

Original Research Article

Identification and Analysis of Indicators Affecting the Choice of Health Tourism Destination from the Perspective of Elderly Medical Tourists

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Abstract | The pattern of population growth in the world shows a growing trend towards old age, and this itself has become the origin of creating a global approach in the 21st century. With the increase in the rate of aging in the world population and the increase in the number of elderly people, one of the industries for which this part of the market seems attractive in the last few decades is the tourism industry. Medical tourism is one of the proper activities for the elderly to bring back and improve their physical and mental aspects. Due to the fact that understanding the destination selection process of elderly medical tourists is very important for governments, tourism organizations and tour operators in the field of global competition, in this research, first by reviewing the literature in the field of medical tourism for the elderly, the necessary dimensions and indicators present in the medical tourism destinations required by this group of health tourists have been identified, and in the next step, using the analytical methodology of “interpretive structural modeling”, the relationships between dimensions and factors affecting the choice of health tourism destination from the perspective of elderly medical tourists have been determined and analyzed in an integrated manner. The results of this study indicate that the factors of medical centers having specialized and trained human resources in various medical-psychiatric aspects related to elderly medical tourists, humanitarian view and proper treatment of doctors and medical staff, the existence of comfort and recreational facilities around the medical centers to increase the comfort and security of tourists, the ability of hospitals and medical centers to provide services, suitable accommodation facilities for elderly medical tourists, and reducing the visit and examination time of elderly medical tourists are among the most important and prominent indicators necessary to attract elderly medical tourists to a health tourism destination.

Key words | *Tourism, Health tourism, Aging, Interpretive structural equations.*

Introduction | One of the largest and most diverse industries in the world is travel and tourism (Asadi, Rahimzadeh Torabi & Ahmadkhani, 2016). Tourism

is one of the few service sectors that has created suitable opportunities in the field of international trade, apart from the level of development, in such a way that it is known as an industry and after the oil and automobile industries, it has taken the title

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of the third remunerative industry in the world (Abdolvand & Bani Asadi, 2019). Bright horizons, new destinations, new groups of tourists and evolving types of tourism all promise the expansion of this market (Azani & Lotfi, 2013). Therefore, tourism is now considered as an attractive and growing industry, and in this field, health tourism, which is related to the soul and body of tourists, is a type of tourism that is carried out in order to maintain, improve and regain the physical and mental health of a person (Alizadehsani, Farahani & Ahmadikhatir, 2015). The growth and development of health and its globalization has caused a new concept called medical tourism (Jones & Keith, 2006). Today, the medical tourism market is considered as one of the most profitable and competitive industries in the world, and this nascent field has surpassed other new tourism fields. At the macro levels, nations tend to benefit from the economic advantages arising from this field of tourism. We are currently witnessing an increasing competition between different countries, especially developing Asian countries, in order to attract as many medical tourists as possible (Tabibi, Nasirpour, Ayubian & Bagherian Mahmoodabadi, 2012). When tourism is discussed, one of the first questions that occupy the minds of planners, policy makers, researchers and managers of this industry is that why do people travel and what are their reasons for choosing a specific destination for travel, and in general, what are their motives for this choice? (Azani & Lotfi, 2013). It is said that tourism destinations are not equal to each other; Some of them have many resources and competitive advantages, while others have limited infrastructure and natural resources to support the development of tourism (Karubi, 2011). One of the most important elements in the success of tourism destinations, which also shows their performance, is destination resources (Akhond Nejad, Daz & Dehghanloo, 2016). Tourism destinations operate in a market that is becoming more globalized and competitive (Ieng Loi & Hang Kong, 2016). The manifestation of health tourism as a service industry for different groups and the specialization of this type of tourism has provided the opportunity for any destination to hope to benefit from its health capacities; But of course, this will not be possible without identifying the factors influencing the choice of tourism destination by planning and strategic management. Among the different areas of tourism, tourism for the elderly has received a lot of attention due to its ability and competitive advantages (Asadi et al., 2016). One of the suitable activities for

the elderly in order to promote and improve their physical and mental health is travel and tourism (Tabrizi, Nozarasl, Naghavi & Esmaeeli, 2018). Improving the health of hospitalized elderly is one of the most important goals of care and treatment and is considered one of the most challenging aspects of the care-treatment system activities (Rejeh, Heravi-Karimoi & Foroughan, 2010). Considering that the purpose of this study is to investigate, recognize and analyze the factors affecting the selection of health tourism destinations from the point of view of elderly medical tourists, it is important to identify the factors and indicators of health tourism destinations that are effective in motivating elderly sick tourists, and therefore, in order to develop this type of tourism for the elderly group, it is necessary for the managers and planners of the health tourism sector to measure the satisfaction of elderly medical tourists about their facilities, services and infrastructure.

Theoretical Foundations

Tourism can be considered one of the main and important factors in the growth and dynamism of the economy and sustainable development of any nation (Ranjbarian & Zahedi, 2011). The need to accompany and keep pace with the accelerating and increasing global changes encourages countries to take logical and appropriate measures, including formulating an industry strategy, especially for the tourism industry, in accordance with the current comprehensive and competitive conditions, in order to become active in the field of global developments, and establish the foundation of a powerful society through favorable growth and comprehensive development (Dehdashti Shahrokh & Enchei, 2004). Along with the growth and development of tourism, markets and new types of tourism have also emerged (Ahangaran, Moosavi Bazargan & Nazari Orkani, 2013). The importance of different types of tourism at the international, national and regional levels is increasing in terms of the number of tourists and income generation (Safarabadi, Yousefi, Moayedfar & Shahzeidi, 2016). One of these popular types of tourism is health and medical tourism. Among the factors that have changed the nature of exchanges and communications in the world is the advancement of technology and the vastness of information. Medical tourism can be seen as the result of the globalization of health and tourism, which covers a large part of transnational economic activities (Bookman & Bookman, 2007). Since 2006, the sale of modern medical services to foreigners and medical tourism has attracted the

attention of many statesmen, policymakers, academics and the press in both the sending and destination countries. Medical tourism is an economic activity that causes the exchange of services and represents the connection of at least two sectors: medicine and tourism (Bon & Torab Ahmadi, 2010). The main reasons for the growth of demand in this sector are demographic characteristics (people now live longer), medical (growth of non-related diseases that require the help of a specialist or substitute), economic (people have more disposable income, and sometimes have transferable health insurances) and social (most people are aware of the world around them and are interested in traveling) (Woodside & Martin, 2008). The care needs of the elderly in various societies are different and are affected by several factors, including the social-cultural conditions of that society (Rejeh et al., 2010). Health tourism is related to tourists whose primary motivation for traveling is to maintain or increase health and stay healthy, and stay at least one night in facilities that are specifically designed to strengthen and empower the body, mood, spirituality or social health of people (Voigt, 2008). For many years, motivation has been the main subject of psychological study from different perspectives, such as physiological, psychological, and philosophical (Petri & Govern, 2006). In tourism, not only the concept of motivation is used to understand the behavior of tourists and the main reason for their decision, but it can be used as a means for operators to attract tourists and meet their needs during a trip to a specific destination (Alizadehsani et al., 2015). Since the wave of aging is now accompanied by a growing trend in developed countries and even some developing countries, this issue can be considered as the source of many opportunities for various economic activities (Le Serre & Chevalier, 2012). The pace of population aging is increasing at a gentle rate, in which this pace of aging and the change in the age structure is known as "age transition" from the point of view of demographers. The age transition of the population in definition means: the basic changes in the age structure of the populations from a completely young state to a completely old state, which includes the four stages of childhood, youth, middle age and old age (Rojui, M. & Momeni, 2019). Based on the United Nations classification, countries have three types of population structure: young, adult and elderly. The indicator of this type of structure is the ratio of the elderly population aged 65 and above to the total population in the countries (Rafizadeh, 2003). Old

age can be defined as a stage of the natural course of human life. According to the World Health Organization's definition of old age, people who have survived accidents and life events and have crossed the 60-year-old mark and left youth and middle age behind are included in this group (Mahdavi, Emadzadeh & Ansari, 2018). According to the studies conducted in this field and their predictions, it has been estimated that the number of people over 65 years old in the world is increasing, to the point that by 2050, up to 26% of the world's population belongs to this group (Haub, 2011). The increase in the elderly population is a global concern, and one of today's and tomorrow's major problems of countries is taking care of the health and quality of the life of the elderly over 65 years of age (Mirzaei, Kavosi, Vali & Mahmoodi, 2016). Considering the fact that the issue of old age brings significant changes in all dimensions of human society's life, such as a wide range of age structures, values and standards, and the creation of social organizations, the need to deal with the problems faced by this phenomenon, i.e. old age and senility, becomes more prominent (Rezvani, Mansourian, Ahmadabadi & Ahmadabadi, 2013). The increase in the growth of the elderly population does not mean a decrease in the desire to travel. As a matter of fact, this phenomenon opened another window as a target market apart from young people in the tourism industry, especially in the late 20th century and early 21st century for researchers, planners and marketers of this industry (Asadi et al., 2016). Tourism and travel have had a positive effect on the quality of life and the level of happiness of the elderly and have turned them into one of the most popular markets in the travel and tourism industry. In such a way that attracting as many elderly tourists as possible and gaining from the economic and social benefits of tourism development of these people is one of the main programs of many countries (ibid.). According to this issue, the matters of health, treatment, and providing comfort and peace for these people in the society and in the trips they make to the medical tourism destinations of the world to gain health, find new and wider dimensions every day. Throughout history, humans have always traveled from one place to another to receive medical care, but in recent decades, these conditions have become very different (Nilipour, Taghvaei, Nasr Isfahani & Koohu Isfahani, 2015). In the case of elderly travelers and tourists who travel to a medical tourism destination to receive treatment and medical services and regain health, according to the age and physical conditions

of this group of tourists, special considerations should be taken into account so that by increasing their satisfaction with their choice of medical tourism destination, their loyalty can also be increased in choosing these medical destinations again. The results of the investigations related to the characteristics of the elderly and their health indicate that providing appropriate psycho-social conditions, using a positivity approach, and also teaching compensatory strategies have significant direct effects on the sense of control over the lives of the elderly, which itself results in improving the quality of life, and in the end, the health status of the elderly (Shoae, Azkhosh & Alizad, 2013). In comparing the elderly with other age groups, they have different expectations and demands for travel and tourism and require different values, and if the destination management better identifies these desires and demands, it will definitely be able to improve and promote the features of the destination that provide the demands, or the management will have the ability to focus on different markets, the motivation of which tourists are in line with the characteristics of the destination (Mahdavi et al., 2018). By focusing on the right customers with higher profits, we can help the economic stability of the medical tourism industry and increase loyal and profitable visitors. This strategy leads to presenting a positive and stable

image of the destination (Tabatabaeinasab, Nouri, Mohammadnabi & Heshmati, 2014). Fig. 1 shows the tourism customer pyramid.

Patuelli and Nijkamp (2016) have stated that the rapid increase in the number of elderly people provides many job opportunities in the field of economic activities, including the tourism industry, and since elderly people who are at their retirement age have more free time, they have more savings and less monetary and financial obligations, and in addition, they have less professional activities and family responsibilities. Based on the experiences of Gu and colleagues (Gu, Zhu, Brown, Hoening & Zeng, 2015) in their research, a relaxing tourism experience has increased the overall quality of life in the elderly tourists and improved their health. Also, participation in group tourism activities is one of the effective ways to promote for the elderly, so it can be concluded that the elderly market is an attractive market for the managers and politicians of the tourism industry (Aslani Afrashteh, Karimi Alvijeh & Naeli, 2019).

Research Background

Regarding the discussion of medical tourism for the elderly and their motivation in choosing health tourism destinations, no research has been done specifically so far, and most of the foreign and domestic research projects have investigated

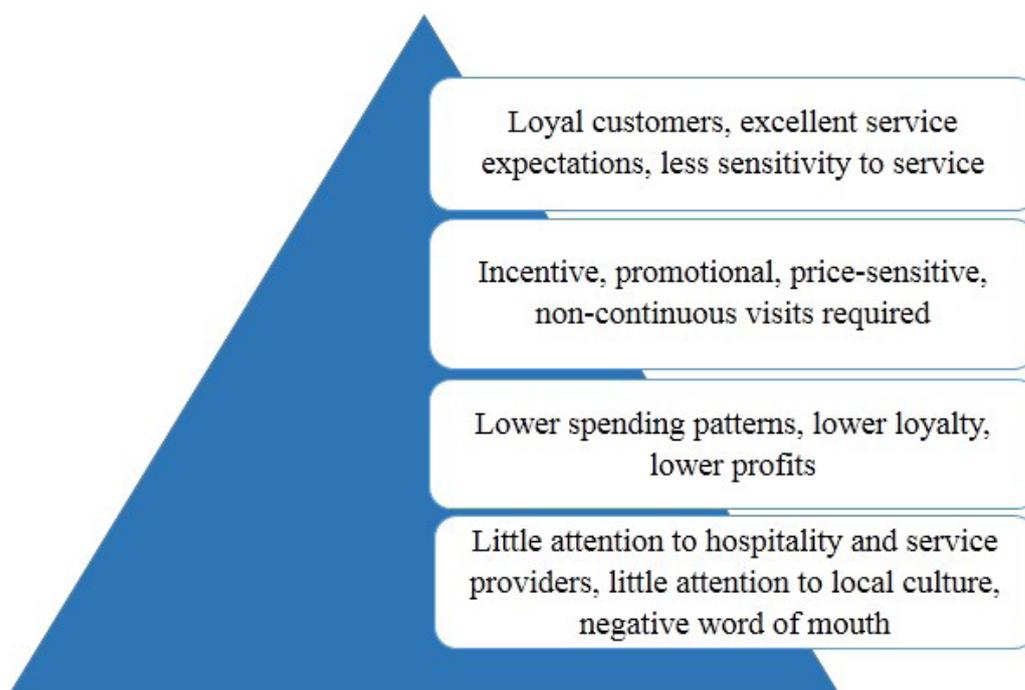


Fig. 1. Tourism customer pyramid. Source: Zeithaml, Rust & Lemon, 2001.

the discussion of the elderly in various fields separately, hence, investigating the motives of elderly medical tourists in choosing a medical destination and identifying their expected value from these destinations based on their individual characteristics and interests, motivation, pleasure, experience and travel style, and type of illness seems necessary. The results of Tabrizi et al. (2018) study titled “Measuring the attitude of elderly tourists to Mashhad city in terms of the indicators of an elderly-friendly city”, which was conducted in order to measure and evaluate the attitude of elderly tourists to Mashhad in terms of the presence of their necessary and important indicators, indicate the existence of a positive relationship between the factors of destination image, expectations and demands, destination quality and perceived value with the level of satisfaction and loyalty to the tourist destination. Amiri and Mousavi (2017) in a research on the topic of “Needs of Hospitalized Elderly Patients” conducted on 27 elderly patients aged 65 to 81 years hospitalized in three educational hospitals in Tehran using a purposive sampling method portrayed the experienced needs of elderly patients in six categories. These categories include: having basic comfort facilities, possibility to participate in care, understanding based on empathy, honoring and maintaining dignity, providing necessary information, instilling hope and optimism. In a research entitled “Development of Tourism for the Elderly with the Interpretive Structural Modeling Technique (ISM) Approach in Yazd Province”, carried out by Asadi et al. (2016), the most prominent indicators affecting the growth and development of tourism for the elderly at the first level were specified respectively as security, peace and the comfort of the residence for the relaxation of the elderly, and on the second level, satisfaction with the quality, services, hygiene, accessibilities, facilities and servicing of the residence, and planning and handling the complete, comprehensive and special trip of the elderly tourists. Ghalamkari (2014) in a study entitled “Strategies for the Development of Elderly Tourism, Market Segmentation Approach Using Neural Networks” reached the conclusion that it is possible to predict travel behaviors and interests of elderly tourists, which are among the main criteria for segmenting the market of elderly tourists and predicting their behavior, through classifying elderly tourists based on their behavior, motivations, desires and behavioral interests, travel behavior and travel interests. Also, in their studies, it was found that among the domestic tourism

development strategies for the elderly, it is possible to develop and improve railway communication lines, provide special discounts for transportation and accommodation, have plans and suitable design for the travel of these people in the less-crowded seasons of the year, prepare and offer tours that are more diverse in terms of time, providing necessary and special services, facilities, and infrastructure such as wheelchairs, elevators, ramps for ease of movement, doctors, etc., and expanding camps that meet the needs of these people. Woo et al. (Woo, Kim & Uysal, 2016) in a research entitled “Evaluation of the Quality of Life in Elderly Tourists” investigated the tourism market in relation to the elderly, that is, people aged 65 and over and retired. The purpose of this research is to discover the missing relationship between the travel behaviors of the elderly and how they affect their quality of life. The results show that the motivation of elderly tourists has a positive effect on their satisfaction with their accommodation during their stay in the tourist destination. Tavitiyaman et al. (Tavitiyaman & Saiprasert, 2020) in their study entitled “Medical Quality and Perception of the Well-being of Elderly Health Tourists” examined the qualitative characteristics of medical and treatment services of medical tourism destinations for the elderly age group and elderly tourists seeking health. To conduct this research, they used available sampling and data obtained from a questionnaire of elderly tourists in Hong Kong between July and October 2019. The results of their survey showed that among the 74 respondents, only 42% had medical experience outside of Hong Kong, and most of these elderly people had the desire to travel to neighboring countries for cosmetic/plastic surgery, eye/LASIK surgery, and dental surgery. In these trips, the communication skills of doctors and staff providing medical services in health tourism destinations outside Hong Kong and the response rate of medical staff to questions about medical procedures were among the most important factors in increasing the satisfaction of elderly tourists. Zieliska-Szczepkowska (2021) in her research entitled “What are the Needs of Elderly Tourists? Case-study: Remote European Areas” investigated and analyzed the motivations and essential needs of elderly tourists in traveling to remote European areas. The results of her investigations, which were based on the analysis of information collected from 1705 questionnaires completed by elderly tourists, indicated that one of the important motivations for choosing a tourist destination by elderly tourists in the eleven remote

areas from nine European countries (Finland, Latvia, Poland, Slovakia, Hungary, Bulgaria, Spain, Ireland and Greece) is the existence of significant potentials and complete facilities of these remote areas, which sought the development of elderly tourism in these areas. From the point of view of elderly tourists, there were five main attractive factors when choosing these destinations. It was possible to enjoy rest, silence, safety, nature, historical places, quality of service and convenient transportation and easy communication. At the same time, on the other hand, lack of the promotion of local tourist products suitable for the needs of the elderly and the lack of financial resources to implement local projects to support the development of tourism for the elderly were among the important problems that negatively affected the number of tourists interested in these remote destinations according to the conducted interviews.

Research Questions

Considering the increasing age of tourists, especially health and medical tourists, as well as the attention that is paid by most countries to the potentials and capacities of their country in terms of the growth and development of the tourism industry in the field of health tourism; such as mineral waters, hot waters, desert treatments, etc., and also considering the need to pay attention to the elderly who choose to travel to these destinations, that provide medical services, to recover their physical and mental health, the research questions are raised as follows:

- What is the degree of influence and prioritization of factors influencing the choice of health tourism destination from the perspective of elderly medical tourists?
- What are the factors influencing the choice of health tourism destination from the point of view of elderly medical tourists?
- Which of the mentioned factors are of higher importance and priority in attracting elderly medical tourists?
- Which factors are most effective in increasing the

attraction of elderly medical tourists to Iran's health tourism destinations?

- Based on the evaluation of the structural equation model, which of the mentioned factors is more important?

Research Methodology

To carry out this research, firstly, the factors influencing the choice of health tourism destination from the perspective of elderly medical tourists have been extracted using the research literature and the opinion of six experts. Considering the current conditions of tourism and according to the research method, which is based on the opinion of experts (hotel and tourism industry experts, doctors and specialists of medical centers providing medical services to sick tourists), the snowball method was used for sampling and in several stages, some elite experts were identified and after receiving the information, each of them was asked to introduce other experts, and finally six experts from the statistical community were selected to participate in designing the model (Table 1).

To conduct the research, first, by reviewing and using the research literature and previous studies, a list of effective factors in choosing a health tourism destination (26 factors) was selected from three subsections and provided to the experts, and finally, 15 final factors were selected with the opinions of the experts and were investigated. This process took place in the manner that follows, the research experts were asked whether, in your opinion, these factors are currently among the motivating factors for choosing a suitable medical tourism destination by elderly tourists or not? The opinions of experts have been used in regards to the selection of the factors obtained from the research literature. That is, if the majority of people agree on the importance of a factor, it is selected for analysis, and regarding the factors where the majority of votes are against its selection, that factor is left out. Due to the fact that the number of research experts is small and the ISM method is

Table 1. Description of experts participating in the Interpretive Structural Modeling (ISM) process. Source: Authors.

Field of the participator's activity	University education	Number
Senior managers in the field of cultural heritage and tourism	Masters and above	2 people
Managers of travel agencies active in the field of medical tourism	Bachelors and above	2 people
Doctors and specialists of medical centers	Specialists and sub-specialists	2 people

included in the category of qualitative methods, the use of central indicators such as the average is not a suitable indicator for selecting the main obstacles, therefore, opinions have been used for this purpose. Table 2 shows the selected motivational factors according to the research literature and experts' opinions.

This study uses the interpretive modeling approach to investigate the relationship between cultural indicators in attracting foreign medical tourists to Iran. The ISM approach is a method based on the opinion of experts, and the number of experts suggested for this method is between five to fifteen people. The ISM approach is an effective and efficient method for issues in which qualitative variables interact with each other at different levels of importance; By using this technique, the connections and dependencies between the qualitative variables of the problem can be found (Ramezani, Moradi & Soltani, 2015). This method helps a lot to establish order in the complex relationships between the elements of a system. Also, ISM can prioritize and determine the level of elements in a system; This helps managers to implement the designed model as well as possible. This method examines the order and direction of complex relationships between the elements of a system. In other words, it is a tool by which the group can overcome the complexity between elements (Azar & Bayat, 2008). Among the features of this method, we can mention its comprehensibility for a wide range of users, its integrity in the combination of experts' opinions, and

its functionality in the study of complex systems with multiple components. The ISM approach introduces various methods to determine the conceptual relationships between each pair of variables. In the present study, the opinions of the experts were used in order to determine the relationship between the effective factors in the selection of health tourism destinations from the perspective of elderly medical tourists. The logical relationship underpinned the experts' theories about the relationship between the fundamental and basic factors of health tourism destinations in motivating elderly medical tourists.

Stages in ISM

• **Formation of Structural Self-Interaction Matrix (SSIM)**

At this stage, the identified factors are entered into the structural self-interaction matrix (SSIM). This matrix has the dimensions of the factors that are mentioned in the first row and column respectively. In other words, this matrix is used to analyze the relationship between the formation elements, and uses the four symbols of V (one-way connection from i to j), A (one-way connection from j to i), X (two-way connection between i and j) and O (lack of connection between two elements i and j) to show the relationships between them (Table 3).

• **Formation of the initial Reachability Matrix (RM)**

At this stage, by changing the symbols of the SSIM to zeros and ones according to the following rules, the reachability matrix (RM) can be obtained. These rules are in Table 4.

Table 2. Factors affecting the choice of health tourism destination from the perspective of elderly medical tourists. Source: Authors.

Factors influencing the choice of health tourism destination from the perspective of elderly medical tourists	
Environmental factors	<ul style="list-style-type: none"> - Weather conditions suitable for the mental and physical conditions of elderly medical tourists - Having a suitable cultural atmosphere in dealing with elderly medical tourists - Suitability of the physical space of hospitals and medical centers
Infrastructural factors	<ul style="list-style-type: none"> - Accessibility services, such as wheelchairs, elevators and ramps in medical service centers - The presence of warning visual signs in medical service centers for the convenience of elderly medical tourists foreign to the destination language <ul style="list-style-type: none"> - Transportation status and availability of suitable transportation - Access to facilities suitable for the physical conditions of elderly medical tourists (such as distance signs, route conditions and signs) in medical centers - Existence of comfort and recreational facilities around medical centers to increase the well-being and safety of elderly medical tourists <ul style="list-style-type: none"> - Accommodation facilities suitable for elderly medical tourists - The ability of hospitals and medical centers in providing services
Individual factors	<ul style="list-style-type: none"> - Planning, booking and confirming each step of treatment for elderly medical tourists - Medical centers benefitting from specialized and trained human resources in various medical-psychiatric dimensions related to elderly medical tourists <ul style="list-style-type: none"> - Reducing the visit and examination time of elderly medical tourists - Providing free medical services to elderly medical tourists - Humanistic view and appropriate treatment of doctors and medical staff with elderly medical tourists

• **Formation of the final Reachability Matrix**

After the initial reachability matrix is obtained, its internal consistency should be established. For example, if factor 1 leads to factor 2, and factor 2 leads to factor 3, then factor 1 should also lead to factor 3, and if this condition is not established in the matrix, the matrix should be modified and the missing relationships should be replaced (Table 5).

• **Determining the level and priority of variables**

To determine the level and priority of the variables, the reachability set and the predecessor set are determined for each indicator. The reachability set of each factor includes factors that can be reached through this factor, and the preceding set includes factors that can be reached through them. This is

done using the reachability matrix. After determining the reachability and predecessor matrix for each factor, common elements in the set of reachability and predecessor are identified for each factor. After determining these sets, it is time to determine the level of factors. The level of elements means the ability of factors to affect other factors or to be affected by other factors. The factors that are placed in the highest level (1) are under the influence of other factors and do not influence another factor (Tables 6-10).

Drawing an Interpretive Structural Model

At this stage, based on the determined levels and the final reachability matrix, the model is drawn. This model is presented in Fig. 2.

Table 3. The structural self-interaction matrix (SSIM). Source: Authors.

Row	Factors affecting the choice of health tourism destination from the perspective of elderly medical tourists	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
1	Weather conditions suitable for the mental and physical conditions of elderly medical tourists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Having a suitable cultural atmosphere in dealing with elderly medical tourists	0	0	0	V	X	X	X	0	A	0	0	0	0	0	0
3	Suitability of the physical space of hospitals and medical centers	X	0	V	0	V	V	V	0	0	0	0	0	0	0	0
4	Accessibility services, such as wheelchairs, elevators and ramps in medical service centers	0	0	0	0	0	0	0	0	X	0	0	0	0	0	0
5	The presence of warning visual signs in medical service centers for the convenience of elderly medical tourists foreign to the destination language	0	0	0	0	0	0	0	0	0	V	0	0	0	0	0
6	Transportation status and availability of suitable transportation	A	X	V	V	0	0	0	X	0	0	0	0	0	0	0
7	Access to facilities suitable for the physical conditions of elderly medical tourists (such as distance signs, route conditions and signs) in medical centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Existence of comfort and recreational facilities around medical centers to increase the well-being and safety of elderly medical tourists	0	V	0	V	0	0	0	0	0	0	0	0	0	0	0
9	Accommodation facilities suitable for elderly medical tourists	0	0	0	0	0	X	0	0	0	0	0	0	0	0	0
10	The ability of hospitals and medical centers in providing services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Planning, booking and confirming each step of treatment for elderly medical tourists	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Medical centers benefitting from specialized and trained human resources in various medical-psychiatric dimensions related to elderly medical tourists	A	A	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Reducing the visit and examination time of elderly medical tourists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Providing free medical services to elderly medical tourists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Humanistic view and appropriate treatment of doctors and medical staff with elderly medical tourists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4. The initial reachability matrix (RM). Source: Authors

Factors	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	1	0	0	0	0	0	0	1	1	1	1	0	0	0
3	0	0	1	0	0	0	0	0	1	1	1	0	0	0	1
4	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
5	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
6	0	0	0	0	0	1	0	1	0	0	0	1	1	1	0
7	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0
8	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0
9	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0
10	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0
11	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
13	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0
14	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0
15	0	0	1	0	0	1	0	0	0	0	1	1	0	0	1

Table 5. Final reachability matrix. Source: Authors.

Factors	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Degree of dependence
1	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1	11
2	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	5
3	1	1	1	0	0	1	0	0	1	1	1	0	1	0	0	8
4	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	3
5	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	4
6	0	0	1	0	0	1	0	1	0	0	0	1	1	1	0	6
7	0	1	0	1	0	0	1	0	1	1	1	0	1	0	0	7
8	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	3
9	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	5
10	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	5
11	0	1	0	0	0	0	0	0	1	1	1	1	1	0	0	6
12	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
13	1	0	1	0	0	0	0	0	1	1	1	1	0	0	0	6
14	0	0	0	0	0	1	0	1	0	0	0	1	1	1	0	5
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Power of influence	3	8	4	3	1	5	3	4	8	8	8	5	10	4	2	

Table 6. Determining the levels of variables (repetition 1). Source: Authors.

Row	The reachability set	The predecessor set	The shared set	Level
1	15, 14, 13, 12, 11, 10, 9, 8, 6, 3, 1	13, 3, 1	13, 3, 1	
2	13, 11, 10, 9, 2	11, 10, 9, 7, 5, 4, 3, 2	11, 10, 9, 2	
3	13, 11, 10, 9, 6, 3, 2, 1	13, 6, 3, 1	13, 6, 3, 1	
4	7, 4, 2	7, 5, 4	7	
5	7, 5, 4, 2	7, 5, 4	7, 5, 4	
6	14, 13, 12, 8, 6, 3	14, 8, 6, 3, 1	14, 8, 6, 3	
7	13, 11, 10, 9, 7, 4, 2	7, 5, 4	7, 4	
8	14, 8, 6	14, 8, 6, 1	14, 8, 6	1
9	13, 11, 10, 9, 1	13, 11, 10, 9, 7, 3, 2, 1	13, 11, 10, 9, 1	1
10	13, 12, 11, 10, 9, 1	13, 11, 10, 9, 7, 3, 2, 1	13, 11, 10, 9, 1	1
11	13, 12, 11, 10, 9, 1	13, 11, 10, 9, 7, 3, 2, 1	13, 11, 10, 9, 1	1
12	13	14, 13, 11, 6, 1	13	1
13	12, 11, 10, 9, 3, 1	14, 12, 11, 10, 9, 7, 6, 3, 2, 1	12, 11, 10, 9, 3, 1	1
14	14, 13, 12, 8, 6	14, 8, 6, 1	14, 8, 6	
15	15	15, 1	15	1

Table 7. Determining the levels of variables (repetition 2). Source: Authors.

Row	The reachability set	The predecessor set	The shared set	Level
1	14, 11, 6, 3, 1	3, 1	3, 1	
2	11, 2	11, 7, 5, 4, 3, 2	11, 2	2
3	11, 6, 3, 2, 1	6, 3, 1	6, 3, 1	
4	7, 4, 2	7, 5, 4	7	
5	7, 5, 4, 2	7, 5, 4	7, 5, 4	
6	14, 6, 3	14, 6, 3, 1	14, 6, 3	2
7	11, 7, 4, 2	7, 5, 4	7, 4	
11	11, 1	11, 7, 3, 2, 1	11, 1	2
14	14, 6	14, 6, 1	14, 6	

Table 8. Determining the levels of variables (repetition 3). Source: Authors.

Row	The reachability set	The predecessor set	The shared set	Level
1	1, 3, 14	1, 3	1, 3	
3	1, 3	1, 3	1, 3	3
4	4, 7	4, 5, 7	4, 7	3
5	4, 5, 7	4, 5, 7	4, 5, 7	3
7	4, 7	5, 7	4, 7	3
14	14	1, 14	14	3

Table 9. Determining the levels of variables (repetition 4). Source: Authors.

Row	The reachability set	The predecessor set	The shared set	Level
1	1	1	1	4

Table 10. Levels of factors affecting the choice of health tourism destination from the perspective of elderly medical tourists. Source: Authors.

Repetition	Factors	The reachability	The processor	The shared	Level
1	8	14, 8, 6	14, 8, 6, 1	14, 8, 6	1
	9	13, 11, 10, 9, 1	13, 11, 10, 9, 7, 3, 2, 1	13, 11, 10, 9, 1	1
	10	13, 11, 10, 9, 1	13, 11, 10, 9, 7, 3, 2, 1	13, 11, 10, 9, 1	1
	12	13	14, 13, 11, 6, 1	13	1
	13	12, 11, 10, 9, 3, 1	14, 12, 11, 10, 9, 7, 6, 3, 2, 1	12, 11, 10, 9, 3, 1	1
2	15	15	15, 1	15	1
	2	11, 2	11, 7, 5, 4, 3, 2	11, 2	2
	6	14, 6, 3	14, 6, 3, 1	14, 6, 3	2
	11	11, 1	11, 7, 3, 2, 1	11, 1	2
3	3	3, 1	3, 1	3, 1	3
	4	7, 4	7, 5, 4	7, 4	3
	5	7, 5, 4	7, 5, 4	7, 5, 4	3
	7	7, 4	7, 5	7, 4	3
4	14	14	14, 1	14	3
	1	1	1	1	4

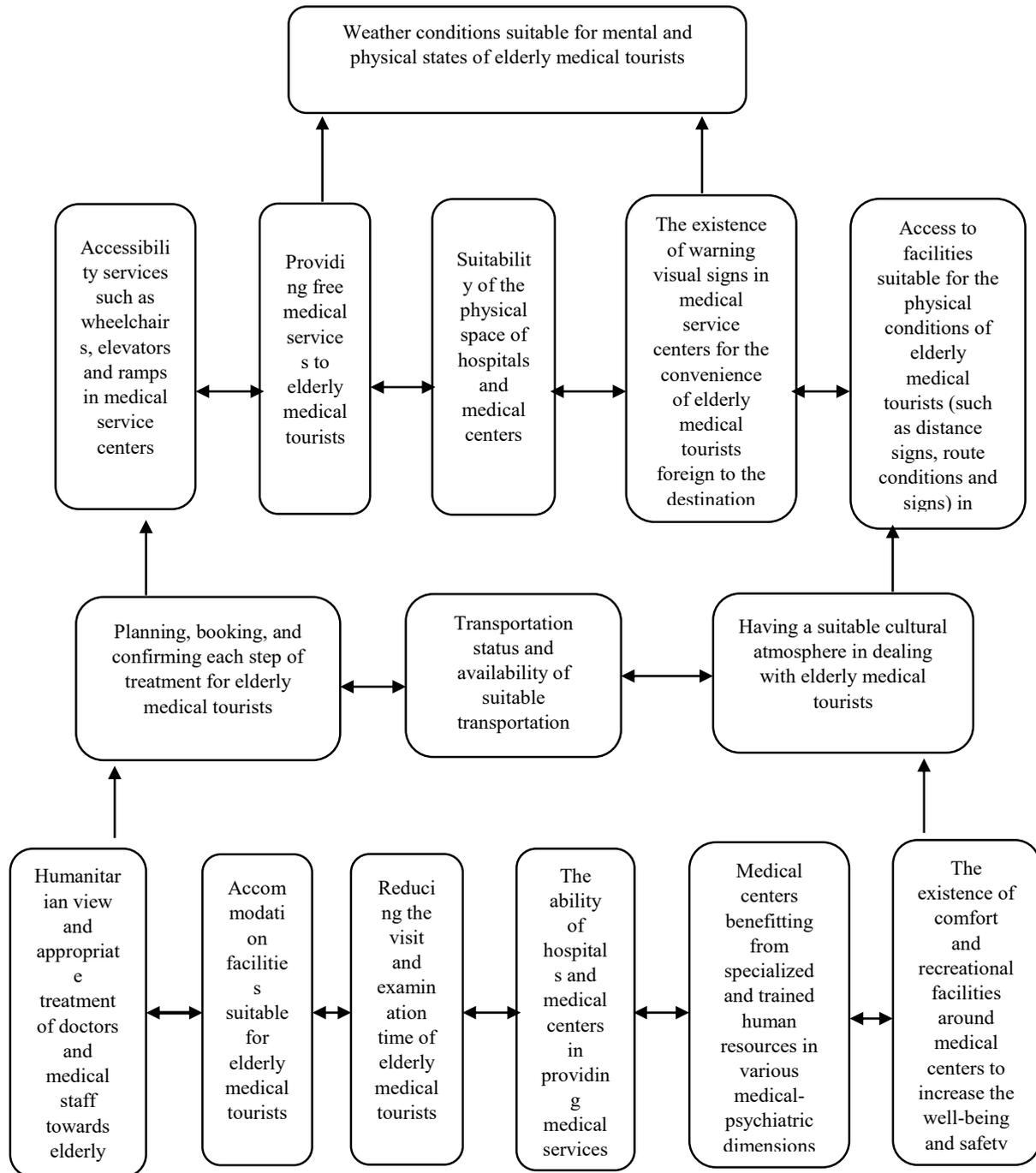


Fig. 2. The model of indicators affecting the choice of health tourism destination from the perspective of elderly medical tourists. Source: Authors.

Analysis of Influence-Dependency Power

The row sum of the values in the final reachability matrix for each element will indicate the degree of influence and the column sum will indicate the degree of dependence. Based on the power of influence and dependence, four groups of elements can be identified, which are: autonomous, dependent, connected (link) and independent (Fig. 3).

According to Fig. 3, except for the factor of “access to facilities suitable for the physical conditions of elderly medical tourists (such as distance signs, route conditions and signs) in medical centers”, which are in a neutral state in terms of the degree of influence and the degree of dependence, and the factors of “accessibility services (such as wheelchairs, elevators and ramps in medical service centers)”, “the presence

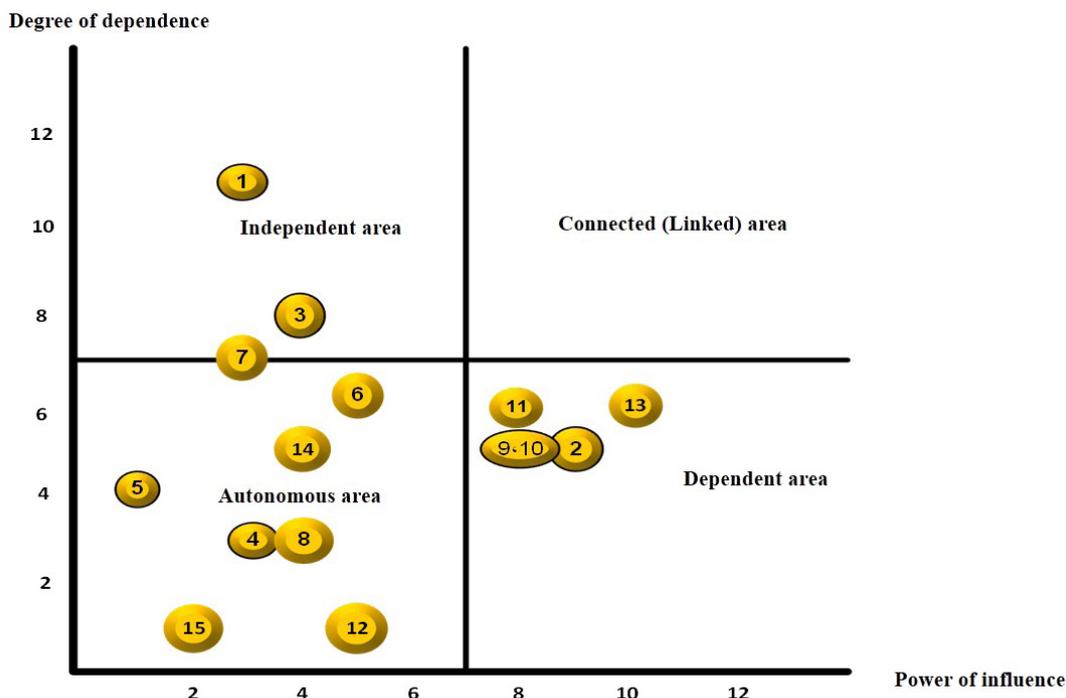


Fig. 3. The graph of influence-dependence power. Source: Authors.

of warning visual sign in medical service centers for the convenience of elderly medical tourists who do not speak the language of the destination”, “the condition of transportation and the accessibility of suitable transportation”, “the presence of comfort and recreational facilities around the medical centers to increase well-being and the safety of elderly medical tourists”, “the availability of medical centers with specialized and trained human resources in various medical-psychiatric aspects related to elderly medical tourists”, “providing free medical services to elderly medical tourists” and “a humanitarian approach and proper treatment of doctors and medical staff towards elderly medical tourists”, which have a low influence and dependence rate compared to other factors, the factor of “reducing visit time and examination of elderly medical tourists” shows the highest degree of dependence on other factors. Among the studied factors, “the suitable weather condition for the mental and physical conditions of elderly medical tourists” has the highest level of influence and the lowest degree of dependence, and in terms of “promoting and introducing and attracting as many elderly medical tourists to health tourism destinations as possible”, in addition to “the suitability of the weather conditions of the

medical tourism destination”, “paying attention to the physical space of hospitals and medical centers” is one of the factors in increasing the satisfaction of elderly medical tourists in visiting health tourism destinations that provide appropriate medical services for this group of health tourists.

Conclusion

The aging of the population is considered as an undeniable fact. Old age can be considered as one of the critical and decisive stages of human life, which, contrary to popular belief, is not only the end of life, but a natural process of human life. Since the end of the 20th century and with the birth of the phenomenon of aging in the world, the elderly and their travel are considered an important and growing market for the tourism and travel industry, so that many countries are trying to attract as many elderly tourists as possible and benefit from the economic and social benefits of this group of tourists. Among the different areas of tourism, tourism for the elderly has received a lot of attention due to its ability and competitive advantages. In our country, Iran, the emerging market of elderly tourism requires fundamental studies in different dimensions and aspects, including the behavior of elderly tourists. In

this study, a model has been presented to determine causal relationships in the development of destinations that provide medical services to elderly medical tourists. The results of this study will help the policy makers to know the factors that increase the satisfaction of elderly medical tourists in choosing their health tourism destination, and the accurate knowledge of this market and assessment of their needs can be the basis for the boom of elderly travels to health tourism destinations more than in the past, especially in the two fields of cultural tourism and health. According to the first level of study, which shows the most prominent and important factor in choosing a health tourism destination from the perspective of elderly medical tourists; The existence of comfort and recreational facilities around medical centers to increase the well-being and safety of elderly medical tourists is one of the key factors from the perspective of elderly medical tourists in choosing a health tourism destination. Improving on this factor is one of the things that should be considered in this type of tourism. Because for these people and for this group of tourists, according to their age, some cases become more sensitive and important, and it seems that steps should be taken in this field. For example, the establishment of a nursing home for the elderly tourists, a nursing home that provides the conditions and facilities for a few-day stay of sick elderly people seeking health in a safe and cheerful environment, or planning in a way that creates a sense of relaxation for them while interacting with fellow travelers (the elderly, usually during the trip, have more motivation to interact with fellow travelers) and also the possibility of simultaneously using attractions that require little physical activity and at the same time provides them with the opportunity to rest during their free time. Medical centers having specialized and trained manpower in various medical-psychiatric dimensions related to elderly medical tourists is the second prominent factor in attracting elderly medical tourists and their choice of health tourism destinations. Many countries in Latin America, Asia and Africa lack adequate quality of treatment for elderly patients due to weak infrastructure and lack of resources and facilities, professional manpower. The elderly people of these countries (especially the wealthy class) usually choose another country for their treatment, because medical tourism is a type of tourism that includes special medical interventions, and it is the expertise and skill of the human resources active in medical

centers in health tourism destinations that distinguishes this type of tourism. The third factor affecting the choice of health tourism destination from the perspective of elderly medical tourists, based on the results of this study, is the ability of hospitals and medical centers to provide medical services to this special group of tourists. Competing in the field of health tourism for the elderly does not mean having all the conditions ideally, but paying attention to the differences that exist with the competitors in this field. One of these significant differences is increasing the ability and potential of hospitals and centers that provide medical services in all the required and essential fields for the elderly medical tourists. The existence of a suitable environment for chronic diseases and disabled elderly patients, the provision of medical services with advanced technology, the provision of treatment methods that are unavailable, for legal and cultural reasons, in the home country of elderly tourists that seek health, and in general providing a more scientific treatment environment with access to technology, expertise and better health service in health tourism destinations, will increase the capabilities of centers that provide medical services to elderly tourists. Another main and prominent factor is the reduction of the visit and examination time of elderly medical tourists. The doctors' avoidance to spend enough time for the patient's standard visit is a form of ignoring medical ethics; Because the reduction of the patient's visit time will have short-term and long-term effects on the health system, from which, misdiagnosis of the source of the disease and increase in the patient's expenses are only a small part of the effects of avoiding standard visit time, but on the other hand, according to the investigated group, that is the elderly sick tourists who have lower physical ability and long-term waiting in medical service centers is difficult and unpleasant for them. Therefore, when dozens of sick travelers are waiting in line for a visit, it may not be realistic to expect a specialist doctor to take 25 minutes for each patient, because if the specialist doctor wants to spend this time for each patient, the rest of the elderly patients will protest. Therefore, in the field of health tourism and in dealing with sick and elderly tourists, it is important to pay attention to reducing the time of their visit and examination by specialist and subspecialist doctors. Studies on the characteristics of accommodation services and their importance in choosing accommodation for elderly tourists are very limited. In one of the first

studies, Gustin and Weaver (1993), looking at 59 characteristics of the hotel, found that “cleanliness”, “comfort of the place”, “room price”, “easy access to major roads”, “security systems “ and “parking lighting” are the most important features that the elderly want when choosing a residence. Relying on only this research; The importance of paying more and more attention to the factor of suitable accommodation facilities for elderly medical tourists becomes clear. Because this group of tourists, in addition to being old, suffer from a special disease, and considering accommodation facilities that are suitable for their physical and mental illness is essential in health tourism destinations. According to the results of this research, the humanitarian view and appropriate treatment of doctors and medical staff towards elderly medical tourists are other important and effective factors on choosing a health tourism destination from the perspective of elderly medical tourists. In the West, medical philosophy is based on the treatment of the disease, but in many countries, it is based on the treatment of the patient, not the disease. That is, the healing relationship between the doctor and the patient happens when it creates trust in a situation of fear. The philosophy of relying on treating a disease means encountering a hateful being, but the philosophy of relying on saving a patient means encountering love and with the lovable, and

this is successful. It is even said that a doctor who looks at a computer screen is different from a doctor who looks at a patient’s face, in terms of the healing effects. In order to establish a more friendly and sincere relationship with the sick and elderly tourists considered in the research, it is possible to use strategies to create a relationship based on mutual respect and understanding, taking into account the age conditions of this group of tourists:

- Touching the hands of an elderly patient: Renowned researchers in the world of psychology have long sought to study the effect of physical contact between the doctor and the patient and its relation to creating intimacy in them.
- Using the strategy of changing the position: when visiting elderly sick tourists, the doctor and the medical staff get up from behind their desk and while shaking hands with them through touch, establish a non-verbal communication with people.
- Being in a position closer to the elderly patient if possible: by being placed near the elderly patients, while instilling a sense of intimacy in them, practical and useful information is given to them about all the services that are provided in the medical centers of the health tourism destination. This causes more closeness between the elderly patient and the doctor, and the sense of respect and character of the elderly patient are expressed.

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