This growth in interactions has led to the formation of medical tourism industry in the world. In addition to developing advanced medical facilities and providing high-quality and affordable health care, development in medical tourism includes a wide range of support services such as visa applications, airport services with provision of special equipment, appropriate transfer of medical tourists from the country of origin to their destination, entertainment and recreation and safety provisions in the destination country (Ulaş & Anadol, 2016). Following these changes, countries have sought to expand the market for medical tourism and want to increase their share in the industry. In order to gain a bigger share of the market of medical tourism, countries around the world are engaged in building medical clinics, excellent hotels, improving facilities and health services and tourism (Han & Hyun, 2015).

Some Asian countries such as Singapore, Thailand and Malaysia have been very active in the development of medical tourism; as a result, these places have become top destinations for medical tourists. It is because these countries have developed infrastructure for tourism and medical treatment and provided good communication links between hospitals, insurance and tourism agencies as well as lowering costs and waiting times (Yu & Ko, 2012). For instance, some hospitals in Thailand have secured contracts with airlines to reduce ticket rates for foreign patients so as to attract more medical tourists (Buzinde & Yarnal, 2012). Taiwan has invested \$ 318 million in developing medical equipment and South Korea is planning to develop centers for healthcare for medical services to foreign patients (Sharma, 2013). Turkey has 42 hospitals approved by the Joint Commission International Organization (JCI) in partnership with popular institutions such as the Medical Center of Harvard University and Johns Hopkins University, the institutions that provide medical services to tourists. Outstanding features of such medical centers are having trained physicians in the field of medicine, staff fluent in English language and 5 star hotels close to hospitals to accommodate foreign patients and their relatives (Carrera, 2012). For example, Thailand is active in the field of medical tourism with participation of 37 hospitals and Singapore with 21 such hospitals approved by Joint Commission International (JCI) (Wong, Velasamy, & Arshad, 2014). Although medical care provision in Singapore is generally more expensive than in India or Thailand, it is still more than 50% cheaper than the cost of treatment in the United States of America (Woodhead, 2013). Medical Tourism in Singapore has world-class advanced medical infrastructure, standards of cleanliness, order and staff fluent in English, it, therefore, has a good reputation worldwide (Wong et al., 2014).

2.2. Previous studies

Previous studies on medical tourism have mostly emphasized challenges, barriers and development potential. In a study, Singh (2014), examined the development potential and barriers of medical tourism in India. The results highlighted India's strengths in the field of medical tourism including low cost, strong reputation in surgical procedures such as cardiovascular surgery, organ transplantation, eye surgery and the country's unique tourist attractions. According to the

study, the obstacles faced by the industry in India include a lack of government initiative in the field of medical tourism, a lack of concerted effort to promote the industry and a lack of uniform pricing policy and standards among hospitals (Singh, 2014). In another study, Jeremy Snyder et al. (2015) suggested that changes in healthcare policy were required to deal with an outflow of Mongolian medical tourists. Reforms expressed in this study include increased funding for health systems in Mongolia and efficient use of such funds to improve education opportunities and incentives for health staff and to eliminate corruption and favoritism in the health system (Snyder et al., 2015). In the same vein, Han and Hyun (2015) developed a model explaining the intentions of medical tourism by considering impacts of quality, trust, satisfaction, and reasonable pricing. The results proved quality, satisfaction, and trust in clinics to be the factors that strongly affected intention to revisit a clinic in the destination country. Their results also showed that satisfaction and trust were significant mediators. In general, the moderating impact of reasonable pricing was evident in the proposed theoretical model (Han & Hyun, 2015). The most important barriers to the development of medical tourism in Hong Kong, reported by Vincent C.S. Heung et al. (2011), included cost, infrastructure, policies, government support and promotion of medical tourism. Finally, strategies such as promotional activities, investment, communication skills with medical tourists, were considered to help remove barriers (Heung et al., 2011). In a study, Gultuvin Gur Omay and Cengiz (2013) expressed that the lack of a comprehensive government policy on health tourism management, the limited number of organizations supporting health tourism, high levels of bureaucracy in health tourism, political instability in regional countries, a lack of standardization in health tourism services were the main challenges and threats affecting health tourism in Turkey (Gultuvin Gur Omay & Cengiz, 2013).

2.3. Medical tourism in Iran

Like many countries, Iran has also decided to invest in medical tourism. Iran consists of 31 provinces and has a population of about 80 million. The country is located in central Asia and borders many countries such as Pakistan and Afghanistan to the east, Turkey and Iraq to the west and Turkmenistan to the north, as well as Azerbaijan and Armenia and Arabic countries (UAE, Qatar, Bahrain, Saudi Arabia, Kuwait and Oman) to the south. The majority of Iran's population are Shi'a Muslim (Moghimehfar & Nasr-Esfahani, 2011). In terms of economy, Iran's exchange revenues are dependent on crude oil exports to other countries. However, in order to reduce dependence on the oil industry, Iran is trying to capitalize on tourism as a source of income. Medical tourism represents one such plan (Jabbari, Zarchi, Kavosi, Shafaghat, & Keshtkaran, 2013). Iran has very attractive potential that includes low cost health care, internationally renowned doctors, successful performance of surgical procedures (transplantation of liver, heart, etc.) at the global level and low waiting times for treatments (Jabbari, Ferdosi, Keyvanara, & Agharahimi, 2013). However, Iran's medical tourism industry has some obstacles including: lack of a comprehensive information management system specific to medical tourists, inadequate marketing, insufficient infrastructure, lack of skilled professionals in the field, and shortage of relevant training programs (Azadi, Maleki, Tabibi, & Azmal, 2012). According to Iran document 1404 (2025), It is predicted that, 1,400,000 people will be attracted to medical tourism. Hence, Iran has the potential to gain top ranking in medical tourism in the Middle East (Mahdavi, Mardani, Hashemidehaghi, & Mardani, 2013). Paradoxically, Iran ranks tenth in the world for tourist attractions while its rank in attracting tourists is 52. Unfortunately, statistics regarding the number of medical tourists entering Iran are unavailable and only statistics relating to 2004 and 2005 are accessible. Figures show that in those years 12,000 and 17,500 patients were treated, respectively; however, in 2012, Iran secured only 0.35% of the global income from health tourism, the figure which places Iran 53rd among countries in the world (Izadi et al.,

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