

Original Research Article

Identifying the Therapeutic Tourism Potentials of Kermanshah Province Based on Grounded Theory

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Abstract Medical tourism, as one of the aspects of tourism, has played a significant role in the sustainable development and dynamics of the economy, as well as understanding between nations and strengthening the foundations of world peace. Therefore, the current research was carried out to identify, introduce, and present a suitable model of therapeutic tourism potential in Kermanshah province. This study employed grounded theory, which is a qualitative method. The statistical population of the research is 8 hospitals with an active IPD department in the center of Kermanshah province. A semi-structured interview was chosen as a data collection method. To achieve theoretical saturation, the entire society associated with foreign patients was consulted. The results of the interviews with these experts were reported in the form of themes of referral motivation, financial incentives, accommodation incentives, transportation, and changing the structure of treatment centers. The theme of referral motivation includes five general components and twenty-two indicators; the theme of financial incentives includes three general components and fourteen indicators; the theme of accommodation and transportation incentives includes three general components and ten indicators, and the theme of changing the structure of treatment centers includes two general components and fifteen indicators. Finally, the final model of the research was drawn and practical suggestions were presented to the managers of the health and treatment fields in Kermanshah province.

Keywords | *Tourism, Therapeutic tourism, Grounded theory approach, Kermanshah.*

Introduction | Undoubtedly, the tourism industry is the most peaceful and at the same time the most effective factor contributing to creating understanding between nations and strengthening the foundations of world peace. Today, the tourism industry is a new phenomenon in international exchanges, which in a short period with rapid growth and development has been able to occupy a large volume of international exchanges (Eslami Doulabi & Sheikhi, 2009). Every year, a large number of tourists travel to other countries for treatment and while using health and medical services, they visit the sights of the countries. This type of tourism has now become common in most countries of the world, and as one

of the aspects of tourism, it contributes to sustainable development and a dynamic economy (Nikraftar, Hosseini & Moghadam, 2016, 65). In general, the role of health is not considered in the primary studies of the tourism field (Jiang, Wu & Song, 2022, 114630); But in recent years, this issue has become very important and the topic of health tourism has been raised. The tourism industry has been affected by many health crises since the beginning of the 21st century. Crises such as Sars, Abu La, and MERS epidemics have had different degrees of effects on national or regional tourism. Covid- 19 has also affected the tourism supply chain since 2019 (Bai & Ran, 2022).

In the countries of Iraq, Afghanistan, countries on the

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southern border of the Persian Gulf, and the Republic of Azerbaijan, either there is no medical infrastructure at all, or if there is, it is limited and not accessible to everyone. Therefore, those in need of medical services in these countries are interested in being treated in other countries of the region, which is an extraordinary capacity for Iran that should be used well. On the other hand, Iranian specialists are very popular among tourists who need medical services. Also, the city of Kermanshah has a strong and wide potential for therapeutic tourism. The presence of a unique medicinal plant market that is popular with many tourists seeking treatment, ethnic and cultural attractions that are popular and shared by neighboring countries such as Iraq, Turkey, and Syria, the presence of karst springs such as Sarab Qanbar, and Sarab Nilufer, and the proximity of cities to mountains for therapeutic sports tourism are only a part of examples of the strong potential of Kermanshah will be to attract a wide range of medical tourists. Therefore, this central question was formed in the researcher's mind: what is the appropriate model to identify the potential of therapeutic tourism in Kermanshah province? Also, what themes, components, and indicators does the mentioned

model include? Therefore, the main goal of the research is to identify and introduce the appropriate model to identify the therapeutic tourism potential of Kermanshah province.

Theoretical Foundations and Research Background

The summary of the internal and external background of the research is presented in Table 1.

Tourism of historical attractions and ancient monuments and obtaining physical and mental health is known as health tourism (Chambers & Cifter, 2022, 103). The World Health Organization defines health tourism as a trip that is related to the pursuit of maintaining or improving a person's physical and mental health. In contrast to medical tourism, which usually involves travel for medical intervention to treat or cure a disease (Dillette, Douglas & Andrzejewski, 2021, 795). Health tourism, also known as medical tourism, refers to travel to another country or region to receive medical treatment, procedures, or services (Kucharczuk, Oliver & Dowdell, 2022, 168). In another definition, medical tourism includes the travel of people to other countries

Table 1. Summary of the background of the research. Source: Authors.

Internal studies	Findings
Hassanzadeh, Asgarnejad Nouri, Zarei & Beigi Firouzi (2023)	They investigated the effect of cultural values on the perceived quality of health tourism services in Sarein City. The results indicated that the relationship between pleasure-seeking/self-restraint and the perceived quality of health tourism services is significant and positive. Also, the positive and significant relationship of long-term/short-term orientation, ambiguity acceptance degree, power distance, masculinity/feminism, and individualism/collectivism with the perceived quality of health tourism services was confirmed.
Mohamadi (2022)	The strategic planning of the development of health tourism in Kurdistan Province has been studied with an emphasis on attracting health tourists in the Kurdistan Region of Iraq. The findings showed that there are eight strengths against seven weaknesses (internal factors) and eight opportunities against eight threats (external factors) to attract Iraqi health tourists. Revisionist strategies with the highest relative weight or the highest effectiveness of external and internal factors can be the most optimal strategies for the development of health tourism in Kurdistan province.
Najari, Didekhani, Mostaghimi & Hosseini (2021)	The dimensions of tourism therapy were identified and prioritized with an emphasis on technological entrepreneurship. The results showed that the ten identified indicators are the most important dimensions of tourism therapy, and the use of these dimensions can open the way for the guardians of the country's tourism therapy industry to create and increase income.
Foreign studies	Findings
Jiang, Wu & Song (2022)	The key factors affecting the development of health tourism in China were identified. The results showed that health tourism was determined by the willingness to pay for health about domestic health consumers, and when various products are offered for health tourism, the number of health tourism consumers increases.
Natalia & Sulistiadi (2020, 47)	An analysis of the mixed element of marketing effective on medical tourism was done. It was found that factors such as the offered product, price, location, and promotion of issues related to medical tourism affect medical tourism. Also, the mixed elements of marketing in general and other factors such as regulations, the number and skill of medical staff, and medical services were shown to affect medical tourism significantly.
Nilashi, et al. (2019, 2)	With the title of effective factors on the development of health tourism in Malaysia, using the fuzzy TOPSIS method, the most important obstacles for Malaysia to fully and optimally use its advantages in health tourism are technological, organizational, human, and environmental weaknesses.

to receive non-emergency care services (Chaulagain, Pizam & Wang, 2021, 761).

Research Method

Among the qualitative research methods, grounded theory was chosen for this research. This theory is presented by Glaser and Strauss. Grounded theory is a type of method that does not have any specific data, specific research strategy, or specific theoretical interests and commitments and only seeks to develop concepts (Khanifar & Moslemi, 2017). Table 2 depicts the summary of the research methodology.

Data Collection Procedure

In the first step (starting and setting up), the research question should be specified at least in general. Questions help to be focused during the research and data collection process. After that, by using analogy and inference, the structures that form the initial design of the theory-building studies are identified (Danayifard, Alvani & Azar, 2016). The initial question that was designed to start this study was: What is the appropriate model to identify the therapeutic tourism potential of Kermanshah province? After determining the initial question, the subjects were selected. Since the communities involved in the discussion of medical tourism are spread across all classes, and each of the institutions, organizations, individuals, and centers have addressed the discussion of health tourism alone or jointly, all activists couldn't be considered in this study, therefore, the statistical community of this study is limited to eight hospitals and medical centers affiliated to Kermanshah University of Medical Sciences, which have special departments for international patients. Table 3 depicts the information of the statistical community.

Since the community studied in this research was limited to the educational and therapeutic centers of Kermanshah University of Medical Sciences, the sampling method of this research was also selected as theoretical sampling. In this sampling method, the selection of samples is based on the analysis of previous information. With the passage of time and gradually as the research progresses, it adds more domains to the research and the sampling will continue until the richness of information. In other words, in this method, the sampling work will continue until the researcher reaches theoretical saturation where the new receiving and collecting information does not add anything to the existing information and does not help to discover a specific theme, category, component, or index (Creswell, 2016). Therefore, in the current research, the sample size is equal to fifteen managers and experts of the health tourism unit of hospitals and

medical centers licensed by the special department of international patients of Kermanshah University of Medical Sciences. Table 4 shows the characteristics of these experts.

Making Tools for Conducting Research

In this research, a semi-structured interview was used to collect data. Thus, at first, a primary group was selected that could provide a comprehensive picture of the phenomenon under study. The next groups were introduced by this group. This process continued until theoretical saturation was achieved. The time of the interviews was about an hour. In total, and equal to the number of samples, fifteen interviews were conducted. The main questions were as follows: What are the motivations of Iraqi health tourists to visit the special department of international patients in hospitals and medical centers in Kermanshah? What financial incentives can promote medical tourism and increase the visit of Iraqi health tourists to the special department of international patients in hospitals and medical centers in Kermanshah? Which accommodation and transportation incentives can be effective in promoting medical tourism and increasing the visits of Iraqi health tourists to the special department of international patients in hospitals and medical centers in Kermanshah? Which changing and reviewing structural and management factors in Kermanshah hospitals and medical centers can improve the status of medical tourism and health tourism in the province? Then, the information obtained in the note sheet and their coding began. Strauss and Corbin's approach was used for coding. This coding approach has three steps. In open coding, the concepts are identified and the dimensions of the concepts are revealed. In axial coding, the categories identified in open coding are grouped and related, and in selective coding, the categories identified in the previous two stages are linked to each other and form a general pattern about the main issue (Creswell, 2016).

Reliability of Data and Themes

In qualitative research where research data is obtained through interviews, reliability is calculated separately to trust the coding of categories. In this research, the formula provided by Scott for the nominal scale was used. Table 5 shows the reliability calculations in this research.

OA: The percentage of observed accordance and EA: the percentage of expected accordance

$$P_i > 0.7. P_i = (OA - EA) / (1 - EA)$$

Therefore, the Scott coefficient obtained for all the discovered themes and components is at least seven-

Table 2. Summary of research methodology. Source: Authors.

Component	Type
The nature of research	Applied-developmental; exploratory foundation
How to conduct research	Qualitative approach
Research paradigm	The interpretative paradigm is based on the construction
Research approach	induction
Research strategy	Foundation data theory
Data collection source	Semi-structured (in-depth) interview; Theoretical studies and research literature
Data analysis method	Based on foundation data theory (Glyseri)

Table 3. Information of medical centers licensed by the IPD Unit of Kermanshah University of Medical Sciences. Source: Vice President of Treatment, Kermanshah University of Medical Sciences.

Hospital name	Number of beds	International patient admission unit license
Biston Private Hospital	9	It has been licensed since 2015.
Imam Reza (a.s.) educational and therapeutic center	3	It has been licensed since 2015.
Imam Khomeini Medical Education Center (RA)	4	It has been licensed since 2015.
Imam Ali (a.s.) educational and therapeutic center	2	It has been licensed since 2015.
Imam Hossein (a.s.) educational and therapeutic center	8	It has been licensed since 2015 (license renewal).
Dr. Mohammad Kermanshahi educational and therapeutic center	2	It has been licensed since 2015 (license renewal).
Motazadi Medical Training Center	1	It has been licensed since 2015 (license renewal).
Martyrs educational and therapeutic center	1	It has been licensed since 2015 (license renewal).
Hakim Private Hospital	-	Is applying for a license to admit international patients.
Limited Light Surgery Center	-	Is applying for a license to admit international patients.
Taleghani educational and therapeutic center	-	Is applying for a license to admit international patients.

Table 4. Characteristics of participants in the research. Source: Authors.

	Details of participants	Number of people
Sex	Man	5
	Woman	10
Age	15-30	3
	31-45	8
	Older than 45	4
Level of Education	Diploma and below	1
	Associate and Bachelor	12
	Masters and above	2
Marital status	Single	6
	married	9

Table 5. Reliability calculations in the present study. Source: Authors.

No	Theme	Component	Reliability (Scott)
1	The motivation of the province	Superspeciality being of medical services that can be provided in the province Effectiveness of medical services provided to IPD patients in the province The extent of common geographical borders between Kermanshah province and the country of Iraq There are many social-cultural kinships between Kermanshah province and the country of Iraq Natural-historical tourism	0.899
2	Financial advantages of the province	The low value of the rial to the dinar currency Cost-effectiveness and competitiveness of medical services that can be provided in the province Ease in currency-riyal transactions	0.722
3	The advantages of accommodation and transportation in the province	The number of hotels, guesthouses, guesthouses and local hotel finder applications in the province Direct transportation by flight, bus, and taxi from Kermanshah to various Iraqi cities The existence and activation of VIP ambulances to transport IPD patients from Kermanshah to different Iraqi cities	0.816
4	Changing the structure of health centers in the province	Strategic changes in the structure of health centers in the province Operational changes in the structure of health centers in the province	0.731

Pi>0/7

tenths, so these themes and components have acceptable validity and reliability.

Research Findings

Considering that the discussion of therapeutic tourism in Kermanshah province is not institutionalized and systematic and it does not have a specific trustee, therefore, to achieve theoretical saturation, has been referred to the entire community involved in the field of foreign patients who could provide relatively scientific data. In the following, the results obtained from conducting interviews with specialists and experts in the affiliated hospitals of Kermanshah University of Medical Sciences are reported in the form of conceptual tables (topics, components, and indicators), (Tables 6 to 19). At the end, the tables that explain the validity and the final model are presented.

Finally, the final model for measuring the potential of therapeutic tourism is introduced in the form of Fig. 1.

Discussion and Conclusion

In the current research, the field findings of the research were used to answer the main research questions and draw conclusions from them. Also, since the current research was based on people’s experiences, some themes or components of the model have been mentioned in a general way. To design the final model of the research, it was preferred that the overlapping expressions be combined so that general themes could be extracted from it. This pattern of merging overlapping concepts helped in systematizing the results obtained from the researcher’s interview and led to the production of a theoretical model understandable to the audience. In the final model, the theme of clients’ motivation was identified as

Table 6. Concepts obtained from in-depth interviews: the topic of potentials, the theme of motivation to refer. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Motivation to visit	Being superspeciality and specialization of medical services in the province	1	The existence of seven super-specialized clinical disciplines and seventeen specialized disciplines in the province's medical centers	27	4	MA1
		2	Training of super-specialized residents in five disciplines and specialized in twelve clinical disciplines in university medical centers of the province	53	8	MA2
		3	Residence of brand specialists in three clinical fields in the center of the province	60	9	MA3
		4	The existence of high clinical knowledge of specialists and subspecialists in the diagnosis of various diseases is documented in the annual hospital accreditation documents of the Ministry of Health	67	10	MA4
		5	The existence of high surgical skills among specialists and subspecialists based in the province based on the morbidity statistics of the province	20	3	MA5
		6	Proficiency of specialist and subspecialist doctors, at least one person from each clinical field who is fluent in Arabic and English. Documentary about foreign specialized residents studying at Kermanshah University of Medical Sciences	33	5	MA6

Table 7. Concepts obtained from in-depth interviews: the topic of potentials, the theme of motivation to refer. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Motivation to visit	Effectiveness of services provided to foreign patients	1	Obtaining above-average scores in survey forms from IPD patients at medical centers	46	7	MR1
		2	Repetition of visits of previous patients to the province, documented in the registers of IPD patients of medical centers	13	2	MR2
		3	Referral of new patients to medical centers by previous patients	40	6	MR3
		4	Follow-up of the treatment process by the attending physician when the patient leaves the country through social networks and create a sense of satisfaction in the patient	53	8	MR4

Table 8. Concepts obtained from in-depth interviews: the topic of potentials, the theme of motivation to refer. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Motivation to visit	The extent of common geographical borders between Kermanshah province and the country of Iraq	1	Having three hundred and seventy-one kilometers of common border between Kermanshah province and Kurdistan region and the central government of Iraq	80	12	MB1
		2	The existence of appropriate border terminals in the province to facilitate the movement of Iraqi patients	100	15	MB2
		3	The existence of joint security forces between the two countries to ensure the safety of patients	86	13	MB3
		4	No need to obtain visas and other foreign travel formalities for Iraqi patients to enter the province	46	7	MB4

Table 9. Concepts obtained from in-depth interviews: the topic of potentials, the theme of motivation to refer. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Motivation to visit	The existence of socio-cultural affinity	1	The mastery of the people of Kermanshah province in the Kurdish language and the proximity of this language to the Kurdish of the Kurdistan Region	33	5	MC1
		2	The existence of a common religion (Sunni and Shia) between the people of Kermanshah Province and the people of the Kurdistan Region	13	2	MC2
		3	The existence of similar customs and traditions between the people of the province and the people of the region and Central Iraq, such as the belief in observing the hijab in public places, gender separation in circles, and the belief in haram and halal foods.	20	3	MC3
		4	The existence of kinship relationships between some Kermanshahs and some residents of the Kurdistan region	33	8	MC4

Table 10. Concepts obtained from in-depth interviews: the topic of potentials, the theme of motivation to refer. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Motivation to visit	Natural and historical tourism	1	The presence of more than three thousand historical artifacts of the Paleolithic, Neolithic, Bronze and Iron ages	93	14	MT1
		2	There are fourteen museums of anthropology and archeology in Kermanshah province	40	6	MT2
		3	The existence of four massive forest parks in Kermanshah province	100	15	MT3
		4	The existence of traditional inner-city markets and border commercial markets	73	11	MT4

Table 11. Concepts obtained from in-depth interviews: the subject of potentials, the subject of financial incentives. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Financial incentives	The low value of Rial to Dinar	1	The value of one to ten dinars to Rials	40	6	FIERD1
		2	JCPOA financial sanctions and devaluation of Iran's national currency	60	9	FIERD2
		3	The low value of the dinar to other neighboring currencies such as Türkiye and India	93	14	FIERD3
		4	The increase in the purchasing power of Iraqi patients in Iran in proportion to the increase in the value of the dinar to the rial	20	3	FIERD4

Table 12. Concepts obtained from in-depth interviews: the subject of potentials, the subject of financial incentives. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Financial incentives	Cost-effectiveness and competitiveness of the province's medical services	1	Non-application of foreign exchange tariffs in the financial system of medical centers under the Ministry of Health of Iran	46	7	FICB1
		2	The a difference of about 15% (increase) in the rate of providing medical services to Iraqi patients compared to domestic patients	40	6	FICB2
		3	The lower number of de-clinical and hospital surgeries in the province compared to other reference provinces (Tehran and Shiraz)	13	2	FICB3
		4	The lower number of clinical and hospital surgeries in the province compared to other neighboring countries and Iraq's reference (Turkey and India)	20	3	FICB4
		5	The lower rate of paraclinical services (dentistry, laboratory, and imaging) in the province compared to reference provinces of Iran and reference countries of Iraq	26	4	FICB5

Table 13. Concepts obtained from in-depth interviews: the subject of potentials, the subject of financial incentives. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Financial incentives	Ease in currency-rial transactions	1	The activation of four official banks and private exchanges in the province	40	6	FIECT1
		2	Familiarity of Iraqi citizens with the Iranian Rial	53	8	FIECT2
		3	The possibility of exchanging Rials with dinars in medical centers and familiarizing the personnel of the centers with the day-to-day conversion of these two currencies	20	3	FIECT3
		4	Acquaintance of businesses and even city drivers with dinar and their action towards accepting dinar instead of Rial	46	7	FIECT4
		5	The activity of currency brokers in hours outside the legal range of official exchanges	33	5	FIECT5

Table 14. Concepts obtained from in-depth interviews: the subject of potentials, the theme of drivers of accommodation, and transportation. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Accommodation and transportation motivations	The abundance of hotels, guesthouses, guesthouses and local hotel finder applications in the province	1	The operation of eight three- to five-star hotels in the province	40	6	ATIH1
		2	More than ten one- to two-star guesthouses are active in the province	33	5	ATIH2
		3	Activation of official suite rental applications outside the hotel system	13	2	ATIH3
		4	Activating hospital nurseries in reference hospitals of the province	67	10	ATIH4
		5	Activation of informal hourly nurseries in the vicinity of hospitals by locals	46	7	ATIH5

Table 15. Concepts obtained from in-depth interviews: the subject of potentials, the theme of drivers of accommodation, and transportation. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Accommodation and transportation motivations	Direct traffic by flight, bus and taxi to Iraq	1	The activity of two bus companies in the province to the central and climatic cities of Iraq	13	2	ATITA1
		2	Instant cabotage of taxis and private cars at the border of Iraq and direct movement to Iraqi cities	40	6	ATITA2
		3	Direct flight from Kermanshah to Najaf and Sulaymaniyah every two weeks	73	11	ATITA3

Table 16. Concepts obtained from in-depth interviews: the subject of potentials, the theme of drivers of accommodation, and transportation. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Accommodation and transportation motivations	Presence of VIP ambulances	1	The operation of an ambulance company on the border of Kermanshah and Iraq	60	9	ATIMC1
		2	The existence of special private ambulances for transporting patients from Kermanshah to various Iraqi cities with accompanying nursing staff.	60	9	ATIMC2

Table 17. Concepts obtained from in-depth interviews: the subject of potentials, the theme of changing the structure of medical centers. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Changing the structure of treatment centers	Strategic changes in medical centers	1	The definition of international patient affairs deputy in the organizational chart of hospitals in the province	53	8	SCS1
		2	Defining the independent department of IPD in the organizational chart of hospitals in the province	33	5	SCS2
		3	Prioritizing the recruitment of multilingual staff and doctors over monolingual people	60	9	SCS3
		4	Including the income from the admission of IPD patients in the financing system of the province's medical centers	60	6	SCS4
		5	Inclusion of overseas advertising programs in the disease detection strategies of the province's medical centers	46	7	SCS5

one of the main potentials and themes of foreign patient attraction. The motivation of the clients, theme number one in the identification of potentials, was identified, and five general components and twenty-two indicators were identified and reported for it. In general, this theme refers to the needs, wishes, and conditions of foreign patients in the country of origin. For this purpose, knowing the requirements of the country of origin and paying attention to the cultural, economic, and customs characteristics of the said country can play an undeniable role in assessing the needs of foreign patients and knowing their expectations. Also, the hyper-specialization of medical services in the province was named as the first component of motivation to refer. Undoubtedly, foreign patients who come to our country for treatment at the expense of time and money, expect

the highest quality of medical services. Therefore, their maximum satisfaction should be obtained by attracting domestic and foreign medical elites and employing the most modern and up-to-date medical equipment. The effectiveness of the services provided to foreign patients was recognized as the second component of the referral motivation theme. Therefore, managers of medical centers who are in charge of foreign patients should follow up on patients' physical condition after treatment and their return to their country and design a suitable platform to monitor their physical condition. The extent of common geographical borders between Kermanshah Province and Iraq was the third component of the theme of motivation to refer to. This case is considered a unique opportunity and the existing linguistic, ethnic, racial, and religious commonalities should be used to the maximum.

Table 18. Concepts obtained from in-depth interviews: the topic of potentials, the theme of changing the structure of treatment centers. Source: Authors.

Theme	Component	No	Indicators (concepts) extracted from the content of the interview	Percent	Abundance	Code
Changing the structure of treatment centers	Strategic and operational changes in the organizational and operational structure of medical centers	1	Active IPD department in at least three reference hospitals of the province	46	7	SCSO1
		2	Picking construction and equipping; the IPD department in other hospitals in the province	60	9	SCSO2
		3	Allocation of IPD operating beds to IPD patients	33	5	SCSO3
		4	Multilingualization of the site and the appointment system of hospitals	73	11	SCSO4
		5	Adding training courses related to the management of international patients to the continuous medical education system	80	12	SCSO5
		6	Prioritizing the recruitment of multilingual staff and doctors over monolingual people	73	11	SCSO6
		7	The addition of multiple writing languages to the in-department signs of hospitals	93	14	SCSO7
		8	Adding a buffet and special feeding station for IPD patients	93	14	SCSO8
		9	Allocation of a free telephone line with the possibility of international dialing in the IPD patient room	46	7	SCSO9
		10	Adding the IPD line to the in-hospital guidelines	53	8	SCSO10

This privilege can be a unique competitive advantage in the field of attracting foreign patients in Kermanshah province. The existence of shared cultural and social affinities was the fourth component of the theme of motivation. For many years, commuting, pilgrimage business trips, and other relations between the people of Kermanshah and the people of Iraq have created many similarities and links between them. This case can also be provided as an exceptional opportunity and potential for managers and trustees of health tourism in Kermanshah province. Natural and historical tourism was the last and fifth component of the theme of motivation to visit. Due to weather conditions, war, internal insecurity, the climate, and the urban fabric of Iraq, the people of this country are very interested in the weather and pristine nature of Kermanshah province, as well as its ancient monuments and other resorts and recreational areas.

This factor can be considered as a unique opportunity to attract tourists especially Iraqi patients who live in the borders of the country and Kermanshah province. The second theme that was extracted in the final model was the financial incentives that exist in the field of medical services in Kermanshah province. Three general components and fourteen indicators were identified for this theme. Ever since the oil sanctions against the Islamic Republic of Iran were imposed by the US government, the value of the Iranian Rial has been decreasing every day against the currencies of other countries, and this decrease (from the point of view of the macroeconomy) does great damage to the country's economy, but in this study, this bottleneck was mentioned as an opportunity (potential) because since the value of the dinar increased compared to the rial, Iraqi patients have found a greater desire to refer to and receive medical

Table 19. The final model of the research. Source: Authors.

Theme	Component	Indicator
Motives of clients	Superspeciality of medical services that can be provided in the province	The presence of seven super-specialized clinical fields and seventeen specialized fields in the province's medical centers * The training of super-specialized residents in five fields and specialized in twelve clinical fields in the university medical centers of the province * The presence of brand sub-specialties in three clinical fields in the center of the province * The presence of high clinical knowledge Specialists and sub-specialists in the diagnosis of various diseases based on the annual hospital accreditation documents of the Ministry of Health * The presence of high surgical skills among specialists and sub-specialists based in the province based on the morbidity statistics of the province * The mastery of specialist and sub-specialist doctors, at least one person from each clinical field who He is fluent in Arabic and English. Documentary on foreign specialized residents studying at Kermanshah University of Medical Sciences
	The effectiveness of the services provided to patients referring to the province	Obtaining above-average scores in the survey forms of IPD patients in medical centers * Repeat visits of previous patients to the province, documented in the IPD patient registers of medical centers * Referral of new patients by previous patients to medical centers * Follow-up of the treatment process by the attending physician at the time of the patient's discharge from the country through social networks and creating a sense of satisfaction in the patient
	The extent of common geographical borders between Kermanshah province and the country of Iraq	The presence of three hundred and seventy-one kilometers of common border between Kermanshah province and the Kurdistan region and the central government of Iraq. Other formalities of foreign trips for Iraqi patients to enter the province
	The existence of cultural and social affinities	The mastery of the people of Kermanshah province in the Kurdish language and the proximity of this language to the Kurdish of the Kurdistan region * The existence of a common religion (Sunni and Shia) between the people of Kermanshah province and the people of the Kurdistan region * The existence of similar customs and traditions between the people of the province and the people of the region and central Iraq, such as the belief in observing Hijab in public places, gender separation in circles and belief in haram and halal foods * The presence of kinship between some Kermanshahs and some residents of the Kurdistan Region
	Natural-historical tourism	The existence of more than three thousand historical artifacts of the Paleolithic, Neolithic, Bronze, and Iron Age * The existence of fourteen anthropological and archeological museums in Kermanshah province * The existence of four massive forest parks in Kermanshah province * The existence of traditional inner-city bazaars and border commercial bazaars

services in Iran. In general, the monitoring of the economic conditions of Iraq shows that there are many economic problems and sufferings due to the war and other political conditions in various fields in this country. Therefore, financial incentives will undoubtedly have a positive effect on attracting and persuading Iraqi patients to hospitals and medical centers in Kermanshah province. The low value of the rial compared to the Iraqi dinar, as the first component of the theme of financial incentives, can act as a unique financial incentive and increase the desire for medical and recreational trips of Iraqi patients to Kermanshah province. Using hotels, restaurants, buying clothes and other inexpensive and economical purchases are such triggers. In the final model of the research, the cost-effectiveness and competitiveness of medical services in Kermanshah province have been considered as the second component of the theme of financial incentives. The cost of medical services in Kermanshah medical centers cannot be compared with medical centers in other countries.

Therefore, this factor can be considered a competitive advantage for the discussion of therapeutic tourism in Kermanshah province. The Iraqi patient can receive high-quality medical services at the lowest cost, time, and distance, without having to endure the problems of expensive foreign trips. Easiness in currency transactions between the two countries is considered to be the third component of the theme of financial incentives. Familiarity with the national currencies of the two countries by the residents of Iraq cities and Kermanshah province and the existence of numerous exchange offices in Iraq cities and Kermanshah province are the stimuli that facilitate the travel of Iraqi patients to Kermanshah province for treatment and create a unique opportunity for the promotion of health tourism in the province. The third theme identified in the final model of the research is the easy and cheap transportation and accommodation in Kermanshah province, which has created the possibility of simple, accessible, and affordable accommodation and transportation for Iraqi patients. For

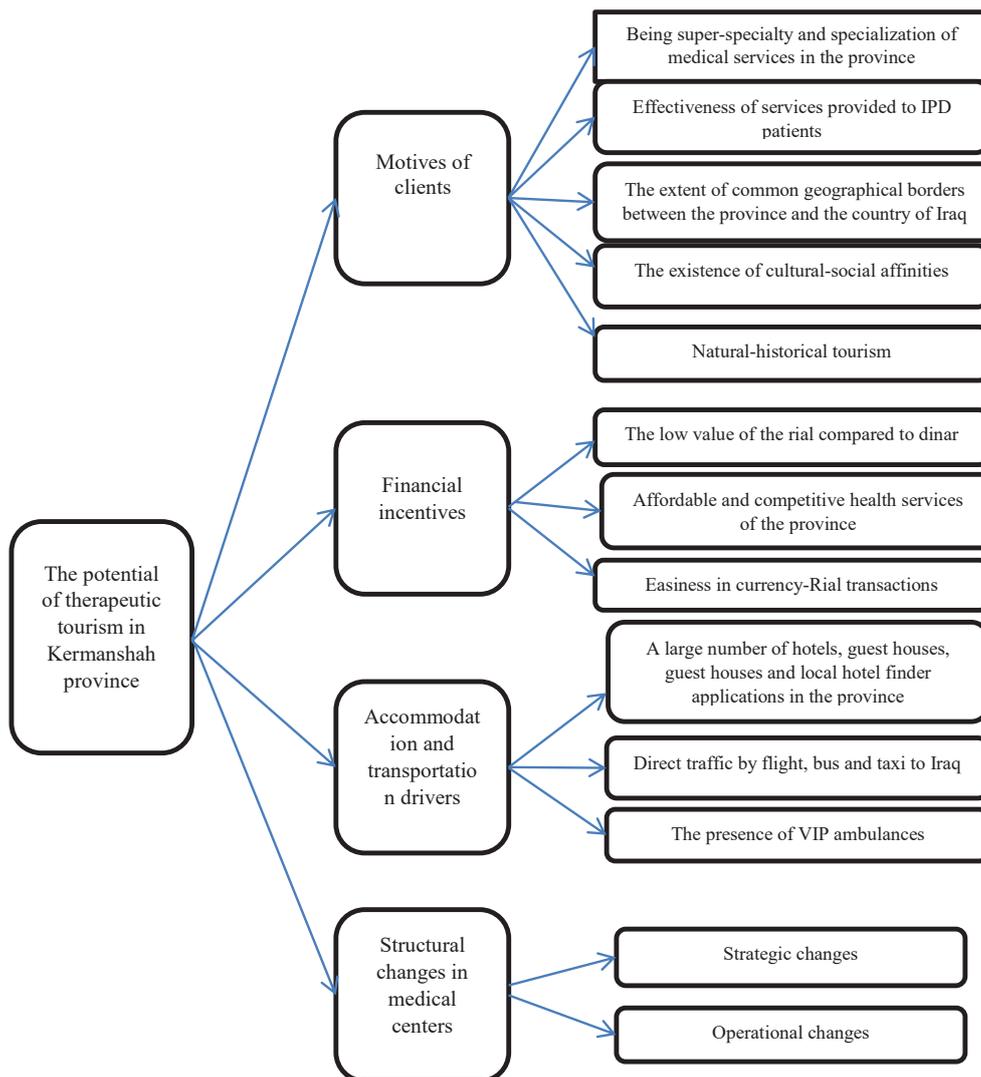


Fig. 1. The final model for measuring the potential of therapeutic tourism. Source: Authors.

this theme, three general components and ten indicators were introduced. The existence of hotels, guesthouses, and hotel finder applications is the first component of the theme of transportation and accommodation. One of the most important concerns of Iraqi patients may be the issue of safe and secure residence. The existence of safe and high-quality hotels and guesthouses close to medical centers that provide convenient and cost-effective transportation can be considered one of the most important drivers for attracting health tourists to Kermanshah province. Direct traffic by bus, taxi, and plane between two countries is the second component of the theme of transportation and accommodation motivations. The existence of common land borders has made it possible to travel easily between the two countries. Therefore, providing conditions so that Iraqi patients can easily enter Iran with safe and high-quality vehicles and return to their country with minimal entry and exit formalities is one of the most important

incentives for Iraqi patients to travel to Kermanshah province. The presence of VIP ambulances is the third and last component of the transportation and accommodation incentives theme. To move and transport sick patients who need heavy surgeries, the presence of well-equipped and high-quality ambulances to transport patients and their companions to Kermanshah province is one of the key drivers in the field of attracting Iraqi patients to the province's medical centers. According to the final model of the research, the last and fourth theme discovered from the conducted interviews is the theme of structural changes in medical centers. Fortunately, the medical centers of Kermanshah province have made significant changes in their organizational and functional structures, so that the service to foreign patients can be extended both qualitatively and quantitatively. For this theme, two general components and fifteen indicators were identified and reported. Strategic changes are the first component

of the theme of structural changes in medical centers. This theme generally includes the general policies and guidelines set by the Ministry of Health and other officials and managers in charge of medical tourism. Taking advantage of the contingency approach in the field and considering the suitable conditions of Kermanshah province in terms of attracting Iraqi patients can play a significant role in the development of the medical tourism industry in this province. Operational changes are the second and last component of the theme of structural changes in medical centers, which should [in Persian] be in line with and within the framework of strategic changes and complement and support them. The construction of hospitals, the hiring of qualified doctors, and the use of modern and advanced equipment, and such factors are considered to be the most important operational changes to develop and improve the state of medical tourism in Kermanshah province.

Practical Sggestions

In general, the current research is an effort based on which a model was extracted, which created a field insight for the scientific community and the managers of medical centers regarding the familiarity with the potential of therapeutic tourism. Kermanshah province has very good capacities in the field of medicine and medical education, among them are the existence of hospitals, qualified doctors, and numerous faculties, which can be exploited along with other tourist attractions of the province for the development of medical tourism.

For the theme of the client's motivation, it is suggested that with the help of the Ministry of Foreign Affairs and the Embassy of our country in Iraq, comprehensive field studies should be conducted regarding the lifestyle and economic, social, and cultural conditions of the people of Iraq. Undoubtedly, these studies can be very effective in designing treatment programs to respond to the medical and other travel needs of Iraq patients. It also avoids the waste of money and unused equipment and medical services. In the field of the super-specialization of medical services in the hospitals and medical centers of Kermanshah province, it is recommended to recruit the most experienced and skilled doctors who are fluent in English or Arabic through a nationwide call. Because Iraqi patients expect the highest quality in the medical services they receive. Imitating leading and successful countries in this field can be a solution. Training and attracting superspecialized doctors and residents in various medical fields is very effective in this field. Regarding the extracted theme of the effectiveness of medical services provided to Iraqi patients, it is recommended to design and launch a customer relationship management system.

This system can monitor the patient's health condition even after returning to his country and even encourage the patient and his family members to visit again and use medical and treatment services in Kermanshah province. It is also recommended that the performance of doctors and treatment staff be based on survey forms or the basis of repeated patient visits. The next theme extracted is the extent of common geographical borders between Kermanshah province and the country of Iraq. Therefore, it is recommended that the customs and entry and exit points between the two countries are equipped to minimize the waste of time and paperwork and facilitate the travel of Iraqi patients inside the country. Consulting with the Ministry of Foreign Affairs and using the capacity of the embassies of the two countries can be very effective in this regard. It is also recommended to hold necessary negotiations with the responsible authorities regarding the construction of equipped border terminals and the security of Iraqi patients and their companions. The next theme was the existence of common cultural and social affinities. It is suggested to carefully study and identify these affinities and similarities by employing researchers who are familiar with the culture and customs of Iraq. It is also recommended to use advertising tools to encourage patients in Iraq that are appropriate to these commonalities. The same language (Kurdish) between the people of Kermanshah and the Kurdistan region of Iraq, the belief in hijab in public places, and the consumption of halal food by these patients are among these commonalities. Regarding the potentials related to natural and historical tourism, it is recommended that attractive advertising programs related to the introduction of natural and historical tourism spots of Kermanshah province be prepared and distributed through various platforms such as television networks virtual media, etc. It is also suggested that people fluent in Arabic and English should be stationed in all tourist spots of the province, such as ancient monuments, museums, and border bazaars, who would be guides for Iraqi patients and enable these patients and their companions to make maximum use of these potentials and capacities. The next main theme was financial incentives. The economic conditions of Iraq, the decline in the value of the Iraqi dinar compared to the dollar and other conditions and requirements of this country require that the most cost-effective financial proposals be presented to Iraqi patients, and in designing treatment plans for them cost-effectiveness should also be considered. The low value of the rial compared to the dinar is an opportunity that should be given special attention. Therefore, considering the increasing purchasing power of Iraqi patients, besides treatment programs, it is recommended to pay attention

to side issues such as visiting shopping centers, buying souvenirs, resorts, etc. It is recommended to provide these patients and their companions with attractive shopping and entertainment offers by designing attractive catalogs in Arabic. The cost-effectiveness and competitiveness of medical services in Kermanshah province was the next component. It is suggested that due to the 15% increase in the price of medical services for Iraqi patients, managers should competitively set these prices. The ease of dealing with dinar and rial was the next component. It is recommended to establish authorized and reliable exchange offices under the supervision of the central bank near the medical centers and residences of the patients and their companions so that their currency transactions can be done easily. Accommodation and transportation motivations were the next main theme. It is recommended to the managers of medical centers to build standard and safe residences, to solve the concerns of families and patients regarding the accommodation of the patient companion next to the patient. The possibility of direct traffic by bus, taxi, and plane was the next component. It is recommended that managers and trustees conduct the necessary negotiations to establish regular and weekly flights between Kermanshah and Iraq. Also, equipped taxis and standard buses should be used on this route. The presence of VIP ambulances

was also the next component. Traveling a relatively long distance between different cities of Iraq and Kermanshah province and performing border and customs formalities at entry points requires the use of well-equipped and safe ambulances with accompanying nursing staff. Structural changes in medical centers were the last main theme, which refers to generally long-term management and structural changes and revisions. Strategic changes were the first component that refers to macro, long-term, and medium-term policies in the field of treatment. Operational changes were the last component, which refers to short-term, operational, and partial policies and plans. In this regard, managers are suggested to put the construction of international hospitals independent of domestic hospitals on their agenda in the construction field policies. It is also recommended to add Arabic and Kurdish languages in the hospital signboards pay attention to the food taste of these patients and finally establish a telephone line for telephone conversations between the two countries. It is recommended to the managers of the medical centers to prevent the confusion of foreign patients by establishing a service desk for IPD patients at the entrance of the hospital. The last suggestion is that the tourism offices of the province should move away from just selling tickets and start marketing and attracting health tourists.

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