



### A NOVEL CONCEPTUAL MODEL FOR CAPACITY DEVELOPMENT OF MEDICAL TOURISM

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**Abstract:** Medical tourism is emerged as one of the new capacities for tourism in current market. Medical tourism development leads to the strengthening of human resources, organizations, and the individual/social capacities. Many researchers overviewed the issue of capacity development of medical tourism by various models; however, there is not the coexistence of capacity development and medical tourism components in their models. Hence, this research attempts to study the medical tourism and capacity development conceptual models to provide a novel model for capacity development of medical tourism. The research method is basically content analysis and the research type is fundamental. The data is collected from library research. Examination of models and main variables is done within the whole health system including tourist destination, organizations and institutions, and the tourists through consideration of different capacity levels and the socio-cultural, economic and political factors which form the sustainable development of destination. The results emphasize that the capacity development of medical tourism should consider the whole health system in the destination from institutional and tourist dimensions rising from the individual level up to the social level. Finally, our novel model is derived and introduced from deep consideration of all studied models.

**Keywords:** Medical Tourism, Capacity, Medical Tourism Capacity Development, Novel Conceptual Model

## 1. Introduction

Medical tourism has emerged from the broader notion of health tourism. Some researchers have considered health and medical tourism as a combined phenomenon but with different emphases (Lunt and Carrera, 2010). Carrera and Bridges (2006) identify health tourism as “the organized travel outside one’s local environment for the maintenance, enhancement or restoration of an individual’s well-being in mind and body”. It encompasses medical tourism which is delimited to “organized travel outside one’s natural health care jurisdiction for the enhancement or restoration of the individual’s health through medical intervention”.

Moreover, medical tourism is considered as one of the main types of tourism which main objective is to improve or maintain health (Szymańska, 2015); hence, it enjoys a special place in the tourism industry (Altin et al., 2011). One of the most important factors encouraging patients to use international medical services is a 40 to 90 percent of medical services costs reduction in developing countries (Radmanesh, 2016). Many governments and the private sector players are planning to develop medical tourism business as a new sector (Shalbfafian, 2015). They also tend to plan for the development of this sector of the tourism industry (Gholami et al., 2016). Capacity building in health sector is an important component that can be effective in the health improvement (Labonte and Laverack, 2001). It can also play a prominent role in the health system performance (Brown et al., 2001). Taking the growing trend of medical tourism into consideration, governments and organizations are doing their best for the sustainability and development of this industry to improve the quality of healthcare services and capacity development as well as the use of new models which boost the medical tourism industry. However, there does not exist any conceptual model which considers the capacity development and medical tourism components simultaneously. Accordingly, reaching a final model with the aim of providing a novel framework for capacity development of medical tourism is considered.

## 2. Theoretical Background

Smith and Forgione (2007) undertook medical tourism decision making models to study global health outsourcing which resulted in their conceptual model; a conceptual two-stage model of the factors impacting the decision to seek medical services globally. The model suggests that no one factor is dominant in the decision, but all play a crucial role in choosing healthcare on an international basis. This model indicates that economic conditions, political situation, and regulatory policies affect the choice of destination country for medical tourists at the first stage while other factors including costs, physician knowledge and training, quality of care, and

accreditation guarantee choosing an international medical facility by medical tourists at the second stage of Smith & Forgione Model. Figure1 illustrates the conceptual medical tourism model of Smith & Forgione.

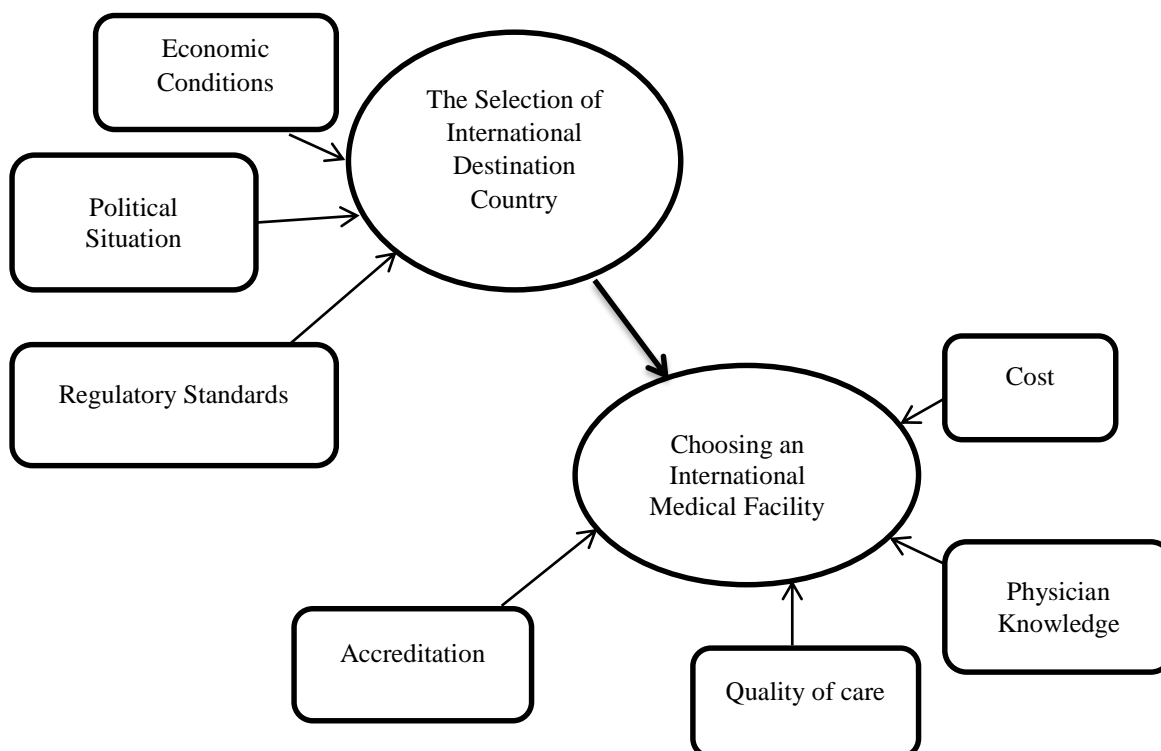


Figure1. Smith & Forgione Conceptual Model (Source: Smith & Forgione, 2007)

Radmanesh (2016) explores a case study of the decision-making model for American medical tourists in international destinations using the Smith & Forgione model; so, he identified important factors such as: cost, quality of care and services, insurance, specialist physicians, travel opportunity, medical failure, communications for medical tourists throughout studying the case of medical tourism in eight countries. Since, the findings emphasize that cost and quality of care are mutually influential and important to tourists in final decision-making.

Jabbari et al. (2012), used a typical analytic Diamond Model in their study entitled "Medical Tourism in Iran: Issues and Challenges", to examine medical tourism cluster (Figure2). Positive and negative aspects of the medical tourism industry of Iran are determined by the advantage of his Diamond's Model. Furthermore, Heung et al. (2011) in their study as a conceptual model of medical tourism; they applied the Smith & Forgione model and the Medical Tourism Distribution Channel model which guided them to achieve an integrated model which is shown in Figure3. They adopted

a qualitative research to collect data from representatives of private and public hospitals, government bodies, and medical institutions.

The results reveal that policies and regulations, government support, costs, capacity problems, and the healthcare needs of the local community are the main barriers to the development of such tourism. Several strategies for lifting these barriers are suggested, such as new promotional activity policies, government action to encourage investment in the medical tourism market, and cooperative efforts by the hospitality sector and medical institutions to develop medical tourism products.

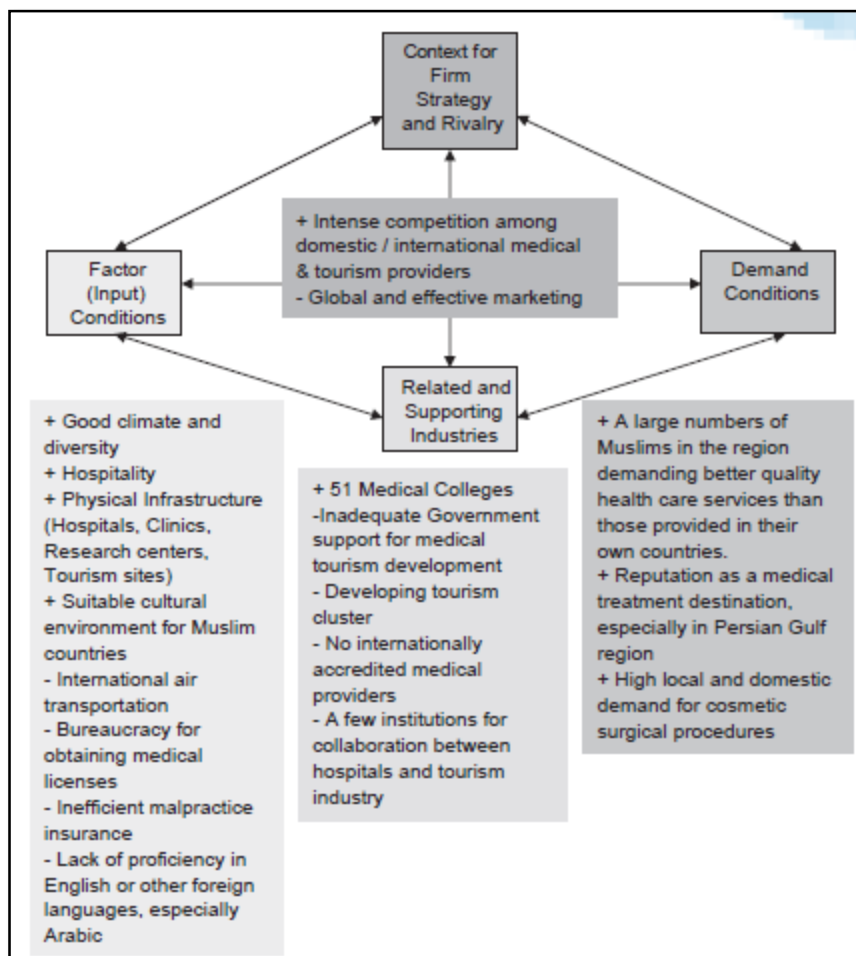


Figure2. Iran Medical tourism cluster diamond analysis (source: Jabbari et al., 2012)

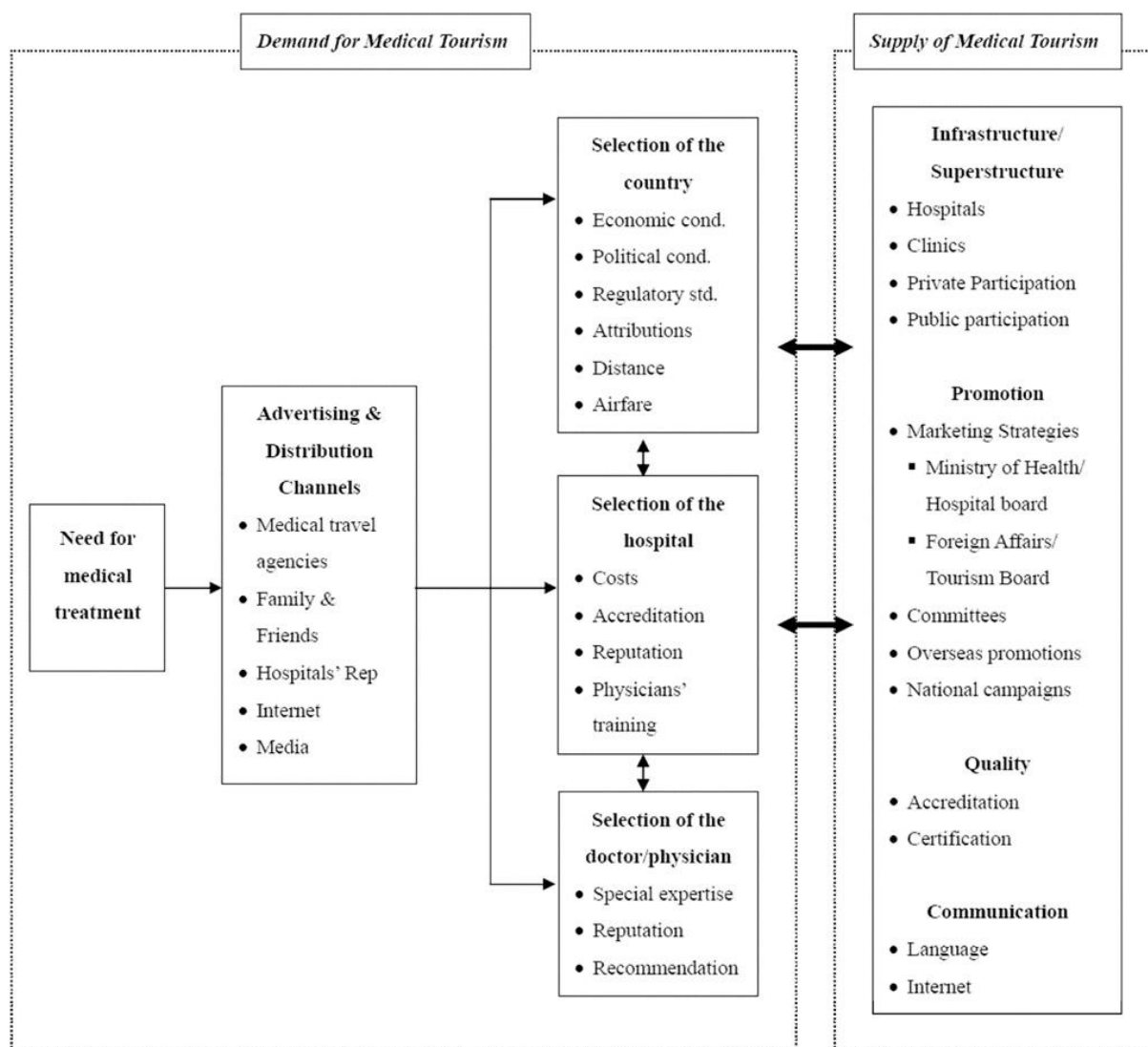


Figure3. A supply and demand model of Medical tourism (Heung et al., 2010).

According to researches done by Radmanesh (2016), Jabbari et al. (2012), and Heung et al. (2011) who all applied the Smith & Forgione model to study the development of medical tourism in different parts of the World, it is revealed that Smith & Forgione model is only a basic model and since it does not take many other vital factors into consideration; therefore, this model should critically be promoted to be used as a suitable model for capacity development of medical tourism. To reach this goal capacity development models should be considered and reviewed and they should be integrated into medical tourism development models to achieve our novel model for capacity development of medical tourism. Accordingly, capacity development models are introduced and reviewed in the following.

Merino and Carmenado (2012) studied capacity building in development projects and as such they present a conceptual framework (Figure4) which tries to guide the mapping of capacity at individual

and social levels and the role of development projects as tools for building capacity leading to the increase of the success and sustainability of interventions. It is based on a multidisciplinary approach, taking advantage of various theoretical perspectives, including: social and human capital theory, social capacity, capacity building, and competences evaluation methods from psychometric perspectives, methodologies from the logic of participation (Korten, 1980; Uphoff, 1985; Oakley, 1993; Cernea, 1992; Chambers, 1997) and social learning processes (Friedmann, 1993; Cazorla, & Friedmann, 1995).

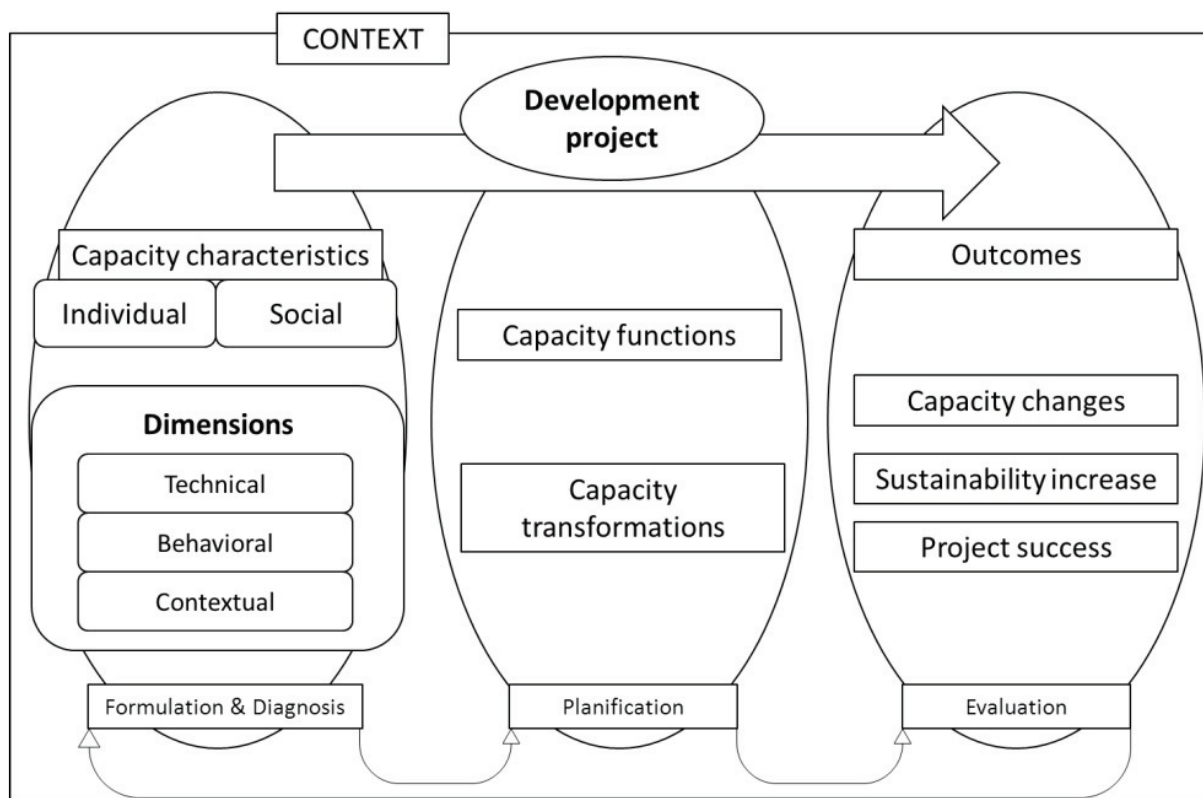


Figure4. Conceptual framework of capacity in development projects (Source: Merino & Carmenado, 2012)

Moreover, UNDP (2008) identifies capacity at three levels namely: “a capable environment”, “organizations” and “individuals”. The New South Wales (NSW) Health Program in Australia is a well-known plan for building health capacity. NSW Health Program has been instrumental in building the case for the role of building capacity of health and other sectors to ensure quality, effective health promotion practice. Five key action areas have explicitly guided the capacity building effort within Australia including organizational development, workforce development, resource allocation, leadership and partnerships (NSW Health, 2001). Accordingly, in order to look into organizational dimension of capacity development mentioned in UNDP and NSW health Programs by details, a model by Lewin is introduced. Lewin’s (1951) force field analysis (Figure 5)

describes organizational change as a process shaped by the balance or equilibrium of the driving and restraining forces for change. The process, as Lewin describes it, involves unfreezing the current organizational change equilibrium, changing to a new position (the desired state) and refreezing the new equilibrium position. The driving forces are described as those that initiate or keep change going, ultimately pushing change in the direction of the desired state.

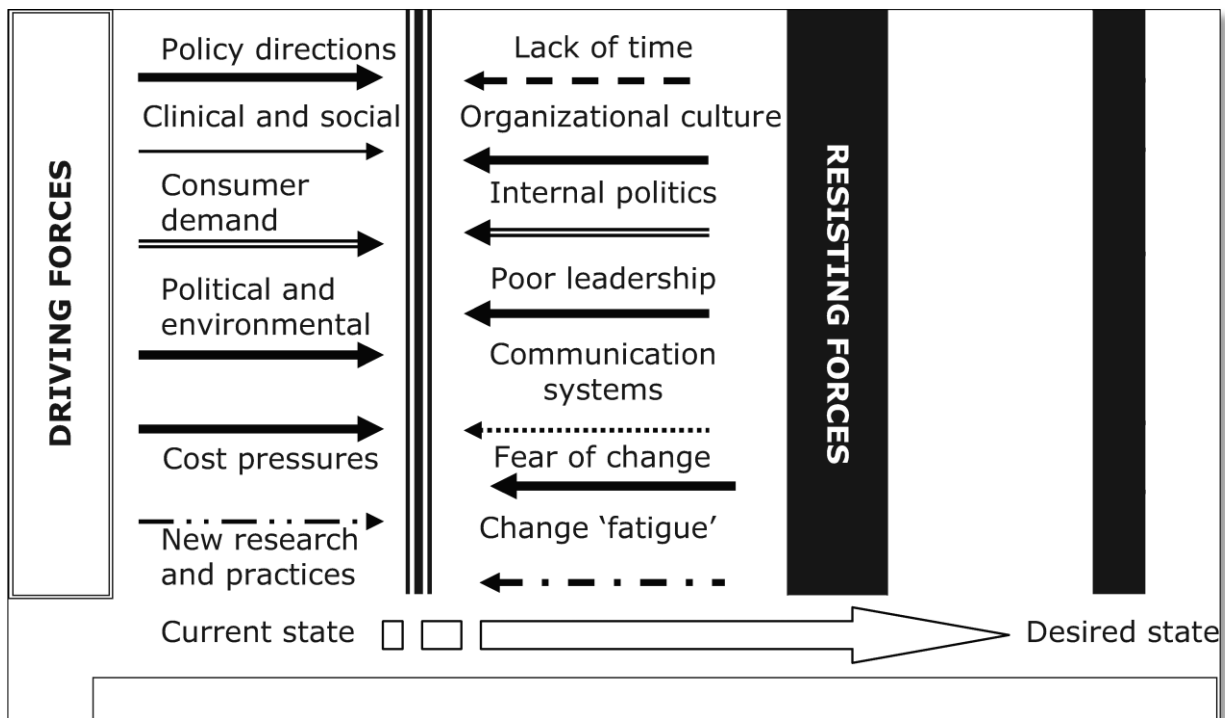


Figure5. Organizational change force field model (Source: Lewin by Heward, 2003).

Based on the literature review, discussions with field practitioners and documented experiences in measuring capacity, Brown et al. (2001) depict in Figure6 an overall conceptualization of the role of capacity in health system performance. The diagram illustrates the four levels where capacity is needed to ensure overall health system performance: the health system, organization, health personnel, and individual/community.

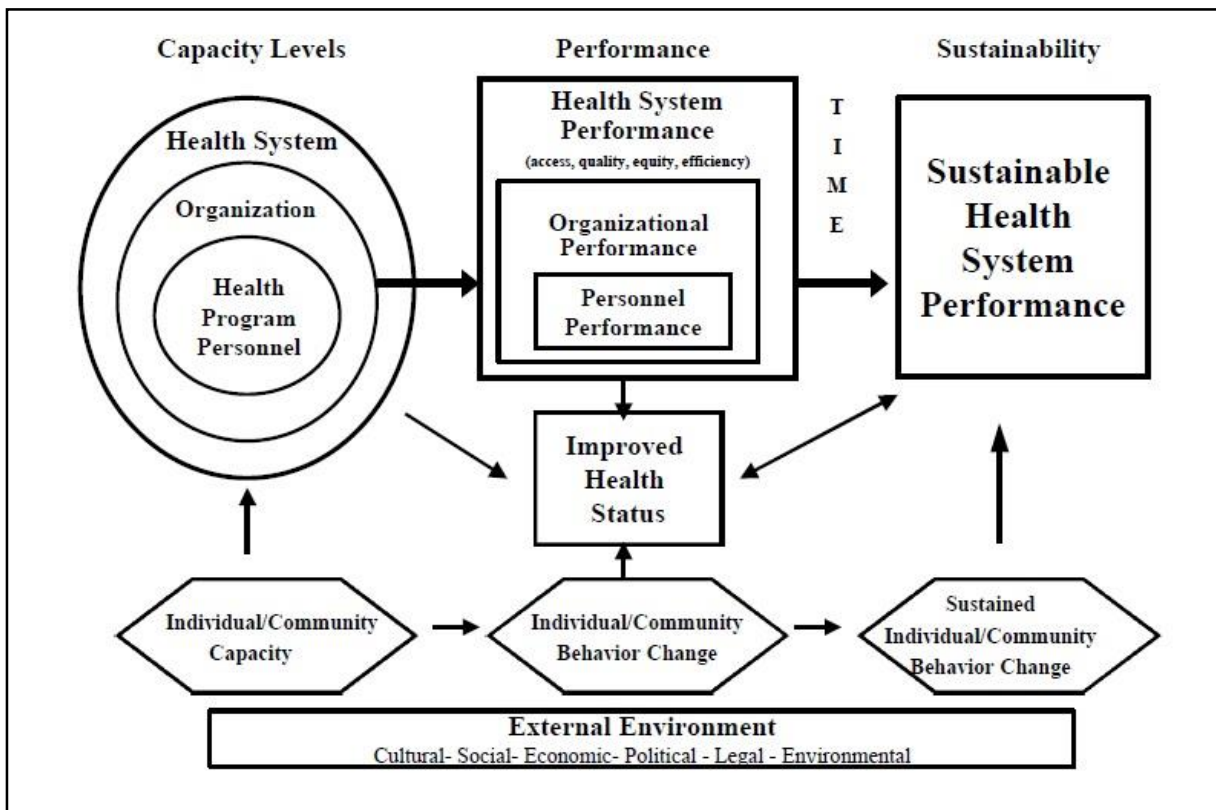


Figure6. Health Capacity Conceptual Model (Source: Brown et al., 2001:14)

These four levels of capacity are further detailed in the following four frameworks (Figures 7-10).

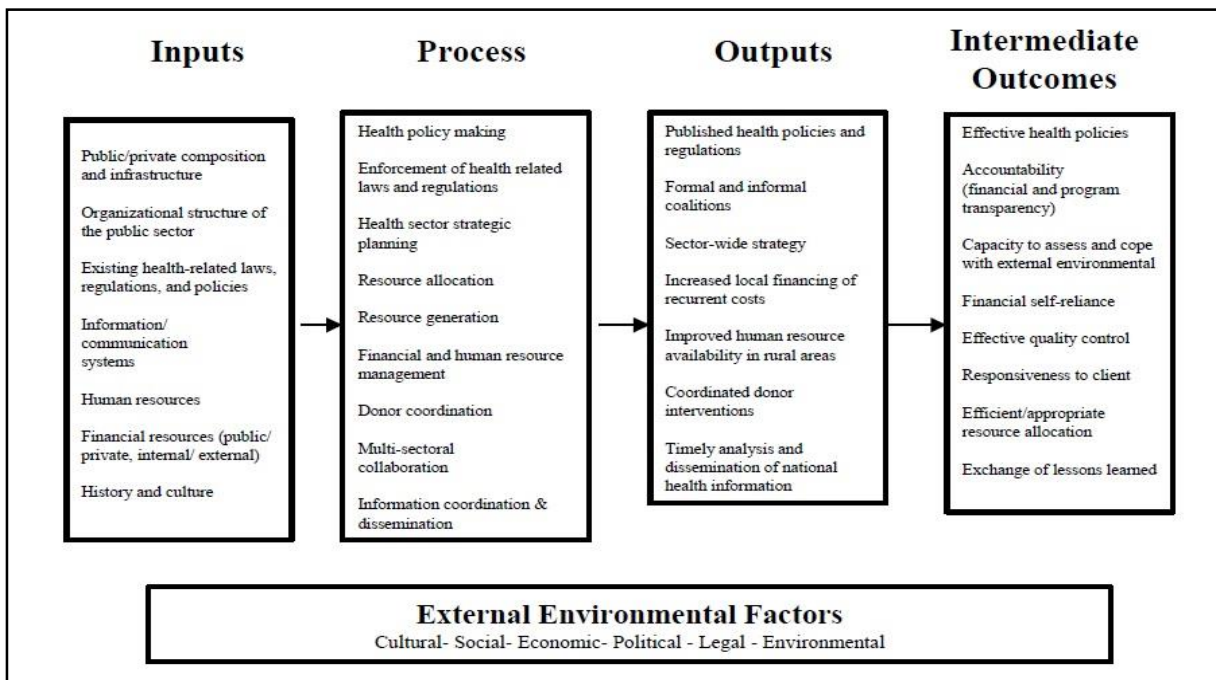


Figure7. Health System Capacity (Source et al., 2001, 15)



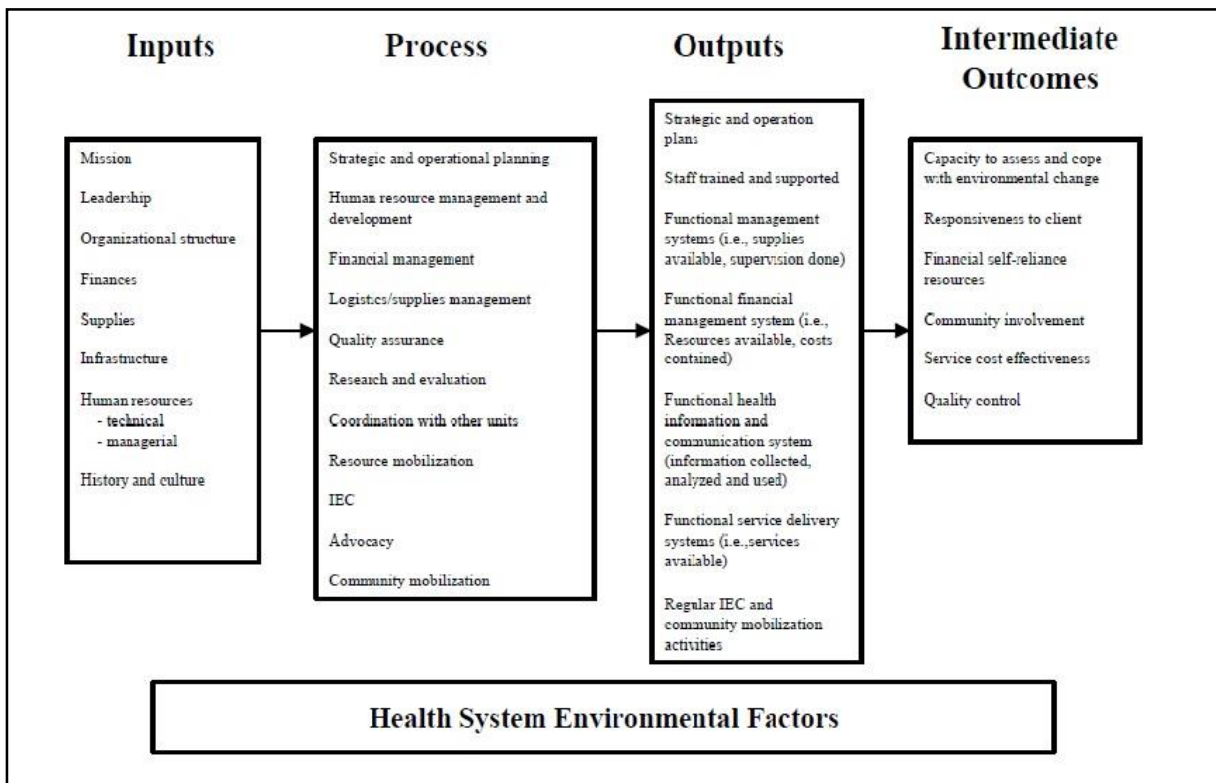


Figure8. Health Service and Civil Society Organizations (Source et al., 2001, 15)

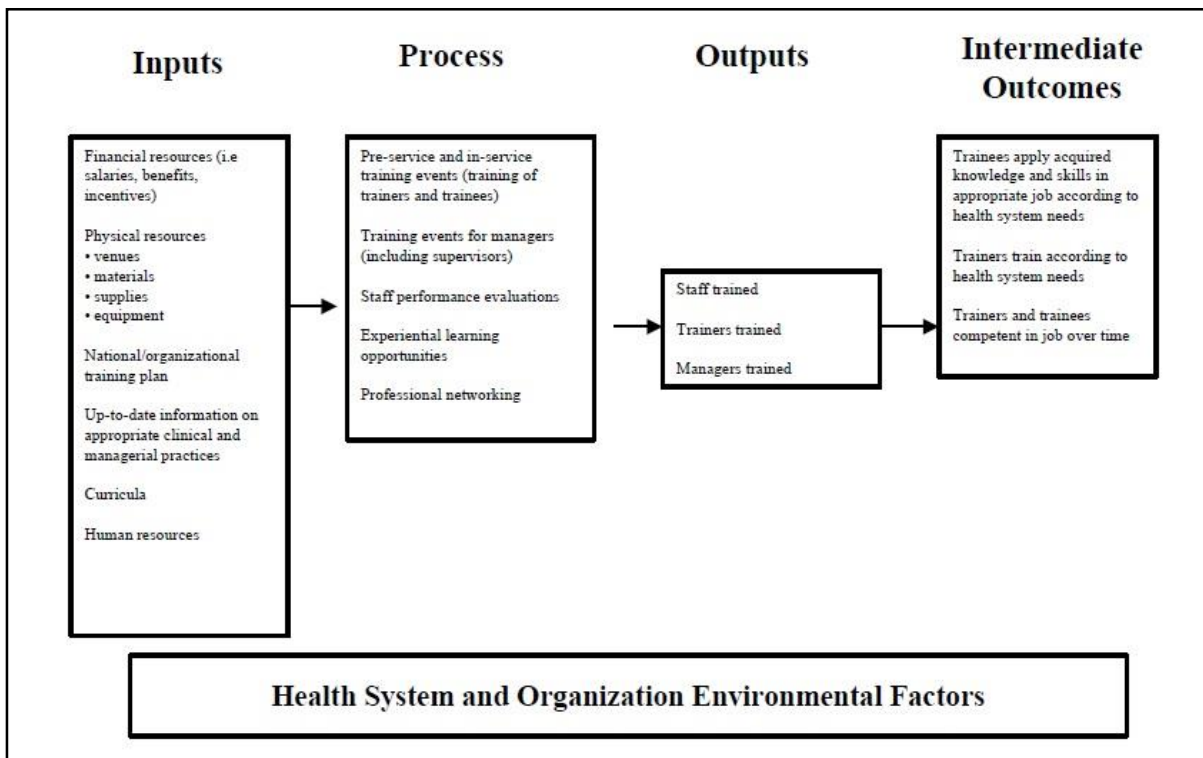


Figure9. Health Program Personnel (Source et al., 2001, 16)

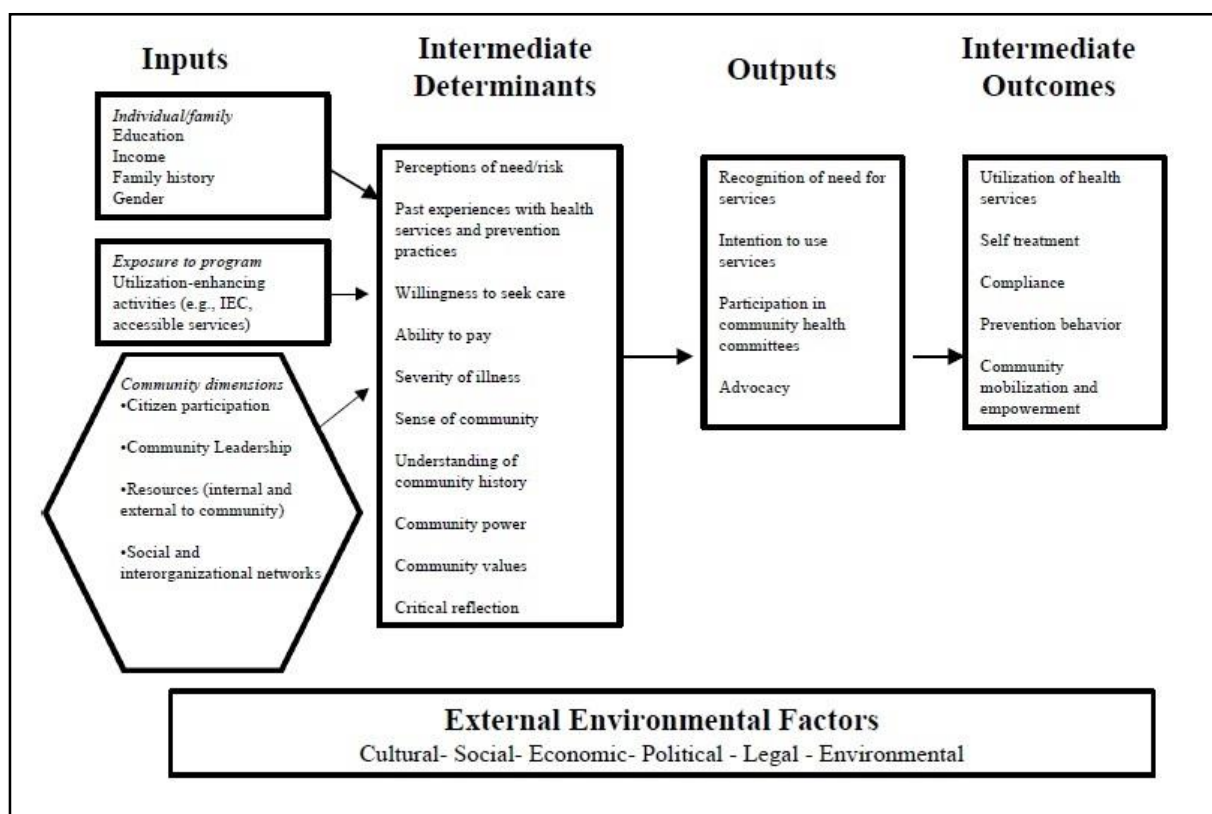


Figure10. Individual/Community Capacity (Source et al., 2001, 16)

The purpose of these frameworks is to breakdown capacity at each level into inputs, processes, outputs, and outcomes (i.e., the inputs (resources) and process )functions) required to produce capacity-related outputs, and outcomes) to understand its possible composition.

Each diagram contains illustrative components of capacity that are believed to contribute to performance at that level. Many of these elements of capacity also contribute to capacity and performance at other levels. It is important to note that these illustrative elements depict a potential map of capacity that represents the current status of capacity (in a system or organization) independent of or prior to any specific capacity-building intervention. As such, these frameworks could provide a starting point for determining critical gaps in capacity at the design phase of a project or activity, and for choosing appropriate capacity building interventions to fill these gaps.

They could then be used to guide planners in developing a strategy for monitoring and evaluating the effect of capacity building interventions (defining appropriate indicators, selecting data gathering tools, and a viable timeframe for assessing progress.(While it is useful to separate the levels of capacity for measurement purposes, they are clearly interdependent (as shown by the

overlapping ovals and the arrows connecting individuals/communities to the health system and its parts). A health system is made up of organizations and health personnel, and organizations cannot function without health personnel. Without individual users of health services and information the other levels cannot begin to perform effectively. Understanding the dynamics of capacity building at each level and between levels will guide the development of measurement strategies and techniques.

### **3. Research Method**

The research method is content analysis and the type of research is fundamental. The data collection method is basically library research.

### **4. Conclusion and Recommendation**

Capacity building in health is an important element that can be effective in improving health promotion (Hawe et al, 2001) and can play a prominent role in the performance of the health system (Brown et al, 2001). Our review showed that capacity analysis began from the individual level up to the social level. In each mentioned dimensions, there are various variables. In the destination dimension, there are variables such as: 1) political situation 2) economic conditions 3) regulatory standards 4) local urban attraction and 5) cultural integration while in the organizational and institutional dimension, the variables contain: 1) Buildings and facilities 2) Infrastructures and equipment 3) Quality of services and facilities 4) Human resources 5) Medical credit 6) Reputation 7) Commitment 8) Education; and in the tourist dimension the variables include: 1) Motivation 2) Cost 3) Reputation of the hospital 4) Specialist physicians 5) Quality of care 6) Knowledge 7) privacy.

It is also crucial to emphasize that social, cultural, political and economic dimensions generally play an important role in sustainable development of the regions, especially in the process of destination selection and the tourists' decision. Therefore, the conceptual model of capacity development of medical tourism presented in this study is based on the dimensions and variables mentioned above (Figure11). As our novel model depicts the socio-cultural, economic and political dimensions form the base for the tourist destination sustainable development. In our model the health system consists of three components including medical tourism destination, organizations and institutions in destination and medical tourists since each of them has its own variables within the two capacity levels of individual and social. This model is almost driven from the integration of principles of Smith & Forgione and Brown et al. Models; hence, it is concluded that this model could help the

planners and practitioners in capacity development of medical tourism by revealing the essential features and specifications of all settings of medical tourism.

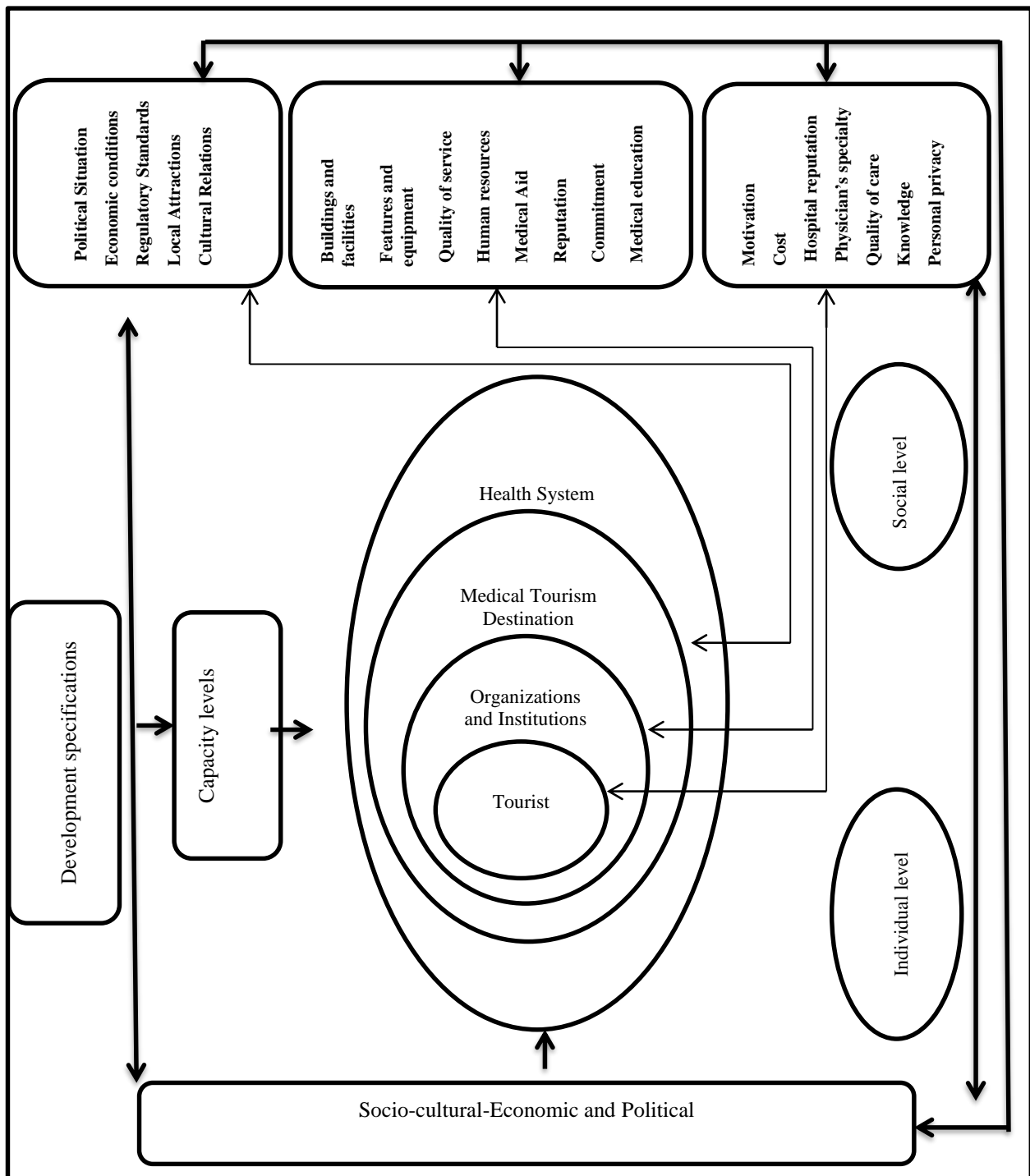


Figure3. The Novel Conceptual Model for Capacity Development of Medical Tourism (Source: Authors, 2019)

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