

Designing a health marketing model to improve the health of community in Iran

Abstract:

Background and purpose: Health marketing is gaining prominence as a vital field in both healthcare and marketing, especially in Iran, where improving the nation's health is of paramount importance. This study aimed to formulate a robust and comprehensive health marketing model tailored to the unique context of Iran. Conducted in 2023 in Tehran, this research employed a mixed-method approach.

Research method: In the qualitative phase, grounded theory was utilized to select 18 participants with expertise in executive management, healthcare service provision, marketing, and scientific knowledge. Semi-structured interviews were conducted, and Nvivo software facilitated data analysis. Subsequently, Delphi methodology was employed to gather insights, and the data was analyzed using the Partial Least Squares (PLS) software.

Findings: Among the interviewees, 62.75% were male, and approximately 31.37% possessed 15 to 20 years of work experience. Nearly 41.18% fell within the age bracket of 40 to 50 years, and 19 participants held doctoral degrees. The majority of interviewees were university faculty members and experts.

The qualitative phase identified influential variables categorized into causal factors, contextual factors, intervening factors, strategies, and consequences. The resulting model exhibited high internal validity (over 70% for each component), substantial measurement quality (over 39% for each component), and a strong goodness of fit (0.791 for the entire model).

Conclusion: The study's key findings highlighted the significant influence of intervening factors, phenomenon-oriented factors, and consequences on health marketing in Iran. These insights offer valuable guidance to decision-makers and healthcare managers in Iran, facilitating the enhancement of health marketing strategies to better serve the nation's public health objectives.

Keywords: Health marketing, Grand Theory approach, Structural Equation Modeling, Iran

Introduction:

Health has a central position in the sustainable development agenda. Sustainable development is development that meets the present needs without compromising the ability of future generations to meet their own needs. Health along with information technology, water, energy, biodiversity and agriculture is a critical issue that require special attention. Due to the major social, economic, political and technological transformations, healthcare managers have faced many challenges(1). These challenges include allocating limited health resources to the unlimited needs of people, using the health services efficiently, ensuring the quality and safety of services, organizing and managing the health system, and reducing inequality in access to health services. The studies conducted in Iran indicate low efficiency and productivity in healthcare organizations. The Quality has always been one of the biggest concerns of the country's health system(2, 3). In brief, health systems have three fundamental goals: improving the health of the population, responding to people's non-medical expectations, and protecting people from financial hardship due to health costs. These goals are different from other social sectors because the health care can cause catastrophic costs which are generally unpredictable(4). Thus, it is vital to protect people so that they do not have to choose between financial ruin and health loss (°).

The most important goal of knowledge expansion is to apply that to solve the problems. Removing existing barriers in health system such as lack of awareness, increasing confidence, shortage in resources and political commitment need to production and utilization of medical knowledge. This is reflected in the slogan "Knowledge to improve health" (6). Currently, health managers use the strategies to increase the profits of medical centers such as: new treatment methods as well as less expensive alternative treatments, providing special treatment packages for specific patients including screening, treatment and follow up care, designing website to introduce the hospital, specialist doctors and the services offered and using it to sell services, creating an integrated information system to accurately record and maintain patient medical records and documents to increase patient loyalty (7). The development of the country's health insurance system is one of the most important decrees emphasized in the general policies of the Supreme Leader, the law of the fifth development plan and one of the main goals of the Iran Health Insurance Organization (8). It is necessary to address the marketing issues in hospitals and organizations providing medical services in order to meet the real medical and patient's needs, have a larger market share, income and increase the efficiency and effectiveness (9).

Suitable health marketing for Iran, which focuses on improving the health of society, has become one of the most important issues in the field of health and marketing. Given the current status of health in the country, developing a suitable and comprehensive health marketing model for Iran is a vital priority in the field of health.

this research aimed to present a comprehensive and appropriate health marketing model according to the conditions and needs of Iran. We hope this article can help enhance knowledge in the field of health marketing and improve the health of our country's society.

Research method:

The study used a developmental-applied research approach and mixed exploratory research method to collect qualitative data. The grounded theory with the systematic approach of “Strauss and Corbin” was used to investigate the central phenomenon of health marketing, causal conditions, contextual conditions, intervening conditions, and reactive strategies and their consequences. This method allows for a deep study of phenomena in their real context and provides a conceptual framework (10). Based on the findings from the qualitative data, a research tool was developed, and quantitative data was collected to generalize the findings. Semi-structured interviews were conducted with 18 executive stakeholders including policy makers, executive managers, and service providers in the field of health and marketing, as well as scientific experts including university professors and scientific and specialized associations in the field of health and marketing to from spring to winter of 2023 in Tehran city. Snowball sampling was used to select participants. This method is one of the common methods of sampling in qualitative studies that selects participants based on pre-specified criteria related to specific research questions (11). The interviews continued until the hidden aspects and components of the phenomenon of health marketing with the approach of health improvement in Iran were identified and described, reaching theoretical saturation. according code of ethics after description of confidentiality of conversation and getting informed consent to participate in research, the conversations were recorded and interviewees were allowed to comment on the details related to the main topic according to their knowledge and experiences. It should be noted that the duration of each interview varied between 60 and 90 minutes depending on the willingness of the participants to answer.

The data analysis started from the first interview and in parallel with the interviews, so that the whole text was read for several times to get a general understanding of the text and then the transcribed text was read line by line. First, the open coding was done. This means that the sentences that were the answers to the questions asked in the interview were identified. Then, the main concepts in these sentences were given a code. By comparing the codes with each other, a list of main and sub-codes was reviewed and then the main codes with similar meaning were grouped together and formed categories. The researchers tried to increase the validity of the research with prolonged engagement and sufficient participation and interaction with the interviewees, collecting reliable information and confirming the information by the participants. The software used in this step was Nvivo.

In the next phase, 51 managers and expert experts of governmental and non-governmental organizations, specialized scientific associations, and university professors in the field of health and marketing were selected and a Delphi panel was used to. A questionnaire based on a targeted method and expertise was distributed and collected from the selected participants and PLS software were used to analyze the results.

Research findings:

A total of 51 people were interviewed. As shown in Table 1, 62.75 percent (32 people) of the participants were male. Nearly 31.37 percent (16 people) had a work experience of 15 to 20 years. About 19 of the participants had a specialized doctorate degree and nearly 41.18% (21 people) of the interviewees were between 40 and 50 years old. Also, most of the interviewees were 12 faculty members and university experts.

Table 1. Demographic characteristics of the sample group

Demographic characteristics		frequency	percent
Sex	Male	32	62.75
	Female	19	37.28
Post	Dean of universities/Deputy ministers	6	11.76
	Scientific committee	12	23.53
	Vice Chancellor of the University	8	15.69
	President / Member of the Board of Directors of the Association	5	9.8
	Media expert	2	3.92
	Deputy General Manager	8	15.69
	Marketing and health expert	10	19.61
Work experience (years)	5-10	3	5.88
	11-15	13	25.49
	16-20	16	31.37
	21-25	12	23.53
	26-30	6	11.76
	More than 30	1	1.96
Education	Bachelor	5	9.8
	Master	12	23.53
	PhD	19	37.25
	Specialist MD	15	29.41
Age (year)	Less than 30	3	5.88
	31-40	12	23.53
	41-50	21	41.18
	More than 50	15	29.41

The analysis of the qualitative part of the study divided the components and subcategories into two main and sub-sections, the information of which is presented in Table 2. According to this table about the description of the variables

of Iran's health marketing model with the health improvement approach, the mean scores of the variable dimensions of causal factors are as below: structural and informational capacity 3.44, good governance 3.32 and planning and execution dimension 3.45.

The mean scores of the variable dimensions of the structural phenomena are: providing desirable services 3.54 and capacity building 3.52.

The mean scores of variable dimensions of the strategies are: improving the level of health 3.35, establishing justice in health was 3.38, respect for the rights of the service recipient 3.56 and interdepartmental cooperation promotion 3.50.

The mean scores of the variable dimensions of contextual factors are: resource dimension 3.45, cultural-social dimension 3.33 and structural-organizational dimension 3.49.

The mean scores of the variable dimensions of intervening factors are: environmental factors 3.34, political factors 3.48.

The mean scores of variable dimensions of consequence are: dimension of organizational outcome - program 3.42 and dimension of social capital 3.51.

Since this research used a Likert option from 1-5 to answer the questionnaire, the mean number of 3 is calculated as the middle limit and a type of criterion, and because all the dimensions are higher than this mean limit, these dimensions are seen at an average level among the statistical population.

Table 2. Main and sub components extracted from the interview section

Variable (main)	Variable (sub)	Number of questions	Average	Standard deviation	The smallest	The biggest
Causal conditions	Structural and informational capacity	1-3	3.44	1.47	1	5
	Good governance	4-8	3.32	.96	1	5
	Planning and execution	9-13	3.45	1.12	1	5
Structural components	Providing desirable services	14-17	3.54	1.20	1	5
	Capacity Building	18-21	3.52	1.11	1	5
Strategies	Improving the level health	22-23	3.35	0.95	1	5
	Establishing justice in health	24-27	3.38	1.13	1	5
	Respect to the rights of the service recipient	28-32	3.56	1.28	1	5
	Interdepartmental cooperation promotion	33-34	3.50	1.42	1	5
Contextual factors	Resource	35-37	3.45	1.07	1	5
	Socio-cultural	38-42	3.33	0.91	1	5
	Structural-organizational	43-51	3.49	1.30	1	5
Intervening factors	Environmental	52-53	3.34	1.04	1	5
	political	54-59	3.48	0.76	1	5

Consequences	Organizational - program	30-63	3.42	1.19	1	5
	Social capital	64-68	3.51	0.97	1	5

Since the status of all the identified variables were normal, the test and the value of the KMO test (Kaiser-Meyer-Olkin Measure of sampling adequacy) was 0.951, Factor analysis was used because the statistical value KMO indicated that factor analysis for the data is appropriate.

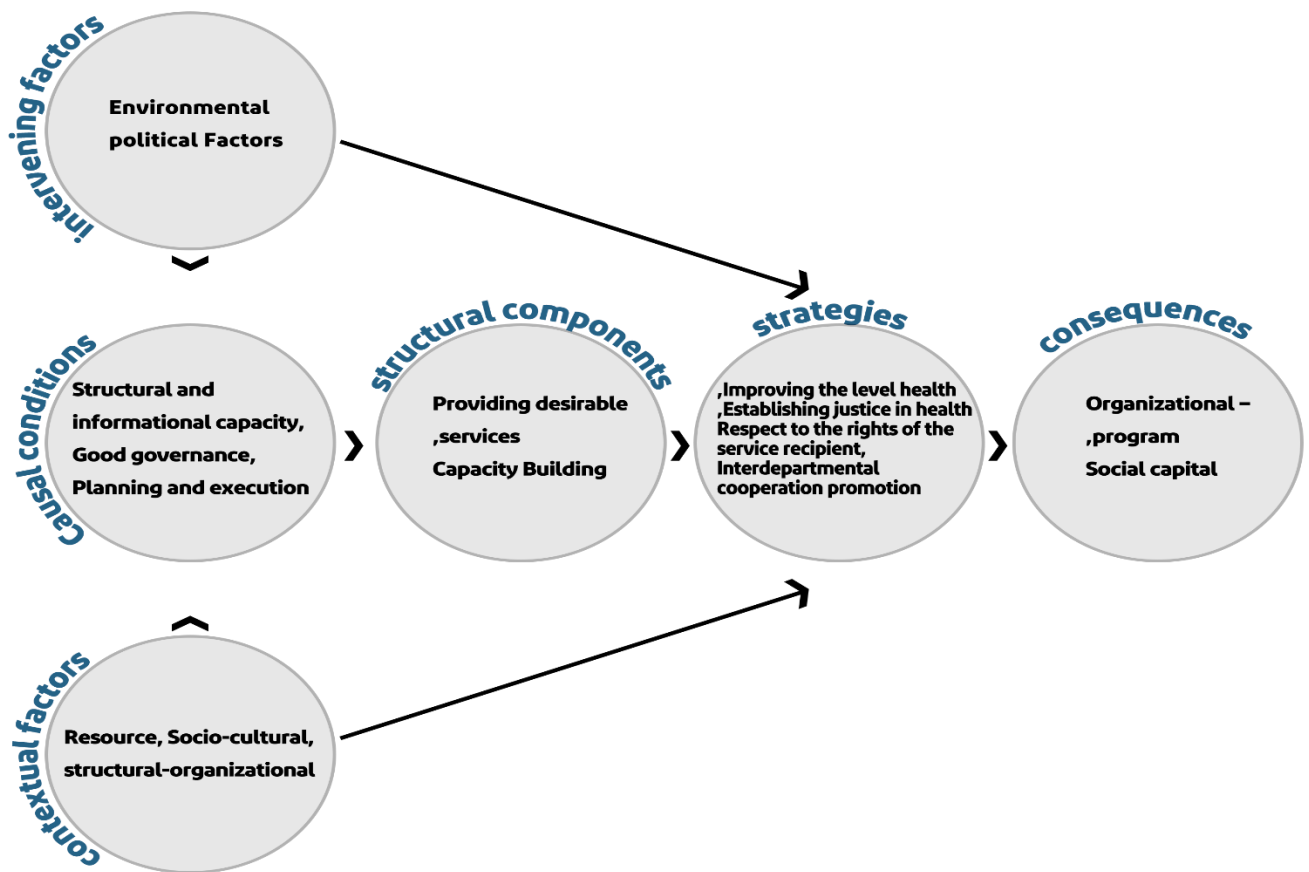


Figure 1. Health marketing model to improve community health in Iran

The quality of model fit was analyzed in several aspects. In the first step, the reliability of the model was measured by two measures of composite reliability and Cronbach's alpha. If the value of two criteria for any structure is above 0.7, it shows the internal consistency suitable for measurement models (12). Table 2 shows the results obtained from these two criteria. According

to the values of this table, composite reliability and Cronbach's alpha of all the variables related to the model for all structures are above 0.7. As a result, all the structures in the measurement model were approved.

Table 3. Composite reliability and alpha Cronbach values for health marketing model for Iran with health improvement approach

Variable (main)	Variable (sub)	Composite reliability	alpha Cronbach
Causal conditions	Structural and informational capacity	0.949	0.920
	Good governance	0.884	0.836
	Planning and execution	0.930	0.904
Structural components	Providing desirable services	0.948	0.926
	Capacity Building	0.905	0.858
Strategies	Improving the level health	0.704	0.737
	Establishing justice in health	0.891	0.837
	Respect to the rights of the service recipient	0.938	0.916
	Interdepartmental cooperation promotion	0.960	0.916
Contextual factors	Resource	0.850	0.735
	Socio-cultural	0.828	0.739
	Structural-organizational	0.962	0.955
Intervening factors	Environmental	0.807	0.752
	Political	0.869	0.762
Consequences	Organizational - program	0.942	0.917
	Social capital	0.865	0.766

The Cross-validation index was used to measure the quality of the measurement model. This index shows whether the model has good predictive power or not. The value of this index varies between 0.02 (weak), 0.15 (moderate) and 0.35 (good). If the values of this variable are weak, the research model and its indicators should be revised (13). Table 4 shows the quality measurement of the measurement model. According to this table, since the Cross-validation criterion of the variables of the research measurement model is more than 0.39, the introduced model has good predictive power.

Table 4. Measuring the quality of the measurement model

Variable (main)	Variable (sub)	Sum of squares of observations	Sum of squared prediction errors	Subscription Validity Index(CV-com)
Causal conditions	Structural and informational capacity	1536.0	448.89	0.70

	Good governance	768.0	427.22	0.44
	Planning and execution	1152.0	342.34	0.70
Structural components	Providing desirable services	768.00	223.85	0.70
	Capacity Building	768.00	180.16	0.76
Strategies	Improving the level health	4608.0	1315.95	0.74
	Establishing justice in health	1536.0	275.56	0.71
	Respect to the rights of the service recipient	768.0	273.43	0.82
	Interdepartmental cooperation promotion	1152.0	144.52	0.87
Contextual factors	Resource	1536.0	209.28	0.86
	Socio-cultural	1920.0	406.22	0.78
	Structural-organizational	3456.0	886.39	0.74
Intervening factors	Environmental	2688.0	499.25	0.81
	political	7680.0	1835.76	0.76
Consequences	Organizational - program	3840.0	955.54	0.75
	Social capital	2304.0	718.03	0.68

In the next step, the quality of the whole structural model was measured according to the goodness of fit index (14). The result of this criterion was a value of 0.791, which indicated a very good fit and strength of the introduced model. Finally, the variables were ranked according to their impact on the relevant variable. The results are presented in Table 5, where the influence rank of each sub-variable on its main variable is shown.

Table 5. results of ranking the components related to each variable

Variable (main)	Variable (sub)	Impact rate (R2)	Rank
Causal conditions	Structural and informational capacity	0.89	2
	Good governance	0.88	3
	Planning and execution	0.97	1
Structural components	Providing desirable services	0.95	1
	Capacity Building	0.93	2
Strategies	Improving the level health	0.51	3
	Establishing justice in health	0.94	2
	Respect to the rights of the service recipient	0.96	1
	Interdepartmental cooperation promotion	0.94	2
Contextual factors	Resource	0.82	3
	Socio-cultural	0.95	2
	Structural-organizational	0.98	1

Intervening factors	Environmental	0.90	2
	Political	0.97	1
Consequences	Organizational - program	0.88	1
	Social capital	0.63	2

Discussion:

According to the results of the, the narrative of the final model "health marketing model with health improvement approach" can be explained as follows: "health marketing strategy with health improvement approach" is the making the best decisions by health organization in two strategic areas: (1) providing desirable services and (2) capacity building, these strategies are based on the causal variables; (1) structural and informational capacity, (2) good governance and (3) planning. The structural components of the model is to: (1) improving the level of health, (2) Establishing justice in health is (3) respecting the rights of the service recipient and (4) promoting interdepartmental cooperation. Also, the intervening conditions which affect the process are: (1) environmental factors and (2) political factors on the one hand and uncontrollable conditions, the macro environment (contextual factors) including (1) resources, (2) cultural-social factors and (3) structural-organizational factors, influencing and facilitating the process of formulating and implementing strategic measures for health marketing strategy. It causes the formation of organizational-programmatic consequences and (2) social capital."

Therefore, the improvement of the health marketing model in Iran requires the improvement of the contextual factors and especially the intervening factors that are affected by improving the level of health, establishing justice in health, respecting the rights of the service recipient and promoting inter-sectoral cooperation. In this regard, our study is consistent with many other studies (15, 16). Marandgani et al showed that the components of organizational behavior are the most important variables due to having the highest correlation with internal marketing (16). Haji Rasoulian and colleagues also showed that social and value marketing have the greatest impact on marketing motivation in identifying marketing components and strategies (17). In addition, Rasool Cheragh et al found that financial results, service marketing mixes, organizational assistance form and organizational results for the company are the most important marketing components for the insurance industry (15).

Causal conditions represent the factors that directly affect the structural phenomenon and cause the occurrence or development of that. Structural and informational capacity, good governance and planning and implementation are identified as causal conditions affecting health marketing with the approach of improving health in Iran.

Structural and informational capacity includes 3 indicators of infrastructure and up-to-date technology network, health information management and databases.

Good governance in health marketing means a two-way interaction that can establish a deep and effective relationship with target customers in health services.

Health marketing with the approach of improving health in Iran seeks to create a relationship with people and provide services that familiarize them with various categories of medical services and products. This familiarization and guidance can be provided by government centers and organizations both governmental or private, which is not possible except in presenting the program and implementing the same programs.

These results are supported by results of Valemi et al. (2019)(18), Hadi Marandgani et al. (2017)(19), Ansari (2016)(20), Azari Yakta et al. (2013)(21), Lina Wang et al. (2022)(22), Carl Stolper et al. Daoud Ebrahim et al. (2022)(23), Glade et al. (2017)(24), Alvarez and Chanda (2011)(25), Koseoglu et al. (2015)(26), Chen et al. (2008)(27).

Health marketing in the country's health system, like many other organizations, requires extensive changes in the presentation and introduction of its services, and as an operational strategy, includes all activities and decisions that are taken in line with the optimal allocation of limited resources in the marketing sector (manpower, finance, equipment, etc.) and to achieve the goals of the health system.

The findings indicate that one of the main dimensions of the health marketing strategy with the health improvement approach in Iran is to provide desirable services, timely supply of resources, fair access and availability. The capacity building is possible by training and empowerment, mutual trust and management of expectations, optimal management of information and process and giving advantage to networking. Therefore, developing health marketing with the approach of improving health in Iran means making the best decisions in 2 areas, providing desirable services and building capacity in the country's health system, which depends on its own policies and goals, as well as considering resources and capabilities. The result obtained is consistent with the research results of Valemi et al. (2019)(18), Hadi Marandgani et al. (2017)(19), Ghorbani et al. (2017)(28), Ansari (2016)(20), Brown et al. (2017)(29), Mukherji et al. (2011)(29), Chen et al. (2008)(27),

health marketing strategies with the approach of health improvement in Iran are considered as a link between company level strategies and operational strategies. For its growth and development, in line with global developments and increasing people's expectations, the health care organization needs to use marketing strategies, including: improving the level of health, establishing justice in health, respecting the rights of service recipients, and promoting inter-departmental cooperation.

These results obtained are in line with Guerola-Navarro (2022)(۳۰) , Shams and Delavi (2017) (۳۱), Hadi Marandgani et al. (2017)(19), Sarehbandi et al. (2017)(۳۲) , Ghorbani et al. et al. (2016)(28), Akbarian Bafghi et al. (2015)(۳۳) , Azari Yekta et al. (2013)(21), Koseoglu et al. (2015)(26), Fisher (2014)(۳۴), Chen et al. (2008)(27) studies.

contextual factors are exogenous factors that are not under the control of the organization, but they have an impact on health marketing with a health improvement approach in Iran. Policymakers and marketing managers often have no choice but to accept these environmental variables as they are and adapt their strategies to them. Resource factors such as the optimal management of human

resources, the existence of financial resources and professionalism. The cultural and social factors in the society such as: cognitive and behavioral performance, cultural construction, social responsibility, acceptance and acceptability, and increasing the satisfaction of service recipients; and structural-organizational factors such as: high bureaucracy, unequal power relations, organizational independence, organizational pillars, physical location, systematic information and communication platform, knowledge management and exchange, diversity and capacity of e-health services and leadership and quality management of Iran's health system affect, should be considered carefully to have effective health marketing.

The result obtained with the results of Guerola-Navarro (2022)(۳۰) , Shams and Delavi (2017) (۳۱), Hadi Marandgani et al. (2017)(19), Sarehbandi et al. (2017)(۳۲) , Ghorbani et al.(28) Yakta et al. (2013)(21), Yap et al. (2021)(۳۴) , Hamed Al-Taei and Khalid Al-Khawaldeh (2020)(۳۵) , Brown et al. (2017)(۳۹) , are consistent.

Intervening factors refer to factors that moderate the effect of causal and contextual conditions on health marketing with a health improvement approach in Iran. These factors could facilitate the impact of causal and background factors or create interference in this impact and play the role of an obstacle. Intervening conditions are controllable in nature and the nature of their influence is contingent. In this research, 2 environmental and political dimensions were identified for the intervening factors.

The findings of the research showed that environmental factors such as: environmental changes and unavoidable accidents and the competition of actors have effects on the type of policies and decisions in the field of health of the country. Also political factors such as: lifestyle changes, political and economic sanctions, political changes, conflicts of interest, high-handed laws and documents, and the development of guidelines and unprincipled standardization have an impact on the type of policies and decisions in the field of health.

The research results of Hadi Marandgani et al. (2017)(19), Ghorbani et al. (2017)(28), Zarei et al. (2015)(۳۶) , Lina Wang et al. (2022)(۳۷) , Carl Stolper et al(۳۰۲۲) (۳۳). colleagues (2017)(26), Chen et al. (2008)(27) are supporting our findings.

If the health marketing model strategy is well designed and implemented with the approach of improving health in the country, it will lead to organizational-programmatic consequences and social capital.

One of the consequences of health marketing with the approach of improving health in the country is the organizational and program consequences, which depends on the development and promotion of inter-departmental capacities, the modification and development of programs and measures, the increase of organizational efficiency and effectiveness, and the creation of a service-organizational competitive advantage.

Social capital is one of the consequences of health marketing in the country. The concept of social capital, due to its nature and content, is related to almost all topics and issues raised in the human

and social field. Social capital has been used in this research as features of: cost management, economic and time saving, improving the health level of service recipients, trusting service providers, strengthening the sense of illness and meeting the needs of service recipients.

The Guerola-Navarro (2022)(۳۰) , Hadi Marandgani et al. (2017)(19), Serebandi et(۳۲) Akbarian Bafghi et al. (2015)(۳۳) , Azari Yekta et al. (2013)(21), Karl Stolper et al. (2022)(۳۳) , Hamed Eltaei and Khalid Al-Khawaldeh (2020)(۳۴) , Glid et al. (2017)(۳۴) , Kuglow et al. (2015)(۳۶) , Fisher (2014)(29), Alvarez and Chanda (2011)(25)., Chen et al. (2008)(27) results are consistent with our results.

This research can be useful as a guide for decision makers and managers in the field of health and health marketing in Iran and be effective in improving health marketing strategies and policies in this country.

Conclusion:

this study showed that the identification and addressing the effective variables and components in Iran's health marketing model can help improve health and the performance of the health system in the country. the research identified the effective variables and components in the health marketing in Iran. Appropriate health marketing model by Improving the causal conditions and promoting inter-sectoral cooperation, can leads to the improving the level of health, establishing justice in health, respecting the rights of the service recipient which at the end will make significant consequences in organizational – program area and increasing the social capital.

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