



## Study the relationship between customer satisfaction and trust and return to medical centers by patients (Iraqi health tourists at Imam Reza hospital)

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### ABSTRACT

The population of this research managers and experts are active in Iran's automotive vehicle at the time of the study were 230 patients. Experts confirmed the content validity of the questionnaire academia and industry, to get the reliability, Cronbach's alpha coefficient has been obtained Cronbach's alpha reliability 86/0. The method of analysis in this study will change the strategic management of knowledge in supply chain management by using models and methods such as SWOT green and fuzzy TOPSIS method, as a useful way to resolve conflicts and guiding managers to find the best way, we find. In fact, the traditional strategy of today's supply chain environment characterized by increased economic pressure and environmental responsibility on behalf of shareholders, not to work properly. The aim of this study is the proper approach in order to intensify or modify a green supply chain strategy, supply chain strategies based on environmental, economic and social. After data analysis using descriptive statistics were the best strategy for the company's strategy ST (Aggressive) that prudent growth strategies or development with the participation of Iranian director Khodro discretionary and selective suggested.

**Key words:**

*customer satisfaction, trust in staff, return and trust in health center, health tourists in Iraq at Imam Reza Health Center.*

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### Introduction:

Medical tourism or travel for therapy, travel health is a trip to other countries for undergoing surgery, medical and dental care, cosmetic surgery, and the enjoyment of natural health site such as mineral springs, etc. For the first time, the term was popularized by travel agencies and media with the observation of societies that have been rapidly developing in the field of attracting tourists, and in particular those who were applying for treatment. Such new business is still growing and has gained significant benefits for those countries that have used their potential in this direction (Han and Kim, 2014). Traveling for treatment and retrieval is one of the most important goals of medical tourism. Often, around the receiving medical services, leisure activities are also added to the patient's health package (Mommataz et al., 2013). Since the current economic situation and the problems of life are the main causes of the high level of stress of individuals; health tourism is a choice for those who, given their greater health and well-being, try to avoid from their routine and stressful life (Torani et al., 2014). Health tourism development can be considered as a national strategy in addition to optimum use of domestic capital in order to increase the country's income as a national security tool (Connell, 2012). Nowadays; national security of the countries is divided into two parts: "soft security" and "hard security". The association and medical affiliation of individuals and nations in terms of obtaining reliable and guaranteed services in the second country is one of the important factors contributing to the stability and increasing the security capacity of the country. The health tourism market is considered as one of the most motivated and competitive industries in the world and is one of the new areas of advanced tourism. At a macro level, governments are interested in benefiting from the economic benefits of this industry. An intense competition has started between different countries, especially developing countries in Asia, to attract health tourists (Han and Huang, 2015). On the other hand, according to Chiu (2013), the main concern of governments is to attract new tourists and provide comprehensive and complete medical services, but according the latest studies, maintaining existing customers is about 5 times more profitable than attracting new tourists (Chang, 2015). Therefore, in the medical tourism area, recognizing critical factors influencing the decision of medical travelers to return and reapplying medical services and understanding the certain role of such factors has become an important issue for countries and medical clinics. Researchers generally believe that high quality products and services, satisfaction, and trust

in medical services and services are key and effective factors in the loyalty of clients to medical clinics (Bowen and Chen, 2014). Iran, also given the advantages in health tourism including low cost, high quality of health services, competent physicians and many natural attractions has decided to use such privileges. (Shalbafian, 2012). In this regard, in present study, the relationship between customer satisfaction and trust and return to medical centers by patients (health tourists in Iraq at Imam Reza Health Center) has been studied.

### The main objective:

1. Determine the relationship between customer satisfaction and trust in medical center personnel.
2. Determine the relationship between customer satisfaction and trust in the health center.
3. Determine the relationship between customer satisfaction and patient return.

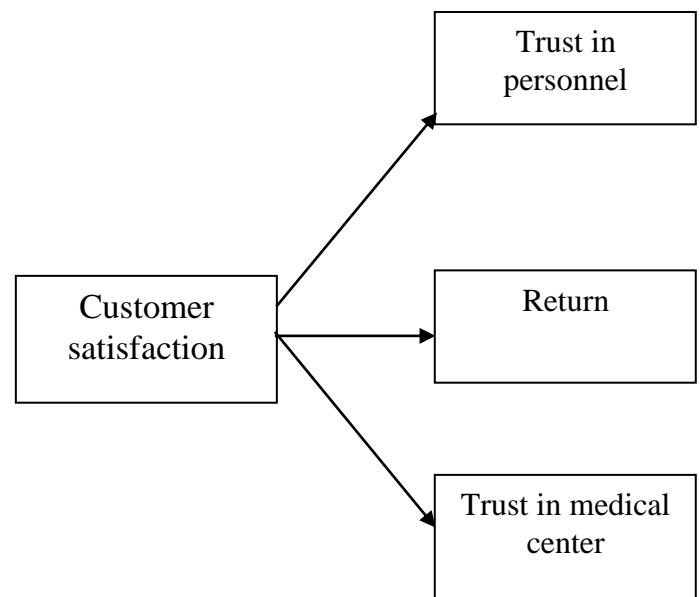
### The main hypothesis:

**Hypothesis 1:** There is a positive and significant relationship between customer satisfaction and trust in medical center personnel.

**Hypothesis 2:** There is a positive and significant relationship between customer satisfaction and patient return.

**Hypothesis 3:** There is a positive and significant relationship between customer satisfaction and trust in the health center.

### Research model:



### Conceptual Definitions:

**Customer Satisfaction:** The patient's attitude to quality is always what he understands from medical centers. It is what is called patient satisfaction. Patient satisfaction is a necessity in the definition of quality. Patient satisfaction

will be lifted when service providers respect the needs, expectations and individual differences of patients (Agha Mohammadi, 2012).

**Trust in Personnel:** In Oxford encyclopedia, trust is defined as the reliance or assurance of a quality or trait of a person or one thing, or the assurance of the truth of a statement. Social trust can be seen as having good will to others in social relationships, which is bilateral as trusted and trustee parties, individuals or groups, which facilitates social relationships and has the potential for profit or loss. The treatment staff is the most important group that is in direct contact with the patient and his relatives. The treatment staff should clearly identify what the patient needs and how such requirements are best achieved in the current situation and thus provide the best service and gain patient trust and confidence. The diagnostic group is some deal in direct contact with the patient too. This group will also assist the treatment team in providing quality care. The group should always keep in mind that things are doing right at all times (Poor shirazi, 2008).

**Patient return:** applying quality services saves costs, and creates a satisfactory environment that leads to the quality and satisfaction of patients and leads to the patient's trust in the services provided and the patient to continue to treat and Or return to clinics for other treatments. When Quality care services delivered accurately leads to satisfaction of patients, their return to centers, increasing the morale of the staff and a reduction in the cost of providing health services (Agha Mohammadi, 2012).

**Trust in the health center:** Health Center awareness to provide quality services leads to the reliance to health centers, so that the quality assurance process should include all parts and activities of health centers. It is important that all things must be done right at the first time. In medical care, there may not be a chance to compensate for the work that was not done well in the past, and have disastrous consequences (Agha Mohammadi, 2012).

### Study method

Current research is descriptive in terms of purpose, and is descriptive-survey in terms of implementation. The present study is seeking for the relationship between qualitative variables and attempts to explain the relationships between these variables. Regarding the

subject of study, the relationship between the perceived quality by health tourists on customer satisfaction has been investigated. For this purpose, in terms of the logic implementation is inductive, and in terms of the relationship between variables, is a correlation type. The under studied population is Iraqi health tourists at Imam Reza Medical Center. Statistical population is assumed unlimited, the maximum variance (success and failure is equal to 0.05) and the error margin of 0.05 are estimated to be 384 as the statistical population. In this research, in order to collect and analyze data, a questionnaire among selected sample as prototype, and collected after completion. The questionnaire is based on the Likert spectrum. To understand the relationship between perceived qualities of health tourists on customer satisfaction in accordance with the hypotheses various methods and tests have been used. One of such tests is Pearson correlation test, which examines the significance of the relationship between the under study variables. Other used test is the OLS regression model test, which is fitted to measure the impact and relationship of variables. Data collected in this study are finally analyzed and tested by SPSS and AMOS software. In the following, the model is characterized by two appropriate criteria (Chi-square and comparison of proposed and independent model).

### Tests for normality

In order to test the normal distribution of variables, the Smirnov-Kolmogorov test is used. The  $H_0$  assumption in this test is the normal distribution of variables. If the significance level of the test is greater than 0.05, then  $H_0$  is accepted and we conclude that the distribution of the desired variable is normal.

The results of the Smirnov and Kolmogorov tests to assess the compliance of the data with normal distribution

Variables	mean	Standard Deviation	Smirnov-Kolmogorov statistic	Significant level	results
Customer satisfaction	4.089	0.48	1.29	0.070	Accepted
Trust in personnel	4.082	0.51	1.31	0.065	Accepted
Return	4.061	0.49	0.898	0.058	Accepted

<b>Trust in medical center</b>	4.033	0.54	1.57	0.079	Accepted
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Since the significance level of all variables is greater than 0.05, we conclude that all variables follow the normal distribution.

**Study the research hypotheses**

Hypothesis one: There is a positive and significant relationship between customer satisfaction and trust in medical center personnel.

H0: There is no positive and significant relationship between customer satisfaction and trust in medical center personnel.

H1: There is a positive and significant relationship between customer satisfaction and trust in the health center personnel.

Pearson correlation coefficient between customer satisfaction and trust in medical personnel

	<b>Trust in medical personnel</b>	
<b>customer satisfaction</b>	Pearson correlation coefficient	0.618
	significance level	0.000

Considering the significance level obtained from the data analysis, which is equal to 0.000 and its comparison with the permissible error rate of 0.05 ( $p < 0.05$ ),  $H_0$  hypothesis indicates that there is no relationship between customer satisfaction and trust in the personnel with 95% confidence is rejected. Therefore, according to the value and sign of the Pearson correlation coefficient, which is equal to 0.618, this relationship is of a positive type, so

the research hypothesis is accepted. Second hypothesis two: There is a positive and significant relationship between customer satisfaction and patient's return.

H0: There is no positive and significant relationship between customer satisfaction and patient return.

H1: There is a positive and significant relationship between customer satisfaction and patient return.

Pearson correlation coefficient between customer satisfaction and patient's return

	<b>patient's return</b>	
<b>customer satisfaction</b>	Pearson correlation coefficient	0.705
	significance level	0.011

Considering the significance level of data obtained from the analysis of data that is equal to 0.011 and comparing it with the acceptable error rate of 0.05 ( $p < 0.05$ ) with 95% confidence, the statistical hypothesis indicates that there is no relationship between customer satisfaction and patient's return It should be rejected. Therefore, according to the value and sign of the Pearson correlation coefficient, which is equal to 0.705, this relationship is positive, so the research hypothesis is accepted.

Hypothesis 3: There is a positive and significant relationship between customer satisfaction and trust in the health center.

H0: There is no positive and significant relationship between customer satisfaction and trust in the health center.

H1: There is a positive and significant relationship between customer satisfaction and trust in the health center.

Pearson correlation coefficient between customer satisfaction and trust in medical center

	<b>trust in medical center</b>	
<b>customer satisfaction</b>	Pearson correlation coefficient	0.693
	significance level	0.035

Considering the significance level of the data analysis, which is equal to 0.035, and its comparison with the permissible error rate of 0.05 ( $p < 0.05$ ), with 95% confidence, the statistical hypothesis indicates that there is no relationship between customer satisfaction and trust in medical center personnel is rejected. Therefore, according to the value and sign of the Pearson correlation

coefficient, which is equal to 0.693, this relationship is positive, so the research hypothesis is accepted.

**The customer satisfaction variable measurement model**

In order to analyze the factor, it is necessary to use the KMO-Bartlett test first.

Results test KMO-Bartlett

KMO adequacy of the sampling index		0.692
Bartlett test	Chi- square	92.77
	Degree of freedom	3
	significance level	0.00

According to the results, the confirmatory factor analysis can be done on the data. The amount of more than 0.05 KMO statistics proves the adequacy of the sampling and the confidence level of 0.000 for the Bartlett test which indicates the suitability of the cited factor model. The

calculated KMO is 0.692 and since it is more than 0.05, then the calculations indicate the sampling adequacy. Next, we need to identify the number of hidden factors. In the table, the results of determining the number of hidden factors are presented in terms of special values.

Total explained variance of hidden factors for customer satisfaction variable

Factor	special initial values			Total extracted factor loads square		
	Total	Percent of variance	The cumulative percentage	Total	Percentage of variance	The cumulative percentage
	1.145	53.05	53.05	1.145	53.05	1.145

According to the table below, the column of special initial values indicates the number of hidden factors in the research, and the number of total special values higher than 1 represents the hidden factors. Therefore, the column of special values of the customer satisfaction variable introduces a factor with a specific value higher than 1, so the proposed factor structure has one factor.

Figure 1 show the customer satisfaction variable measurement model in the standard estimation mode. Factor loads of the model show the amount of impact of each of the variables or variables in explaining the variance of them or main factors. In other words, factor load represents the correlation between each observer variable (Question Questionnaire) and variables (factors).

Factor load factors related to the customer satisfaction variable

Variable	index	Model factor load(Regression coefficient)
The waiting time for receiving medication is short.	q7	1.000
The waiting time for medical experiments is short.	q8	0.76
Nurses and other staff are courteous and responsive.	q9	0.86

Such factor loads are presented in chart1 below.

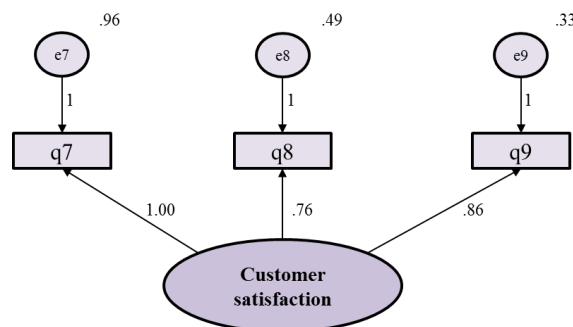


Chart (1) Customer Satisfaction Measurement Variable Model

All factor loads are all larger than 0.3, so the structural validity is convergent.

In this study, we examine the relevance of the model above. using the model fitting indicators presented in the table

Fit indices of customer satisfaction variable measurement model

	value	number	Indicator title
Chi- square	Model Verification	2.113	$\frac{\chi^2}{df}$
The root of the mean error of approximation squares	Model Verification	0.033	RMSEA
The root mean of the remaining squares	Model Verification	0.677	RMR
Goodness fit	Model Verification	0.917	GFI
Improved fitness goodness index	Model Verification	0.901	AGFI
Normal fit index (Bentler Bonnet)	Model Verification	0.922	NFI
Comparative fit index	Model Verification	0.870	CFI
Incremental fit index	Model Verification	0.898	IFI

According to the results, it can be admitted that all the fitness indicators of the above model are in an acceptable range and therefore the fitness of the collected data is desirable with the model. Therefore, the fitness of the customer satisfaction final model is approved.

**Measurement model of trust in personnel variable**

In order to analyze the factor, it is necessary to use the KMO-Bartlett test first.

KMO-Bartlett test result

KMO sampling adequacy criterion		0.647
Bartlett Test	Chi- square	107.466
	Degrees of freedom	3
	Significance level	0.000

According to the results, the confirmatory factor analysis can be done on the data. The amount of more than 0.05 KMO statistics proving the adequacy of the sampling and the confidence level of 0.000 for the Bartlett test also indicates the suitability of the cited factor model. The

calculated KMO is 0.647 and since it is more than 0.05, then the calculations indicate the suitability of sampling. Next, we need to identify the number of hidden factors.

Total explained variance of hidden factors for trust in personnel variable

Factor	initial special values			Total squared of extracted factor loads		
	Total	Percentage of variance	The cumulative percentage	Total	Percentage of variance	The cumulative percentage
1	2.72	52.48	52.48	2.72	52.48	52.48

According to Table (23-4), the column of initial special values represents the number of hidden factors of the research, and the number of total special values above 1 represents the hidden factors. Therefore, the column of special values of personnel trust variable introduces a factor with a specific value higher than 1, so the proposed factor structure will have one factor. Figure (8-4) shows

the measurement model of trust in personnel variable. Factor loads of the model show the impact of each of the variables in explaining the variance of the variables or main factors. In other words, factor load represents the correlation between each observer variable (Questionnaire) and variables

Factor load factors related to Trust in personnel variable

variable	index	Model factor load (Regression coefficient)
I trust the expertise and knowledge of doctors and nurses	q10	1.00
I feel calm and comfortable in the hospital.	q11	1.11
The hospital has cleanliness.	q12	1.75

Such factor loads are shown in chart 2:

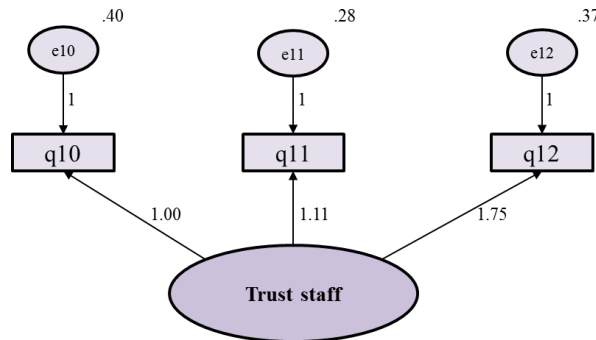


Chart (2) Variable Measurement Model for Personnel Trust

According to Chart 2, all factor loads are all larger than 0.3, so the structural validity is convergent. In this study, we use indexes related to the fitness of the model

presented in the above table for the purpose of examining the suitability of the mode

Fit indices of trust in personnel variable measurement model

	value	number	Indicator title
The root of the mean error of approximation squares	Reject the model	0.068	RMSEA
Goodness fit	Model Verification	0.908	GFI
Improved fitness goodness index	acceptable	0.759	AGFI
Normal fit index (Bentler Bonnet)	Model Verification	0.794	NFI
Comparative fit index	Model Verification	0.844	CFI
Incremental fit index	Model Verification	0.855	IFI

According to the results, it can be admitted that all of the fitness of the model indices of the above model are in an acceptable range and therefore the suitability of the collected data is desirable. Therefore, the final fitness of the model of trust in staff is approved.

**Measurement model of the return variable**

In order to analyze the factor, first it is necessary to use the KMO-Bartlett test.

KMO-Bartlett test result

KMO sampling adequacy criterion		0.528
Bartlett Test	Chi- square	118.026
	Degrees of freedom	3
	Significance level	0.001



According to the results, the confirmatory factor analysis can be done on the data. The value of more than 0.05 of KMO statistics proving the adequacy of the sampling and the confidence level of 0.001 for the Bartlett test also indicates the suitability of the cited factor model. The

calculated KMO is 0.528 and since it is more than 0.05, then the calculations indicate that sampling is sufficient. Next, we need to identify the number of hidden factors. In the table above, the results are presented to determine the number of hidden factors in terms of special values.

Total explained variance of hidden factors for Return variable

Factor	initial special values			Total squared of extracted factor loads		
	Total	Percentage of variance	The cumulative percentage	Total	Percentage of variance	The cumulative percentage
1	1.41	75.22	75.22	1.41	75.22	75.22

According to the table below, the column for initial special values indicates the number of hidden factors in the research, and the number of total special values above 1 represents the hidden factors. Therefore, the column of special values of the return variable introduces a factor with a number greater than 1, so the proposed factor load will have one factor. Figure 3 shows the model for

measuring the return variable. Factor loads of the model show the impact of each of the variables in explaining the variance of the variables or main factors. In other words, factor load represents the correlation amounts between each observer variable (Question Questionnaire) and variables (factors).

Factor load of indicators related to the return variable

variable	index	Model factor load (Regression coefficient)
This hospital has the ability to provide a place to rest your family.	q13	1.00
Communicate with nurses and doctors easily done...	q14	1.02
The hospital works to meet its obligations towards patients.	q15	1.30

Such factor loads are shown in chart 2

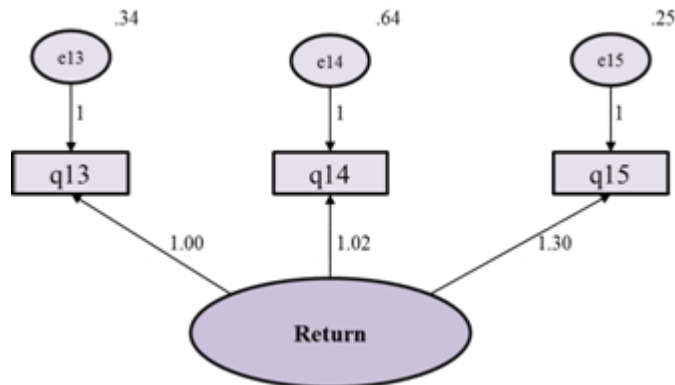


Chart (3): the model for measuring the return variable

According to Chart 3, all factor loads are all larger than 0.3, so the structural validity is convergent. In this study, we use indexes related to the fitness of the model

presented in the above table for the purpose of examining the suitability of the model.

Fit indices of Patient 'Return variable measurement model

	value	number	Indicator title
The root of the mean error of approximation squares	Model Verification	0.902	RMSEA

Goodness fit	Model Verification	0.823	GFI
Improved fitness goodness index	acceptable	0.705	AGFI
Normal fit index (Bentler Bonnet)	Model Verification	0.862	NFI
Comparative fit index	Model Verification	0.952	CFI
Incremental fit index	Model Verification	0.978	IFI

According to the results, it can be admitted that all of the fitness of the model indices of the above model are in an acceptable range and therefore the suitability of the collected data is desirable. Therefore, the final fitness of the return model is approved.

**Modified variable of trust in medical center**

In order to analyze the factor, first it is necessary to use the KMO-Bartlett test

KMO-Bartlett test result

KMO sampling adequacy criterion		0.638
Bartlett Test	Chi- square	119.581
	Degrees of freedom	3
	Significance level	0.021

According to the results, the confirmatory factor analysis can be done on the data. The amount of more than 0.05 KMO statistics proving the adequacy of the sampling and the confidence level of 0.021 for the Bartlett test also indicates the

suitability of the cited factor model. The calculated KMO value is 0.638 and since it is more than 0.05, then the calculations indicate the sampling adequacy. Next, we need to identify the number of hidden factors.

Total explained variance of hidden factors for Trust in medical center variable

Factor	initial special values			Total squared of extracted factor loads		
	Total	Percentage of variance	The cumulative percentage	Total	Percentage of variance	The cumulative percentage
1	2.37	63.17	63.17	2.37	63.17	63.17

According to the above table, the column of initial special values indicates the number of hidden factors in the research, and the number of special values above 1 represents the hidden factors. Therefore, the column of special values of the Trust in medical center Variable introduces factor with a specific value higher than 1, so the proposed factor load will have one factor. Figure 4

shows the model for measuring the variable of trust in medical center. Factor loads of the model show the impact of each of the variables or locutions in explaining the variance of the variables or main factors. In other words, factor load represents the correlation between each observer variable (Question Questionnaire) and variables (factors).

Factor load of indicators related to Trust in medical center variable

variable	index	Model factor load (Regression coefficient)
This hospital has the ability to cure the way you expect.	q16	1.00
Experiments are done correctly (Right answer).	q17	0.92
The hospital provides good and free services towards patients (Salamat insurance).	q18	0.81

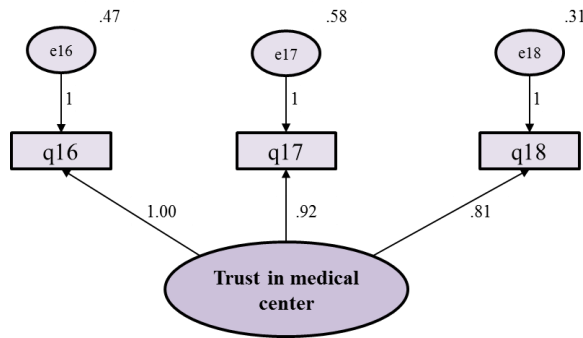


Chart (4): the model for measuring the trust in medical center variable

According to Chart 4, all factor loads are all larger than 0.3, so the structural validity is convergent. In this study we use indexes related to the fitness of the model

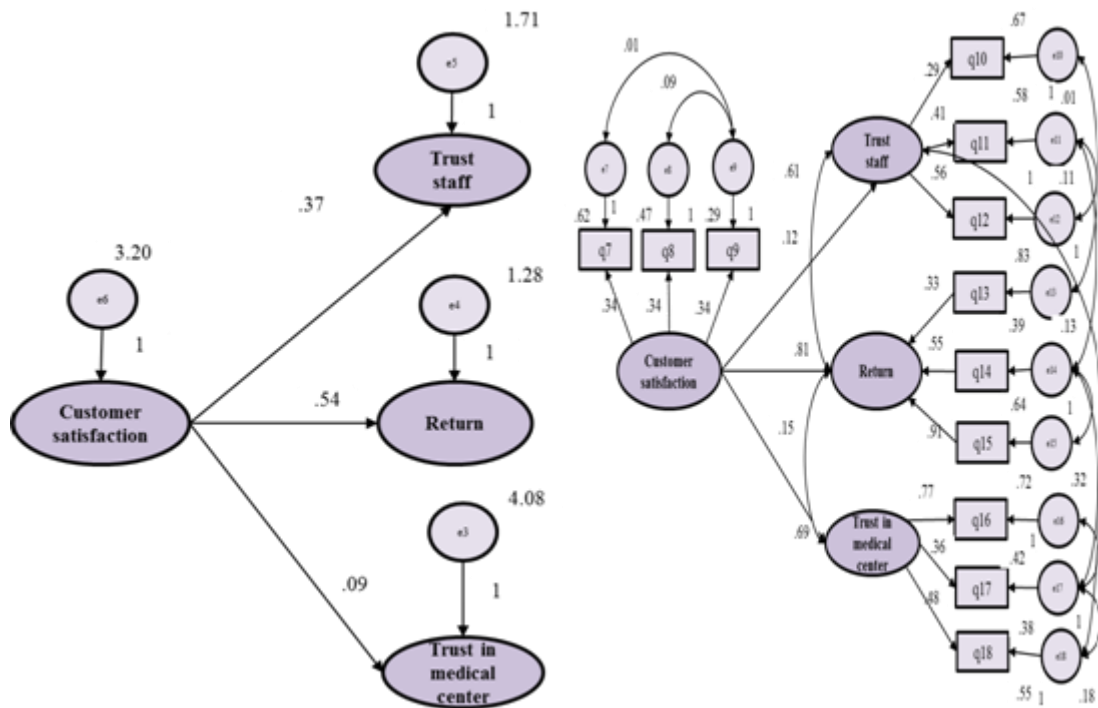
presented in the above table for the purpose of examining the suitability of the model.

Fit indices for trust in medical center variable measurement model

	value	number	Indicator title
The root of the mean error of approximation squares	Reject the model	0.261	RMSEA
Goodness fit	Model Verification	0.851	GFI
Improved fitness goodness index	acceptable	0.738	AGFI
Normal fit index (Bentler Bonnet)	Model Verification	0.807	NFI
Comparative fit index	Model Verification	0.883	CFI
Incremental fit index	Model Verification	0.842	IFI

According to the results, it can be admitted that all of the fitness of the model indices of the above model are in an acceptable range and therefore the suitability of the

collected data is desirable. Therefore, the final fitness of the trust in medical center model is approved.



Structural equation model in standard estimation mode

Corrective research model

### Research results

#### **Hypothesis 1: There is a positive and significant relationship between customer satisfaction and trust in medical center personnel.**

According to the obtained value at a significance level of 0.000 and since is less than the significance level of 0.05, it is concluded that this parameter has a significant effect on the variable of trust in the medical center staff. Therefore, according to the value and sign of the Pearson Correlation Coefficient, which is equal to 0.618, this relationship is positive. Also, the results obtained from the fitting of the models fit the goodness of the goodness, which indicates that the proposed model has good fit. The results of this study are consistent with the García studies (2012).

#### **Hypothesis 2: There is a positive and significant relationship between customer satisfaction and patient return.**

According to the obtained value at a significant level of 0.11 and since this value is below the significance level of 0.05, it is concluded that this parameter has a significant effect on the return of the patient to the medical center. Therefore, according to the value and sign of the Pearson correlation coefficient, which is equal to 0.705, this relation is positive. Also, the results obtained from the fitness of the model the goodness of fit, was confirmed, which indicates that the proposed model has goodness of fit. The results of this study are consistent with Erfan Nia (2013) and Amy & Wang (2004).

#### **Hypothesis 3: There is a positive and significant relationship between customer satisfaction and trust in the medical center.**

According to the obtained value at a significance level of 0.035 and since this value is less than the significance level of 0.05, it is concluded that this parameter has a significant effect on the trust in medical center. Therefore, according to the value and sign of the Pearson Correlation Coefficient, which is equal to 0.693, this relationship is of a positive type. Also, the results obtained from the fitness of the model, the goodness of fit was confirmed, which indicates that the proposed model has goodness of fit. The results of this study are consistent with Bristo (2015) and Anti (2014).

### Research suggestions:

#### **Proposals**

According to the results obtained from the research hypotheses, it is suggested:

#### **Hypothesis 1: There is a positive and significant relationship between customer satisfaction and trust in medical center personnel.**

- Provide counseling and daily report of the patients' situation in the intensive care unit (ICU) to their relatives.
- Collaboration with patient relatives for visiting patients in the intensive care unit.

#### **Hypothesis 2: There is a positive and significant relationship between customer satisfaction and patient return.**

- Applying more manpower in cleaning and hygiene.
- Creating guest rooms inside the hospital for non-native patients.
- Establish a dining room for native and non-native patients.

#### **Hypothesis 3: There is a positive and significant relationship between customer satisfaction and trust in the health center.**

- Increasing vehicles to help outpatient patients (115).
- Using modern tools and technology for treatment by Hospital.

### Future researches suggestion:

- Evaluation of the quality of health services of hospitals under control by medical and health services university.
- Identify and prioritize effective factors on improving the quality of medical and health services.
- Identification and ranking of the quality of primary health services provided in the health centers of the counties.
- Create and plan to increase the operating room in each section.

### References:

- Agha mohammadi, B.(2012).Evaluation of the quality of medical and health services centers, medical service personnel congress, (2012).
- Bowen, J. T., & Chen, S. (2014). The relationship between customer loyalty and customer satisfaction. *International Journal of Contemporary Hospitality Management*, 13(4), 213e217.
- Connell J. Medical tourism: Sea, sun, sand and surgery. *Tourism Management* 2012; 27(6): 1093-100.
- Chiu, C., Hsu, M., Lai, H., & Chang, C. (2013). Re-examining the influence of trust on online repeat purchase intention: the moderating role of habit and its antecedents. *Decision Support Systems*, 53(4), 835e845.
- Chang, C. (2015). Re-examining the influence of trust on online repeat purchase intention: the moderating role of habit and its antecedents. *Decision Support Systems*, 53(4), 835e845.
- Han, H. (2014). The healthcare hotel: distinctive attributes for international medical travelers. *Tourism Management*, 36, 257e268.

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- H. hawang. (2001)."Translating customer's Voices into operations Requirement: A QFD application in higher education". International Journal of Quality and reliability management, Vol. 18, No.2.
- Tourani S, Tabibi SJ, Tofighi SH, ShaarbafchiZadeh N. International Trade in Health Services in the Selected Countries of ASEAN Region. Health Information Management 2014; 8(4): -16. [In Persian]