

# Parameters Identification Related to Design of Customer Relationship Management Structure for Health Tourism Facilitators in Iran: A Case Study of Iran

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*The Health Tourism Industry is burgeoning within Iran, presenting promising opportunities. Despite its relative infancy in the country, this sector predominantly comprises Small and Medium Enterprises (SMEs). These entities encounter a spectrum of challenges as they navigate the path to growth, with Customer Relationship Management (CRM) emerging as a prominent concern. Effective management of customer relations necessitates a comprehensive understanding of their diverse needs and challenges, spanning from initial engagement to the culmination of the relationship. Designing an effective CRM structure requires a meticulous exploration of these facets throughout the customer journey. In our study, we conducted a literature review to explore these challenges and employed a qualitative approach, conducting semi-structured interviews with seven Iranian health tourism facilitators. Through framework analysis, we identified key insights into CRM challenges and strategies. Our thematic analysis revealed seven pivotal themes germane to CRM within Iranian health tourism facilitation: Initial customer engagement; Transformation of information between customers and health tourism facilitator; Data assessment and Challenges in information exchange; Perception of service quality factors; Cultural and national considerations; Monitoring and oversight; and Stress mitigation strategies*

**Keywords:** customer relationship management, health tourism, health tourism facilitators, health care, customer journey

## Introduction

The health tourism industry in Iran has garnered significant attention in recent years, driven by its appeal due to the combination of low costs and high-quality health services. The overall expenses incurred, encompassing both health services and travel expenditures in Iran, are notably lower compared to many other countries (Ebrahimzadeh 2013, Asadi 2011, Wan Normila 2012). This serves as a substantial competitive advantage for the health tourism market in Iran, rendering it both profitable and attractive to investors and potential customers. Prior to the onset of the COVID-19 pandemic, predictions indicated that this industry could surpass 3 billion US dollars by the end of 2025 (Larisa 2017).

Health tourism companies play a pivotal role in streamlining the process of travel and healthcare provision for customers. They offer a comprehensive range

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of services, including accommodation, visa assistance, transportation, translation, and medical/wellness services, thereby enhancing the overall travel experience for customers (Gan 2011, Quintela 2011).

Each phase within health tourism businesses constitutes a layer contributing to the total value generated by services. The perceived value by customers is intricately linked to the quality of each of these processes (Anshari and Almunawar 2012). The primary stages in the customer journey within health tourism facilitators include data transformation, data assessment, diagnosis, treatment, and control. These stages encompass various processes, all of which are deemed significant and collectively contribute to the overall value of the services provided by health tourism facilitators. Therefore, a meticulous design of each stage within the Customer Relationship Management (CRM) structure is imperative (Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari et al. 2012).

In the realm of health tourism facilitators, customer relationship management is deemed crucial from the initial interaction with potential customers to the culmination of their travel. A key factor underscoring this importance is the sensitivity associated with certain medical requirements, such as the secure transfer of medical information to facilitate necessary diagnostic and medical processes. The structured implementation of CRM ensures the seamless collection and transfer of data among the firm, customers, and health service providers, thereby making the facilitation process genuinely effective (Alshawi 2003, Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari and Almunawar 2012, Low and Wint 2012).

This recognition of importance prompts us to identify key parameters related to the design of customer relationship management structures for health tourism facilitators in Iran. Our aim is to assist Iranian (and other) health tourism facilitators in developing their CRM processes and structures. While CRM encompasses various components, this paper specifically focuses on the customer journey. Our objective is to identify and address the primary challenges and barriers customers encounter throughout their journey from the initial contact with a health tourism facilitator, during their travel to Iran and the receipt of services, to the conclusion of their travel and return to their homeland. We hope that the findings of this research will empower health tourism companies to revamp their CRM processes and elevate the quality of services across all layers of their service offerings. In this paper, we undertook a comprehensive literature review to grasp the nuanced challenges confronting health tourism facilitators in the realm of CRM. Drawing upon various CRM models tailored to this sector, we opted for a qualitative approach, utilizing semi-structured in-depth interviews with seven major Iranian health tourism facilitators. Through these interviews, we sought to unearth the multifaceted dimensions of customer relationship management and the associated challenges faced by these companies. Subsequently, employing the framework analysis method, we dissected the gathered data to unveil meaningful insights. These findings provide actionable insights for enhancing customer satisfaction and fostering enduring relationships in this burgeoning sector.

## Literature Review

### *Tourism and Health Tourism*

The term "tourism" was first coined in 1811, originally denoting travel with the purpose of experiencing nature, history, or culture (Mahallati 2001). Over time, the connotation of this term has evolved, and today, tourism encompasses all activities undertaken by a traveler when visiting a location distant from their home (Smid and Zwart 2002). In contemporary usage, tourism encompasses any activities an individual engages in during travel to a place that extends beyond 24 hours but is less than a year in duration, with objectives ranging from pleasure and business to treatment, education, sports, and more (Sadr Mousa 2007). Tourism and travel agencies play a crucial role in attracting tourists and organizing tours which can contribute to structural changes in rural settlements that serve as the route and destination of tourism (Shafieisabet and Haratifard 2020).

The landscape of tourism has diversified into various branches due to the multitude of goals people pursue during their travels (Nouri 2001). One such branch is health tourism, a form of tourism aimed at achieving healing or attaining mental and physical wellness (Larousse Dictionary 1974). Health tourism is actively practiced in Iran, attracting numerous health tourists to the country each year (Ebrahimzadeh et al. 2013).

In a crowded global marketplace, destinations are competing against each other to attract tourists; and culture is one of the most important elements in the tourism product, as it offers an authentic and distinctive trait to the destination. (Sayeh 2022) However, inadequate management of cultural differences within the health tourism sector can precipitate dissatisfaction among clientele, thus posing a formidable challenge. This phenomenon arises from a potential mismatch between customer preferences and the services rendered, attributable to insufficient understanding or acknowledgment of diverse cultural nuances (Izadi et al. 2013, Tabibi et al. 2012).

Several key factors contribute to the growth of health tourism (Rokni et al. 2010):

- 1) Existence of long queues for health services in homeland
- 2) Higher quality of health services in destination
- 3) Lower costs of health services in destination
- 4) Higher technologies and standards of health services in destination
- 5) Attractive natural, historical, or cultural places in destination

### *Customer Relationship Management*

Customer relationship management is a strategic approach that is concerned with creating improved shareholder value through the development of appropriate relationships with key customers and customer segments. CRM unites the potential of relationship marketing strategies and IT to create profitable, long-term relationships with customers and other key stakeholders. CRM provides enhanced

opportunities to use data and information to both understand customers and cocreate value with them. This requires a cross-functional integration of processes, people, operations, and marketing capabilities that is enabled through information, technology, and applications (Payne and Frow 2005).

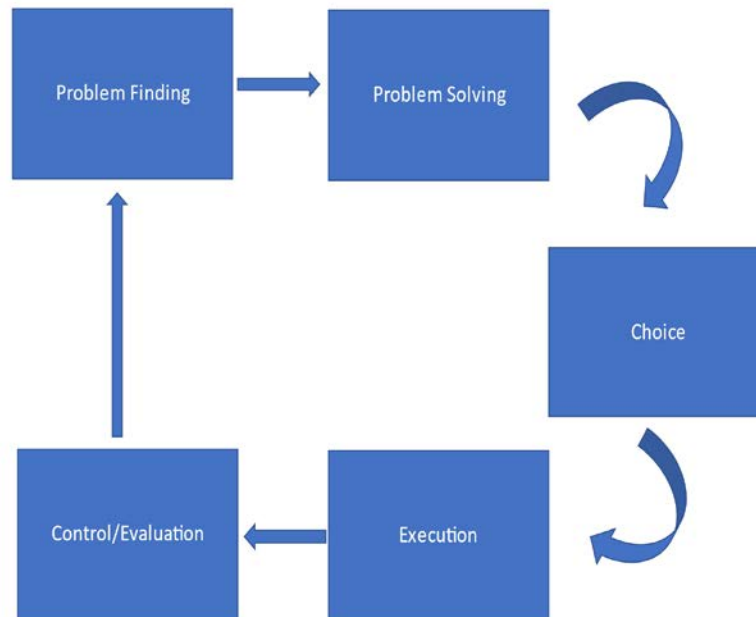
The implementation of CRM processes is associated with better company performance. The more firms engage in implementing CRM processes, the better they perform (Reinartz et al. 2004).

### *Health Tourism and Customer Relationship Management*

The quality of Customer Relationship Management (CRM) stands out as a significant source of competitive advantage for firms (Hosseini 2008). However, in the context of health tourism in Iran, the primary competitive edge is derived from the combination of low costs and high-quality health services, with comparatively less emphasis on CRM (Izadi et al. 2012). The growth of health tourism in Iran is intricately linked to the quality of relationships with customers and the effectiveness of service facilitation, both serving as crucial parameters (Gholami et al. 2020). Challenges associated with customer relationships are acknowledged as barriers to the expansion of health tourism in Iran (Bahadori et al. 2017).

A notable weakness within the health tourism industry in Iran is the perceived low quality of effective communication and follow-ups between health tourism facilitators and customers (Hosseini et al. 2015). The failure to establish effective customer relationships can be attributed to various factors, including cultural differences and a lack of knowledge and training regarding customer needs (Izadi et al. 2013, Tabibi et al. 2012). Creating an environment of trust and fostering effective communication emerge as two pivotal success factors in customer acquisition within health tourism in Iran (Zahmatkesh and Mohammadpour 2020). Moreover, within the value chain of health tourism, CRM stands as a central element (Karadayi-Usta and SerdarAsan 2020). It plays a crucial role in building trust among customers, contributing to their loyalty and satisfaction in the realm of health tourism (Sethi 2021).

Anshari has undertaken efforts to devise an effective CRM structure specifically tailored for health-related companies (Almunawar and Anshari 2011, Almunawar and Anshari 2012, Anshari et al. 2012). The model generated in these publications incorporates a structure called Value Shop, elucidating processes related to diagnosis and treatment—two integral components of the health tourism value chain. This model comprises five stages: problem finding, problem solving, choice, execution, and control/evaluation.

**Figure 1.** Anshari Value Shop Model

Source: Anshari 2011.

The significance of data collection and transfer in health-related services, such as the health tourism industry, lies in the fact that the generation of medical treatment plans relies on these data, integrated within CRM processes. This importance forms the foundation of Alshawi's endeavors to construct a model for information management in this sector (Alshawi 2003). Quality assessment for collected data is imperative, as any errors pose a high risk and can be potentially fatal for customers in the health tourism sector. This underscores the critical need for an efficient CRM structure among health tourism facilitators.

Comprehensive understanding of all parameters associated with the perceived quality of customers in the health tourism industry is instrumental in designing an effective CRM structure. Quintela's research in this field has identified and elucidated these pertinent parameters (Quintela 2011).

A pivotal factor for success in CRM implementation is a thorough understanding of all processes linked to customers (Almotairi 2009, Bohling 2006, Mendoza 2007). This comprehension is essential in ensuring that CRM systems are strategically aligned with the multifaceted needs and expectations of customers within the health tourism industry.

## Research Gaps

Research in the health and health tourism sectors consistently emphasizes the pivotal role of CRM in the growth and success of firms. However, significant

research gaps exist, particularly in areas crucial for understanding challenges and barriers within the context of CRM in these sectors.

### *Customer-centric Challenges and Barriers in CRM*

A comprehensive exploration of the challenges and barriers faced by customers in their interactions with health tourism facilitators is conspicuously lacking. Identifying and addressing these customer-centric challenges is imperative for elevating levels of satisfaction and fostering loyalty within the industry (Izadi et al. 2012, Izadi et al. 2013, Tabibi et al. 2012, Almotairi 2009, Bohling 2006, Mendoza 2007).

### *Communication, Data Collection and Assessment in Health Tourism*

While the significance of data collection and transfer has been highlighted, there exists limited research that delves into the specific challenges associated with these processes in the context of the health tourism industry. Investigating these obstacles and devising solutions holds the potential to significantly enhance the efficiency of CRM structures within the sector (Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari et al. 2012, Gholami et al. 2020, Bahadori et al. 2017, Hosseini et al. 2015).

A focused examination of the customer journey in the health tourism sector, with the explicit goal of identifying and addressing these research gaps, would contribute significantly to the development of more robust CRM strategies for health tourism facilitators in Iran. By filling these gaps, future research can provide actionable insights that facilitate the design and implementation of CRM structures that better serve the diverse and evolving needs of both the industry and its customers.

## **Theoretical Framework**

The theoretical framework of this research is developed based on a comprehensive literature review and the identification of gaps in prior research. It draws upon the authors' insights into the relationships and gaps within the context of discussion. The primary focus of this framework is on the main stages of the customer journey in the health tourism sector, serving as the foundation for generating semi-structured interview questions and designing themes for thematic analysis.

*Data Transfer (First Stage):*

- Processes aimed at obtaining a clear understanding of the customer's health condition.
- Facilitates the collection of information necessary for devising a tailored medical plan.

*Data Assessment (Second Stage):*

- Involves the evaluation and analysis of the collected data.
- Crucial for ensuring the accuracy and relevance of the information gathered.

*Medical Plan Finalization (Third Stage):*

- The stage where the medical plan is refined and finalized.
- Incorporates collaborative decision-making between health tourism facilitators and customers.

*Travel Plan Generation and Service Reception (Fourth Stage):*

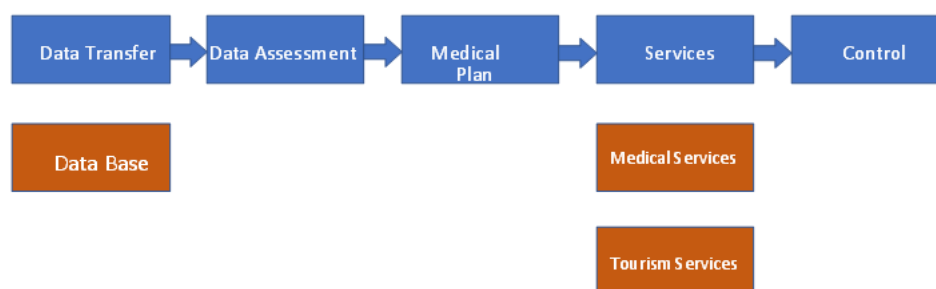
- Involves the formulation of the travel plan for the customer.
- The customer travels to the destination and receives the planned medical services.

*After-Service Follow-Ups (Last Stage):*

- Post-service engagement where health tourism facilitators provide follow-up care.
- Aims to assess the customer's post-treatment condition and address any concerns or issues.

This theoretical framework establishes a structured approach to understanding the dynamics of the customer journey in health tourism. Each stage represents a critical component in the overall process, and the framework serves as the basis for the formulation of interview questions. By exploring each stage through qualitative interviews and employing thematic analysis, this research aims to contribute valuable insights into the challenges and opportunities within the CRM structure of health tourism facilitators in Iran.

**Figure 2.** *Theoretical Framework*



## **Methodology**

### *Data Collection Method*

Scientific research can be divided into two subcategories of quantitative and qualitative. Qualitative approaches light up the problem from different angles and from different perspectives of people who have the problem. Qualitative approaches change their progress with respect to new data generated during the research, so it is common to use semi-structured or non-structured questions during these approaches (Yin 2011).

In this research we seek a better understanding of relationships between customers and health tourism facilitators, to use them as a tool for generation of CRM structure. With respect to research gaps and the need of more research in this topic, we can see that there are lots of hidden aspects and dark corners in this topic, which guides us towards qualitative approaches. These approaches give us the opportunity to look deeper at the problem (Yin 2011). These approaches help us with a complete exploration on the subject (McCracken 1988). We don't have much control on the parameters and events which are effective on the subject, so the case study methodology is suitable for this research. (Yin and DeVaney 2015, McCracken 1988)

Most health tourism facilitators in Iran are small to medium size companies and managers of such companies are those who have a complete big picture on the customer journey which is the subject of this research. Also, we use the snowball method for our sampling (Goodman 1961) and saturation standard to stop our interviews (Patton 1990).

Between different methods of qualitative research for data collection, semi-structured interview is suitable to gather information about individuals' experiences and opinions on the subject (Mack et al. 2005) and it is our choice.

### *Semi-Structured Interview*

We conducted interviews with senior managers representing seven prominent health tourism facilitators in Iran. All interviews were meticulously recorded and transcribed for analysis. Our interview protocol was rooted in a robust theoretical framework; however, the dynamic and exploratory nature of our research necessitated nuanced adjustments to the line of questioning during each interview. This adaptability allowed for comprehensive exploration of various facets of the customer journey, as follow-up inquiries were tailored to the specific responses provided. Notably, the structure of each interview was iteratively refined based on insights gleaned from preceding data. For clarity, the primary interview questions are detailed in Table 1, while Table 2 presents the list of interviewees.



**Table 1.** *Semi-structured Interview Questions*

#	Question
1	What constitutes the primary communication channels between customers and the firm?
2	What challenges and preferences characterize the communication channels for customers?
3	How does the firm guide customers between various communication channels?
4	What crucial information is collected from customers prior to their travel?
5	What information does the firm furnish to customers before their travel?
6	What inquiries are typically posed by customers before their travel?
7	How do you evaluate the quality of information provided by customers?
8	What are the predominant causes of customer dissatisfaction during travel?
9	Which elements do your customers deem critical in assessing service quality?
10	What key factors prompt you to revise or enhance your service offerings?

**Table 2.** *List of Interviewees*

Number	Name	Sex	Title	Establishment year	Size	Domain
1	Firm 1	Male	CEO	2017	Small	Cosmetic, medical
2	Firm 2	Female	CEO	2016	Medium	Cosmetic, medical
3	Firm 3	Male	CEO	2017	Small	Cosmetic, medical
4	Firm 4	Male	CEO	2017	Small	Cosmetic, dental
5	Firm 5	Male	CEO	2016	Small	medical
6	Firm 6	Male	CEO	2016	Small	Cosmetic, medical
7	Firm 7	Male	CEO	2016	Small	Cosmetic

### *Data Analysis Method*

Thematic analysis was employed to construct a thematic framework following the transcription of all interviews. A meticulous examination of the gathered information enabled the extraction of ideas, insights, and hypotheses articulated by the interviewees. Subsequently, the data within the transcripts underwent coding, facilitating the organization of data into coherent groupings based on identified codes. Through this process, overarching themes were delineated, each named in accordance with its inherent meaning and characteristics. Finally, the thematic framework was formulated, comprising interrelated themes and subthemes derived from the data analysis.

### **Results**

After conducting framework analysis, a thematic framework was derived and is presented in Table 3. The framework comprises seven main themes, with several containing sub-themes and further delineated into sub-sub-themes.

**Table 3. Thematic Framework**

Theme	Sub-theme	Sub-sub-theme
Initial customer engagement	Online interaction	
	Offline interaction	
Data transmission	Customer-to-Firm communication	Medical information
		General information
	Firm-to-Customer communication	Medical plan
		Medical center/staff information
	Firm-to-health center communication	
Firm-to-staff communication		
Challenges in information exchange	General information evaluation	
	Medical information evaluation	Risk assessment
		Treatment plan selection
Cultural hurdles		
Perception of service quality factors	Physical appearance considerations	Health protocols at hotels
	Pricing dilemmas	Global pricing
		Fee for service pricing
	Communication obstacles	Language and accent
		Translator training
	Unexpected plan changes	
	Waiting queues and timing	
After service dissatisfactions		
Additional services		
Cultural and national considerations	Food-related challenges	
	Political challenges	
Monitoring and oversight		
Stress mitigation strategies		

*Initial Customer Engagement*

The initial customer interaction marks the entry point into the marketing funnel. It serves as the starting point for customers to engage with the organization, seeking details regarding desired services, associated costs, and occasionally, discussing medical concerns and needs. Typically, this first contact occurs through two primary channels: online and offline. Online interactions encompass various forms of communication such as social media, messaging platforms, emails, or contact forms on websites. Conversely, offline communications occur when customers utilize intermediaries like sales representatives, brokers, or partners to engage with the company.

Online Interaction

The majority of online leads originate from company websites, with many individuals opting to engage through online chat plugins. Notably, companies often seek to transition these website-based conversations to WhatsApp for continued communication. A significant challenge faced by companies is the risk of losing leads due to delayed responses. Conversion rate optimization strategies advocate for expediting the customer feedback loop to increase lead conversion

rates. While other online channels are utilized by various companies, they do not universally serve as the primary communication channels across all cases studied.

#### Offline Interaction

Offline communications involve three key stakeholders: the company, the customer, and the broker. Brokers typically hail from the same homeland as the customer or possess fluency in the customer's native language. In such instances, the broker serves as a pivotal figure of trust for customers. This trust-centered relationship proves particularly effective in countries like Iraq, where trust holds significant sway in consumer decision-making processes, thereby benefiting the company.

#### *Data Transmission*

The theme of data transfer encompasses all processes involved in the exchange of information among customers, the company, and service providers. This overarching theme comprises three sub-themes, each of which constitutes essential components to consider when designing a database for a health tourism facilitator in Iran.

#### Customer-to-Firm Communication

This sub-theme encapsulates all the requisite data that must be acquired from customers. A health tourism facilitator typically requires two types of data from customers. Firstly, medical information encompasses all pertinent medical background documents and files necessary for the facilitator to formulate a customized medical plan. The extent of required medical information varies based on the nature of the health services sought, with higher-risk procedures typically necessitating more comprehensive data. Secondly, general information can be collected from customers through a unified online form. This information encompasses all details necessary for the health tourism facilitator to orchestrate the customer's travel arrangements.

#### Medical Information

Health tourism facilitators rely on this data to evaluate the health condition of customers and determine the feasibility of providing health services for each case. This information plays a crucial role in tailoring the service delivery method, which in turn may impact the final pricing. Additionally, it aids the medical team in assessing the medical risk associated with accepting a customer. Occasionally, the medical team may require recent medical test results, typically conducted within two months prior to the customer's contact with the company. Upon receipt of all requisite medical information for a specified service, the facilitator can accurately calculate the possibility, risk, and cost of the recommended medical service.

### General Information

From basic details such as name, age, and sex, to essential documents like scans of passports, health tourism companies require comprehensive information to facilitate the arrangement of travel plans for customers. This includes preferences regarding the desired date of travel, accommodations, dietary requirements, and other pertinent details. Once this information is received, the travel plan can be customized accordingly, with adjustments made as necessary, and the overall price can be accurately calculated.

### Customer-to-Firm Communication

Customers also seek diverse information from the company, including details about available doctors, testimonials from former customers, before-and-after pictures, information about hospitals, medical procedures, standards, equipment, and associated costs. Within this theme, two sub-sub themes emerge:

### Medical Plan Information

The primary information sought by customers typically encompasses testimonials, doctors' resumes, before-and-after pictures for cosmetic services, doctors' Instagram pages for insights into their practice, details on methodologies, equipment, and technology pertinent to specific services, estimated recovery times, and occasionally, general inquiries such as eligibility for a particular surgery based on the customer's condition. While trained CRM administrators often handle these queries, some may require consultation with the medical team for accurate responses.

### Medical Center/Staff Information

Questions of this category are about standards, quality, and technologies of medical centers.

### Firm-to-Health Center Communication

This entails a bilateral data exchange between health tourism facilitators and medical service providers, particularly for advanced and high-risk medical services. In such cases, data may need to be transmitted to hospitals or doctors to facilitate the selection of the most suitable treatment plan or method for a specific customer.

### Firm-to-Staff Communication

An effective strategy to expedite the customer feedback loop involves training CRM staff within the health tourism facilitator to address more technical inquiries independently, thus reducing reliance on medical service providers. In some cases, a supervisor with a medical background, such as a nurse, collaborates with CRM staff to impart basic or common medical knowledge relevant to customer inquiries. This approach ensures that only advanced queries, requiring specialized knowledge and experience, are referred to medical service providers.

*Challenges in Information Exchange*

This theme encompasses all challenges related to the receipt and assessment of the quality of information provided by customers, with a focus on information quality assessment. Within this theme, three sub-themes emerge:

General Information Evaluation

Errors in completing general information forms from customers can prove disastrous when attempting to obtain visas and arrange travel plans for customers.

Medical Information Evaluation

This stage presents the bulk of information challenges encountered. In the realm of cosmetic and plastic surgeries, some leads may exhibit undue meticulousness without requiring any actual services, while others may falsify information regarding their health conditions. For instance, there have been instances of individuals with AIDS who withhold their condition to undergo cosmetic surgery. Document forgery is another challenge encountered. Furthermore, some leads may withhold or misrepresent crucial data, or disclose new health information post-travel, rendering it too late for timely action. Additionally, in certain countries, medical test results may lack reliability due to deficiencies in accuracy, knowledge, or technology. Consequently, all interviewed cases unanimously underscore the necessity of reassessing customers' health conditions upon their arrival in Iran and conducting comprehensive medical tests anew to ensure the veracity of received data.

Risk Assessment

A comprehensive medical background check of customers serves as a vital tool for health service providers to evaluate the risk associated with providing the desired service to each customer. Based on the calculated risk, certain cases may be declined or subject to additional fees. These additional fees are allocated towards enhanced medical monitoring and checkups during and after the execution of the medical service. For instance, high-risk customers may necessitate an extended hospitalization period. However, the prospect of incurring extra costs may prompt some leads to withhold documents related to risk assessments, or to prematurely discharge from the hospital against medical advice. The process of full risk assessment comprises two phases: the initial assessment conducted before travel, involving the collection of all medical data and test results from customers, and the subsequent assessment post-travel, entailing new medical tests and checkups performed prior to the execution of the primary health service.

Treatment Plan Selection

The choice of treatment plan is determined by the health service provider based on the data received from the customer. However, there are instances where customers insist on receiving the service using a specific method, despite recommendations to the contrary from the medical team. For example, in one

interviewed case, the majority of hair transplant customers opt for the FUT method over the FIT method.

### Cultural Hurdles

Certain cosmetic surgeries necessitate the submission of photographs depicting specific parts of the customer's body to formulate a medical plan. However, in some Islamic countries, there is reluctance or refusal to send images related to the body due to cultural or religious considerations. Cosmetic procedures such as breast lift, butt lift, or liposuction exemplify the challenges posed by this cultural sensitivity.

### *Perception of Service Quality Factors*

This theme includes seven sub-themes which are focused on points which an issue can cause dissatisfaction, during travel to Iran.

### Physical Appearance Considerations

Factors such as visual aesthetics and the quality of accommodations in hotels and hospitals significantly influence customer satisfaction. Hospitals lacking proper appearance and ambiance may induce stress among customers, while similarly substandard hotels can result in dissatisfaction. Some interviewed cases advocate for the segregation of local and international patients during hospitalization, yet in practice, they often share accommodations. Moreover, other physical elements, such as a welcoming atmosphere and warm initial interactions, contribute to customer comfort and help mitigate stress and trust-related concerns.

### Health Protocols at Hotels

Another significant source of dissatisfaction arises when hotels fail to adhere to necessary health protocols for health tourism customers. For instance, following certain surgeries, customers may require confinement to their hotel rooms, with meals delivered to them rather than expecting them to visit the restaurant. Moreover, specific dietary requirements, such as the need for liquid-based foods like soup, must be accommodated. It is imperative that hotels fulfill all customer requests within their rooms. Additionally, hotels should be prepared and alerted for any potential emergency situations that may arise during the recovery period.

### Pricing Dilemmas

This part is related to problems and dissatisfactions that are related to pricing formats of health tourism facilitators and it possesses two sub-sub-themes.

### Global Pricing

In this pricing method, a fixed final price is provided to the customer for the entire package, with no adjustments under any circumstances. While this approach typically fosters customer satisfaction by eliminating concerns about additional expenses during travel, it poses certain risks for health tourism facilitators. One such risk arises when unforeseen medical complications occur during the

execution of the medical service, necessitating additional work and costs for the facilitator. For example, prolonged hospitalization may lead to increased expenses for the company. In some instances, doctors may resort to using lower quality materials or even previously used materials to mitigate costs, placing customers in a precarious and potentially hazardous position. Moreover, such practices are entirely unlawful.

#### Fee for Service Pricing

This method entails the establishment of a global price, initially calculated based on predetermined costs associated with a specific medical service. However, after the service is rendered, additional costs may be incurred based on the procedures undertaken, necessitating customers to settle the remaining balance on the clearance date. While this approach affords greater financial security for the health tourism facilitator, customers often find it undesirable as the final price typically deviates from the initially announced price. Furthermore, there are inherent risks associated with this method. Hospitals may engage in overcharging practices by appending a lengthy list of services at the conclusion of the treatment, some of which may be unnecessary. Ultimately, hospitals seek to maximize revenue from each patient. As a precaution, some interviewees disclosed that they had to enlist the services of an accountant solely to scrutinize hospital bills and ensure that no extraneous charges were included beyond what was genuinely necessary.

#### Communication Obstacles

Communication challenges arise when the health tourism facilitator encounters difficulties due to unfamiliarity with the customer's native language throughout the entirety of the customer journey. Translators, who often serve as tour leaders within health tourism facilitators, constitute the primary point of contact for customers. Serving as the face of the company, any challenges that emerge between translators and customers can significantly impact satisfaction levels. Translators essentially serve as the customers' escorts during their travel, necessitating a comprehensive understanding of every aspect of the process and the customers' needs.

#### Language and Accent

Translators tasked with escorting customers must possess a thorough understanding of health tourism protocols and customer requirements. They should adeptly address customer inquiries, effectively communicate with medical professionals, and possess the ability to comprehend both the needs of the customers and the circumstances they encounter. Within hospital settings, translators play a crucial role in facilitating communication between customers, doctors, and nurses. They are responsible for ensuring that customers comprehend instructions from medical staff and are familiarized with hospital rules and regulations.

### Translator Training

In addition to possessing professional language and communication skills, translators must also possess adequate medical knowledge to effectively convey various situations to customers, liaise with health centers, and address inquiries. Translators are expected to translate and assist customers in completing hospital reception forms, as well as provide guidance on suitable food options. Moreover, they play a pivotal role in alleviating boredom and making waiting periods in hospitals more tolerable by introducing engaging activities. Thus, comprehensive training within the health tourism facilitator is essential to equip translators with the requisite skills and knowledge.

### Unexpected Plan Changes

When a customer opts to alter a plan devised by the health tourism facilitator, it can lead to significant complications. Health tourism facilitators must be equipped to swiftly accommodate such changes and reorganize the existing plan. Fortunately, our research indicates that these changes typically have discernible causes and can be anticipated by health tourism facilitators. Customers may decide to change their accommodation, such as requesting a different hotel room or even switching hotels altogether, if their expectations are not met. Additionally, some customers may seek to change their assigned doctor after an initial consultation. Furthermore, preferences regarding the need for a private nurse to attend to them in the hotel may also change following travel.

### Waiting Queues and Timing

Customers often find themselves waiting in queues during hospital reception or clearance stages, which can quickly lead to dissatisfaction due to stress and anxiety. Customers anticipate receiving each aspect of the service at the highest possible quality, making waiting in queues particularly irksome. In such instances, translators must employ various strategies to help customers pass the time more quickly and alleviate their discomfort. This may involve offering refreshments such as food or drinks, as well as engaging them with other forms of entertainment or distractions.

### Additional Services

Side services often pertain to the travel and tourism aspects of the service, including activities such as one-day tours, visits to shopping malls, and dining at restaurants. However, a significant challenge arises concerning currency exchange for customers, particularly when they wish to make purchases. Due to economic sanctions, credit and debit cards are not easily accepted in Iran. Therefore, translators must exercise caution and be prepared to offer money exchange services to customers promptly when needed.

### After Service Dissatisfactions

After cosmetic surgeries, it's common for the operated area to swell for a period, which typically subsides within a few days. However, customers may experience dissatisfaction upon seeing the immediate post-surgery results.



Additionally, they may struggle to trust the process and await the resolution of swelling, especially considering the need to return to their homeland without direct access to the operating doctors. Furthermore, there's a risk of postoperative infection in some cases, necessitating ongoing medical follow-ups. Establishing communication between the customer's local doctor and the health tourism facilitator becomes essential in such instances.

### *Cultural and National Considerations*

These challenges stem from cultural and nationality disparities, which have the potential to cause customer dissatisfaction. This theme encompasses two sub-themes:

#### Food-Related Challenges

Food serves as a significant source of dissatisfaction, as reported by interviewees. Both hotel and hospital meals often fail to align with the cultural preferences and dietary desires of customers. Understanding and accommodating the culinary preferences of each nationality is crucial. For instance, Chinese individuals may struggle to adapt to Persian cuisine, while Arab clientele prefer moist or oily dishes over dry ones.

#### Political challenges

Political issues in certain countries may result in heightened visa rejection rates. Additionally, Iran's status as an Islamic nation entails adherence to specific religious regulations, which visitors must respect. However, customers may occasionally misinterpret or overlook these rules, necessitating corrective action by health tourism facilitators through informed education and communication.

### *Monitoring and Oversight*

This aspect involves the supervision of CRM staff, transfer personnel, doctors, hospitals, and clinics. There is a risk of CRM staff or other personnel exploiting their positions for personal gain, such as by offering services outside the scope of the health tourism facilitator's purview. To mitigate this, any personal relationships between customers and staff outside of the facilitator's jurisdiction should be prohibited.

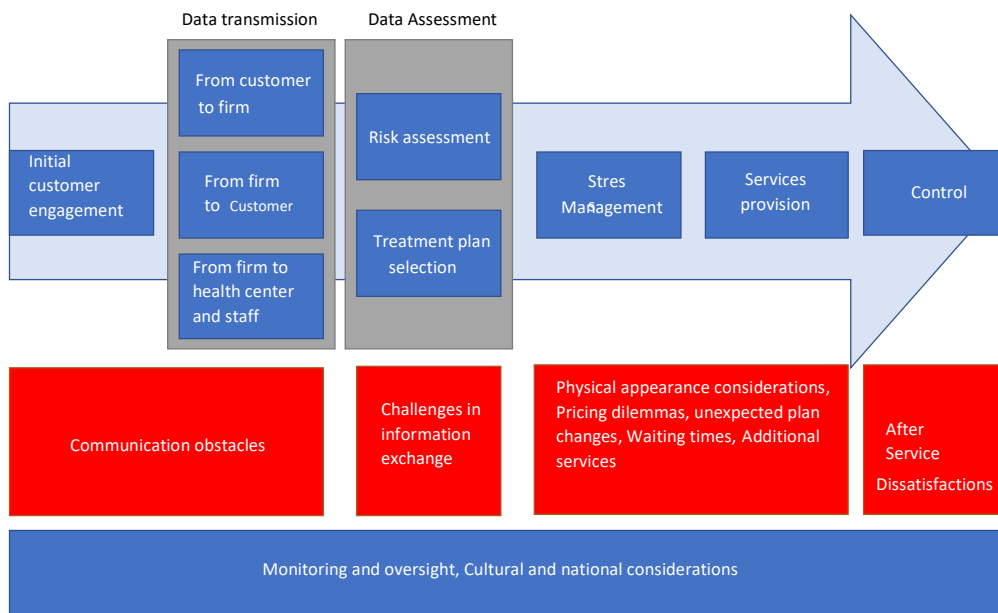
### *Stress Mitigation Strategies*

Customers commonly experience stress due to factors such as being in a foreign country with a different language, their medical condition, and uncertainties regarding medical outcomes. To alleviate stress, translators must remain readily available and approachable to customers. Additionally, pre-travel online consultations with the medical team and visits to the medical center before hospitalization can help ease anxiety. Providing engaging activities to amuse customers can also prove effective in stress reduction.

**Discussion**

Previous research in the field of CRM for health tourism facilitators predominantly concentrated on the medical aspects of the customer journey. However, this study adopts a comprehensive approach to the customer journey, endeavoring to encompass all CRM-related challenges encountered by companies and customers alike. Our theoretical framework, initially comprised of five stages of data transfer, data assessment, medical plan, services, and control, served as the foundation for this research. Yet, through our research and framework analysis, we have identified seven overarching themes, prompting a restructuring of our theoretical framework into six stages. These stages include initial customer engagement, data transmission, data assessment, stress management, service provision, and control. Each stage comprises various components, themes, sub-themes, and sub-sub-themes, as depicted in Figure 3.

**Figure 3. Extracted Framework**



**Conclusions**

Customer Relationship Management (CRM) plays a pivotal role in the success of health tourism facilitators, serving as a key determinant of growth and customer satisfaction. However, previous studies have often fallen short in presenting a comprehensive overview of the customer journey and the myriad challenges faced by customers throughout this process. Addressing this gap, our research employs framework analysis to identify and extract the major challenges encountered by customers from the initiation to the culmination of their journey. Thematic analysis revealed seven pivotal themes germane to CRM within Iranian health tourism facilitation:

- 1) Initial customer engagement
- 2) Transformation of information between customers and health tourism facilitator
- 3) Data assessment and Challenges in information exchange
- 4) Perception of service quality factors
- 5) Cultural and national considerations
- 6) Monitoring and oversight
- 7) Stress mitigation strategies

By shedding light on these challenges, our aim is to equip health tourism facilitators with the insights needed to proactively mitigate potential issues and enhance customer satisfaction. Through our findings, we contribute to the refinement of existing models in the literature and highlight key pain points in the customer journey, offering valuable guidance for industry practitioners. The managerial implications derived from this research hold significant relevance for health tourism facilitators, particularly in the design and implementation of a comprehensive Customer Relationship Management (CRM) structure. By elucidating the nuanced challenges inherent in CRM within the health tourism sector, this study equips facilitators with insights essential for the proactive mitigation of potential issues. Moreover, the emphasis on enhancing customer satisfaction underscores the pivotal role of CRM in fostering enduring relationships with clientele. As facilitators adeptly navigate these challenges and prioritize customer-centric strategies, they stand to realize not only immediate benefits in the form of heightened customer satisfaction but also long-term gains in profitability. This research underscores the imperative for health tourism facilitators to integrate CRM practices tailored to the sector's unique demands, thereby fortifying their competitive stance and ensuring sustained business success.

## References

- Almotairi M (2009) A framework for successful CRM implementation. In *European and Mediterranean Conference on Information Systems*.
- Almunawar M, Anshari M (2011) Improving customer service in healthcare with CRM 2.0. *Global Science and Technology Forum (GSTF) Business Review* 1(2).
- Alshawi S (2003) Healthcare information management: The integration of patients' data. *Logistics Information Management* 16(3/4): 286–295.
- Anshari M, Almunawar M (2012) Evaluating CRM implementation in healthcare organization. In *International Conference on Economics and Business Information (ICEBI 2011)*.
- Anshari M, Almunawar M, Low P, Wint Z (2012) Customer empowerment in healthcare organizations through CRM 2.0: Survey results from Brunei tracking a future path in E-Health research. *Austrian Journal of South-East Asian Studies* 5(1): 139–151.
- Asadi R (2011) Strategies for development of Iran health tourism. *European Journal of Social Sciences* 23(3): 329–344.
- Bahadori M, Malmir R, Alimohammadzadeh K, Yaghoubi M, Hosseini M (2017) Identifying and prioritizing barriers to health tourism using the analytical hierarchy process. *International Journal of Travel Medicine and Global Health* 5(16): 33–35.

- Bohling T (2006) CRM implementation: Effectiveness issues and insights. *Journal of Service Research* 9(2): 184–194.
- Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.
- Ebrahimzadeh I, Sakhavar N, Taghizadeh Z (2013) Comparative study of health tourism potentials in Iran and India. *Journal of Subcontinent Researches* 5(15): 51–78.
- Gan LL (2011) Medical tourism facilitators: Patterns of service differentiation. *Journal of Vacation Marketing* 17(3): 165–183.
- Gholami M, Keshavarz A, Abadi H, Milady S (2020) A systematic review of the factors affecting the growth of medical tourism in Iran. *International Journal of Travel Medicine and Global Health* 8(28): 1–12.
- Goodman LA (1961) Snowball Sampling. *The Annals of Mathematical Statistics. Institute of Mathematical Statistic* 32(1): 148–170.
- Hosseini K (2008) Strategic planning and management. *Saffar Publication*.
- Hosseini M (2015) Development strategy of health tourism in Iran. *International Journal of Travel Medicine and Global Health* 3(4): 153–158.
- Hosseini M, Maher A, Safarian O, Ayoubian A, Sheibani D, Amini H, et al. (2015) Development strategy of health tourism in Iran. *International Journal of Travel Medicine and Global Health* 3(11): 153–158.
- Izadi M, Saadat H, Ayoubian A, Hashemi Dehaghi Z, Karbasi M, Jalali A (2013) Health tourism in Iran; Identifying obstacles for development of this industry. *International Journal of Travel Medicine and Global Health* 1(2): 89–94.
- Izadi M, Ayoubian A, Nasiri T (2012) Situation of health tourism in Iran; opportunity or threat. *Iranian Journal of Military Medicine* 14(2): 69–75.
- Karadayi-Usta S, SerdarAsan S (2020) A conceptual model of medical tourism service supply chain. *Journal of Industrial Engineering and Management* 13(2): 246–265.
- Larisa ILF (2017) Medical tourism market trends - An exploratory research. In *11th International Conference on Business Excellence*.
- Larousse Dictionary (1974) Paris: Larousse.
- Mack N, Woodsong C, MacQueen KM, Guest G, Namey E (2005) *Qualitative Research Methods: A data collector's field guide*. Family Health International. Available at: [https://pdf.usaid.gov/pdf\\_docs/Pnadm310.pdf](https://pdf.usaid.gov/pdf_docs/Pnadm310.pdf).
- Mahallati S (2001) *An introduction to tourism*. Shahid Beheshti University Press.
- McCracken G (1988) *The Long Interview: SAGE Research Methods*. SAGE Publications.
- Mendoza LE (2007) Critical success factors for a customer relationship management strategy. *Information and Software Technology* 49(8): 913–945.
- Nouri G (2001) The role of Iran on curative tourism in the Islamic world with an emphasis on nature therapy: Functions, Challenges and Guidelines. In *First International Conference on Tourism Management in Islamic Azad University of Marvdasht*.
- Patton MQ (1990) *Qualitative Evaluation and Research Methods*. 2nd Edition. SAGE Publications.
- Payne A, Frow P (2005) A strategic framework for customer relationship management, *Journal of Marketing* 69: 167–176.
- Quintela JA (2011) Service quality in health and wellness tourism – Trends in Portugal. *International Journal of Business, Management and Social Sciences* 2(3): 1–8.
- Reinartz W, Krafft M, Hoyer W (2004) The customer relationship management process: Its measurement and impact on performance. *Journal of Marketing Research* 41: 293–305.

- Rokni A, Ahmadpour M (2010) Study of health tourism in Kish Island based on the curative needs assessments in the Persian Gulf countries. In *Proceedings of the 6<sup>th</sup> National Conference on the Persian Gulf*, Volume 1, 235–250.
- Sadr Mousa M (2007) Evaluation of tourism facilities conditions of east Azarbaijan in terms of tourists. *Geographical Studies* 61: 129–143.
- Sayeh S (2022) Tourist's segmentation based on culture as their primary motivation, *Athens Journal of Tourism* 9(3): 183–194.
- Seidman I (2019) *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers College Press.
- Sethi H (2021) Winning the loyalty of international customers: A perspective from the international patients in India. *Sage Journals* 10(4).
- Shafieisabet N, Haratifard S (2020) The role of travel agencies' abilities in structural changes of rural settlements of the route and destination of tourism. *Athens Journal of Tourism* 7(3): 145–160.
- Smid S, Zwart P (2002) *Study on the situation of enterprises, the industry and the service sectors in Turkey, Cyprus, and Malta*. Lulea University of Technology.
- Tabibi SJ, Nasiripour AA, Ayubian A, Bagherian H (2012) The relation between information mechanisms and medical tourist attraction in hospitals of Tehran, *Journal of Health Information Management* 9(3): 416–423.
- Wan Normila M (2012) The moderating effect of medical travel facilitators in medical tourism. In *International Congress on Interdisciplinary Business and Social Science*.
- Yin RK (2011) *Qualitative research from start to finish*. New York: The Guilford Press.
- Yin RK, DeVane SA (2015) *Qualitative research from start to finish*. 2nd Edition.
- Zahmatkesh M, Mohammadpour F, Ardian A, Siadatan M, Oveisi M (2020) Factors affecting viral marketing in health tourism development. *Journal of Health Care Management* 11(2): 45–55.

