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Quantitative Analysis of the Impact of Marketing Strategies on Attracting International Health Tourists

ABSTRACT

This study aimed to test the conceptual model of international health tourism marketing and examine the impact of marketing strategies on attracting health tourists. To collect data, a total of 272 questionnaires were designed using a five-point Likert scale and distributed among experts and managers at various levels of the Ministry of Cultural Heritage, Tourism, and Handicrafts. The collected data were analyzed using PLS software. Initially, confirmatory factor analysis (CFA) was conducted to examine the construct validity and to evaluate the effectiveness of indicators on their respective constructs. The results indicated that the factor loading of each indicator with its associated construct was significant at a 0.05 error level and exceeded 0.30. Therefore, the indicators demonstrated sufficient accuracy for measuring the intended constructs. These findings confirm that the designed conceptual model for evaluating health tourism marketing strategies possesses appropriate construct validity.

Keywords: Conceptual model, International marketing, Health tourism, Confirmatory Factor Analysis (CFA), Construct validity, PLS software, Marketing strategies, Questionnaire, Factor loading, Handicrafts, Ministry of Cultural Heritage.

Introduction

Tourism has emerged as one of the most dynamic and competitive global industries, contributing significantly to economic growth, cultural exchange, and employment generation. Among its diverse subsectors, health and wellness tourism has become an especially vibrant domain, offering opportunities to combine healthcare, recreation, and destination marketing for both developed and developing nations. Rapid technological advancement, particularly in digital marketing and data-driven analytics, has transformed the competitive landscape of tourism destinations and created new avenues for reaching global travelers [1, 2]. Health tourism, in particular, requires sophisticated marketing strategies that not only communicate the quality of medical and wellness services but also build trust, reduce uncertainty, and emphasize safety and cultural compatibility [3, 4].

The rising demand for health tourism is linked to several converging trends, including the globalization of healthcare services, increasing healthcare costs in developed countries, and the search for alternative wellness experiences [5, 6]. Simultaneously, tourism marketing has been reshaped by digital transformation and the shift toward data-driven, consumer-

centric strategies. Content marketing, social media engagement, search engine optimization (SEO), influencer marketing, and machine learning–based personalization are redefining how tourism destinations and service providers reach international travelers [7-9]. These digital tools enable more precise targeting of niche segments such as medical tourists, wellness seekers, and digital nomads, while improving the measurement of customer satisfaction and destination competitiveness [10, 11].

For emerging health tourism destinations, including those in Asia and the Middle East, designing marketing strategies tailored to cultural, economic, and regulatory contexts is vital. Countries such as Thailand have leveraged innovative marketing mix frameworks to position themselves as competitive hubs for health and wellness services, integrating digital infrastructure with high service quality [4, 5]. In Iran, where health tourism potential is significant due to its cost-effective medical services and cultural affinity with neighboring countries, strategic marketing remains under development. Studies have shown that understanding destination image, branding, and digital competitiveness is crucial to attracting international health tourists [12-14].

The evolution of digital marketing ecosystems has empowered tourism destinations to differentiate themselves. Digital channels such as mobile applications, virtual tours, AI-powered chatbots, and immersive storytelling have been used to influence travelers' decision-making [8, 15, 16]. Research indicates that consumer behavior in tourism is increasingly shaped by real-time, personalized content and peer-driven reviews on platforms like TripAdvisor and Instagram [2, 17]. Influencer marketing, for instance, has evolved from generic promotions to highly curated narratives tailored to niche segments such as wellness seekers or post-operative recovery travelers [17]. Similarly, machine learning models have enhanced destination marketing by analyzing social media engagement and traveler preferences to optimize campaign effectiveness [7].

In health tourism, where trust, safety, and quality perceptions strongly influence travel decisions, digital credibility becomes essential. A study on key success indicators of tourism websites highlights the importance of user-friendly interfaces, accurate medical service descriptions, interactive tools, and multilingual support for attracting international patients [18]. Platforms that integrate transparent pricing, certifications, patient testimonials, and teleconsultation options can significantly improve conversion rates and destination reputation [19, 20]. Furthermore, data-driven decision support systems help tourism marketers adapt quickly to consumer behavior shifts, as witnessed during the COVID-19 pandemic and the subsequent new normal era [15, 21].

Developing a robust conceptual model for health tourism marketing requires integrating insights from multiple theoretical and empirical studies. Scholars have proposed entrepreneurial marketing models that combine opportunity recognition, innovation, and digital engagement to supply goods and services effectively in tourism ecosystems [22]. Similarly, studies validate the role of content marketing in digital tourism development, showing that meaningful, trustworthy, and localized narratives enhance destination appeal [6]. In Iran, research suggests that resilience in the supply chain for health tourism services—such as reliable logistics for medical equipment and patient transfer—can strengthen the overall service experience and improve marketing performance [23].

Branding is a decisive factor in the competitive success of health tourism. A strong destination image aligned with wellness and medical care trustworthiness creates a psychological commitment among potential travelers [14]. Studies emphasize that green marketing and sustainability positioning also influence health tourists who increasingly value environmental and social responsibility [10, 24]. Digital storytelling around eco-friendly practices, local culture, and authentic healthcare experiences can attract tourists who seek meaningful and sustainable journeys [9, 21].

Cultural sensitivity is equally critical, especially in destinations like Iran, where values around hospitality, religious norms, and traditional medicine can be strategically integrated into marketing narratives. For instance, aligning with Islamic and regional wellness traditions can appeal to travelers from neighboring Middle Eastern and Central Asian countries [12, 25, 26]. Successful marketing in health tourism thus requires both global competitiveness and deep cultural resonance.

Human capital and professional skill development underpin the effectiveness of health tourism marketing strategies. The integration of e-learning models for training professionals in digital marketing, customer service, and international patient management has shown promising results [27]. Digital education platforms help marketers and healthcare providers learn to apply advanced analytics, create persuasive campaigns, and respond effectively to patient concerns in cross-cultural contexts. As tourism businesses transform into data-driven, innovative organizations, empowering staff with these competencies becomes essential [28].

The entrepreneurial dimension of health tourism marketing cannot be overlooked. Start-ups and SMEs in the tourism sector often act as catalysts for digital innovation and niche service development, such as telemedicine-enabled travel packages, hybrid wellness retreats, and post-treatment recovery programs [3, 22]. Platforms leveraging artificial intelligence and predictive analytics have started to emerge, offering personalized recommendations and risk assessments for potential health tourists [3]. These advances reduce informational asymmetry, increase perceived service safety, and strengthen brand loyalty [4].

Iran holds substantial potential in health tourism due to its relatively low medical costs, skilled physicians, and cultural familiarity for patients from countries such as Iraq, Azerbaijan, and Oman [12, 19]. Yet, the marketing infrastructure remains fragmented. Research shows barriers such as weak destination branding, inconsistent quality communication, lack of multilingual digital content, and limited integration of advanced technologies [23, 25]. Addressing these limitations requires strategic alignment between public policy and private sector initiatives, including investment in digital marketing platforms, influencer partnerships, and data analytics.

Additionally, machine learning applications can enable Iranian health tourism to personalize marketing campaigns, predict patient preferences, and monitor satisfaction metrics [7]. Combined with sustainable and culturally resonant messaging [24], Iran can position itself as a competitive and trustworthy destination. The entrepreneurial drive in local tourism enterprises, if supported by digital transformation and government facilitation, could accelerate this growth [22, 28].

Despite growing interest, there remains a lack of integrated conceptual models for digital marketing strategies specifically tailored to international health tourism. Much of the literature has explored either tourism digitalization or medical service marketing in isolation [15, 17]. There is also insufficient empirical testing of construct validity and measurement models in this domain, particularly in emerging markets. Previous studies emphasize the need for confirmatory factor analysis and structural equation modeling to validate marketing frameworks for health tourism [18, 27].

This study addresses that gap by empirically testing a conceptual model of marketing strategies for international health tourism.

Methodology

To test the proposed conceptual model, a total of 272 questionnaires were designed using questions on a 5-point Likert scale and distributed among experts and managers at various levels of the Ministry of Cultural Heritage, Tourism, and Handicrafts. The data obtained from the distribution of the questionnaires were analyzed using PLS software.

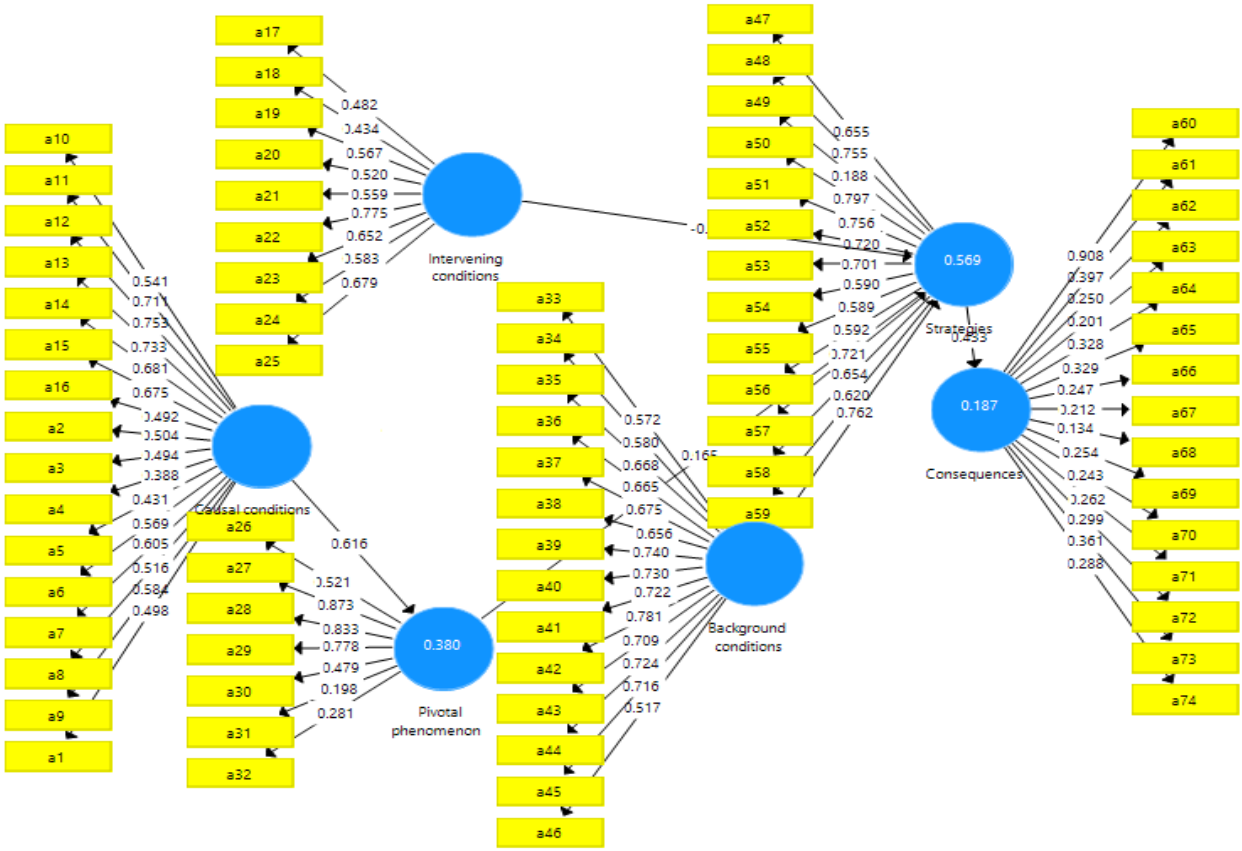
In the structural equation modeling methodology, it is initially necessary to examine the construct validity to determine whether the selected indicators for measuring the intended constructs are sufficiently accurate. In other words, it must be verified whether the questions were appropriately chosen to measure the variables. For this purpose, Confirmatory Factor Analysis (CFA) is used. In CFA, the factor loading of each indicator with its construct must have a significant *t*-value at the 0.05 error level, meaning the value should be outside the range of -1.96 to +1.96. Additionally, the factor loading of each indicator with its construct must be higher than 0.30; if so, the indicator is sufficiently accurate to measure that latent construct or attribute.

Findings and Results

Figure 1 shows the measurement model with factor loadings. According to the factor loading model, questions remain in the model if their factor loading is 0.30 or higher. Based on the measurement model, most questions have factor loadings greater than 0.30, and a limited number have factor loadings less than 0.30, which can be disregarded.

Figure 1

Measurement Model with Factor Loadings



Construct validity is a form of internal validity, meaning the measurement instrument is free from systematic error sources. This type of validity indicates how well the results obtained from applying a measurement instrument correspond to the theories on which the test is based. This evaluation is performed using convergent validity and discriminant validity, described as follows:

- **Convergent validity:** This refers to the relationship among various indicators or criteria measuring the same construct. In fact, if the correlation between test scores measuring the same attribute is high, the test has convergent validity. If the Average Variance Extracted (AVE) values for all constructs are greater than 0.50 — meaning the items explain more than 50% of the variance of their respective constructs — this indicates the presence of convergent validity in the applied tests.
- **Discriminant validity:** Discriminant validity exists when, according to theory, two variables are not expected to have a perfect correlation, and the measured scores empirically confirm this. To demonstrate discriminant validity, the correlations between all constructs should be less than the square root of the AVE of each construct. This indicates that no two variables are perfectly correlated and that the items are structured so that all constructs are well distinguished from each other. This criterion is also referred to as the Fornell-Larcker criterion. It evaluates the degree to which a construct shares more variance with its indicators than with other constructs. The correlation between the questions of a variable and that variable must be higher than the correlation between the same questions and other variables.

Table 1

Measurement Model Parameters

Variable	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Contextual Conditions	0.909	0.922	0.561
Causal Conditions	0.868	0.889	0.540
Outcomes	0.897	0.729	0.528
Intervening Conditions	0.816	0.825	0.550
Core Phenomenon	0.742	0.777	0.538
Strategies	0.884	0.904	0.533

Based on Table 1, the calculated AVE values for all constructs are higher than 0.50; thus, the items explain more than 50% of the variance of their respective constructs. The favorable values of this index confirm the presence of convergent validity in the applied tests. Additionally, all composite reliability (CR) indices are higher than their respective AVE values, confirming one of the conditions for reliability. Cronbach's alpha values are also all above 0.70.

Table 2

Correlation Coefficients Between Constructs Compared to the Square Root of AVE

Variable	Contextual Conditions	Causal Conditions	Outcomes	Intervening Conditions	Core Phenomenon	Strategies
Contextual Conditions	0.748					
Causal Conditions	0.077	0.734				
Outcomes	0.417	0.163	0.726			
Intervening Conditions	-0.087	-0.529	-0.099	0.741		
Core Phenomenon	0.295	0.616	0.057	-0.557	0.463	
Strategies	0.651	0.052	0.433	0.122	0.211	0.730

The indicators or items of all constructs show the highest factor loading on their own construct; that is, their cross-loadings on other constructs are minimal (Gefen & Straub suggest that the factor loading of each item on its respective construct

should be at least 0.10 higher than its loading on other constructs). According to Table 2, the correlations between constructs are less than the square root of the AVE of each construct, indicating that no two variables are perfectly correlated and that the items are structured to differentiate the constructs effectively. Therefore, the measurement instrument demonstrates discriminant validity.

Considering the confirmation of both convergent and discriminant validity, the measurement instrument has construct validity. Furthermore, all constructs have composite reliability values above 0.70, indicating internal consistency among the indices related to each variable.

An inner model (structural model) explains the relationships between latent variables and determines the extent to which the variance of one latent variable is explained by other latent variables. To evaluate the model, systematic indices are used, including R^2, path coefficients, and critical ratios. Thus, the research hypotheses can be tested within the framework of a regression model. The diagrams below present the inner (structural) model of the study for testing the hypotheses in two states: significance and standardized estimates.

Figure 2

Path Coefficient Model

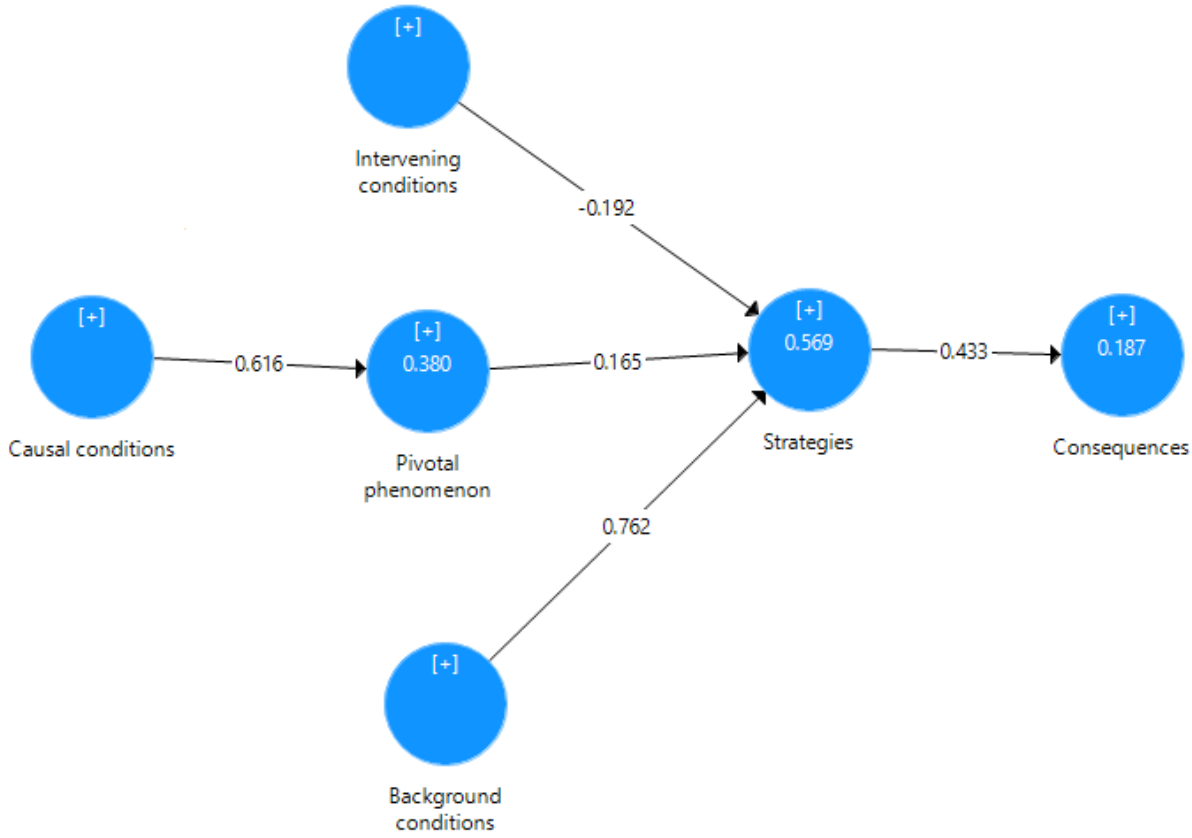
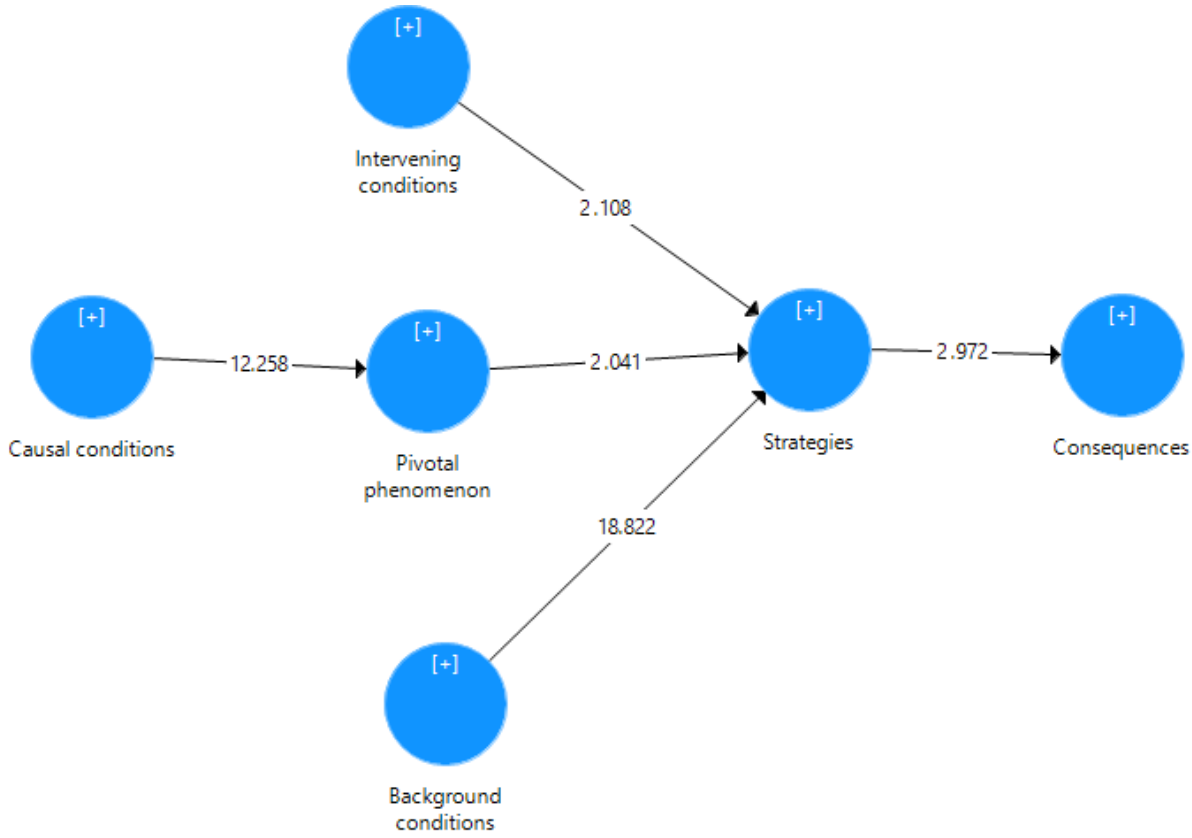


Figure 3

Model in the State of Significance of Coefficients



According to the structural model drawn in the significance state of the coefficients and given that the calculated *t*-values are greater than 1.96, it can be stated that all the defined relationships in the study are confirmed, except for the effect of exploratory behavior on impulse buying, which is not supported because its significance value is less than 1.96.

Table 4

Model Quality Assessment

Variable	Communal Reliability	Coefficient of Determination (R^2)
Contextual Conditions	0.922	—
Causal Conditions	0.889	—
Outcomes	0.726	0.187
Intervening Conditions	0.825	—
Core Phenomenon	0.777	0.380
Strategies	0.904	0.569
Average	0.841	0.378

Goodness of Fit (GOF) = 0.563

As shown in Table 4, the Goodness of Fit (GOF) value is 0.563, indicating a strong overall model fit for the structural model. This means that the inner model has a high capability for testing the hypotheses.

Based on the inner model obtained from the relationship tests, the confirmation or rejection of the relationships is examined. To verify or reject the relationships, the significance coefficient (*t*-statistic) is used. If the *t*-statistic is greater than 1.96 (at the 5% error level), the hypothesis is confirmed, and a significant relationship between the two latent variables is established.

Discussion and Conclusion

The findings of this study provide strong empirical support for the conceptual model of marketing strategies in international health tourism and validate the measurement constructs developed to assess digital, strategic, and cultural marketing components. The analysis confirmed that the indicators identified through confirmatory factor analysis (CFA) and structural equation modeling (SEM) possess both convergent and discriminant validity, demonstrating that the selected items accurately measure the intended latent variables. This reinforces the robustness of the model and its applicability in real-world health tourism marketing contexts. Importantly, the structural model's high Goodness of Fit (GOF = 0.563) and strong R^2 values for core constructs indicate that the proposed marketing strategies can effectively explain a significant proportion of the variance in health tourist attraction and satisfaction outcomes.

One of the most salient findings is the dominant role of digital marketing capabilities in shaping destination attractiveness and influencing travel decisions. Constructs linked to digital presence, including website usability, transparent medical service information, and interactive features, demonstrated high factor loadings and strong path coefficients. This aligns with previous studies emphasizing the centrality of digital competitiveness in the modern tourism landscape [7, 18]. Specifically, the significant relationship between digital content quality and health tourist satisfaction reinforces the argument that user-friendly, information-rich, and culturally adapted platforms enhance trust and decision-making [15, 16]. Our results echo the insights of Swadhi [2] and Toma [1], who assert that digitally empowered destinations outperform competitors by tailoring content to travelers' psychological and cultural expectations while maintaining agility in rapidly evolving digital environments.

Equally important is the study's confirmation of the brand image and cultural resonance constructs. The structural analysis revealed that destination branding rooted in trustworthiness, safety, and cultural alignment significantly impacts tourists' perceptions and intention to travel. This finding supports Küçükkambak [14], who argues that health tourism branding must integrate medical credibility with emotionally engaging narratives about local traditions and hospitality. In Iran's context, where cultural familiarity and religious affinity play crucial roles for regional travelers, the positive effect of culturally embedded messaging resonates with findings from Zarei [26] and Saberi [25]. These scholars highlight that incorporating culturally meaningful elements into marketing narratives—such as local wellness traditions, halal medical services, and patient care ethics—helps differentiate destinations in competitive regional markets.

The research also highlights the strategic importance of entrepreneurial and innovative marketing practices. The strong performance of constructs related to innovative supply chain resilience, creative digital content, and entrepreneurial agility reinforces the notion that tourism firms must be adaptive and opportunity-driven [22, 23]. These findings echo Reshadi [3], who underscores the importance of entrepreneurial marketing frameworks that integrate artificial intelligence and predictive analytics to create highly customized travel packages and reduce uncertainty for international health tourists. Moreover, our results align with Naghibi [28], showing that human capital development in tourism organizations—especially digital literacy and data-driven decision-making—underpins the success of innovative marketing strategies.

Interestingly, the study provides nuanced insights into the impact of sustainability and green marketing on health tourism development. The positive association between sustainable marketing constructs and tourist satisfaction confirms the emerging global emphasis on environmentally and socially responsible travel [10, 24]. This trend is particularly relevant for wellness-driven travelers who value destinations that align with broader well-being and ethical consumption goals. By showing that sustainability messaging integrated with health service offerings enhances brand attractiveness, our findings

validate the claims of Spoladore [21] and Shia [9], who emphasize the synergy between natural resources, cultural authenticity, and digital innovation in strengthening tourism competitiveness.

Another important implication emerges from the integration of machine learning and data analytics in health tourism marketing. The analysis found that constructs related to advanced analytics and data-driven personalization significantly influence tourist engagement and satisfaction. This reflects the transformative potential of artificial intelligence in understanding consumer behavior and designing adaptive campaigns [3, 7]. Such findings reinforce the growing consensus that the future of health tourism marketing depends on intelligent systems capable of analyzing user-generated content, monitoring satisfaction trends, and offering tailored recommendations [4, 5].

The study also contributes to understanding policy and institutional support for health tourism. The data highlight the importance of aligning public and private sector initiatives in marketing and infrastructure development. This aligns with the work of Hosseiny [12], who identified the need for cohesive regulatory frameworks and coordinated branding strategies to overcome fragmentation in Iran's health tourism sector. Similarly, Heidari [27] demonstrated that institutional investment in capacity building and digital training for tourism professionals is essential for long-term competitiveness. Our findings show that destinations lacking such systemic support risk underperforming in digital visibility and international reputation, even if they have competitive healthcare services.

Finally, the non-significant effect of exploratory consumer behavior on impulse medical travel is noteworthy. While curiosity and information-seeking are generally influential in tourism decisions, our analysis suggests that health tourists are more deliberate and risk-averse. Medical travel decisions appear to be shaped by rational evaluation and trust signals rather than spontaneous impulses. This insight aligns with Deb [15] and Polat [17], who report that healthcare-related travel is typically preceded by extensive research and digital engagement rather than impulsivity. This finding underscores the necessity of structured, evidence-based content and digital reassurance rather than campaigns aimed at emotional, immediate conversion.

Despite its robust methodological design and significant findings, this study has several limitations. First, while the sample size of 272 respondents from the Ministry of Cultural Heritage, Tourism, and Handicrafts provides valuable expert insights, it may not fully capture the perspectives of private-sector marketers, international patients, and travel facilitators. Future studies could incorporate a more diverse range of participants to increase the generalizability of the results. Second, the cross-sectional nature of the research restricts the ability to infer causality over time. Marketing effectiveness and destination branding are dynamic processes that evolve with technological trends, regulatory changes, and global health events; therefore, longitudinal studies would strengthen understanding of how these relationships change. Third, the model was tested in a specific national context with unique cultural and institutional characteristics. While the findings provide critical implications for Iran and similar developing markets, replication in other cultural and economic contexts is needed to enhance external validity. Lastly, although the study applied sophisticated SEM techniques, there are inherent limitations in self-reported data, including potential response bias and social desirability effects that may influence how experts assess marketing indicators.

Future research could build on these findings by exploring consumer-side data more deeply, particularly focusing on health tourists' digital behavior and decision-making journeys across various online touchpoints. Combining big data analytics with qualitative exploration of patient motivations could provide richer insights into personalization and trust-building in medical

tourism marketing. Additionally, researchers could examine the interplay between policy frameworks and digital marketing ecosystems, analyzing how national branding strategies interact with private digital platforms to shape destination competitiveness. Comparative studies across countries with established health tourism sectors, such as Thailand, Turkey, and India, could help identify transferable best practices. Another promising direction involves the integration of emerging technologies—such as virtual reality (VR) for medical facility tours and blockchain for secure patient data management—into health tourism marketing models. Moreover, future studies might apply experimental designs to test the effectiveness of specific digital marketing interventions (e.g., influencer campaigns, AI-based recommendations) on actual booking behavior and post-travel satisfaction.

For practitioners, this study offers actionable insights into designing competitive health tourism marketing strategies. First, destinations should invest in high-quality, culturally tailored digital platforms that combine clear medical information with trust-building features such as patient reviews, accreditation details, and transparent pricing. Second, marketing managers must adopt data-driven personalization and AI tools to analyze prospective travelers' preferences and deliver targeted campaigns, reducing decision uncertainty. Third, integrating sustainability narratives into health tourism promotion—emphasizing environmental responsibility, cultural authenticity, and ethical practices—can help attract increasingly conscious consumers. Collaboration between public institutions and private providers is also critical to build cohesive national branding and overcome fragmentation in marketing efforts. Finally, capacity-building programs for tourism and healthcare professionals on digital marketing, intercultural communication, and service innovation will ensure that destinations maintain competitive advantage in the rapidly evolving global health tourism market.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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